National Cancer Plans: The French experience

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What is a NCCP?
National Cancer Control Plan (2)

Set of measures:

- Coordinated
- Evaluated by an independent body
- Well funded
- Integrating all stakeholders
- Regular public reports
Tobacco

Alcohol excess

Nutrition

Physical activity

Sun exposure

Infection …

CANCER

Scientific

- New Target
- New Treatment

Medical

- Death
- Premature Death

Economical

- PYLL
- Cost of care

Social

- Exclusion
- Discrimination
- Stigma

- Laws
- Campaigns

Cooperation

- Funding
- Education

Screening

- Access to care
- Quality care

Evaluation

- Funding
NCCP:

- Raises awareness
- Gets people committed
- Makes cancer a political matter
Global Cancer Plan and Call for action
Nixon 1971

President Nixon signs the National Cancer Act in 1971. Photo courtesy of the National Cancer Institute.
Charter of Paris against Cancer

- 1999: ICACT

- 2000: February, 4th: signing at Élysée by Jacques Chirac, President of France & Mr Matsura, General Director of UNESCO
World Summit against Cancer

- The first global call to action against cancer
- « One of the greatest challenges of our century. »
  - Jacques Chirac

Jacques Chirac, President of the Republic of France, signing the Charter of Paris.
National Cancer Control Plan
Ten articles:

1- Human rights:

« Cancer patient rights are human rights............... »
National Cancer Control Plan

Others articles:

- 2- Stygma
- 3- Researchs
- 4- Best practice, quality care
- 5- Prevention
- 6- Screening & Diagnosis
- 7- Partnership with patients
- 8- Quality of life
- 9- National Cancer Control Plans
- 10- 4th of February: World Cancer Day
National Cancer Control Plan


National Cancer Plan
French National Cancer Plan

71 measures:

- Prevention – screening: 13%
- Care, patient support: 21%
- Facilities – care upgrades: 16%
- Access to innovative treatments: 32%
- Research – Training: 18%

100%
National Cancer Control Plan
French National Cancer Plan

- 2005: National Cancer Institute (INCa)
- Budget: 1,7 B€/4 years
- Jobs: 3,900
National Cancer Control Plan
10 most important mesures

- Anti-smoking actions
- Multidisciplinary concertation meetings
- Announcing cancer visit
- National organized Breast cancer screening
- National organized Colon cancer screening
- Access to loans and insurance
- Out of budget access to innovative drugs
- Authorization of cancer management
- Accredited translational research platforms
- Regional cancer poles
National Cancer Control Plan

Prevention

- Anti-smoking actions:
  - Increase cost: 60% in 2 years
  - No less than 16 years
  - Ban on smoking public places
National Cancer Control Plan

Screening: Set up of

- National Breast Cancer Screening
- National Colon Cancer Screening
- Skin Cancer Day
- Free access to pap tests
National Cancer Control Plan

Care:

- Multidisciplinary concertation meetings
- Announcing nurses
- National authorization for oncology practice by Hospital-type of cancer
## Impact Analysis by Activity Levels

### BREAST CANCER

**MINIMUM LEVEL OF SURGICAL ACTIVITY / YEAR : 20**

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>Involved hospitals</th>
<th>% of low activity hospitals per region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alsace</td>
<td>24</td>
<td>42%</td>
</tr>
<tr>
<td>Aquitaine</td>
<td>57</td>
<td>35%</td>
</tr>
<tr>
<td>Auvergne</td>
<td>24</td>
<td>42%</td>
</tr>
<tr>
<td>Basse-Normandie</td>
<td>25</td>
<td>40%</td>
</tr>
<tr>
<td>Bourgogne</td>
<td>31</td>
<td>45%</td>
</tr>
<tr>
<td>Bretagne</td>
<td>46</td>
<td>28%</td>
</tr>
<tr>
<td>Centre</td>
<td>38</td>
<td>39%</td>
</tr>
<tr>
<td>Champagne-Ardenne</td>
<td>24</td>
<td>42%</td>
</tr>
<tr>
<td>Corse</td>
<td>8</td>
<td>38%</td>
</tr>
<tr>
<td>Franche-Comté</td>
<td>16</td>
<td>44%</td>
</tr>
<tr>
<td>Haute-Normandie</td>
<td>27</td>
<td>44%</td>
</tr>
<tr>
<td>Ile-de-France</td>
<td>174</td>
<td>36%</td>
</tr>
<tr>
<td>Languedoc-Roussillon</td>
<td>40</td>
<td>43%</td>
</tr>
<tr>
<td>Limousin</td>
<td>13</td>
<td>31%</td>
</tr>
<tr>
<td>Lorraine</td>
<td>38</td>
<td>45%</td>
</tr>
<tr>
<td>Midi-Pyrénées</td>
<td>46</td>
<td>41%</td>
</tr>
<tr>
<td>Nord-Pas-de-Calais</td>
<td>62</td>
<td>37%</td>
</tr>
<tr>
<td>PACA</td>
<td>94</td>
<td>41%</td>
</tr>
<tr>
<td>Pays de la Loire</td>
<td>45</td>
<td>38%</td>
</tr>
<tr>
<td>Picardie</td>
<td>28</td>
<td>46%</td>
</tr>
<tr>
<td>Poitou-Charentes</td>
<td>31</td>
<td>42%</td>
</tr>
<tr>
<td>Rhône-Alpes</td>
<td>86</td>
<td>24%</td>
</tr>
<tr>
<td><strong>France</strong></td>
<td><strong>977</strong></td>
<td><strong>38%</strong></td>
</tr>
</tbody>
</table>
## Cancer Care

