Country Cancer Profile 2025

European Commission

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The Country Cancer Profile Series

The European Cancer Inequalities Registry is a flagship initiative of Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States, regions and population groups. The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan. The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable inputs received from national experts and comments provided by the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Data and information sources

The data and information in the Country Cancer Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database.

Additional data and information also come from the European Commission's Joint Research Centre (EC-JRC), the EU statistics on income and living conditions (EU-SILC) Survey, the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA), the European Society for Paediatric Oncology (SIOPE), the European Union Agency for Fundamental Rights (FRA LGBTIQ), the Health Behaviour in School-aged Children (HBSC) survey as well as from the 2023 Country Health and Cancer Profiles, and other national sources (independent of private or commercial interests). The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway. Mortality and incidence rates are age-standardised to the European standard population adopted by Eurostat in 2013.

Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.

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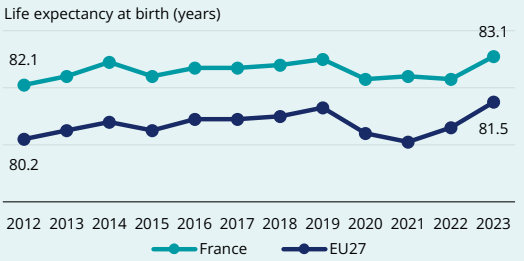
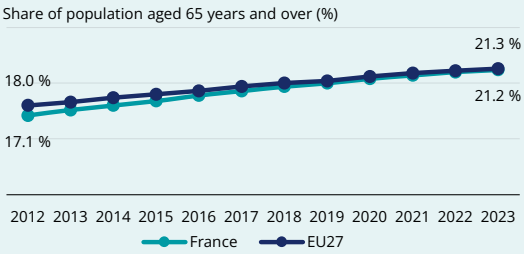
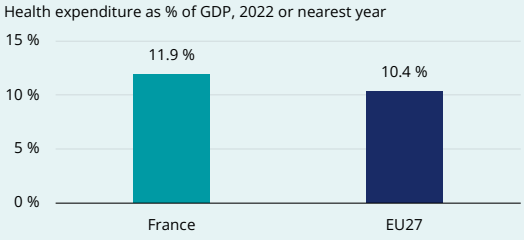
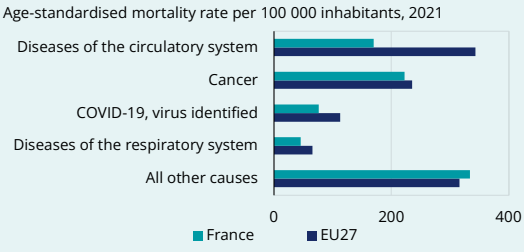
Key health system and demographic statistics



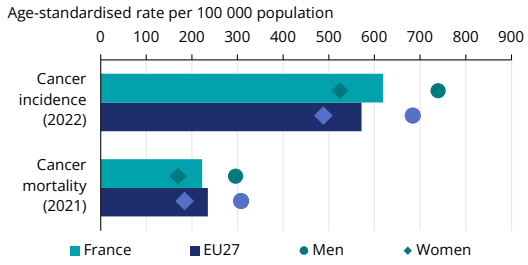






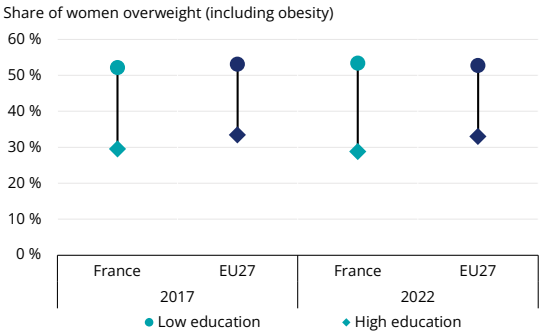
Source: Eurostat Database.

1. Highlights



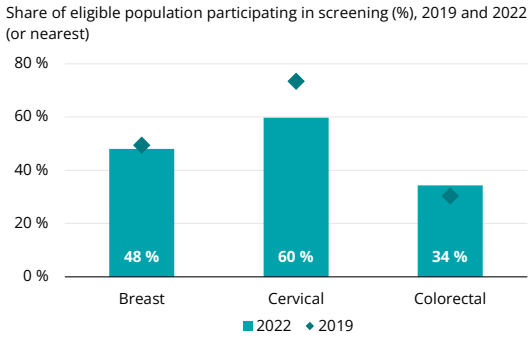
Cancer in France

The estimated incidence of cancer in France is slightly above the EU average. The rate increased more quickly among women than among men between 1990 and 2023. Over 160 000 people died from cancer in 2021 in France, accounting for one in every four deaths. The overall cancer mortality rates is lower in France than in the EU, and is higher among men than among women.



