

Beyond survival: the current state of cancer care in France

In 2023, Santé publique France estimated that more than 433,000 people in the country would be diagnosed with cancer that year.¹

To better understand attitudes towards cancer care and gaps in treatment and patient engagement, we conducted a series of surveys with key groups, including the general population, people living with cancer and healthcare professionals (HCPs). This infographic summarises key gaps identified in our France survey of 559 members of the general public, 101 people with a cancer diagnosis, and 100 healthcare professionals.

With the gaps identified in mind, we developed the North Star Framework to support the holistic measurement of success in cancer care. Read more about the Framework at impact.economist.com/health/from-survival-to-survivorship-with-cancer



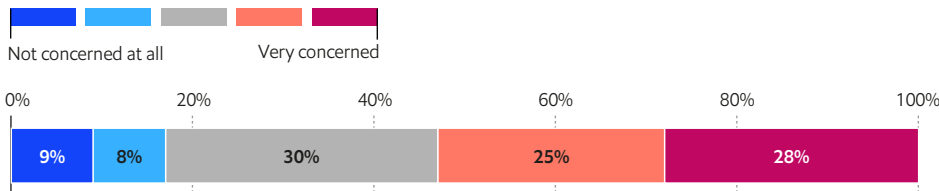
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This project was commissioned, funded and reviewed by Pfizer Inc. Economist Impact performed the research independently and retained full editorial control.

1 Public confidence and engagement

- The general population worries about cancer, but most have not been given information about their cancer risk.

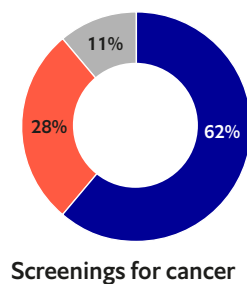
According to our survey of over **550 people** in France, **53%** of respondents are concerned about themselves or a family member developing cancer:



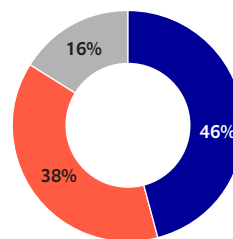
However, **64%** said they are unsure or have not been provided with information by a doctor or other health professional about cancer risks specific to their background (eg, family history).

When asked if they have access to useful and trustworthy information on the following topics:

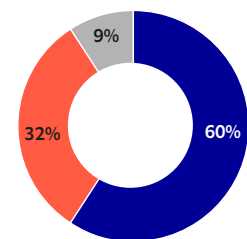
- Said they do
- Said they do not
- Said they are not sure



Screenings for cancer



Cancer care



Risk factors for cancer (eg, lifestyle, substance use)

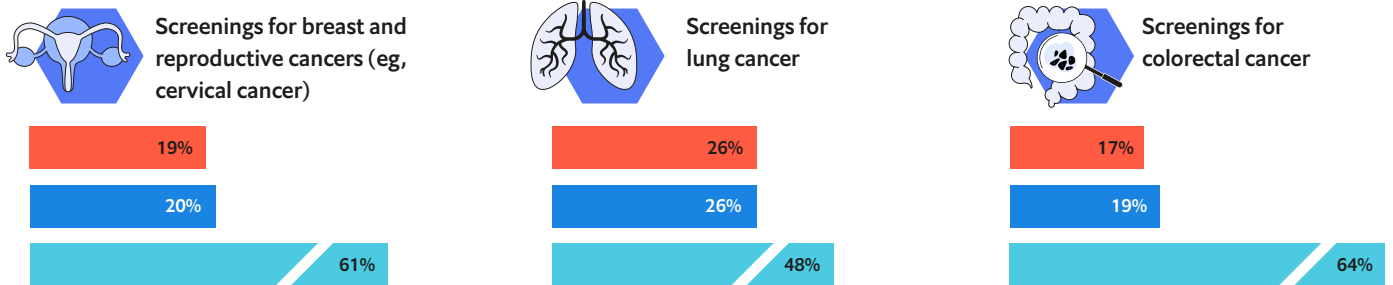
“In France, we are doing poorly in prevention compared to other countries. For example, France has one of the highest daily smoking rates in the EU... There are also some decreasing trends in screening participation. We need to invest in prevention, both primary and secondary prevention.”

Caroline Berchet, Health Economist, Health Division, OECD

The general public are not always aware of what screening resources are available.