Breast cancer surgery - France without DOM-TOM

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of cancer centers</strong></td>
<td>1 016</td>
</tr>
<tr>
<td><strong>Breast cancer surgical acts</strong></td>
<td>62 402</td>
</tr>
<tr>
<td><strong>Surgical acts for all pathologies</strong></td>
<td>4 965 696</td>
</tr>
<tr>
<td><strong>Number of cancer centers &lt; to the level (25)</strong></td>
<td>474</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td>46,65%</td>
</tr>
<tr>
<td><strong>Breast cancer surgical acts in cancer centers &lt; to the level</strong></td>
<td>4 807</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td>7,70%</td>
</tr>
<tr>
<td><strong>Total surgical acts in cancer centers &lt; to the level</strong></td>
<td>1 621 786</td>
</tr>
<tr>
<td><strong>Fraction of surgical acts for BREAST / total surgical acts in cancer centers &lt; to the level</strong></td>
<td>0,003</td>
</tr>
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</table>
National Cancer Control Plan
Access to innovative treatments

- Before: within Hospital Budget
- After: out of Budget
<table>
<thead>
<tr>
<th>Year</th>
<th>Expense (M€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>335</td>
</tr>
<tr>
<td>2004</td>
<td>470</td>
</tr>
<tr>
<td>2005</td>
<td>603</td>
</tr>
<tr>
<td>2006</td>
<td>714</td>
</tr>
<tr>
<td>2007</td>
<td>850</td>
</tr>
<tr>
<td>2008</td>
<td>970</td>
</tr>
<tr>
<td>2009</td>
<td>1038</td>
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National Cancer Control Plan

Social Actions:

- Voted state law for access to loans and insurance
NATIONAL CANCER PLANS

Research

Seven interregional cancéropôles to structure, impulse and fund research
Politics

Cancer

?  ?
A Good Model?

AIDS
**Good Model? AIDS**

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<td>Numbers</td>
<td>Huge</td>
<td>Limited</td>
<td>False</td>
</tr>
<tr>
<td>Kill young adults</td>
<td>Yes</td>
<td>No</td>
<td>False</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>Acceptable</td>
<td>Too expensive</td>
<td>False</td>
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- Cancer kills more than AIDS + Tuberculosis + Malaria
- Cancer 1st cause of premature deaths
- 50% of cancers before 65
Cancer ranks 2\textsuperscript{nd} in total expenditure of Social Security

Average annual expenditure/patient for cancer is not the highest

Cardiovascular disease: Billion € 17.5
Cancer: Billion € 14

Drugs expenses weight of anticancer drugs.

Hospital accounts for 70\% of the expenditure for cancer

Source: « coût des 30 ALD pour l’Assurance Maladie » CNAMTS octobre 2006
Truth or Perception?

- Treating cancer is not more expensive than treating any other significant disease.

- It is the perception that it is expensive. Not the reality.

- This perception may be related to the idea that it is not worthy to treat cancer patients because of the stigma it carries!
## Good Model? AIDS

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<td>False</td>
</tr>
<tr>
<td>People</td>
<td>Poor</td>
<td>Rich</td>
<td>False</td>
</tr>
<tr>
<td>Incidence</td>
<td>Rising</td>
<td>Stable</td>
<td>False</td>
</tr>
<tr>
<td>Death</td>
<td>Unacceptable</td>
<td>Acceptable</td>
<td>False !!!</td>
</tr>
</tbody>
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- Cancer kills more than AIDS + Tuberculosis + Malaria
- Cancer 1st cause of premature deaths
- 50% of cancers before 65
- WHO: In 2020, 10 Million deaths of which 75% will occur in countries that together represent less than 5% of the world GDP.
- Cancer: 6 Million deaths 2000
- AIDS: 2.2 Million deaths 2005
- 10 Million deaths 2020
- 1.8 Million deaths 2010
Balance between burden of cancer and expenditure weight for anticancer drugs:

Cancer is responsible for:
- 27% of total deaths
- 38% of premature deaths (before 65 years)

Cancer counts in total Social Security expenses for:
- Total care < 8%
- Antineoplastic innovative drugs* < 0.7%
Is the investment on cancer treatment appropriate?

- Cancer kills about 30% of French people...
- It kills over 38% of less than 65 years old people
- But we spend less than 8% of the total health care expenditure on cancer
- And less than 1% on anti-cancer drugs!!
What are the lessons?

1/ the general political perception is that treating cancer patients is expensive because they think that it is not worthy to treat them!

2/ what is the most expensive is not to treat cancer patients but to let them die!

3/ for a disease that kill so many people, we spend much less than the burden it represents!
Conclusion

- Cancer is a political matter!
- Cancer control policies are critical
- Global, National cancer plans
- International cooperation: World alliance
- Specific actions/NCD?
- The future is never written in advance: we can make it better!