

— PLAN cancer 2014-2019



summary



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Nearly 355,000 people are diagnosed with cancer every year, 200,000 men and 155,000 women. The number of new cases has doubled in the last 30 years, but mortality has decreased steadily over the same period. Thus today, there are 3 million people living in France either with or after cancer.

The fight against cancer concerns every one of us, because we are or have been ill, because we are close to a person with cancer in our family, or among our friends or work colleagues, or because we want to reduce our risk of developing cancer. This new Cancer Plan seeks to meet all challenges, both human and societal, presented by the disease.

Despite advances in medicine, malignant diseases remain the leading cause of mortality: 148,000 people die from them each year. The primary aim of the Plan is to cure more patients, by promoting early diagnosis and guaranteeing access for all to quality medicine and innovations. Apart from improving care and medical practices, the Cancer Plan proposes the comprehensive care of the patient, taking into account the totality of his/her needs to maintain the continuity and quality of life during and after the illness.

Cancers are also the leading cause of avoidable deaths. Based on current knowledge, it is estimated that nearly one in two cancer deaths could be avoided. Thus, the Plan is investing in prevention to significantly reduce the number of new cancer cases. Finally, it supports basic research as a source of future advances.

An additional aim is to optimise management and arrangements related to combating cancer, for better efficiency, with full involvement of patients and users of the health system. The Plan, which comprises 17 operational objectives, is part of the implementation of the National Health Strategy and the Strategic Agenda for Research, Technology Transfer and Innovation, "France-Europe 2020."

Through each action it implements, the Cancer Plan resolutely addresses inequalities associated with the disease—by paying particular attention to the most vulnerable people, by fighting missed opportunities during care, by guaranteeing equal access to innovation and clinical trials, and by preventing the economic and social consequences of the disease from adding to patients' problems.

CURING MORE PATIENTS

Although it is difficult to generalise about the reality of cancer, since it broadly depends on the location and stage of the disease at diagnosis, we can state with confidence today that nearly one in two people affected by cancer will recover. The aim of the Plan is to implement everything that will significantly increase the chances of patient recovery, by overcoming social and territorial inequalities as far as possible.

To meet this objective, the Plan is committed to the following:

Promoting earlier diagnoses

For most cancers, an early diagnosis allows a more effective treatment, thereby increasing the chances of recovery. It also allows less aggressive forms of treatment.

For this reason, the Plan strengthens public policy regarding cancer screening. First and foremost, it aims to reduce the incidence of cervical cancer, which is strongly affected by social inequality at present. It also extends the organised screening programme for this cancer to all women aged 25-65 years, and expands the opportunities of young girls for vaccination against the main viruses that cause this cancer.

The previous Cancer Plans allowed organised screening to be established for breast cancer, and subsequently for colorectal cancer, two cancers which are still among the most frequent and lethal. Evaluation of these programmes has shown that effort is still needed to encourage participation in them, and enable the most socially vulnerable people to benefit from them. For this reason, the new Plan strengthens the effort to combat inequality in uptake of and access to screening, and increases the efficiency of programmes, in order to reduce avoidable deaths and the more severe treatments associated with delayed care. With the treating physician, it also provides for better organised monitoring of people who are at higher risk of developing breast cancer or colorectal cancer, and who are not currently covered by organised programmes.

Whether it is provided by public authorities or private companies, any screening measure requires education. The Plan insists on the need to provide those concerned and the professionals that support them with transparent information on the benefits, drawbacks, limits or potential risks associated with screening, with a view to promoting informed uptake among those for whom the balance

between benefits and risks is favourable, and to put an end to practices that are inappropriate, unnecessary or even harmful.

Finally, new opportunities for early diagnosis will be identified and validated, especially for the most frequent and/or serious cancers. Thus, the conditions for lung cancer screening by low dose CT scanning will be studied, as will the place of blood tests in colorectal cancer screening, the possibility of new procedures for prostate and pancreatic cancer screening, and the benefit of teledermatology for the early detection of skin cancers.