When asked whether various cancer screening services are available in their local communities general public respondents said they were:

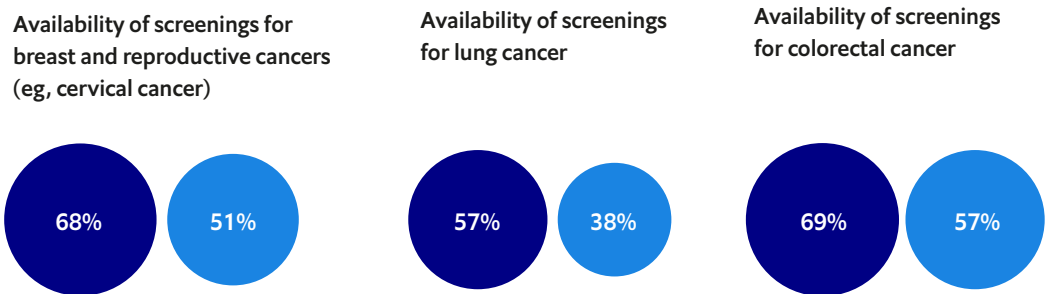
Not sure Not available Available



Increasing public awareness of screening resources can help to improve uptake among those who are eligible.²

In France, there are also significant differences in the respondent-reported availability of screening services between urban and rural areas:

Urban Rural



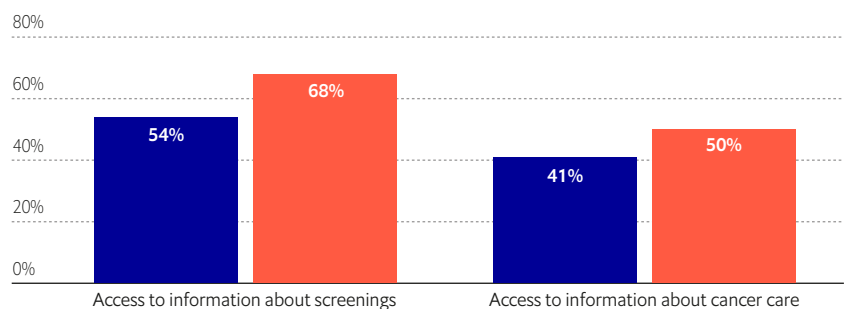
“Prevention and screening remain the most effective weapons against the most common cancers. Participation in screening programmes (breast, colorectal, cervical) is key—not only to reduce care costs, but above all to save more lives.”

Benjamin Gandouet, Director General, Prevention and Screening, Nouvelle Aquitaine

Access to valuable information varies across demographic groups.

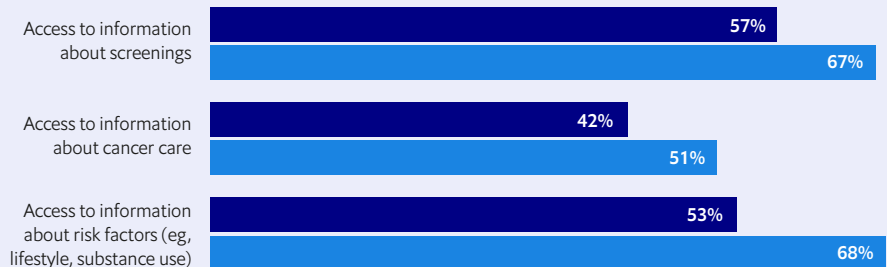
Male respondents are less likely to say they have access to useful and trustworthy information about cancer topics:

Men Women



Respondents with lower levels of education are less likely to say they have access to useful or trustworthy information—or are unsure if they do—than those with a post-secondary education.

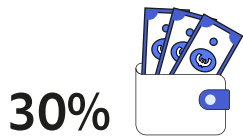
Secondary education or below Post-secondary education



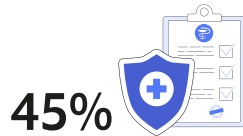
“Even within well-resourced countries there are underserved communities that are not seeing the same outcomes as the rest of the country.”

Benjamin Anderson, Former Lead, WHO Global Breast Cancer Initiative (GBCI)

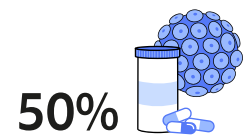
The cost of cancer care is still a concern, despite most medical care being covered through public health insurance.



of general population respondents thought that their existing health coverage would not be sufficient to cover their costs if they developed cancer



of general population respondents would consider purchasing additional health coverage if they developed cancer



of patients reported cost as a challenge when seeking diagnosis or treatment for cancer*

*According to our survey of over 100 patients in France

Out-of-pocket costs are low in France, and cancer health-related costs are fully reimbursed by the French health system.³ Respondent concerns may therefore relate to upfront costs in obtaining a diagnosis, or the wider costs and financial impacts of cancer care, such as travel to receive care or impact on ability to work or perform domestic responsibilities.

