RÉPUBLIQUE FRANÇAISE
Liberté
Égalité
Fraternité

INSTITUT NATIONAL DU CANCER

2021-2030 FRANCE TEN-YEAR CANCER-CONTROL STRATEGY

2021-2025 ROADMAP

PROGRESS FOR ALL, HOPE FOR THE FUTURE

2021-2030 FRANCE TEN-YEAR CANCER-CONTROL STRATEGY 2021-2025 ROADMAP

PROGRESS FOR ALL, HOPE FOR THE FUTURE

2021-2030 FRANCE TEN-YEAR CANCER-CONTROL STRATEGY 2021-2025 ROADMAP

10-YEAR AMBITION AND QUANTIFIED GOALS

At a time when 40% of cancers are still preventable, when 2 out of 3 patients suffer from disease- or treatment-related after-effects, and when patients are overwhelmed after fighting desperately for several months, greater, more ambitious, commitment is needed from us to reverse these trends. The challenge is to create a momentum together to reject fatalism.
The Ten-year cancer-control strategy shows a clear and common aim to improve healthcare provision and benefits, whether this applies to all of our fellow citizens, in the fields of primary prevention and screening, to those affected by the disease, in their care pathway and personal lives, or indeed to all stakeholders in control, healthcare, and research.
This strategy is being implemented alongside the initiatives, schemes and structural tools already in place, which need to keep evolving as part of a continuous quality and cost-effectiveness improvement process, in the health and research sectors, including ongoing initiatives to support research structuring, and the many research programmes already supported.

The Government is setting up ambitious targets, which should encourage motivation and make our action part of the daily lives of our fellow citizens:

- **Reducing the number of preventable cancers by 60,000 per year**, by 2040 (this figure is currently estimated to be 153,000 per year);
- **Performing one million more screening procedures by 2025**, within the scope of existing screening procedures (at present, approximately 9 million screening procedures are conducted each year);
- **Reducing from 2/3 to 1/3 the proportion of patients suffering from after-effects 5 years post-diagnosis** (in 2017, 3.8 million people in France were living with or had recovered from cancer);
- **Significantly improving the survival rate of cancers with poorer prognosis**, by 2030 (in 2016, 7 sites had a 5-year survival rate below 33%, alongside cancer types, subtypes or stages not falling under these 7 sites but which continue to have very poor outcomes).

The ten-year cancer-control strategy is made up of four areas:

- Area 1: **Improving prevention,**
- Area 2: **Reducing after-effects and improving quality of life,**
- Area 3: **Combatting cancers with poor prognosis,**
- Area 4: **Ensuring that everyone benefits from progress.**

In terms of prevention, in line with the national strategy and the "prevention priority" plan, a cross-cutting, population-based approach according to risk factors has been chosen, with a long-term view, and utilising all sources of leverage liable to modify behaviours.

Reducing tobacco use remains our absolute priority. There is still a widespread lack of knowledge on the health impact of tobacco despite 45,000 cancer-related deaths per year. There is a lack of awareness of its huge environmental impact. Finally, it has a very significant financial impact. We are already committed to achieve the goal of the National Tobacco Control Programme (PNLT) for the first tobacco-free generation in 2032, and the goal of the ten-year strategy is ultimately for a tobacco-free society that is more protective of our fellow citizens' health and the environment.

Alcohol, which causes 16 000 cancer-related deaths each year, ranks second among preventable risk factors. More broadly, 41,000 deaths are attributable to alcohol. INSERM's collective expertise on reducing the harm associated with alcohol consumption, will help to set out a national alcohol risk prevention programme particularly utilising the following sources of leverage: research, regulation (marketing, accessibility of supply, etc.), increased information (public dialog and low-risk consumption guidelines) with a particular focus on young people.

It is planned to step up promotion of protective factors, such as nutrition and an active lifestyle.

The environment is a major source of concern among our fellow citizens, and will be a new priority of this ten-year strategy. Research will be structured to gain a better understanding of exposures, their effects, particularly cocktail effects.

Cancer screening programmes will be boosted through organisational and technological progress. Research in this field will also be stepped up in order to offer more effective screening tests, and to develop new forms of screening (lung cancer, prostate cancer), and to move towards more personalised screening taking better account of each individual's risk.

Regarding the reduction of after-effects, they must be taken into account in the assessment process, particularly in the case of medicines, making them a selection criterion on the same level as therapeutic efficacy. In the medical device sector, the entry into force of the MD Regulation 2017/745/EU in May 2021 and the national application of the EURATOM directive (Directive 2013/59/EURATOM lay down basic safety standards for protection against the dangers arising from exposure to ionising radiation) targeting both the functions of these used devices and the quality of practices should help improve their safety and the conditions of their use. In this context, in addition to the oversight role of ANSM and ASN, it might be of value to envisage an additional assessment by the French National Authority for Health for some device categories; this opinion could be used as a reference for cover, and when conducting quality audits.

Systematic inclusion of after-effects, as part of a comprehensive and patient-oriented approach, means organising collection and analysis procedures to enable care teams to address these effects, in particular by detecting them earlier. Regarding the return to work, employment and social security legislative schemes, particularly the therapeutic part-time work scheme, are unsuitable to changes in therapeutic strategies and the chronic nature of the disease. Updates are envisaged. The same applies for studies and training.

In the combat against cancers with poor prognosis, care provision must be the focus of sustained attention in order to develop a pathway with fast-tracked diagnosis and referral as its cornerstones. Setting up networks of excellence will allow back up and support for the best teams, while involving front-line stakeholders. Research – whether it is fundamental, translational, or clinical – will be intensified.

Finally, the final area "Ensuring that everyone benefits from progress" envisages initiatives relating to the research-care continuum, paediatric cancers, access inequalities for socioeconomic or geographic reasons, the use of health data and artificial intelligence, France's place on the European and international scene, and crisis management. Combatting childhood cancers and social and/or regional health inequalities are key cross-cutting components of the strategy.

This strategy has been built to enhance and improve benefits for all our fellow citizens. It includes numerous measures to provide day-to-day support for patients, families, healthcare professionals, researchers, and more broadly our country's population as a whole.

Moreover, it is interconnected with governmental policies, in particular the National Programme on Nutrition and Health (PNNS) for "nutrition" measures, the National Tobacco Control Programme (PNLT) and the National Addiction Action Plan for "addiction" measures, the National Environmental Health Plan (PNSE) and National Endocrine Disruptor Strategy for "environment" measures, the Carer Action and Support Strategy for "carer" measures, or the Multiannual Research Planning Law (LPPR).

Research is the key component of this strategy – it will give us the means to enhance knowledge and achieve the progress needed to fulfil its objectives. It will be coordinated by the French National Cancer Institute, in collaboration with all partners.

The challenge is to encourage the emergence, transfer, and appropriation of innovation by research.

Research structuring initiatives will be launched. The aim is to support research networks of excellence and consortia with global recognition through the priorities of the ten-year strategy, with the aim of sharing and helping pooled work and recruitment, and dividing up research.

Projects involving higher risks, but with the potential for disruptive discoveries, will take on a greater role, via calls for "High-Risk*High-Gain" proposals. New

clinical trial models will be developed to take better account of treatment toxicity in order to address the challenges of improving patients' quality of life.
Support from INSERM and the French National Alliance for Life and Health Sciences (AVIESAN), particularly ITMO-cancer, who are key partners of the French National Cancer Institute, will be valuable in implementing the ten-year cancer-control strategy.

Finally, European and International cooperation, which is vital in cancer control, particularly in research, will be consolidated and expanded.

Cooperation between key European and International players in relation to cancer control offers considerable scope for progress, in terms of research, prevention, screening, and early diagnosis, and in access to quality services and to innovative therapies.

France must act as an accelerating force for progress on a European and global scale. This aim may be helped by a favourable schedule with the launch in 2021 of the European Cancer Beating Plan and the Cancer Mission.

FORMULATION METHODOLOGY

This strategy is based on the French National Cancer Institute's proposed ten-year cancer-control strategy, which was especially drafted on the basis of the findings of the 2014-2019 Cancer Plan review report prepared by IGAS/IGESR, and multiple contributions from institutional, professional, and association stakeholders.

It has undergone a broad consultation process. It has included all stakeholders in cancer care, and citizens in general, in setting out the priorities and initiatives in respect of cancer control for the next ten years.

ROLLOUT METHODOLOGY

It is important to note that this strategy is part of a participatory process: including all healthcare system stakeholders in its formulation and implementation, in a spirit of dialogue and consultation, which is a key factor in successful initiative rollout.

The strategy supports initiatives impacting the population as a whole. However, given the specific needs of some vulnerable cohorts, a reinforced population-based approach is needed to ensure that measures tailored to these populations are rolled out.

Similarly, while the strategy's initiatives are intended to be rolled out in overseas territories, specific initiatives for these territories have been identified.

For this reason, adaptations are envisaged within regional roadmaps which will be formulated by the Regional Health Boards, with support from the French National Cancer Institute.

Moreover, the strategy is part of a dynamic and scalable process: goals and priorities will be adapted based on results, via a midterm review envisaged by the law of 8 March 2019.

To this end, roadmaps will be drawn up for the 2021-2025 period, and afterward for the 2026-2030 period.

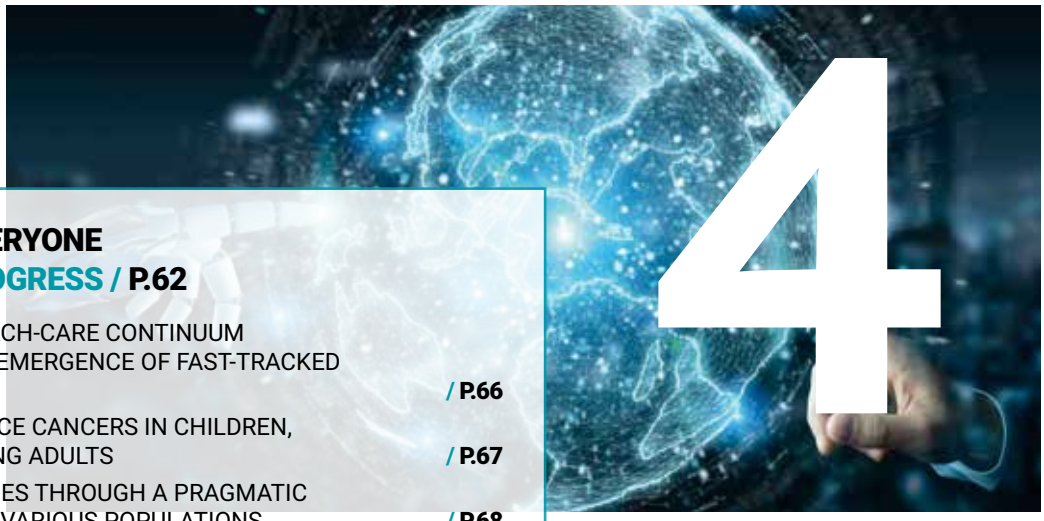
This national roadmap has been drawn up for the 2021-2025 period. It sets around 240 measures to be implemented in the next five years, including seventy by 2021. It specifies the parties responsible for the various measures, the partners, deliverables, and launch schedule.

The cancer care activity licensing reform supported during the 3rd plan will be rolled out, and will support a number of its areas and initiatives including childhood cancer care and pathways.

Successful rollout of all these initiatives will be facilitated by setting up appropriate national and regional governance, to meet healthcare system professionals' and users' needs.