Guaranteeing the safety and quality of care

By reducing waiting times for treatment and access to tests:

Waiting times for treatment are a recognised prognostic factor for some cancers. Overlong waiting times, sometimes related to an inappropriate course of action, or lack of continuity between the different phases of treatment, are also occasions of unnecessary anxiety for the patient, and reflect inequalities of access to care. An appointment with an appropriate cancer care team within a short time must be guaranteed to every newly diagnosed patient, with the support of the general practitioner or primary care team. Similarly, territorial coverage by the available stock of imaging equipment will be adjusted according to the waiting times observed in the territories. The Plan thus proposes a proactive policy for controlling treatment waiting times, with national objectives.

By changing the criteria for granting authorisation to facilities caring for cancer patients:

An outcome of the first Cancer Plan, the establishment of authorisations of health facilities for cancer treatment activity—based on thresholds of overall activity per facility and per disease group—has helped to structure care provision and improve the overall quality of practices. The Plan envisages a new phase by defining indicators for the quality of patient care for each type of cancer, established in consultation with the professionals, and progressively made accessible to the public by each facility. Furthermore, the authorisation scheme and criteria for accreditation should evolve to include new modes of care (such as oral chemotherapy or interventional radiology). Finally, the scheme should organise and guarantee the course of action for patients requiring more complex care, in terms of professional expertise and/or specific technical services.

By making specific arrangements for older people, children and young adults:

The previous Plans have enabled the emergence of dedicated arrangements for specific populations needing particular types of care, such as people with rare cancers or with genetic predispositions, children and older people. Some of these arrangements must be strengthened further in order to fulfil their role and meet all needs.

Thus in the area of paediatric cancer care, the organisation of interregional multidisciplinary consultative meetings will be complemented by a national scheme based on reference centres designated by INCa for rare childhood cancers or for access to highly specific techniques (proton therapy for example). At the same time, a dedicated arrangement for the care of adolescents and young adults will be implemented to cover the specific features associated with the treatment protocols and psychological and social support that they need.

Finally, the new Plan continues actions already underway for the care of older people, provides for the development of training and professional practices, and structures clinical research in oncogeriatrics.

By improving coordination between professionals:

The primary care professionals—especially treating physicians, nurses and pharmacists—are of necessity involved in care that is being increasingly carried out on an outpatient basis and at home. The Plan insists on the need for improved coordination and exchange of information between private health professionals and hospital teams by establishing a cancer communication file (DCC in French), to become operational by 2015. Ultimately, this will include the individualised care plan (PPS) and post-cancer individualised care plan (PPAC). Telemedicine, i.e. teleconsultation, remote medical monitoring, and téléexpertise (where a medical professional seeks the opinion of peers) for complex and rare cases, will be developed, with priority given to departments with small medical workforces and overseas departments.

Giving optimum support to therapeutic and technological developments

By 2015, the proportion of cancer treatments taken orally should have risen to 25-30%. To support the growth in use of oral chemotherapy while guaranteeing the efficacy and safety of these treatments, the Plan intends to test arrangements that will allow genuine cooperation between the primary care team, especially the general practitioner, and the hospital, together with the optimised involvement of every player. Programmes for therapeutic education will be developed to give patients the resources to follow their treatment at home.

For procedures with demonstrated benefit for patients, the Plan encourages the development of outpatient surgery, which enables the patient to be discharged on the day of his/her operation with no additional risk. For similar reasons, interventional radiology, which enables less invasive diagnostic and therapeutic procedures, will be favoured. Access of patients to the most appropriate radiotherapy equipment (such as intensity-modulated radiation therapy, IMRT) will be extended throughout the territory where it is indicated. Facilities will be encouraged to invest in techniques that allow treatment de-escalation to benefit patient quality of life.

Development of training and careers in cancer care

Developments in patient care and in care plans have led to the creation of the new career of nurse clinician, primarily in the area of cancer care. This new professional profile, in tandem with the treating physician, healthcare team and other health professionals, both hospital and local, will simultaneously help to provide monitoring of patients, renew some prescriptions, modify support care and provide coordination for complex care plans.

Initial and continuing education for professionals in cancer care will have to adapt to the new demands of technological and therapeutic trends, and ensure a common core of knowledge. The creation of posts for interns and hospital practitioners in cancer care will be guided through the identification of territorial disparities in the medical workforce.

