National Cancer Plans: The French Experience

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OVERVIEW

With a prediction of about 20 million cases and 10 million deaths occurring to 2020, cancer is becoming one of the most important challenges in the field of human health. National Cancer Control plans are effective tools to set up actions that, by their specificity in regard to the local epidemiology and resources, can break the rising curve of human toll that we are paying to this disease. In this article we present the French experience with the National Cancer Plans. We point out the most significant actions that were developed in the areas of prevention, screening, care, access to innovative treatments, and research.

With a prediction of about 20 million cases and 10 million deaths occurring to 2020, cancer is becoming one of the most important challenges in the field of human health.¹

By itself, cancer kills more human beings every year than tuberculosis, AIDS, and malaria altogether!²

Even more in its declaration, the World Health Organization states that 75% of these expected deaths will occur in countries that together produce today less than 5% of the world GDP, which is really threatening.³

Something has to be done in our developed countries as well as in low- and middle-income counties to try to control the development of these diseases.

National Cancer Control plans are effective tools to raise awareness of cancer and set up actions that, by their specificity in regards of the local epidemiology and resources, can break the rising curve of human toll we are paying to this disease.

A National Cancer Control plan is a set of proposed actions, based on the evaluated needs, issues, and strengths and weaknesses of a given country, that are aimed at declaring a global “war on cancer” using all available resources and knowledge to control cancer through coordinated, evaluated, and founded measures on prevention, screening, early diagnosis, access to quality care including in a palliative setting and end-of-life care, research, social action, and cooperation. Based on the charter of Paris against cancer, signed on February 4, 2000 at the Elysee Palace by Jacques Chirac, President of France⁴ and Doctor Matsuura, general secretary of the United Nations Educational, Scientific and Cultural Organization, France decided to launch its first National Plan in 2002.

After six months of official hearings where all stakeholders were able to express their experience/thoughts/needs, a set of 71 measures was approved in March 2003—one of them being the creation of the French National Cancer Institute.⁵ These actions concerned screening (13%), care and patient support (21%), access to innovative treatments (32%), and research and training (18%).⁶,⁷

A total budget of 1.7 billion euros was attributed to this plan to be spent over 4 years. A total of 3,900 new jobs were created.

Many significant actions that were developed; some of them deserve to be pointed out:

PREVENTION

Several measures were taken in the field of antitobacco regulation, such as a law voted on by the parliament to ban smoking in public places, the prohibition of selling tobacco to individuals age 16 or less, and the rapid rise (within less than 2 years) of the price of a packet of cigarettes from 3 to 5 euros, leading to a first ever achieved drop in the number of smokers in France.⁸

SCREENING

We set up two nationally organized, controlled, and funded programs of breast and colorectal cancer screening.

The first one, concerning women age 49 to 74, was based on an invitation every two years to get a mammogram in controlled centers with a double reading. This needed evaluation of thousands of radiologic centers, an upgrade of the radiologists and their equipment, the organization of an efficient
As the president of the French NCI, I had to explain the rationale for such decision and get the support of the patient’s organizations.”

**ACCESS TO INNOVATIVE TREATMENTS**

In 2003, just before the onset of the national cancer plan, France spent only 335 million euros for the access to the newest therapies in cancer.

The limitation was a result of all public hospitals being financed by a yearly budget, disconnected with the need for newer, more expensive drugs and with no relationship between the budget for cancer and the number of patients with cancer.

The government decided to consider the new innovative anticancer medicines taken out of the general budget of the hospital, and in 2004 started to cover the hospital expenses on these drugs for each euro spent, therefore improving patient access to the drugs. The demonstration of the real need for an increased budget appeared rapidly as the total national expenditures on these medicines immediately increased to 1,038 million euro in 2009.

**RESEARCH**

Research units were forced to merge and commonly define a limited number of research topics that they could claim expertise. These new, much bigger, evaluated research organizations were called Cancéropôle, and seven of them were created covering all the national territory.

An extra state budget, based on requests for proposals that internationally evaluated in the most possible independent way, was then attributed to these Cancéropôle.

A total of 25% more money was given to cancer research compared with the total state budget spent yearly on it before the national plan, representing a very significant and incitative increase, stimulating research units to merge and cooperate.

These are a few of the actions that were taken during the four years of the plan:7

The lessons that we learned from the plan include the necessity, unusual for France before the plan, to coordinate all actors, including patient advocacy groups, to evaluate independently the projects and the results achieved. It is also a necessity to concentrate the care, at least for the definition of the strategies, to centers that are fully certified to treat patients with cancer, even though treatments such as chemotherapy could be given in a small community canters in the vicinity of the patients.

Dealing with all these issues, moreover at once and within a relatively short time, France has shown itself as a political leader, and not only in health care reform. We have demonstrated the importance of our ability to increase the political awareness of cancer, and help our political representatives to consider a disease that effects almost one out of two men and one out of three women, is the leading cause of death, and more importantly, the leading cause of premature death, is not just “another disease,” but also a political challenge.
Disclosures of Potential Conflicts of Interest

Relationships are considered self-held and compensated unless otherwise noted. Relationships marked “L” indicate leadership positions. Relationships marked “I” are those held by an immediate family member; those marked “B” are held by the author and an immediate family member. Relationships marked “U” are uncompensated.


References