2021-2030 FRANCE TEN-YEAR CANCER-CONTROL STRATEGY / 2021-2025 ROADMAP / P.05

3



4

1

IMPROVING PREVENTION

IMPROVING PREVENTION

I-1 FOCUSING RESEARCH TO DEVELOP A MORE PERSONALISED PREVENTION APPROACH

I-2 MAKING THE TRANSITION TO PREVENTION TOGETHER

I-3 RALLYING EVERYONE TO PUT AN END TO TOBACCO USE

I-4 REDUCING ABUSIVE ALCOHOL CONSUMPTION

I-5 DEVELOPING A BALANCED DIET THAT IS ACCESSIBLE TO ALL, PROMOTING ACTIVE LIFESTYLES AND REDUCING SEDENTARY BEHAVIOUR

I-6 PREVENTING AND DETECTING INFECTIOUS RISK

I-7 ADDRESSING PUBLIC ENVIRONMENTAL CONCERNS

I-1 FOCUSING RESEARCH TO DEVELOP A MORE PERSONALISED PREVENTION APPROACH

CONTEXT

- Prevention research covers a broad field of studies with risk factor-based, population-based, living condition-based, or indeed region-based approaches. This research firstly looks at identified carcinogenic factors (e.g.: tobacco, alcohol, certain pesticides). However, there are a number of cancers for which the risk factors have yet to be identified (e.g. prostate cancer). Agents classified as "suspect" also exist, for which current knowledge or investigations have not provided conclusive evidence to date. Finally, some risk factors exist which, in isolation, have no impact on cancers, but which might when combined with others. Most of these combinations, also known as "cocktail effects", have yet to be discovered.
  Finally, to gain a better understanding of individuals' attitudes and support them in adopting positive behaviours, research in social and human sciences and interventional research represent major sources of leverage. France, particularly with the French National Cancer Institute, pioneered the establishment of this research in Europe in the 2000s, but the field is still an emerging one.

GOAL

- To gain further knowledge on cancer determinants, risk factors and protective factors, with a view to better protection of individuals from exposure to these risks.
- To identify and model innovative intervention strategies to support the development of protective behaviours against cancer risks.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Improved knowledge of cancer risk factors and of individual, collective and institutional behaviour motivations, and withdrawal of known carcinogens when they are produced by humans.
- A toolkit for public health stakeholders to conduct interventions aimed at populations with prevention initiatives that are effective for the greatest number. Over time, a reduction in the number of preventable cancers.

ACTION COMPONENTS

- Designate and bolster research centres and networks specialising in primary prevention (action I.1.1)
- Designate one or two research centres specialising in screening (action I.1.2)
- Enhance the tobacco and alcohol call for proposals with the strategy's priority themes (action I.1.3)
- Mobilise the PAIR obesity and nutritional risk programme from 2021 (action I.1.4)
- Participate in a national and European exposome programme (action I.1.5)
- As of 2021, set up a call for multi-thematic proposals to promote the strategy's choices (screening, school intervention, infectious risk, environmental exposures, support for individuals in particular) (action I.1.6)

I-2 MAKING THE TRANSITION TO PREVENTION TOGETHER

CONTEXT

- Cancer is perceived as the most serious disease. Out of almost 400,000 new cases of cancer diagnosed each year, around 160,000 (40%) might be prevented by taking action against factors in our day-to-day lives and by making our living environments healthier. This is a positive message which should help motivate the population towards protecting themselves against risk. However, at the present time, the population has a fatalistic view of this risk and is extremely apprehensive of the factors encountered, and clearly overestimates their significance, given the factors offering individuals scope for action. While the risks associated with tobacco consumption and sun exposure are now known, there is actually a very poor grasp of the influence of the different risk factors.
- In this context, it would appear to be crucial to be able to provide the population with better information and accommodate their queries better, in order to enlighten and reassure them where appropriate, and help them make more informed decisions in terms of their own action priorities and their own choices.
- An additional stage of support for the public will require the national rollout of effective and ambitious interventions and greater integration of the prevention approaches decided in the regions.

GOAL

- To reduce preventable cancers by one quarter by means of a more effective communication strategy.
- To halve the proportion of the population who are of the view that no action can be taken to prevent cancers.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Relate more to the messages conveyed by communication campaigns and feel more supported, thus facilitating making changes to behaviour if needed.

ACTION COMPONENTS

- Launch a strong, long-term, comprehensive operational strategy, making use of all forms of leverage, in support of the National Public Health Plan (action I.2.1)
- Deliver a living lab (action I.2.2)
- Set up an action plan against fake news (action I.2.3)
- Significantly increase the frequency and impact of our communication (action I.2.4)
- Systematically review our initiatives, including from a medical-financial viewpoint (action I.2.5)

I-3 RALLYING EVERYONE TO PUT AN END TO TOBACCO USE

CONTEXT

- Tobacco is the leading cancer risk factor, responsible for one in five cancers and one in three cancer-related deaths. Tobacco use increases the risk for 17 different cancer sites. France has one of the highest consumption rates in the Western world: one in four adults smoke tobacco on a daily basis.
- The National Tobacco Use Reduction Programme (2014-2019) and the National Tobacco Control Programme (2018-2022) marked an unprecedented undertaking by the State with a reduction of 1,600,000 smokers recorded between 2016 and 2018 and denormalisation of tobacco use among young people. However, the prevalence of tobacco use is too high in view of the public health challenges that it represents, particularly among individuals with lower qualification levels and lower incomes.
- The cancer strategy must be used to put an end to the leading cause of cancer in France so that, in the future, we can improve our fellow citizens' health considerably and make major endeavours in other areas of prevention for which societal expectations are high.

GOAL

- To do away with the population's exposure to tobacco, the leading cancer risk factor, and thus prevent around 60,000 cancer cases by 2040.

EXPECTED OUTCOMES FOR INDIVIDUALS

- A society which, collectively, no longer accepts tobacco use.

ACTION COMPONENTS

- Continue to utilise price mechanisms to limit access to tobacco products (action I.3.1)
- Roll out smoke-free zones and enforce smoking bans (action I.3.2)
- Enforce the ban on sales to minors with control devices (action I.3.3)
- Completely denormalise the image of tobacco (action I.3.4)
- Update the PNLT, enlisting all forms of leverage to make a collective decision to eliminate tobacco use (action I.3.5)
- Involve all healthcare, social and medical-social professionals in support measures for quitting tobacco use (action I.3.6)
- Increase support for smokers by developing communication and social marketing (action I.3.7)
- Promote support for smokers to help them quit (action I.3.8)

I-4 REDUCING ABUSIVE ALCOHOL CONSUMPTION

CONTEXT

- Every day, some ten or more tiny cancers are triggered in our body and subsequently eliminated, either by the immune system, or by our DNA repair mechanisms. Alcohol is directly carcinogenic, as after it has been absorbed, it is converted into acetaldehyde, which blocks this repair mechanism, and indirectly carcinogenic, as it acts as a solvent for other carcinogenic substances, or by disrupting endogenous hormone levels and cell signalling pathways. Alcohol ranks second among cancer risk factors and among the causes of preventable mortality in France. However, it retains a positive image among the population who associate it with celebration, socialising, and enjoyment.
- According to the latest OECD report in 2019, France ranks 3rd of all countries in terms of alcohol consumption with 11.7 litres of pure alcohol consumed per inhabitant in 2017.
- Almost one in four adults exceeds the recommended low-risk limits proposed within the scope of an expert review set up by the French National Cancer Institute and Santé publique France.
- One of the main challenges in terms of alcohol prevention consists of developing a risk reduction strategy accounting for the inherent dichotomy between risk and enjoyment that applies to this consumption. Broadcasting the new recommended limits contributes to this process. To reduce harmful alcohol consumption and the damage that it causes, international trials also show that pricing measures can be effective. Moreover, European research studies looking at labelling are ongoing, with a view to providing clear information on the nutritional characteristics of beverages.

GOAL

- Reduction in the prevalence of alcohol consumption in excess of guidelines (at present, 10.6 million people display alcohol consumption in excess of guidelines).

EXPECTED OUTCOMES FOR INDIVIDUALS

- Lower alcohol consumption, within low-risk consumption guidelines, directly resulting in a reduction in alcohol-related cancer risk for individuals.

ACTION COMPONENTS

- Adopt an interministerial and multidisciplinary alcohol risk prevention programme, to improve the population's health (action I.4.1)
- Prevent young people from engaging in excessive alcohol consumption through improved regulation of marketing and supply, adherence to protective bans, and by fostering psychosocial skills (action I.4.2)
- Ramp up communication tools and social marketing campaigns (action I.4.3)
- Involve all health, social and medical-social professionals in early detection and brief intervention measures (action I.4.4)
- Develop self-assessment approaches and remote consultation options (action I.4.5)

I-5 DEVELOPING A BALANCED DIET THAT IS ACCESSIBLE TO ALL, PROMOTING ACTIVE LIFESTYLES AND REDUCING SEDENTARY BEHAVIOUR

CONTEXT

- After tobacco and alcohol, the two main causes of cancers that are amenable to prevention are diet (too little fibre, fruit and vegetables, and too much red and processed meats), and overweight (including obesity). Overweight at the time of cancer diagnosis, along with weight gain during treatment, are associated with an increased risk of mortality, recurrence or second cancer. The risk of overweight is increased by the consumption of sugary drinks, Western-style diets (high fat, sugar and meat consumption), fast foods, and lack of exercise. Conversely, this risk is lowered by the consumption of foods with a high fibre content, a Mediterranean-style diet, and sufficient physical activity.
- Insufficient physical activity levels and very sedentary lifestyles are observed in France, with a more marked decline in these indicators in the last ten years for women and children.

GOAL

- Reduction in the prevalence of overweight (including obesity) by 2030:
  - by 20% in adults;
  - by 30% in children;
  - by 20% in children from disadvantaged families;

  in order to significantly lower the risk of cancers associated with overweight and obesity

EXPECTED OUTCOMES FOR INDIVIDUALS

- Sale of more affordable products of superior nutritional quality; individuals living in a protective environment, encouraging active lifestyles, and reducing sedentary behaviour.

ACTION COMPONENTS

- Improve the nutritional quality of the food offering (action I.5.1)
- Reduce marketing pressure to protect children and adolescents from exposure to advertising for unsuitable foods and drinks (action I.5.2)
- Promote and develop the Nutri-Score (action I.5.3)
- Update the taxation of food products (action I.5.4)
- Make healthy products accessible to all by offering trials (action I.5.5)
- Encourage local authorities to develop nutrition action plans and initiatives, to promote an active lifestyle and reduce sedentary behaviour (action I.5.6)
- Promote active lifestyles for all regardless of age and limit sedentary behaviour (action I.5.7)
- Update information to include enjoyment and interests, health and the environment (action I.5.8)

I-6 PREVENTING AND DETECTING INFECTIOUS RISK

CONTEXT

- Human papillomavirus (HPV) infections are the cause of over 6,300 cancers per year, in eight different cancer sites: the cervix, anus, oropharynx, vulva, vagina, oral cavity, larynx, and penis. France is seeing both low vaccination uptake (less than 25% of 16-year-old girls vaccinated) and unequal access to this preventive measure. However, the GARDASIL 9® vaccine, recommended in France since 2018, offers better protection than the first two vaccines introduced onto the market, with 90% efficacy in preventing HPV infections causing cervical cancers.
- Subjects living with HIV or suffering from chronic hepatitis have higher cancer risks, which are not always sufficiently accounted for. Conversely, screening for viral infection at the time of cancer diagnosis is not carried out sufficiently.
- Information for the public and caregivers regarding the infectious origin of some cancers is lacking.
- Infectious agents can be directly implicated in cancer genesis, but can also be associated with the onset of cancers without their role being clearly established.
- Stomach cancers, for their part, are mostly caused by Helicobacter pylori.