Spurring innovation for the benefit of patients

The Cancer Plan provides for a doubling of the number of patients included in therapeutic trials, i.e. a target of 50,000 a year by 2019, while taking care to correct geographic inequalities of access to clinical research by requiring research centres to be opened in the overseas departments, and a better distribution of mobile clinical research teams. Improvement in territorial coverage by the early phase clinical trial centres (CLIP2), is also planned, especially the designation of centres dedicated to children. Clinical trials aimed at improving survival or reducing treatment sequelae will be given priority.

The rapid development of targeted therapies—those cancer drugs that target molecular abnormalities specific for tumour cells—foreshadows a profound change in clinical practice, and improved prognosis for many cancers, as well as economic impacts that call for the promotion of a comprehensive policy on cancer drugs. The aim is to simultaneously stimulate innovation and guarantee its access for the largest number of people. This policy will be based on new methodologies for clinical research and evaluation of drugs, with due regard for the contribution of biology in this area, and on developments in pricing schemes for innovative treatments.

Consolidating France's lead in personalised medicine

During the first two Cancer Plans, France acquired arrangements that allowed development of personalised medicine. These involve, on the one hand, caring for patients with regard for their individual genetic characteristics via the onco-genetics scheme; and on the other hand, treating patients according to the biological features specific to their tumour using analyses carried out at the molecular genetics platforms. The availability of new sequencing technologies

will allow all patients at genetic risk to benefit from individualised diagnosis within times that are compatible with effective treatment. Territorial coverage of genetic counselling services will also be improved.

At the same time, conditions for the complete analysis of tumour genomes by the molecular genetics platforms should be in place by the end of the Plan. An ambitious goal to sequence tumours from 50,000 patients has been set for 2019, so that France may remain a pioneer of access to personalised medicine. A national platform devoted to genomics and the analysis of cancer data will be created in order to fuel research.

maintaining continuity and quality of life

Patient care remains a major objective. However, due to the growing success of treatment, care must increasingly become part of a wider consideration of the patient, who is affected in all aspects of his/her life by the illness. In response to the needs and expectations expressed by patients and those close to them, the goal of the Cancer Plan is to maintain maximum autonomy, continuity and quality of life for those affected by cancer after as well as during the treatment period.

Providing comprehensive and personalised care

The Cancer Plan aims to put in place the conditions for moving from a “care plan” centred on medical management of the cancer to a “health plan” that takes in all the needs of the patient—physical, psychological and social—and of those close to him/her. The advances of the first two Cancer Plans, represented by the procedure for breaking news of the illness, and the personalised care and post-cancer programmes, will be adapted to the growing diversity of types of care, and will be accessible to all patients, including the most vulnerable, or those with an intellectual disability. The new Cancer Plan also hopes to better formalise the handover between the hospital and primary care teams at the consultation marking the end of treatment.

Patients must be able to fully participate in decisions concerning them. To continue the previous Plan, this new Plan restates the importance for patients of having access to appropriate information at every stage of the care plan, including information on research and clinical trials. Autonomy and involvement of patients in their own care may be enhanced by suitable programmes of therapeutic education and by support from “peer patients” trained to share their experiences.

All patients who so require should have access to adequate support care (treatment for pain, dietary advice, psychological support, social support, palliative care, etc.), including those receiving care at home. Since these periods of care outside of hospital are increasingly frequent, access to home care assistants will be simplified for patients who require them. Family carers should be able to access respite schemes.

Accommodation close to care centres will be developed for patients living furthest from them, and for their families. Finally, cancer patients who are homeless should be able to access the new nursing beds (lits halte soins santé, LHSS) and medical beds (lits d'accueil médicalisés, LAM), so that they can be cared for continuously.

Reducing the risks of sequelae and of a second cancer

Three out of five patients report ongoing sequelae two years after a cancer diagnosis—pain, chronic fatigue, problems with mobility or vision, psychological problems, memory and attention problems, impaired fertility, etc. Through their impact and the limitations they entail, sequelae are determinants of living conditions during and after cancer. This is why the Cancer Plan seeks to expand efforts to reduce the toxicity of treatments through clinical research and the development of personalised medicine. It underlines the need for better structuring of patient follow-up, especially for patients treated during childhood and adolescence, in order to better know the long-term effects of new treatments. Finally, the Plan provides for systematic access to the preservation of fertility during the phase of preparation for treatment.