“Even the French system, where they have regional cancer centres... What happens if you're 100 kilometres away from the nearest centre?”

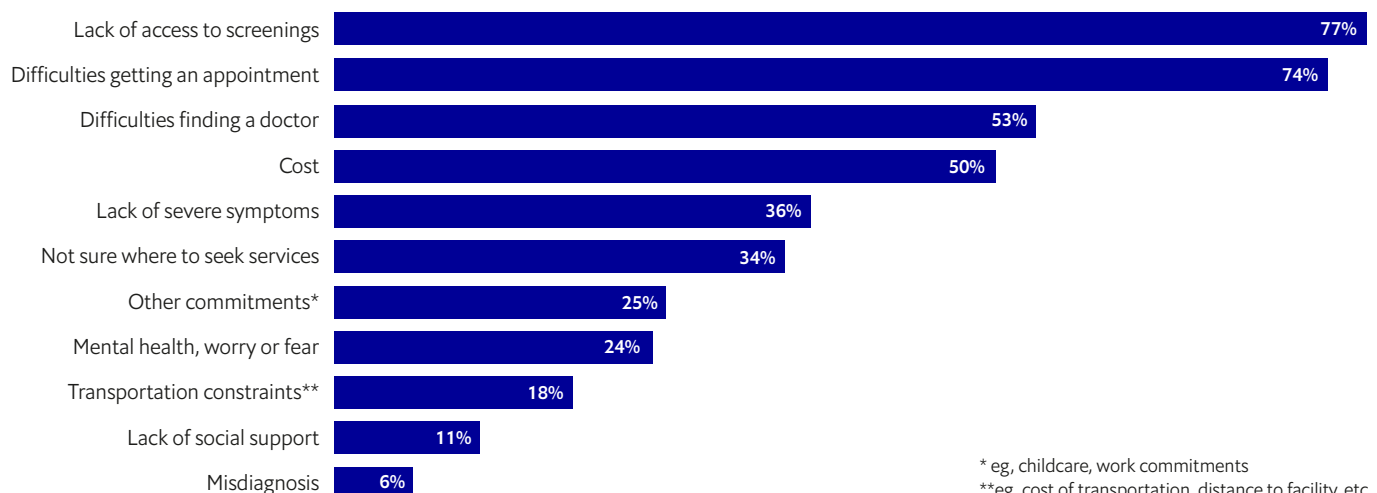
Lisa Stevens, Director, Division of Programme of Action for Cancer Therapy (PACT), International Atomic Energy Agency

2 Barriers and gaps in care

Patients routinely face significant delays to accessing timely care. Delays in care can critically impact outcomes and survival.



According to our survey of over **100 patients** living with a cancer, the greatest challenges when seeking a cancer diagnosis or treatment are:



* eg, childcare, work commitments

**eg, cost of transportation, distance to facility, etc

Not having severe symptoms initially may lead to delays in seeking and accessing care. A lack of awareness among the public of which screenings are available to them in their communities, and how to access reliable information, may also contribute to delays.