GOAL

- To reach an HPV vaccination uptake rate of 80% by 2030.
- To roll out systematic HIV and hepatitis screening on entering the cancer care pathway.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Vaccination will be offered to all 11-year-old girls and boys (and their parents) with facilitated accessibility and no advance payment by 2024.

ACTION COMPONENTS

- Promote HPV vaccination targeting 11-year-olds, by acting in a coordinated manner upon on all sources of leverage (action I.6.1)
- Develop the detection, timely diagnosis and referral of subjects suffering from chronic infection (action I.6.2)
- Support health, social and medical-social sector stakeholders with suitable tools (action I.6.3)

I-7 ADDRESSING PUBLIC ENVIRONMENTAL CONCERNS

CONTEXT

- French territory is subject to various environmental exposures from sources of natural (such as radon) or anthropic (such as industrial sites, agricultural areas with the use of phytosanitary products, high-voltage and extra-high voltage power lines, relay antennas, air pollution) origin, for which the safety and effect on cancer risks are not always documented. These uncertainties, combined with exposure that is perceived as chronic and often passive, contribute to the growth of concerns among the general population.
- Furthermore, the potential health effects caused by their interactions have yet to be investigated. In this context, the term exposome is used to encompass environmental exposures as a whole, throughout a subject's lifetime, by including lifestyle-related factors (nutrition, addictions and occupational exposures).
- At the same time, some knowledge is already available and can be used to take action, particularly in terms of reducing UV exposure in children, air pollution, or occupational exposures.

GOAL

- To reduce the population's exposure to environmental risk factors, particularly by broadcasting prevention and precautionary guidelines, through measures supporting behavioural change and regulatory measures.
- To improve environmental exposure measurement and develop knowledge on the effect of such exposures.
- To provide political stakeholders and communities with reliable information to guide public policies based on scientific evidence.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Living in a more health-friendly environment, in which individuals will have less day-to-day exposure to environmental and passive cancer risk factors.
- Precautionary behaviour guidelines.

ACTION COMPONENTS

- Update regulations, particularly on a European level, for improved population protection (action I.7.1)
- Develop methods to detect and investigate cancer clusters based on registries in particular (action I.7.2)
- Assist local authorities in making health an integral part of all of their initiatives (action I.7.3)
- Set up prevention initiatives to reduce pollutant and UV exposures by envisaging an action plan for zero-exposure at schools (action I.7.4)
- Provide individuals with targeted and accessible information on risks and on possible precautionary behaviours. (action I.7.5)
- Identify hazardous substances in everyday products, and improve information on their proper use (action I.7.6)

I-8 IMPROVING RECOGNITION OF OCCUPATIONAL EXPOSURES TO IMPROVE OCCUPATIONAL CANCER PREVENTION

CONTEXT

- The four main occupational cancer risk factors involved are asbestos, chromium VI, crystalline silica, and some substances contained in paints (painting profession). Regional and social inequalities are observed in relation to the incidence of cancers of occupational origin and their under-reporting: the processes and pathways to access recognition are very complex and often not known, particularly for patients who are economically vulnerable, weakened by heavy treatments, and who frequently face gloomy prognoses. Furthermore, the assistance and supports in place for such processes vary significantly from region to region.
- Preventing occupational cancers is a complex process due to the intervals between exposure to cancer risk factors and the onset of cancer (which often run into decades). This has a number of repercussions: difficulty identifying clusters, need for long-term tracing back over workers' careers, impediments to prevention in businesses, etc.
- Occupational cancers are studied in many research projects; greater coordination between these projects will be sought.

GOAL

- To improve occupational cancer prevention and recognition, particularly among VSBs, SMEs, the self-employed, and companies and businesses employing temporary workers.
- To this end, to coordinate research projects to take better account of all findings and enable their operational application.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Improved knowledge, recognition and treatment of occupational cancers and improved prevention.

ACTION COMPONENTS

- Continue to adapt regulations and prevention measures to current scientific knowledge and ensure their application (action I.8.1)
- Set up a repository for all data with a view to improving individual traceability and plan their integration in the Data Hub, in concert with Santé publique France (action I.8.2)
- Support healthcare, social, medical-social sector stakeholders with information and training (action I.8.3)
- Continue working on changing production processes and, when this is not possible, issue best practices in respect of product substitution, developed in concert with the stakeholders (action I.8.4)
- Improve prevention of UV exposure (action I.8.5)
- Combat under-reporting of occupational cancers and create a digital portal enabling access to information and online administrative procedures (action I.8.6)

I-9 ADDRESSING PREVENTION PRAGMATICALLY AND CONSISTENTLY IN SCHOOLS WITH HEALTH PROMOTION PROJECTS

CONTEXT

- The determinants of behaviours promoting, or protecting against, cancer are established at an early age and are marked by social inequalities.
- As such, facilities for children and teenagers, particularly schools (during school and out-of-school hours) represent key health education intervention opportunities, enabling effective action on whole generations. Schools are settings where learning takes place and where new skills are acquired. The cost-effectiveness is often excellent, with an impact on medium- and long-term healthcare expenditure.
- Since 2013, from the preschool to the secondary school stage, the health education pathway helps structure the format of measures aimed at protecting students' health, educational activities associated with the prevention of risk behaviours, and lessons taught as part of the school curriculum.
- In addition, since 2018, the aim of the Health-Promoting School programme has been to create a positive school environment for students' well-being and health and thus contribute to their academic success.

GOAL

- To foster health promotion in the world of children and adolescents so that they can take prevention issues on-board at a very early stage, acquire the skills needed to adopt suitable behaviours in their day-to-day lives.
- To base interventions on evidence, act in partnership with all stakeholders to ensure that programmes are widely distributed.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Improved knowledge of risks and the means to reduce them, know-how and empowerment, through increased awareness among children, parents, and all stakeholders involved in supervising young people.

ACTION COMPONENTS

- Develop a process for identifying and rolling out evidence-based health promotion interventions including prevention, particularly through the development of children's psychosocial skills and healthy lifestyles (action I.9.1)
- Support all stakeholders using integrated measures, in the context of health promotion projects where applicable, and operational tools (action I.9.2)
- Develop interventions involving families in early childhood facilities (action I.9.3)
- Raise awareness on health prevention among children from their preschool years, by offering tools for parents (action I.9.4)
- Organise a national health challenge programme at primary level (action I.9.5)
- Initiate actions targeting higher education, particularly for tobacco and alcohol (action I.9.6)

I-10 SUPPORTING OUR FELLOW CITIZENS IN THEIR DAY-TO-DAY LIVES

CONTEXT

- Each individual's ability to take ownership of positive health behaviours varies, according to various environmental, cultural, and economic factors, in particular. As such, it is key that effective incentive and support measures become entrenched in each individual's day-to-day life. Some should be aimed at everyone, whereas others should be used to target vulnerable groups or those with a greater exposure to risk factors, in keeping with the principle of proportionate universalism. Reducing inequalities in this regard is a major challenge.
- The scientific literature has illustrated effective actions in this field, but this research is only rarely used by stakeholders in practice, due to the lack of operational keys and shortage of transferability studies; the Regional Knowledge Transfer (TC-REG) project demonstrated this fact in France.

GOAL

- To entrench cancer prevention support processes in the French population's day-to-day lives.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Reduction of risk behaviours owing to the support provided through day-to-day contact with individuals, directly or via their environment, to help them make positive changes.

ACTION COMPONENTS

- Plan the rollout of evidence-based interventions and speed up transfer to practice (action I.10.1)
- Enlist healthcare, social, medical-social sector workers in promoting prevention (action I.10.2)
- Build practical tools for all professionals (action I.10.3)
- Provide the French population with the option of conducting a self-reported questionnaire-based health assessment, which may result in further referral (action I.10.4)
- Provide individuals with a validated digital prevention offering (action I.10.5)

I-11 DEVELOPING A HEALTH-PROTECTIVE SOCIETY

CONTEXT

- Besides interventions aimed at creating informed behaviours and choices by increasing knowledge, other forms of leverage aim to modify the living environment. These "passive" prevention interventions do not necessarily imply personal commitment. Providing environments that are immediately favourable for cancer prevention enables the whole population to benefit from the measures implemented, which helps reduce social and regional health inequalities.
- Health becomes the concern of a set of stakeholders (legislator, elected local authority representatives, urban planners, procurement contract managers, teachers, etc.). This inter-sectorial approach to public policies (transport, planning, agriculture, social or education sector) is in keeping with the "Health in All Policies" concept promoted by WHO.

GOAL

- To offer individuals an environment that protects them against cancer risk factors and is also conducive to preventing such risk factors.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Modification of initiative by public authorities through a change in direction of projects, enabling the population to live in a more protective and beneficial environment for health and cancer prevention, without requiring any extra effort from individuals.

ACTION COMPONENTS

- Enlist prescriptive leverage to restrict certain products (action I.11.1)
- Support local authorities in taking action particularly through appropriate planning policies (action I.11.2)
- Create High Health Quality accreditation (action I.11.3)
- Incorporate protection in procurement contract regulations (action I.11.4)
- Support local authorities with the creation of a "local authorities and cancer" club (action I.11.5)
- Promote physical activity communication initiatives (action I.11.6)

I-12 IMPROVING SCREENING ACCESS

CONTEXT

- Three screening programmes have been rolled out in France, for breast cancer (DOCS), colon and rectal cancer (DOCCR), and cervical cancer (DOCCU). They suffer from a lack of uptake:
  - 2018-2019 "Breast cancer screening" participation rate: 49.3% + 10-15% (organised + individual)
  - 2018-2019 "Colorectal cancer screening" participation rate: 30.5%
  - 2016-2019 "Cervical cancer screening" uptake: 59.5%
- However, early detection improves the chances of recovery: the recovery rate for cancers detected at an early stage is over 90%.

GOAL

- Conduct one million more screening procedures by 2025. We need to exceed European screening coverage target guidelines and be among the frontrunners in terms of uptake (70% for DOCS, 65% for DOCCR, 70% for DOCCU [80% in the 2014-2019 Cancer Plan]), particularly by removing inequalities of access and referral to screening (participation rate regardless of deprivation index or income group).

EXPECTED OUTCOMES FOR INDIVIDUALS

- Greater involvement of all stakeholders and more straightforward, legible, effective, accessible, practice-oriented screening provision, to improve screening uptake.

ACTION COMPONENTS

- Develop approaches offering screening after a preventive operation or unscheduled treatment (action I.12.1)
- Provide all healthcare, medical-social and social workers with first contact information tools (action I.12.2)
- Simplify screening access (direct referral, diversified healthcare professionals, mobile teams, etc.) (action I.12.3)
- Envisage partnerships, for example with food aid associations, in order to conduct awareness campaigns (action I.12.4)
- Pending the implementation of precision screening, re-examine age limits and propose guidelines for those not falling within their remit (action I.12.5)
- Develop mobile information and reminder apps (action I.12.6)
- Trial material incentives to facilitate individuals' participation in screening programmes (action I.12.7)

I-13 PREPARING FUTURE SCREENING

CONTEXT

- Organised screening programmes have been rolled out for breast cancer, colon and rectal cancer, and cervical cancer. Other sites, particularly those of cancers with poor prognosis or representing a health priority, could be the subject of an organised screening programme (lung, melanoma, prostate, etc.). Current programmes only apply to standard ("average") risk and not exacerbated risks, which give rise to 15 to 20% of cancers, and which are not generally subject to standardised follow-up in practice. Screening research is very underdeveloped in France, compared to therapeutic research.