The role of prevention for patients who have already had cancer will be increased. Support for smoking cessation will thus be made systematic, as will measures to encourage reducing alcohol intake, engaging in appropriate physical activity, and eating a balanced diet.

Reducing the impact of cancer on personal life

When confronted by the consequences of the disease for their economic resources, studies or work, patients experience them as a “double blow.” Therefore, so that cancer does not penalise their future professional life, children and adolescents with cancer need to be allowed to continue their schooling and studies. Information on schemes that arrange schooling and compensation for additional costs incurred due to the illness must be better targeted at young people, their families, and professionals working in education and in universities. Access to distance learning will be facilitated, financially (extension of free courses at the National Centre for Distance Education (CNED) to those over 16 years) and technologically (development of “massive open online courses – MOOCs” on the France Université Numérique (France Digital University) platform).

An occurrence of cancer has strong repercussions on the professional lives of active people. They are at increased risk of losing their employment, or of failing to obtain employment if unemployed at the time their cancer is diagnosed. Apart from the need to redefine the tools and schemes that can be

deployed to favour a return to or continuation of employment for people with cancer, and make this information accessible to all, the Cancer Plan provides for the organisation of a national forum devoted to the employment of people at risk of losing their jobs because of their health. The objective of this national event is to raise awareness among all the players involved—employers, staff representatives, occupational health services, etc.—as to the size of the challenge, to make diagnoses, and to formulate proposals for improving the professional situation of employees with cancer, and chronic diseases in general, and gain their support.

Attenuating the economic consequences of cancer for the living standards of patients and their families is an imperative which should make use of various levers: first, a relaxation of the conditions for the allocation of daily allowances, which penalise part-time employees, those on temporary contracts and those who are away from work due to illness, and exacerbate preexisting social inequalities; and second, a reduction in the patient's contribution toward the cost of breast reconstruction, and an increase in the reimbursement rate for wigs and mammary prostheses. Finally, access to insurance and credit must be facilitated for cancer patients by making changes to risk assessment by insurers, and establishing a "right to be forgotten" past a certain period, especially for children and adolescents, who should not be penalised all their lives for a childhood illness. Medical questionnaires will be harmonised to provide a common approach, and may be completed with the help of the treating physician.

The knowledge and understanding of the social consequences of cancer and its repercussions on the lives of patients and those close to them rely on multiple sources (observatories, barometers, cohorts and ad hoc studies). The schemes for observation and research will be consolidated, and research in social and human sciences and public health will be encouraged in order to develop and update the knowledge of patient trajectories and living conditions until several years after their initial cancer diagnosis.

investing in PREVENTION AND RESEARCH

Over 40% of cancer deaths could be avoided with changes in individual or collective behaviours. The Cancer Plan aims to reduce this figure by half in the next 20 years, by choosing to lead a major effort in prevention. There is also an emphasis on research to develop new preventive or therapeutic approaches.

Launching the National Programme to Reduce Smoking

Tobacco is the leading avoidable risk factor for cancers in France, and is alone responsible for nearly 30% of cancer deaths. Over 30% of people aged 15-75 years, i.e. 13 million individuals, smoke daily in France. The corresponding figures are 22% for Great Britain, fewer than 20% for the US, and 16% for Australia. To reduce the number of tobacco-related cancers in the coming decades, it is imperative for France to make up for lost time. The objective is thus to reduce the prevalence of smoking by one third, and thereby reach the threshold of 22% smokers before the Plan expires. This effort will put France in a position to bring the proportion of smokers below 20% in 10 years, thus saving nearly 15,000 lives every year. To do this, the Plan is launching the National Programme to Reduce Smoking. This programme of actions will be finalised before summer 2014, following a phase of discussion with the stakeholders. It will be based on four broad principles: to prevent people taking up smoking, particularly the young, to facilitate smoking cessation through helping people to give up smoking, to make tobacco pricing policy an instrument of public health, and join with the tobacco industry in anticipating the impact of a reduction in the prevalence of smokers. The revenue generated by the future price increases on tobacco products will be placed in a dedicated fund for cancer research and prevention, and improvements in cancer care.