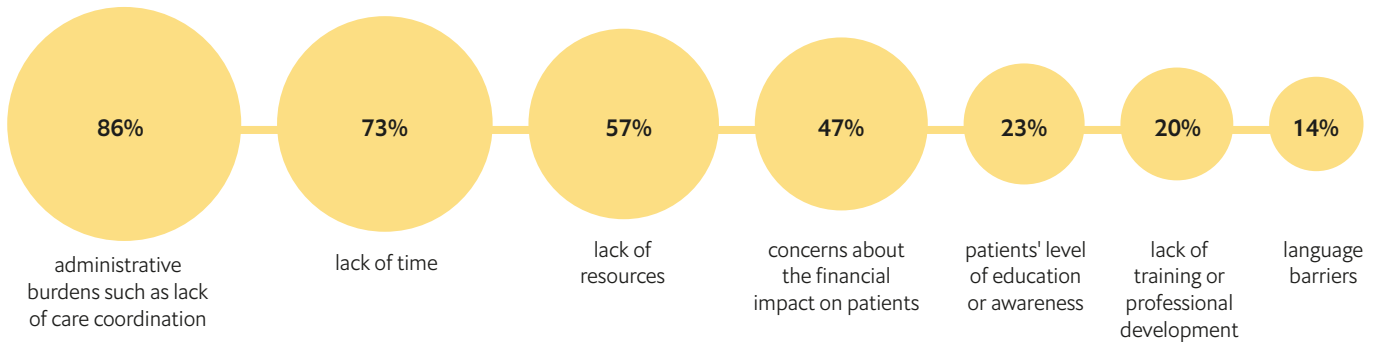


"When multimodal treatment is not started within three months, survival statistics begin to deteriorate."

Benjamin Anderson, Former Lead, WHO Global Breast Cancer Initiative (GBCI)

Health systems face significant structural barriers to delivering optimal care.

According to our survey of **100 healthcare professionals** in France across various specialities, who work at least 50% of the time with patients living with cancer, the greatest barriers to patient-centred care delivery include:



The high number of structural barriers may explain why HCPs said they do not regularly use patient reported outcome measures (PROMs), an evidence-based tool to help HCPs understand patient needs and preferences.

22%

of HCPs often or always use PROMs

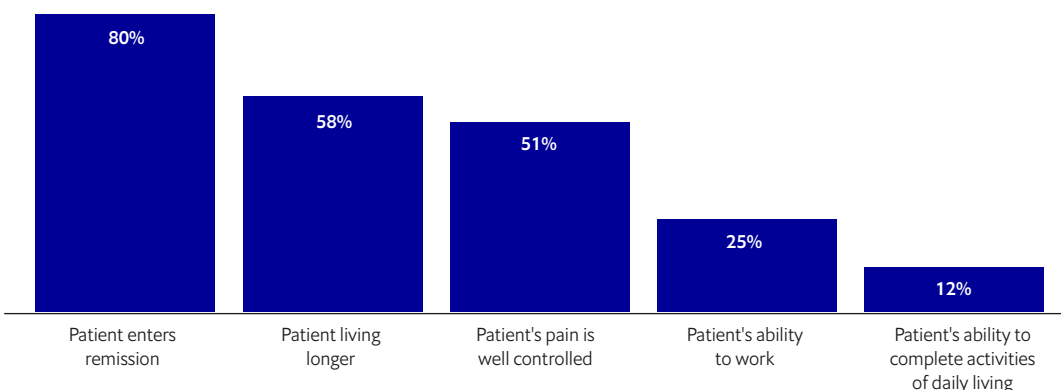
"For the health care system, we simply don't have the human resources to apply the patient reported outcome measure (PROMs) questionnaires and analyse the data from the questionnaires. Then there is a technological barrier, which is the link between these questionnaires and the electronic patient files."

Fatima Cardoso, President, Advanced Breast Cancer (ABC) Global Alliance

3 Opportunities for enhancing patient-centred care

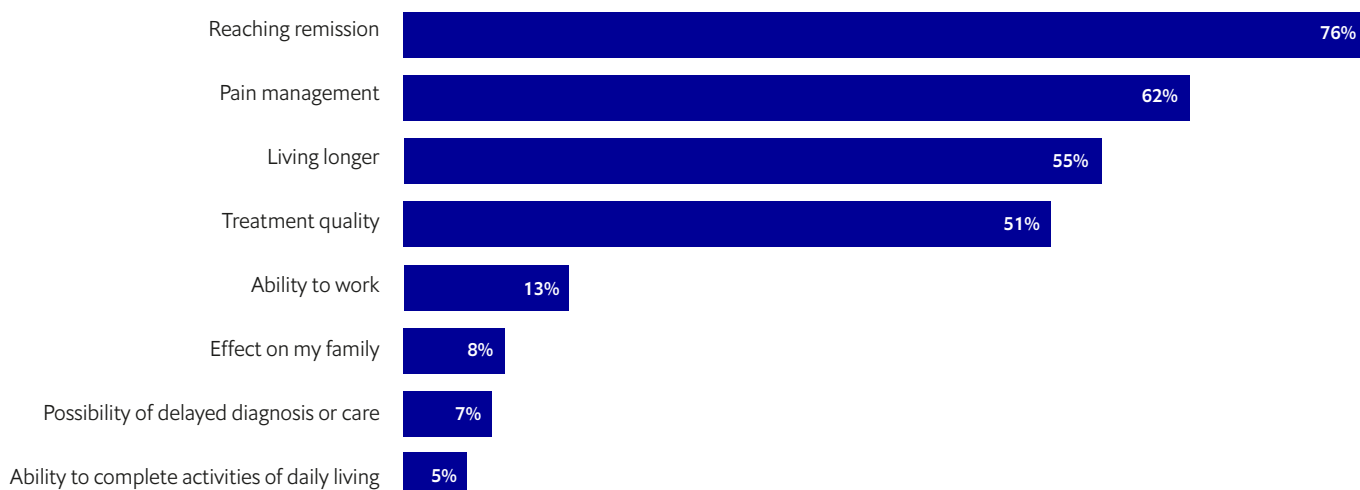
Patients and HCPs are only partly aligned on their goals for successful care.