GOAL

- To screen more people in the future thanks to:
  - precision screening, through improved knowledge on high-risk subjects;
  - the effective rollout of strategies tailored to the level of breast, colon and rectal cancer risk;
  - the establishment of an organised lung cancer screening programme, once the data indicate a favourable benefit-risk balance;
  - the rollout, after evaluation, on one hand, of new screening procedures, and, on the other, of less invasive new technologies, which are more readily acceptable and more reliable than current tests, and of new screening organisation procedures.

EXPECTED OUTCOMES FOR INDIVIDUALS

- More options for more and better screening in the future.

ACTION COMPONENTS

- Evaluate self-sampling devices prior to market launch (action I.13.1)
- Include technological innovations in screening programmes without delay, after evaluation (action I.13.2)
- Anticipate and structure speedy integration of innovations in screening (action I.13.3)
- Develop precision screening to better account for individual risks (action I.13.4)
- Assess the feasibility of organised lung cancer screening (action I.13.5)

2

REDUCING AFTER-EFFECTS AND IMPROVING QUALITY OF LIFE

REDUCING AFTER-EFFECTS AND IMPROVING QUALITY OF LIFE

II-1 DEVELOPING RESEARCH TO REDUCE AFTER-EFFECTS AND IMPROVING INDIVIDUALS' QUALITY OF LIFE

II-2 ANTICIPATING INNOVATIONS AND TAKING INTO ACCOUNT AFTER-EFFECT PREVENTION IN THEIR EVALUATION

II-3 FACILITATING PATIENT ACCESS TO DIAGNOSTIC AND THERAPEUTIC INNOVATIONS

II-4 PROPOSING A NATIONAL PROGRAMME OF THERAPEUTIC SUITABILITY AND DE-ESCALATION

II-5 ENSURING TIMELY ACCESS TO POST-TREATMENT RECONSTRUCTIVE SURGERY

II-6 GUARANTEEING THE QUALITY, ACCESSIBILITY AND ADAPTABILITY OF SUPPORTIVE CARE

II-7 PREVENTING, IDENTIFYING AND TREATING DISEASE- OR TREATMENT-RELATED AFTER-EFFECTS

II-8 OVERCOMING PATIENT ISOLATION

II-9 SETTING UP PERSONALISED, GRADUATED FOLLOW-UP BETWEEN NON-HOSPITAL AND HOSPITAL CARE STRUCTURES

II-10 SUPPORTING CARERS TO PROTECT THEIR HEALTH AND RETAIN THEIR QUALITY OF LIFE

II-11 PROVIDING USEFUL INFORMATION AND GUARANTEEING RESPECT FOR THEIR RIGHTS TO FACILITATE THE LIFE COURSE OF PATIENTS

II-12 EXTENDING THE RIGHT TO BE FORGOTTEN

II-13 MAKING JOB RETENTION AN OBJECTIVE OF THE PATHWAY

II-14 ADAPTING EDUCATION DURING THE ILLNESS

II-1 DEVELOPING RESEARCH TO REDUCE AFTER-EFFECTS AND IMPROVING INDIVIDUALS' QUALITY OF LIFE

CONTEXT

- A cancer diagnosis can give rise to potentially numerous and varied after-effects. They occur in addition to treatment-related adverse effects. This harm is liable to be long-term and significantly degrade patients' quality of life.
- Awareness of treatment side-effects and toxicity is key. Given the rapid changes in cancer treatments, this issue must be systematically reviewed. One of the current priorities will particularly be to focus on immunotherapy, as the final weapon in the therapeutic arsenal.

GOAL

- To gain better knowledge of the after-effects associated with the disease and treatment side-effects, with a view to preventing them where possible, and treating them more effectively where applicable.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Timelier availability of solutions for individuals, by promoting the research/care continuum.
- Improvement in healthy living post-cancer and improvement in survival through the control of side-effects.

ACTION COMPONENTS

- Structure a research and intervention consortium supporting patients' return to work, including in the European arena (action II.1.1)
- Support and structure psycho-oncology research (action II.1.2)
- Set up, from 2021, a call for multi-thematic proposals to promote the strategy's choices (therapeutic de-escalation, precision medicine, reconstruction, after-effects and quality of life, supportive care, fertility preservation, education, employment, guidance) and a clinical research program (PHRC-K) focusing on therapeutic de-escalation (action II.1.3)

II-2 ANTICIPATING INNOVATIONS AND TAKING INTO ACCOUNT AFTER-EFFECT PREVENTION IN THEIR EVALUATION

CONTEXT

- The field of oncology is characterised by numerous diagnostic and therapeutic innovations, which may have a major impact – on individuals and on the healthcare system. Not all necessarily represent progress but many of them are promising.
- A balance must be found between two objectives which can sometimes be conflicting. On one hand, it is essential that promising methods, which offer the greatest chance of recovery with the fewest possible complications and after-effects, such as that of the risk of an induced second cancer, are made available as quickly as possible. On the other, the reduction of after-effects must be validated over the long term and must not take place at the cost of reduced efficacy, as these elements require extended evaluation. New methodologies for the pursuit of innovation, its deployment and monitoring are necessary, while accounting for medical-financial aspects.

GOAL

- To identify and evaluate innovation still more effectively (diagnostic and therapeutic innovation, whether technological or organisational), while incorporating all patient-related aspects and controlling our collective choices.
- To ensure innovation is made accessible to all.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Faster, optimised access to innovations that will represent real progress for individuals in all areas: efficacy of course, but also quality of life through lower toxicity and attenuated side-effects, such as the risk of a second cancer.

ACTION COMPONENTS

- Develop evaluation models for new drugs, with particular consideration of after-effects (action II.2.1)
- Optimise procedures for early access to drugs, make them conditional on real-life follow-up and on evaluation with scope for withdrawal (action II.2.2)
- Develop "fast-tracking" evaluation procedures for quicker drug reimbursement (action II.2.3)
- Develop a funding system for costly drugs (action II.2.4)
- Develop coordination at European and international levels in setting drug prices. Price setting remains a national prerogative (action II.2.5)
- Identify and anticipate the impact of innovative tools and treatments using horizon scanning (action II.2.6)
- Encourage innovation while using existing drugs and safeguard against shortages (action II.2.7)
- Construct a model for evaluating medical devices (action II.2.8)
- Put in place a national purchasing procedure for oncology drugs (action II.2.9)

II-3 FACILITATING PATIENT ACCESS TO DIAGNOSTIC AND THERAPEUTIC INNOVATIONS

CONTEXT

- The field of oncology is characterised by numerous diagnostic and therapeutic innovations, which may have a major impact – on individuals and on the healthcare system.
- In a context where some cancers still have a poor prognosis, support of innovation in all its forms is vital.

GOAL

- To facilitate the appropriate use of diagnostic and therapeutic innovations in order to offer the benefit they provide to more patients while guaranteeing the sustainability of the system. This challenge is applicable to both adulthood cancers and paediatric cancers.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Facilitated access to diagnostic and therapeutic innovation for more people in all regions.

ACTION COMPONENTS

- Improve access to molecular biology by developing the funding model for innovative molecular biological tests, combining real-life follow-up and evaluation at three years (action II.3.1)
- Develop and support the expansion of multiomics tests, conducted by molecular biology platforms (action II.3.2)
- Make precision medicine accessible to all and help with informed consent (action II.3.3)
- Encourage innovation in medical therapies, especially targeted therapies, radiotherapy, surgery, interventional radiology assisted by imaging (action II.3.4)
- Support healthcare professionals for more effective propagation of innovative therapeutic strategies (training, guidelines, tools) (action II.3.5)

II-4 PROPOSING A NATIONAL PROGRAMME OF THERAPEUTIC SUITABILITY AND DE-ESCALATION

CONTEXT

- Some cancer treatments are liable to cause significant adverse effects that may be long-term, and which may significantly degrade patients' quality of life.
- Although treatment efficacy is the main objective pursued, it is imperative to go further and, with patients, to query the benefit/risk in envisaging therapeutic de-escalation.
- For all that, this option cannot be implemented systematically: in no case should therapeutic de-escalation represent a loss of chance for the patient.
- The issue under consideration is definitively one of suitability.

GOAL

- To halve the numbers of patients presenting with physical and psychosocial after-effects five years post-diagnosis, by offering a more suitable strategy, favouring the least harmful and least debilitating treatments for patients while guaranteeing the same level of efficacy. This challenge is applicable to both adulthood cancers and paediatric cancers

EXPECTED OUTCOMES FOR INDIVIDUALS

- Patients receiving less onerous treatments, displaying fewer side-effects, spending less time in hospital, and who are able to resume their daily life more quickly.

ACTION COMPONENTS

- Systematise the consideration in multi-disciplinary reviews (RCPs) of the analysis of treatment toxicities and patient quality of life (action II.4.1)
- Launch a study on changes in funding liable to promote therapeutic de-escalation, then adapt this funding where applicable (action II.4.2)
- Strengthen the initial and in-service training of healthcare professionals in therapeutic de-escalation and quality of life (action II.4.3)
- Incorporate therapeutic de-escalation and quality of life into the HAS certification and accreditation systems (action II.4.4)
- Incorporate the goal of therapeutic de-escalation and quality of life in all best practice guidelines (action II.4.5)
- Update the patient information process in order to guarantee informed consent and to facilitate choices (action II.4.6)
- Offer patients, whenever possible, the option of outpatient or home care if applicable (action II.4.7)

II-5 ENSURING TIMELY ACCESS TO POST-TREATMENT RECONSTRUCTIVE SURGERY

CONTEXT

- Cancer treatment may require partial or complete removal of an anatomical region, with cosmetic, functional or painful consequences.
- Reconstructive surgery techniques are an essential treatment tool, to allow wide excision of the cancer, repair of the region operated on, but also to prevent complications and the after-effects of treatment.

GOAL

- To facilitate referral of the patients concerned, and their informed consent, for reconstruction after treatment for cancer, especially of the breast or ENT regions, but also osteoarticular or other sites - vulva, vagina, testicles, urinary and gastrointestinal tracts (closure of stomata, restoration of continence), skin, to a satisfactory quality and within a satisfactory time-frame.

EXPECTED OUTCOMES FOR INDIVIDUALS

- After potentially "disfiguring" treatment, the option for individuals to benefit from timely reconstructive surgery to improve their everyday quality of life, immediately and in the long term.

ACTION COMPONENTS

- Organise a reconstruction access pathway (action II.5.1)
- Analyse the issue of funding reconstructive procedures, and propose changes if applicable (action II.5.2)
- Evaluate all aspects of reconstruction (time-frames, reasons for non-referral, etc.) (action II.5.3)
- Integrate post-treatment reconstruction into best practice guidelines and raise the awareness of healthcare professionals (action II.5.4)
- Increase information and psychological and social support for patients (action II.5.5)
- Promote post-treatment reconstruction (action II.5.6)

II-6 GUARANTEEING THE QUALITY, ACCESSIBILITY AND ADAPTABILITY OF SUPPORTIVE CARE

CONTEXT

- Supportive oncological care is an integral part of the treatment of cancer patients. It involves numerous stakeholders and meets an essential need: combating the side-effects of treatments and the immediate or longer-term consequences of cancer or of treatments of the disease. In this way, it contributes to improving patient quality of life. The objective of making this care available is to optimise the medical, psychological and social support for the patient and their friends and family.
- However, there is great heterogeneity between regions in terms of the clarity of the offering, its accessibility to patients, and the quality of the schemes offered.
- Moreover, new complementary therapies are emerging, to which some patients request access, raising the problem of their evaluation, access, and payment.

GOAL

- To improve overall support for the patient in order to:
  - in the short term, allow them to tolerate this period better and to draw maximum benefit from treatments,
  - in the longer term, reduce after-effects and help patients return to a life that is as close as possible to the life they would have had if they had not developed cancer.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Fewer after-effects for patients via tailored and regularly evaluated supportive care provision, ensuring better quality of life, immediately and in the longer term.
- Justified information allowing patients to make the most informed choices possible.