Giving everyone the means to reduce his/her risk of cancer

Alcohol, obesity and overweight, and consumption of red meat and cured meats all increase the risk of developing cancer, whereas regular physical activity and consumption of fruit and vegetables contribute to reducing it. These behaviours may be associated with social or economic determinants, thus contributing to the inequalities observed in France in relation to cancer

risk. Dietary prevention, including prevention of excess alcohol intake, would help to prevent a third of cancers. Alcohol alone is responsible for 10% of cancer deaths. The Cancer Plan therefore intends to have the ban on alcohol sales to minors enforced, and help people stop drinking to excess. Dietary education and promotion of physical activity will be developed from preschool and primary school, in line with the French National Nutrition and Health Program (PNNS) and the Obesity Plan (PO).

The agents of viral hepatitis B and C are responsible for the occurrence of liver cancer in nearly one thousand people annually. Vaccine coverage against hepatitis B virus must be improved by informing the population and health professionals of the benefit-risk balance of vaccination. Screening of people exposed to hepatitis B and C risk will be developed to promote their early access to therapeutic care.

The French are exposed to very many preventive messages, relayed by the media, sometimes in a partial manner. This flood of information creates confusion and paradoxically leads to a loss of certainty, which promotes lack of action, or behaviours based on misconceptions. The choice of prevention, to be effective, must therefore be underpinned by a willingness to guide individual choices by providing information on risk factors and their exact hierarchy in relation to one another.

Protection of populations and workers from the risk of occupational and environmental cancer

An estimated 2 million workers are exposed to carcinogenic products in the workplace. It is therefore necessary to increase substitution and primary prevention in order to reduce occupational exposure to carcinogens, and to increase the traceability of exposure, and the medical monitoring of people exposed during their working lives.

Knowledge, observation and surveillance of cancers related to environmental exposure will be developed, for both known and potential carcinogens. The Cancer Plan contains particular measures for reducing exposure of the public to atmospheric pollution, especially diesel, ionising radiation for diagnostic purposes, and artificial and natural ultraviolet irradiation.

Acquiring the means for innovative research

To meet scientific and societal challenges created by malignant diseases, the Cancer Plan has decided on five strategic areas of cancer research, which will receive investment in the form of recurrent and multidisciplinary calls for proposals aimed at improving prevention, diagnosis and treatment:

1. To identify the populations most likely to be exposed to cancer risk, in order to adapt and personalise strategies for prevention and early detection.
2. To arrive at the end of the Plan with a new definition of malignant diseases.
3. To model the major tumour development processes in order to better understand cancers and provide better care for patients.
4. To better understand tumour escape and host-tumour relationships.
5. To combat cancer-related health inequalities.

Basic research, which helps to advance understanding of the mechanisms of cancer development, essential for the revision of concepts, is a major source of medical progress. The Cancer Plan guarantees funding of excellent and creative basic research by devoting over 50% of research monies to it. It also promotes the translation of research into tangible advances for patients at the integrated cancer research sites (SIRIC).

Developments in biomedical research are reflected in modifications to career pathways, particularly the decompartmentalisation of the disciplines involved, from biology to human and social sciences, and including epidemiology and engineering sciences. Specific assistance will be granted to universities that establish dual education programmes, for example combined biology and maths, or health and statistics.

The raw data and research results must be shared within the scientific community at national, European and international level, especially under the Global Alliance for Genomics and Health, in order to spur medical progress. All citizens will be regularly informed of scientific advances, so as to report on the Nation's efforts regarding cancer research, and contribute to changing the perception of cancer by society.

OPTIMISING MANAGEMENT AND ARRANGEMENTS IN THE FIGHT AGAINST CANCER

Particular attention will be given to the efficiency of actions implemented, in order to guarantee the overall balance of the Plan. The latter also insists on involving patients and users in the definition and implementation of the policy to combat cancer, clarifies the roles of the national and regional players, and defines some guidelines that support innovation in funding.

Breathing life into health democracy

Whether in the areas of prevention, screening, care or research, the Cancer Plan is aimed at increasing the capacity of every individual for self-determination on questions related to the disease, and his/her own health in general. In addition to these measures to meet individual expectations and needs, improvement in the quality of the health system needs to collectively involve citizens, users of the health system and patients in defining and implementing the policy to combat cancer. The inclusion of user and patient representatives will become a general feature of bodies involved in steering, management, or production of care or research, and their active participation will be sustained by providing them with training on the major challenges for cancer care.