Patients entering remission, living longer and pain control are the top priorities for HCPs. When asked about the top three indicators of success in cancer care, HCPs reported:



Like HCPs, patients are focused on reaching remission. But patients place a higher value than HCPs on pain management, highlighting an opportunity for HCPs to place greater emphasis on patient priorities in their cancer treatment plans.

When asked to select the three factors that were most important to them, given their diagnosis, patients reported:



“A famous French study comparing patient-reported outcomes with doctor-reported outcomes for plastic surgery showed a large discrepancy. Where the doctor sees good results, the patient doesn't necessarily see good results.”

Alberto Costa, Scientific Advisor of the Former Commissioner, European Union Commission for Health and Food Safety

● Although most patients say that they have good relationships with their doctors, HCPs need to take the time to listen and understand the needs and preferences of their patients living with cancer.



8 in 10

patients said they have “good” or “very good” relationships with their HCPs.



4 in 5

patients with cancer **agreed** that their doctors took sufficient time to understand their needs and preferences. However, there is room for improvement: 6% of patients disagreed while 18% were neutral.



1 in 10

patients with cancer **disagreed** that their doctor considered their opinions or preferences during the course of treatment.

Addressing the structural barriers to care delivery identified by the HCPs we surveyed, such as administrative difficulties and lack of time and resources, can improve HCP capacity to deliver quality care and provide support for patients.



“When we make treatment decisions, we need to adapt those decisions to the needs and the quality of life of the patient.”

Fatima Cardoso, President, Advanced Breast Cancer (ABC) Global Alliance

HCPs understand the importance of patient-centred care. The majority of HCPs surveyed said they regularly use shared decision-making frameworks and personalised care plans:

59%

of HCPs often or always use shared decision-making frameworks

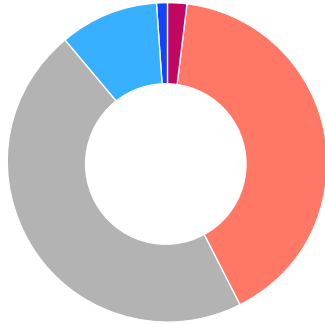
90%

of HCPs often or always use personalised care plans

● **There is still work to be done to improve mental health for patients undergoing cancer treatment.**

When asked to rate their mental health, the patients we surveyed reported it as:

- 2% Very poor
- 41% Poor
- 47% Acceptable
- 10% Good
- 1% Very good



Meanwhile, 33% of HCPs surveyed said they have not received training on mental health within the context of cancer care. Prioritising HCP training and inclusion of specialised mental health professionals in multidisciplinary cancer care teams can help to bridge this gap psychological outcomes and improve quality of life for patients with cancer.^{4,5}



References

- ¹ Lapôtre-Ledoux et al. Incidence of the main cancers in metropolitan France in 2023 and trends since 1990. 2022. https://beh.santepubliquefrance.fr/beh/2023/12-13/2023_12-13_1.html
- ² Abraham S et al. Inequalities in cancer screening, prevention and service engagement between UK ethnic minority groups. Br J Nurs 2022; 31(10):S14-S24.
- ³ OECD/European Commission (2025). EU Country Cancer Profile: France 2025, EU Country Cancer Profiles.
- ⁴ Grimmett C, et al. Psychological Interventions Prior to Cancer Surgery: a Review of Reviews. Curr Anesthesiol Rep. 2022;12(1):78-87.
- ⁵ Johnson S & Adams C. Why all countries should include psycho-oncology in their cancer response. Psycho-Oncology 2023; 32: 10-12.