ACTION COMPONENTS

- Launch a study on changes needed in the funding of supportive care, then adapt this funding where applicable (action II.6.1)
- Support professionals via training and tools to assist with practice, especially for needs assessment (action II.6.2)
- Develop an organisational frame of reference for supportive care (action II.6.3)
- Develop national specifications to guarantee the quality of supportive care provision (action II.6.4)
- Provide individuals with enlightened information on supportive care (action II.6.5)
- Encourage supportive care provision that is available locally (action II.6.6)
- Study the benefits of aesthetic therapy with a view to inclusion in the supportive care package, after evaluation (action II.6.7)

II-7 PREVENTING, IDENTIFYING AND TREATING DISEASE- OR TREATMENT-RELATED AFTER-EFFECTS

CONTEXT

- Five years post-diagnosis, almost two thirds of those affected by the disease suffer from cancer- or treatment-related after-effects. All the person's organs and all aspects (physical, psychological, social, intellectual) of their life can be affected.
- The most frequently mentioned after-effects, disorders and dysfunctions particularly pertain to changes in body image, pain, fatigue, motor or vision disorders, and sexual dysfunction. In three out of every four cases, specific medical follow-up is not received for these after-effects.

GOAL

- To reduce, as much as possible, the physical, mental and socio-economic after-effects reported by individuals, by preventing their onset, through screening for early intervention, curative treatment or alleviation.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Reduce the burden of after-effects via their objectification and reporting in real time, allowing the response to needs to be anticipated and adapted via more relevant follow-up of care and services.

ACTION COMPONENTS

- Trial an integrated multidisciplinary after-effect screening and treatment system (action II.7.1)
- Structure and raise awareness of the existing care provision for after-effects (action II.7.2)
- Develop tools for screening and assessing after-effects, based on the collection of data from patients (action II.7.3)
- Draw up organisational and best practice guidelines for after-effects (prevention, screening, management) (action II.7.4)
- Train hospital- and non-hospital-based medical and paramedical healthcare professionals (action II.7.5)
- Improve the information given to patients at milestones in the disease pathway and develop therapeutic education programmes (action II.7.6)

II-8 OVERCOMING PATIENT ISOLATION

CONTEXT

- Support for patients during and after cancer treatments is a major challenge, and must address several areas of concern: the prevention, anticipation, management and monitoring of side-effects (often several years later); the prevention of the risk of recurrence and a second cancer (tertiary prevention); and of course providing comprehensive local support for the patient in order to improve their quality of life after the illness.
- Numerous tools are in place, which vary from one region to another, depending on the treatment regimens (oral chemotherapy or radiotherapy).

GOAL

- To offer patients comprehensive support tools, covering all aspects of the individual (physical, psychological, socioeconomic), which are more flexible, based on a response to their needs and making use of digital resources.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Reduction of the burden of after-effects via more flexible and more accessible support during and after illness, which allows patients to benefit from appropriate personalised follow-up, to obtain answers to their questions, in real time and close at hand in particular via eHealth.

ACTION COMPONENTS

- Help non-hospital professionals to promote oral chemotherapy and to provide patients with information and advice (action II.8.1)
- Develop remote consultations and remote monitoring to provide individuals with an accessible service (action II.8.2)
- Trial local support services, using digital or non-digital tools, in particular in isolated areas (“patient concierge service”) (action II.8.3)
- Promote online patient communities allowing “peer-to-peer” interactions (action II.8.4)

II-9 SETTING UP PERSONALISED, GRADUATED FOLLOW-UP BETWEEN NON-HOSPITAL AND HOSPITAL CARE STRUCTURES

CONTEXT

- Follow-up of patients at the end of treatment is a major issue that must address several concerns: anticipation, management, prevention, screening, monitoring of side-effects, recurrences and/or second cancers, and of course overall support of the individual to improve their quality of life after the disease.
- Many stakeholders – non-hospital-based, especially GPs, hospital-based, medical and paramedical, from the social and medical social sectors, from the disability and independent living sectors – are already strongly involved during this stage of the pathway.

GOAL

- To offer patients more effective organisation of their follow-up, tailored to their needs, centred on the patient and their attending physician, shared between non-hospital healthcare professionals, hospital-based healthcare professionals, and social and medical social workers.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Structured, effective post-cancer support, in order to allow individuals to experience a smooth transition from disease to recovery.
- A time of transition, support and a tool to help with the pathway for all patients.

ACTION COMPONENTS

- Put graduated patient follow-up in place in non-hospital/hospital settings, in keeping with a national coordination objective (action II.9.1)
- Develop and deploy appropriate tools for interfacing and discussion between professionals (action II.9.2)
- Propose guidelines and innovative and joint training activities, for all professionals (action II.9.3)
- Improve access to certain healthcare professionals, if applicable via remote consultation, and with cover in standard top-up health insurance plans (action II.9.4)
- Put an end-of-treatment process in place (mirror of the diagnosis delivery process) (action II.9.5)
- Improve information given to patients, particularly by the provision of the personalised post-cancer plan (action II.9.6)

II-10 SUPPORTING CARERS TO PROTECT THEIR HEALTH AND RETAIN THEIR QUALITY OF LIFE

CONTEXT

- Cancer has a profound effect on the life of individuals directly affected by the disease and also affects their family and friends, all the more when they assume the role of carer during this testing time.
- These are individuals who provide assistance, regularly and frequently, on a non-professional basis, to someone who has lost their independence, because of age, illness, or disability. Carers provide moral support, help with everyday activities, and material support.
- Carers are themselves likely to encounter psychological, social, financial difficulties, when carrying out this support role. They often endanger their own health and expose themselves to psychological problems and social isolation. Breakdown of the main carer may have a marked effect on the patient's care pathway and lead to hospitalisation or entry into a medical-social institution.
- Progress has been made in recent years but situations are still heterogeneous.

GOAL

- To improve support for carers in all its aspects, to prevent isolation, exhaustion, risks of professional disengagement, and more broadly impairment of health and quality of life.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Reducing the day-to-day impact of the effects of cancer in a family member on carers, and improving their quality of life by means of an integrated support system (health, social, societal, financial, employment).

ACTION COMPONENTS

- Create an observatory of carers starting with those of cancer patients (action II.10.1)
- Identify carers as early as possible in the pathway (action II.10.2)
- Offer carers psychological support, respite, information (action II.10.3)
- Increase initiatives to reconcile professional life and the role of carer (action II.10.4)

II-11 PROVIDING USEFUL INFORMATION AND GUARANTEEING RESPECT FOR THEIR RIGHTS TO FACILITATE THE LIFE COURSE OF PATIENTS

CONTEXT

- The occurrence of cancer profoundly affects the lives of individuals and can have a very significant impact on their social and economic life, sometimes in the long-term.
- Resources are available to combat this adverse effect of the disease, but they are sometimes little known or difficult for people to access, notably due to the multiplicity of stakeholders liable to intervene.
- The term "second obstacle course" is often used to describe this/these parts of the pathway for which the care provision available is not always sufficiently clear and support is mixed.

GOAL

- To disseminate and improve information provided to individuals on their rights, facilitate access and ensure the effectiveness of rights and services at all stages of the disease pathway.

EXPECTED OUTCOMES FOR INDIVIDUALS

- The reduction of patients' social and administrative burden via the activation of their rights as quickly as possible, via personalised support in all areas and via the creation of new rights and services offsetting the social inequalities and upheavals which have occurred as a result of the disease.
- It is both a place to find help, with concrete measures to enable people to get through difficult times, and a tool to monitor their pathway.

ACTION COMPONENTS

- Train professionals in the healthcare, social and medical-social sectors in the relational approach to these patients (action II.11.1)
- Reduce forgoing of care associated with co-payment (action II.11.2)
- Simplify administrative formalities (action II.11.3)
- Move towards "personalised life pathways" particularly enlisting stakeholders in the social field (action II.11.4)

II-12 EXTENDING THE RIGHT TO BE FORGOTTEN

CONTEXT

- The right to be forgotten is a major advance in the 2014--2019 Cancer Plan, incorporated into the French Healthcare System Reform Act and enshrined in the AERAS agreement bringing together patient associations and consumers as well as representatives of the State, and the banking, financial and insurance professions.
- It aims to entitle cancer patients 10 years after the end of their treatment regimen, or 5 years after the end of this regimen in the absence of recurrence for cancers diagnosed before twenty-one years of age, not to declare the disease to insurers. They are therefore entitled to take out an insurance policy under the same conditions as the general population, namely without additional premiums or exclusions of cover.
- The French National Cancer Institute is involved in the bodies of the AERAS scheme, and contributes, through research based on recovery model data, to considerations to improve credit access conditions for people with a serious health risk. This research makes it possible to include new conditions in the AERAS reference grid, and improve credit access conditions for people with conditions already contained in the grid, thereby providing former patients with the option to access credit to help them carry out projects.

GOAL

- To guarantee more people, more easily, entitlement to the right to be forgotten.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Easier access to credit via information and appropriate support for people in remission and / or who have recovered from cancer to allow them to carry out personal and professional projects.

ACTION COMPONENTS

- Entitle all patients whose circumstances justify it to the right to be forgotten (action II.12.1)
- Request the AERAS follow-up and proposal commission for a situational analysis of the implementation of the right to be forgotten (action II.12.2)
- Raise awareness among and inform professionals in the healthcare, social, medical-social, banking and insurance sectors (action II.12.3)
- Inform patients about the right to be forgotten in an appropriate fashion, as early as possible in the pathway (action II.12.4)
- Encourage patients to report any malfunctions encountered via mediation and the official AERAS Agreement website (action II.12.5)

II-13 MAKING JOB RETENTION AN OBJECTIVE OF THE PATHWAY

CONTEXT

- The occurrence of cancer has pronounced repercussions on the lives of individuals who contract the condition. The adverse effects of the disease and treatments have an impact on professional life (fatigue, cognitive and sleep disorders, pain, psychological impact) and five years post-diagnosis, individuals continue to suffer from these after-effects (VICAN 5 study).
- The growth in therapeutic innovations such as oral chemotherapy, smart object-assisted follow-up, and shorter hospital stays nevertheless offers more favourable prospects for patients: in fact, these developments help to maintain employees in employment where this is desired.
- However, a separation between occupational health professionals, who are sometimes unaware of progress achieved in cancer care, and non-hospital-based doctors or specialists often poorly informed on job retention schemes, can impede patients' job retention or return to work under suitable conditions.

GOAL

- To develop systems to facilitate the job retention and return to work of cancer patients, envisaging facilitated discussions and communication, and enabling a meaningful project or pathway for cancer patients.
- To provide new knowledge relative to the job retention and return to work of cancer patients.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Simplified procedures and better identification of the assistance available to provide them with better support and facilitate job retention and/or their return to work.
- Option for individuals to plan retaining their employment and social contacts during and after the illness, from the diagnostic delivery stage.
- Reduction in the number of workers who are no longer working 5 years post-cancer.