All actions provided for by the Cancer Plan will have to be implemented with the cooperation of and with due regard for the needs of their final beneficiaries, the most important of whom are the patients and users of the health system.

Building policies for combating cancer on robust and shared observation data

Implementation of policies to combat cancer requires knowledge of trends in the epidemiology of cancers (incidence, mortality, survival, etc.), and of the reality of patient care and care plans. The objective is to enable the efficacy of actions taken to be evaluated, and to identify situations of missed opportunities or inequalities in illness, in order to implement corrective measures in a reactive manner.

To achieve this, the challenge is to match the various existing databases and information systems in the cancer area (cancer registries, information system for organised screening, cancer communication file, cohorts, etc.) with the medical insurance databases (SMIRAM, PMSI), and those in the socioeconomic area (especially Insee and the National Old-Age Insurance Fund). This will help to reconstitute and analyse patient care trajectories by shedding light on their association with risk factors (behavioural, environmental, or professional) and social determinants (level of education, employment, income level, etc.), so as to reduce inequality and adapt public policy to needs. Initiated by the previous Plan, this work will be actively deployed via the sharing of data and interoperability of databases, while guaranteeing confidentiality and security of information.

Optimising arrangements for better cooperation and greater efficiency

The first two Cancer Plans structured the whole cancer area, as much in terms of care (screening and treatment) as in research. Different coordinating structures were put in place, the positioning and roles of which will be optimised, in an effort at efficacy and consistency. The objective is to improve the interfaces between the different areas of intervention (observation, research, prevention, screening and care), so as to provide better innovation transfer and more fluid care plans. At national level, the French National Cancer Institute (INCa) has been entrusted with the technical and integrated management of these structures, to support the strategic management provided by the Ministries of Health and Research. At regional level, the health-related management of the fight against cancer is entrusted to the French Regional Health Agency (ARS), to which the regional cancer care networks (RRC) and regional screening structures provide support where necessary by working more closely together, especially in terms of information systems. ARS coordinates and ensures the efficacy of territorial health care arrangements for cancer care. Finally, in the area of research, the roles of the interregional canceropoles will be redefined, together with their interaction with the integrated cancer research sites (SIRIC) and the regional health structures (ARS and RRC, especially the latter in the area of clinical research).

Adapting funding mechanisms to the challenges of cancer care

Cancer care approaches are constantly evolving, under the effect of innovative techniques and drugs that increasingly involve monitoring of patients outside hospital. They are also expensive types of care, and are putting the funding of our health system under strain. For these new approaches to be disseminated for the benefit of all patients, funding arrangements must evolve and the margins for manoeuvre must be widened. Funding and charges for these new therapeutic and institutional arrangements for cancer care will be studied as a matter of priority by the Committee for Reforming Hospital Payment (CORETAH), and as part of studies on new terms for the remuneration of health professionals.

GOVERNANCE OF THE PLAN

This Cancer Plan is ambitious, and its implementation must be monitored and evaluated accurately with the help of results indicators and indicators of its impact on population health, in line with the National Health Strategy.

Its management shall be provided by a committee co-chaired by the Ministers for Research and Health. This is composed of central administrative directors of the Ministries for Research and Health and of other ministries involved, the chief executive officer of the French National Health Insurance Fund, the chairperson of the French National Cancer Institute, and associations representing patients and users of the health system. It reports on implementation of the Plan to the Interministerial Health Committee, under the aegis of the Prime Minister, and submits its annual report to the President of France.

The French National Cancer Institute coordinates monitoring of the Plan and measurement of its results on behalf of the steering committee. It organises consultation on implementation with the players and users, in cooperation with the steering committee, at annual seminars.

The regional health agencies are responsible for the implementation of the Cancer Plan in their region. They organise consultation with the Regional Conference on Health and Autonomy (CRSA) and the territorial conferences.

All information concerning the Cancer Plan, its progress and its achievements, will be regularly made available online on the French National Cancer Institute website: www.e-cancer.fr.

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A group of seven stylized human silhouettes in orange, representing a diverse population. They are positioned to the right of the word 'PLAN' and partially overlap the word 'cancer'.

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