ACTION COMPONENTS

- Raise the awareness of healthcare professionals on the benefit of job retention during and after the illness; systematise pre-resumption or periodic resumption meetings (action II.13.1)
- Provide support for businesses (clubs, training, experience sharing, indicators, etc.) (action II.13.2)
- Include all employment-related information and procedures in a 'one-stop shop' (action II.13.3)
- Extend flexible working hour options to tailor them to patients' real-life circumstances (action II.13.4)
- Break down barriers between schemes for funding job accommodations and supporting job retention (action II.13.5)
- Gauge the effect of the disease on pension entitlements and envisage initiatives aimed at reducing its impact (action II.13.6)
- Propose trials aimed at facilitating reconciliation of the illness and employment (action II.13.7)

II-14 ADAPTING EDUCATION DURING THE ILLNESS

CONTEXT

- The illness causes disruption in the normal daily routine of children, adolescents and young adults both in the family and school settings, and in their education and vocational training. However, cancer should impact the lives and futures of children, adolescents and young adults as little as possible, and children, adolescents and young people ought to be able to follow their educational pathway as much as possible. Education - at primary or secondary level or at third level - and career guidance, is part of their social life and it is essential that they continue developing intellectually, socially and emotionally in a manner that is as harmonious as possible.

GOAL

- To guarantee individuals continuity and quality of their education, studies, vocational training, provided at school, university or in any other teaching and training establishment, in the workplace in the case of work/study training programmes, at home or in hospital if appropriate.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Prevention of stigmatisation and disruptions in life course through facilitated and tailored retention in education, teaching or vocational training, for children, adolescents, and young adults under conditions adapted to their needs and constraints.

ACTION COMPONENTS

- Evaluate the appropriateness of the tools proposed (focus groups, satisfaction surveys, etc.) (action II.14.1)
- Guarantee education, higher education, and training that is adjusted via educational accommodations and continuity (action II.14.2)
- Facilitate the intervention of teachers in hospital or at home and the intervention of classroom assistants in schools if needed (action II.14.3)
- Develop tools, especially digital tools, to provide a link with education (action II.14.4)

3

COMBATTING CANCERS WITH POOR PROGNOSIS

COMBATTING CANCERS WITH POOR PROGNOSIS

III-5 ENSURING ACCESS FOR PATIENTS TO INNOVATIVE THERAPIES WITHIN THE SCOPE OF CLINICAL TRIALS

III-6 ALLOWING INDIVIDUALS TO BENEFIT FROM ENHANCED SUPPORTIVE CARE

III-7 SETTING UP ENHANCED PATIENT FOLLOW-UP

III-1 DEVELOPING RESEARCH ON CANCERS WITH POOR PROGNOSIS

CONTEXT

- Despite the progress made in the treatment of many cancers, some still have a poor prognosis because of their initial site, or because of their sub-type, or because of their resistant nature.
- The term cancers with poor prognosis refers to those with a 5-year patient survival rate below 33%: lung-pleura, liver, pancreas, oesophagus, central nervous system; some breast cancers ("triple-negative") and secondary acute leukaemias following treatment or pre-existing cancer.
- The incidence of some of these cancers is on the rise.
- Much greater effort must be devoted to securing significant improvements in survival for this type of cancer.

GOAL

- To gain a better understanding of the disease, its ecosystem, its progression, to find solutions to the most hopeless situations.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Greater use of research into cancers with poor prognosis, enabling therapeutic solutions to be offered for the most hopeless situations.

ACTION COMPONENTS

- Designate research centres or networks specialised in cancers with poor prognosis (action III.1.1)
- Make this subject attractive to researchers, especially junior researchers, via long-term commitment (action III.1.2)
- Launch calls for "high-risk/high-gain" proposals (risk detection; preneoplasia; early detection; carcinogenesis) (action III.1.3)
- Launch new clinical trials (new methodologies; new models; AcSé; comparative trials) (action III.1.4)
- Launch a call for HSS IR proposals relating to patient support (tertiary prevention for cancers with poor prognosis) (action III.1.5)

III-2 EARLIER DIAGNOSIS OF CANCERS WITH POOR PROGNOSIS

CONTEXT

- When diagnosed at an advanced stage, cancers with poor prognosis suffer from a lack of satisfactory therapeutic prospects or systematically develop resistance mechanisms to innovative treatments.
- The detection of these cancers at an early phase in their development considerably increases the chances of successful treatment. It is based on screening, but also on raising awareness among professionals and individuals of early diagnosis.

GOAL

- To detect cancers with poor prognosis as early as possible in order to maximise the chances of treating the disease.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Earlier detection of cancer, thus improving prospects in terms of treatment strategy and, if appropriate, of patient recovery.

ACTION COMPONENTS

- Raise awareness among healthcare professionals and train them, including primary care professionals, in the early detection of warning signs (action III.2.1)
- Provide information to individuals, especially those who are at increased risk (action III.2.2)
- Put fast-track diagnosis systems and accelerated pathway entry routes in place, and evaluate them (action III.2.3)
- Improve access to medical imaging, particularly whole-body MRI (in concert with the investment measures enacted in the context of the "Ségur" healthcare consultation process, and nuclear medicine in regions for all cancer patients (action III.2.4)
- Facilitate patient access to preventive treatments in compliance with ethical rules (action III.2.5)

III-3 GUARANTEEING SEAMLESS CARE PATHWAYS, USING LOCAL AND REFERRAL STRUCTURES

CONTEXT

- Being told that they have a serious disease is always traumatic for patients. The diagnosis delivery procedure was introduced in 2005 in the first Cancer Plan. It represents a major step forward and is a key moment in the care pathway. Almost 15 years after its introduction, changes have been made in order to help professionals to offer better support to patients and strengthen coordination between the different stakeholders. In particular, it encourages particular attention to be focused on children, on the most vulnerable populations, as well as on patients suffering from a cancer with poor prognosis.
- The announcement of a cancer with poor prognosis is in fact a particularly sensitive situation that is difficult for the patient, their family as well as for healthcare professionals, who must respond to the questions and anxieties of the latter in a particular context marked by the representations of these cancers. The diagnosis delivery and the pathway for patients suffering from cancer with poor prognosis are thus the subject of increased attention with respect to these issues; their coordination calls for increased vigilance in order to ensure smooth handling of their case and access all care and support necessary as quickly as possible, to avoid loss of chance.

GOAL

- To offer a cancer diagnosis delivery procedure adapted to individuals suffering from cancers with poor prognosis, and to ensure that their pathway is rapid, seamless, bolstered, and supported in response to their needs.

EXPECTED OUTCOMES FOR INDIVIDUALS

- A diagnosis delivery procedure that takes better account of the sometimes hopeless situation that patients find themselves in, retention of the best possible quality of life, and a more seamless pathway.
- A national organisation supported by international-level centres of excellence.

ACTION COMPONENTS

- Designate networks of excellence, relying on centres of excellence in the context of a graduated management framework involving the attending physician and other non-hospital professionals (action III.3.1)
- Continue, over the next 5 to 10 years, and in accordance with the decisions taken in the context of cancer care licensing reform, to set up minimum activity thresholds for appropriate cancer sites (action III.3.2)
- Optimise coordination between stakeholders to smooth the pathway and reduce time-frames for diagnosis and treatment for all patients (action III.3.3)
- Offer patients comprehensive information guaranteeing informed consent (action III.3.4)
- Provide patients with enhanced support based on detection of vulnerabilities (action III.3.5)
- Allow early referral of patients to appropriate supportive care, especially palliative care (action III.3.6)
- Develop closer follow-up through direct access for patients to hospital teams, for example via an app (action III.3)

III-4 HELPING HOSPITAL TEAMS TO ESTABLISH THE BEST THERAPEUTIC STRATEGY

CONTEXT

- The latest publications on net survival in France among those diagnosed between 1989 and 2010, and subject to several years of subsequent follow-up, show that some cancer sites (lung, pancreas, central nervous system, ovary, liver, oesophagus, stomach, etc.) do not offer favourable outcomes in terms of survival, or involve reduced survival.

GOAL

- To make significant progress in the face of diseases requiring expertise underpinned by experience and a tailored medical-technical platform, or in the face of some situations that are currently incurable.

EXPECTED OUTCOMES FOR INDIVIDUALS

- The most suitable therapeutic strategy offered to patients, by enlisting the most competent professionals and the most appropriate test and treatment regimens.

ACTION COMPONENTS

- Roll out remote multidisciplinary review meetings with centre of excellence representatives, including for developments in therapeutic strategies (action III.4.1)
- Set up a system for the continuous updating of best practice guidelines for therapeutic strategies (action III.4.2)
- Ensure drug reconciliation at all stages of the patient pathway (action III.4.3)
- Promote targeted therapies in line with an approach of greater personalisation (action III.4.4)
- In the event of treatment failure, consider discontinuing active treatments under the best conditions, in concert with the patient (action III.4.5)

III-5 ENSURING ACCESS FOR PATIENTS TO INNOVATIVE THERAPIES WITHIN THE SCOPE OF CLINICAL TRIALS

CONTEXT

- Clinical trials allow early access to innovation within a safe framework. Actions implemented by previous Cancer plans have allowed the number of adult and paediatric patients enrolled in clinical trials to be increased markedly.
- The lack of treatments to effectively combat cancers with poor prognosis will require evaluation of the efficacy of new therapeutic strategies derived from research carried out within the framework of clinical trials.

GOAL

- To define new therapeutic strategies in order to provide all patients with the possibility of timely access to innovative treatments in a safe environment while improving scientific knowledge.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Greater and faster access for patients suffering from cancers with poor prognosis to new treatments as part of safe, optimised, more agile clinical trials.

ACTION COMPONENTS

- Encourage the industrial sector to invest in the field of cancers with poor prognosis (action III.5.1)
- Offer all patients the possibility of taking part in clinical trial, open trials to more centres including those in overseas territories, while ensuring the quality of these centres for clinical research (action III.5.2)
- Improve the clarity of clinical trial provision (via an accessible, up-to-date portal) (action III.5.3)

III-6 ALLOWING INDIVIDUALS TO BENEFIT FROM ENHANCED SUPPORTIVE CARE

CONTEXT

- While therapeutic progress has been achieved, particularly through the development of targeted therapies (e.g. the lung), the after-effects reported by patients are nonetheless severe: fatigue, pain, sleep disorders, loss of appetite.
- Moreover, due to the implied poor prognosis, these patients may present with psychological distress, manifested as anxiety or even depression.
- Therefore, the poor prognosis of certain cancers justifies the early introduction of supplementary supportive care, extending well beyond palliative care.

GOAL

- To offer patients and their family the best possible support during the disease phase, especially through supportive care that is perfectly tailored to their situation and their needs.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Guarantee patients a holistic management process that, in addition to treating the disease, incorporates care and support that is particularly tailored to their needs, with the aim of improving their quality of life.

ACTION COMPONENTS

- Set up local supportive care programmes and treatment education programmes that incorporate the main risk factors (action III.6.1)
- Guarantee enhanced pain management and palliative care (action III.6.2)
- Systematise the offer of enhanced support to carers and to the patient's family (action III.6.3)

III-7 SETTING UP ENHANCED PATIENT FOLLOW-UP

CONTEXT

- The minority of patients who have recovered from or are long-term survivors of a cancer with poor prognosis do not benefit from specific measures adapted to their risks, after-effects, medical, psychological and social needs, nor do their families.
- The understanding or representations of cancers with poor prognosis among the population can contribute to social isolation, and difficulties when returning to work. Social assistance mechanisms, for example access to bank loans, are ill-suited to accounting for the diversity of individual prognoses within the category of cancers with poor prognosis.

GOAL

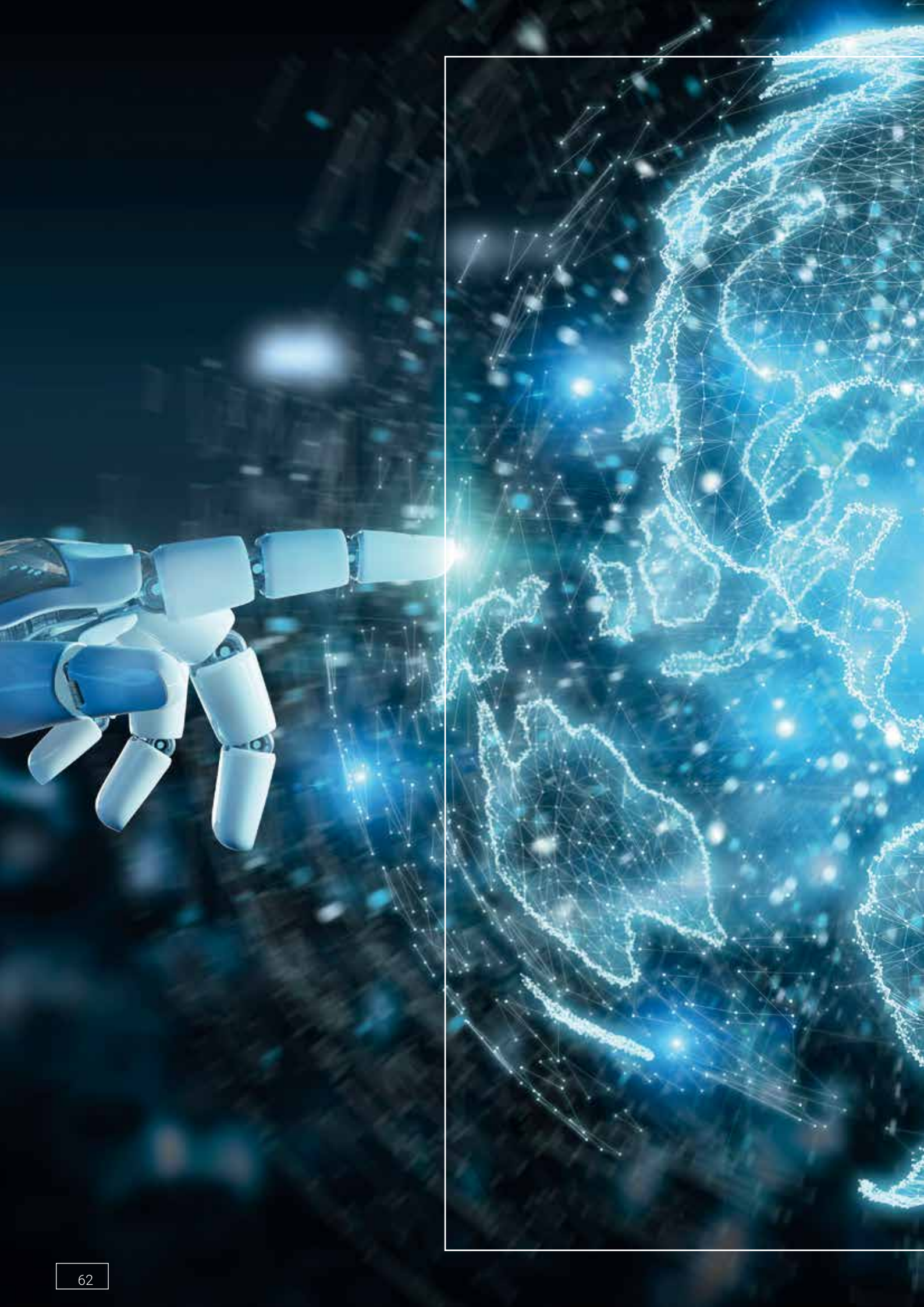
- To provide patients with specific follow-up that helps them get back to living their lives after cancer.

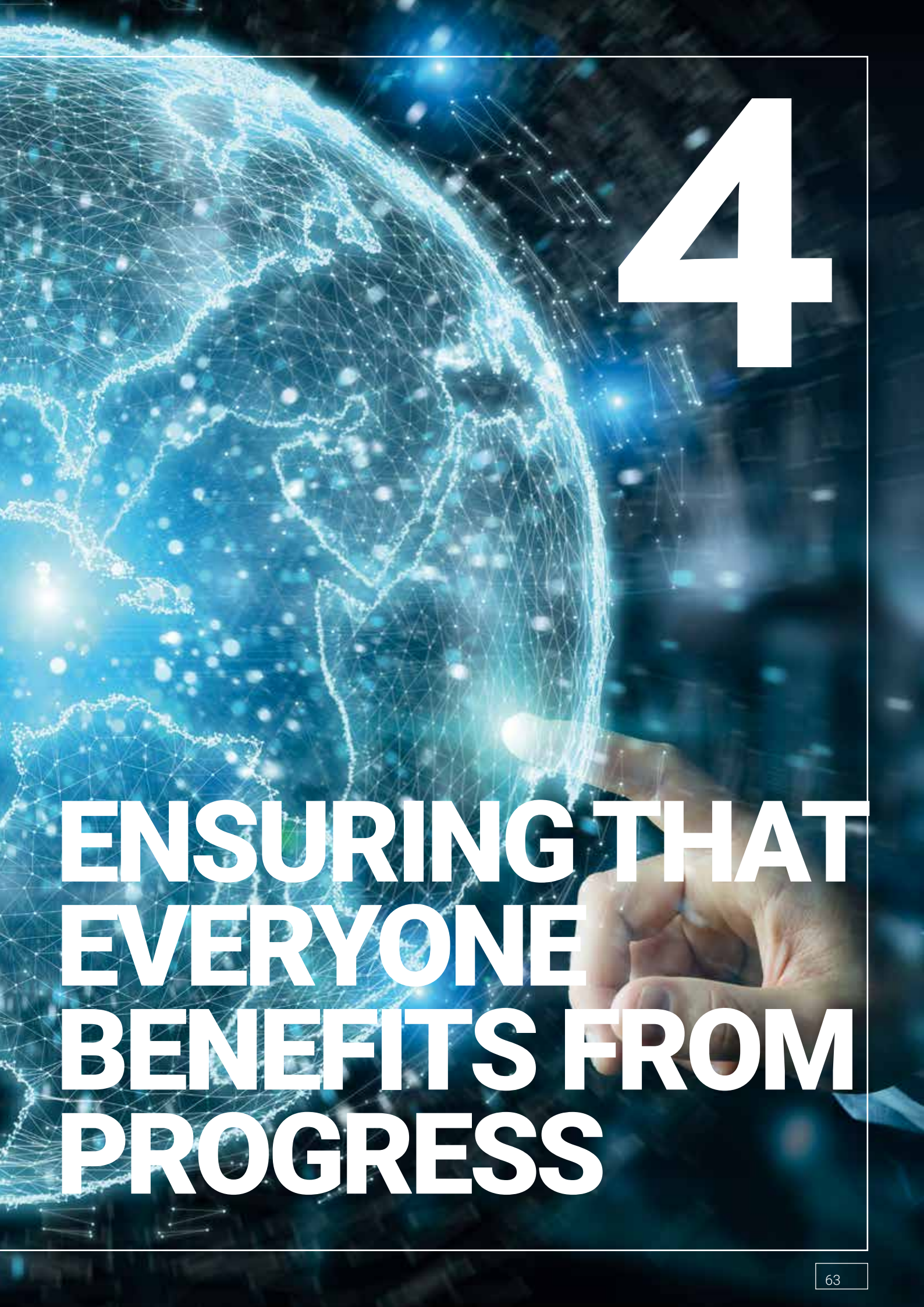
EXPECTED OUTCOMES FOR INDIVIDUALS

- Patient follow-up that is more immediately accessible, particularly through the use of digital tools, allowing them to get back to their lives after the disease, while staying in control.
- A patient community for support.

ACTION COMPONENTS

- Guarantee graduated follow-up in hospital and non-hospital settings with appropriate awareness training for non-hospital professionals (action III.7.1)
- Offer all patients the opportunity to be equipped with a remote monitoring device recognised by the HAS (action III.7.2)
- Offer patients the possibility of benefiting from psychological support after the disease (action III.7.3)
- Offer patients who are in remission or have recovered the possibility of forming communities that will allow them to share their experiences (action III.7.4)





4

ENSURING THAT EVERYONE BENEFITS FROM PROGRESS

ENSURING THAT EVERYONE BENEFITS FROM PROGRESS

IV-5 REINFORCING FRANCE AS A MAJOR PLAYER ON THE EUROPEAN AND INTERNATIONAL SCENE

IV-6 HARNESSING DATA AND ARTIFICIAL INTELLIGENCE TO MEET NEW CHALLENGES

IV-7 COMBATTING LOSS OF CHANCE THROUGH SPECIFIC FOCUS ON THE CONTINUITY OF CANCER-CONTROL INITIATIVES DURING PERIODS OF CRISIS

IV-1 PROMOTING THE RESEARCH-CARE CONTINUUM AND ENCOURAGING THE EMERGENCE OF FAST-TRACKED INNOVATION TRANSFER

CONTEXT

- Any technical or therapeutic progress offering new knowledge in the field of cancer and its treatment is based on fundamental research work with long-term findings that could not be predicted.
- A country's ability to conduct cutting-edge research and development activities stems from the researchers, innovative ideas, collaborations, structures, and tools. Through these investments, research creates benefits for the population. The need for analysis and assessment, particularly with a view to providing knowledge to help decision-making, inform public debate, etc., also applies to scientific policies. Moreover, this is a need expressed by national and international decision-makers because increasing pressure on public budgets drives funders of research to have to demonstrate the social interest involved (i.e. that research is indeed advantageous for its beneficiaries). Furthermore, it is currently observed that a substantial proportion of research work is focused on major social challenges.

GOAL

- To support our so-called fundamental multidisciplinary research with a view to producing new knowledge potentially giving rise to innovations, then making these innovations available to patients in a timely fashion.
- To engage with all stakeholders for responsible, accessible, transparent, and relevant research and innovation.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Timelier availability of progress from research for individuals.

ACTION COMPONENTS

- Increase and bolster innovation capacity in all areas of research (fundamental, translational, clinical, HSS) (action IV.1.1)
- Develop impact assessment and a prospective approach (action IV.1.2)
- Promote "Open Science" (action IV.1.3)
- Encourage participatory science: from design to application, including communication (action IV.1.4)
- Propose new research programmes particularly to promote translational research (action IV.1.5)

IV-2 TAKING ACTION TO REDUCE CANCERS IN CHILDREN, ADOLESCENTS AND YOUNG ADULTS

CONTEXT

- Even though cancer is a disease in which more or more knowledge is being gained on common characteristics, for a given patient, individual differences remain. Cancers in children and adolescents, and also certain cancers in young adults (AYAs), have further specific features distinguishing them from adulthood cancers, stemming in some cases from the specific physiological and biological characteristics of these populations. Despite a relatively wide diversity, a large majority of some cancer types are found in children, or AYAs: lymphoid malignant blood diseases, central nervous system tumours, blastemal tumours, sarcomas. Today, thanks to the findings of fundamental research and the resulting medical progress, the vast majority of children and AYAs recover. For all that, cancer remains the leading cause of disease-related death in children over one year of age (and the second cause of death after accidents), with some cancers still having a very poor prognosis (such as invasive brainstem glioma). Moreover, complications and after-effects of cancer and the treatments administered can severely impair health and quality of life, justifying specific measures in respect of prevention, screening and follow-up, and the delivery of suitable care.

GOAL

- To guarantee the best possible care for each child, targeting higher recovery rates (by developing new treatments, including for rare cancers and those with a poor prognosis in these populations) and improved recovery (through therapeutic de-escalation, suitability and innovation so as to minimise after-effects).

EXPECTED OUTCOMES FOR INDIVIDUALS

- An improvement in the recovery rate, overall survival and quality of life of children and AYAs dealing with cancer during and after treatment encouraging therapeutic innovations and structuring personalised long-term follow-up accessible to all throughout their lifetime.

ACTION COMPONENTS

- Launch a call for "High-risk/High-gain" proposals (action IV.2.1)
- Launch a call for HSS and intervention research proposals on care and support for children and AYAs (action IV.2.2)
- Extend data collection, if applicable during hospitalisation, and systematise it via the rollout of questionnaires in strict compliance with data confidentiality (action IV.2.3)
- Structure and consolidate high-quality care provision (action IV.2.4)
- Step up training for healthcare professionals, particularly those not specialised in working with children (action IV.2.5)
- Raise awareness among professionals on early paediatric cancer diagnosis (action IV.2.6)
- Guarantee access to the most suitable therapies, clinical trials, and innovation (action IV.2.7)
- Encourage the industrial sector to develop drugs for treating paediatric cancers and propose a revision of the European Paediatric Regulation (action IV.2.8)
- Offer tailored supportive care provision (action IV.2.9)
- Support families to facilitate access to care and improve families' quality of life (action IV.2.10)
- Set up a long-term follow-up scheme for children and AYAs (action IV.2.11)

IV-3 COMBATTING INEQUALITIES THROUGH A PRAGMATIC APPROACH TAILORED TO VARIOUS POPULATIONS

CONTEXT

- Due to their personal vulnerability (disability, age, linguistic difficulties, etc.) or their specific situation (incarceration), some individuals make encounter difficulty accessing a high-quality care pathway. As such, they may experience less access to prevention and screening, an over-representation of risk behaviours in certain vulnerable populations, less access to care, a suboptimal care pathway based on social status, more difficulty accessing information, and problems claiming entitlements. This results in a loss of chance in relation to the disease.
- This situation is reinforced by various barriers: mutual lack of awareness among healthcare professionals and the support structure of medical and other issues stemming from vulnerability, complexity in accessing consultations including physical access, where there continues to be scope for improvement, and sometimes poor health information literacy.
- Forms of leverage are already at work, particularly via national healthcare programmes: "Ma Santé 2022" programme, 2019-2024 National Sports and Disability Strategy, 2019-2022 Prisoner Healthcare Roadmap. They need to be bolstered by an integrative approach for the benefit of the most vulnerable.

GOAL

- To guarantee accessibility to primary and secondary prevention and access to care for the most vulnerable; to protect the most vulnerable and those close to them against the consequences of the disease.
- To better identify and account for different vulnerabilities in cancer control policy.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Improvement in the health of the most vulnerable populations by means of an optimised cancer pathway, which will reduce losses of chance in cases of cancer.
- Reduction of the impact of the disease on the individual and those close to them by accounting for the needs generated by the disease.

ACTION COMPONENTS

- Move from a general approach to combat inequalities to a targeted approach based on population category (action IV.3.1)
- Make each contact count by enlisting all the professionals concerned (action IV.3.2)
- Offer personalised support (with contacts, remote consultation) (action IV.3.3)
- Provide individuals with tailored information on prevention, care, and post-cancer aspects (action IV.3.4)
- Reduce the number of patients forgoing care (action IV.3.5)
- Support this theme in the context of research projects – prepare coordinated and integrated interdisciplinary programmes with the research community / launch a call for HSS and intervention proposals on determinants and innovative patient support (action IV.3.6)
- Make sure that vulnerable populations are included in clinical trials (action IV.3.7)

IV-4 ENABLING REMOTE REGIONS TO PROVIDE HIGH-QUALITY TAILORED HEALTHCARE

CONTEXT

- The findings of the National Grand Debate conducted in 2019 express the French population's expectations in terms of accessibility of public services, particularly healthcare services. In Mainland France, cancer care stakeholders shared the need for increased proximity in the light of new regional aspects stemming from regional reform. The State has taken these concerns on-board via numerous public policies to strengthen the cohesion of local public services.
- Public policies in terms of planning, environmental transition, housing, digital rollout, economic development, and taxation impact healthcare provision and the organisation of care in the regions: attractiveness for healthcare professionals to set up their practice, role in decisions in relation to amenities impacting access time-frames, industrial and economic potential liable to develop innovation, rollout of remote healthcare, etc.
- Moreover, overseas populations are encountering specific health issues and are exposed to specific environmental risk factors. Stomach, uterine and cervical cancer are more common in overseas areas than on Mainland France. Finally, these territories have geographic and population-related specificities.

GOAL

- To develop an inclusive cancer control policy ensuring equity of access for individuals to services throughout the country, quality of care, and relentlessly combatting losses of chance.

EXPECTED OUTCOMES FOR INDIVIDUALS

- These different measures aim to improve the population's health and set a positive collaborative process in motion involving all stakeholders, helping empower these regions.

ACTION COMPONENTS

- Adapt cancer control initiatives in overseas regions (roadmaps, governance) (action IV.4.1)
- Ensure the coordination of all stakeholders, particularly using digital tools (action IV.4.2)
- Support cooperation in overseas zones (prevention, care, research) (action IV.4.3)
- Ensure individuals' equity of access to care throughout the pathway (action IV.4.4)
- Develop the attractiveness of regions, for patients and for healthcare professionals (support for digital tools, research, training, installation) (action IV.4.5)

IV-5 REINFORCING FRANCE AS A MAJOR PLAYER ON THE EUROPEAN AND INTERNATIONAL SCENE

CONTEXT

- In international terms, the increase in non-communicable – or indirectly transmissible – disease represents a global health challenge. The international community is required to address the challenges associated with this global epidemiological transition with numerous impacts to be envisaged on healthcare systems and populations in countries worldwide, in terms of care organisation, research development, and access to medication. Joint ventures have been initiated to drive progress in cancer control and the undertaking has been bolstered though multilateral global health instruments.
- A new Commission was formed on 1 December 2019, and a European Cancer Plan was announced, with objectives and a timetable which are consistent with those of the French strategy. A Cancer Mission has been set up with the Commission, co-chaired by a French representative. Moreover, numerous bilateral partnerships are also in place.
- This context represents an opportunity to initiate, on an international level, coordinated initiatives for the benefit of our fellow citizens, in particular in relation to childhood cancers, cancers with poor prognosis, both types requiring work on a scale that can only result from international involvement. This will also help bolster France's leadership and appeal in the field of cancer control, and propose numerous forms of leverage on which to base a drive for a collaborative and integrative process, including developing countries.

GOAL

- To speed up progress in key areas through international cooperation, particularly with the European Cancer Plan and with the European Cancer Mission.
- To increase France's appeal and promote its expertise in cancer control policy internationally.

EXPECTED OUTCOMES FOR INDIVIDUALS

- International regulations offer more effective protection of populations, particularly in terms of bans on carcinogenic substances. The cross-border cooperation framework ensures treatment quality and accessibility based on excellence of expertise and means that it is possible to hope for significant research findings in relation to cancers with poor prognosis or indeed to improve knowledge on environmental risk factors.

ACTION COMPONENTS

- Strengthen international regulations to improve individuals' protection and initiate joint European initiatives (action IV.5.1)
- Strengthen research and care networks (rare, paediatric cancers, cancers with poor prognosis), particularly in Europe (action IV.5.2)
- Perform and share benchmarking to identify innovative evidence-based initiatives and thereby encourage progress (action IV.5.3)
- Invest in international data sharing for the benefit of the patient (action IV.5.4)
- Strengthen bilateral cooperation with the countries at the cutting edge of the field of cancer control (action IV.5.5)
- Develop international consortia in priority or promising fields of research (action IV.5.6)

IV-6 HARNESSING DATA AND ARTIFICIAL INTELLIGENCE TO MEET NEW CHALLENGES

CONTEXT

- The use of large amounts of big evidence-based data may help reduce the number of cancers and reduce their impact. Similarly, the development of new technologies, particularly artificial intelligence, fosters health research and assessment initiatives, and reinforces the stewardship of policies, on both national and local levels.
- The number and diversity of healthcare professionals working with patients, and the multitude of events making up the care pathway are complicating factors that need to be taken into account. This requires that data production be perceived as an integral part of the activity and that substantial efforts be made to harmonise data presentation to facilitate processing, that data be placed together in data warehouses, and that the use of data be stepped up particularly by encouraging cross-referencing.
- Databases may be sourced from clinical practice, particularly oncology communication files; monitoring and observation bodies such as cancer registries; regional screening coordination centres; studies, including biological clinical banks, biobanks, or tumour banks, and cohorts combining clinical, biological and "omic" data; and clinical trials. Initial work based on the Oncology Data Platform indicates the significant potential offered by these data.

GOAL

- To increase and improve the use of health data, by means of the many capabilities of artificial intelligence, to control cancer more effectively.
- To make the Oncology Data Platform the gold-standard oncology database, nationally and internationally.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Enabling individuals to play an active role in their health by providing comprehensible data that are integrated more seamlessly in their personal lives and careers. Enabling them to benefit from therapeutic innovations more easily and in a timelier fashion.
- Increasing the survival of cancer patients and reducing medium- and long-term after-effects by improving quality of care.

ACTION COMPONENTS

- Develop and supplement the Oncology Data Hub, including data from patients and former patients (action IV.6.1)
- Set up exhaustive national cohorts, for each cancer with poor prognosis, where possible (action IV.6.2)
- Standardise all records and extend the data repository to imaging, anatomocytopathology, etc. (action IV.6.3)
- Make use of artificial intelligence in data analysis (diagnostic aid, predicting efficacy) (action IV.6.4)
- Distribute, provide access to, and share Hub data (action IV.6.5)

IV-7 COMBATTING LOSS OF CHANCE THROUGH SPECIFIC FOCUS ON THE CONTINUITY OF CANCER-CONTROL INITIATIVES DURING PERIODS OF CRISIS

CONTEXT

- The COVID crisis has highlighted an organisational challenge for healthcare: preventing loss of chance for cancer patients, in the context of an epidemic marked by heavy mobilisation of care staff and material resources for infected patients.

GOAL

- To combat loss of chance through greater focus on cancer-control initiative continuity during periods of crisis.

EXPECTED OUTCOMES FOR INDIVIDUALS

- Patient care with no loss of chance despite a nationwide health crisis.

ACTION COMPONENTS

- Draft and broadcast guidelines (action IV.7.1)
- Enable individuals to adopt positive health behaviours including during periods of health crisis (action IV.7.2)
- Ensure continued cancer screening (action IV.7.3)
- Guarantee access to fast-tracked diagnosis (action IV.7.4)
- Set up ad hoc multidisciplinary reviews, extended to other experts where necessary, in order to account for the specific aspects of the crisis context (action IV.7.5)
- Guarantee timely access to suitable therapies (action IV.7.6)
- Prioritise the most suitable care settings and particularly home care schemes where needed (action IV.7.7)
- Ensure access to supportive care as close to patients as possible (action IV.7.8)
- Guarantee enhanced patient follow-up (action IV.7.9)
- Allow clinical trials to continue (action IV.7.10)

52, avenue André Morizet
92100 Boulogne-Billancourt
France

Tel. +33 (1) 41 10 50 00
e-cancer.fr

Édité par l'Institut national du cancer

Conception : INCa
Impression : CIA graphic
Pictures : DR
ISSN 2104-953X

ISBN : 978-2-37219-818-9
ISBN net : 978-2-37219-819-6

DEPÔT LÉGAL JANVIER 2022

2021-2030 FRANCE TEN-YEAR CANCER-CONTROL STRATEGY

2021-2025 ROADMAP

**PROGRESS FOR ALL,
HOPE FOR THE FUTURE**

FDRDECENNALGB2022

52, avenue André Morizet, 92100 Boulogne-Billancourt

Tel. +33 (1) 41 10 50 00
e-cancer.fr