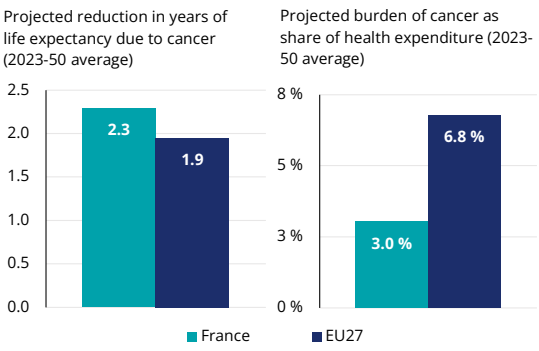
Risk factors and prevention policies

France has one of the highest daily smoking rates in the EU at 25%. Alcohol consumption among adults was stable overall between 2000 and 2021, remaining above the EU average. More positively, the adult obesity rate is among the lowest in the EU, but it is marked by a large social gradient. The overweight and obesity rate was almost twice as high among women with lower education levels than higher education levels in 2022. France rolled out its first human papillomavirus vaccination campaign in schools in 2023, with positive impact on uptake.



Early detection

France has population-based screening programmes for breast, colorectal and cervical cancer, but screening uptake rates are relatively low for breast and colorectal cancers, and below national targets. Over time, the uptake of breast and cervical cancer screening programmes has slightly declined. In 2024, France transferred responsibility for the programmes to the National Health Insurance Fund with the goal of increasing uptake. It also designed outreach operations to increase colorectal screening participation among the most vulnerable groups.



Cancer care performance

The healthcare system ensures widespread availability of high-quality cancer care. Radiotherapy equipment supply exceeds the EU average, and the number of medical oncologists has doubled since 2012. Public expenditure on cancer care is increasing, reaching EUR 22.6 billion in 2022, reflecting rising drug costs. Over 2023-50, the burden of cancer is projected to represent 3% of health expenditure. Under the National Cancer Strategy 2021-30, regulations have further improved quality and standardised access to supportive care and post-cancer active care.

2. Cancer in France

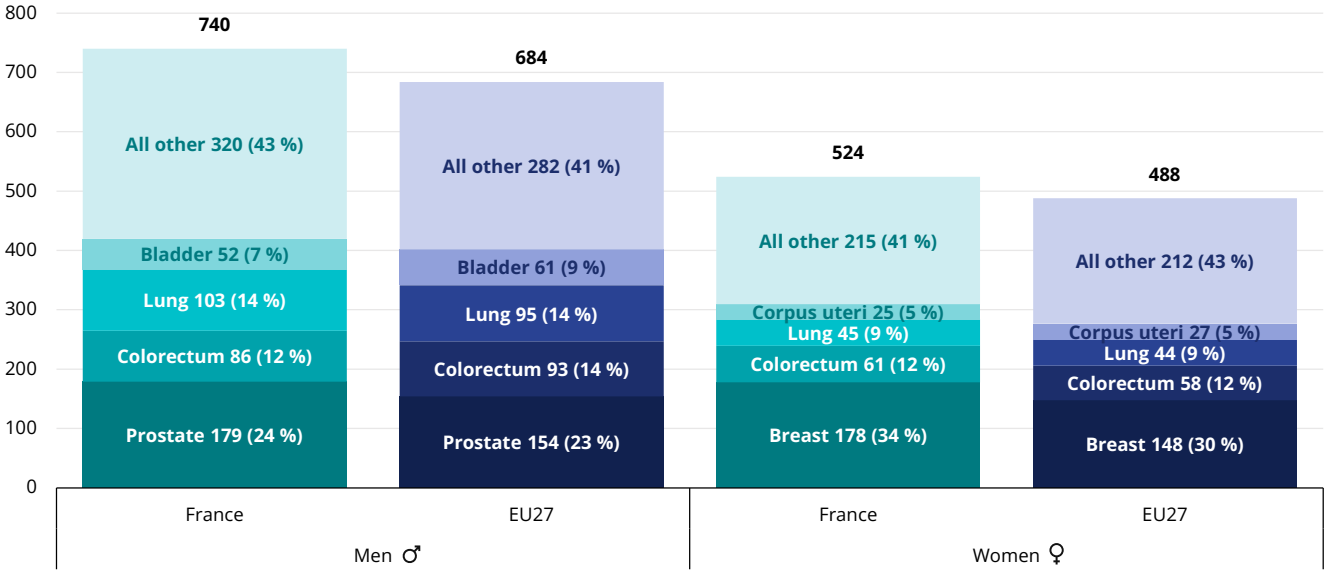
The overall rate of new cancer cases in France is slightly above the EU average

According to the European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, over 430 000 new cases of cancer were expected in France in 2022. The age-standardised rates are slightly higher than the EU average (619 per 100 000 population compared to 571 per 100 000 in the EU). The rates are 40% higher among men (740 per 100 000) than among women (524 per 100 000) in France, a gender gap similar to the EU average gap.

As in most EU countries, the main cancers among men were expected to be prostate, lung[1] and colorectal cancers, while among women they were expected to be breast, colorectal and lung cancers (Figure 1).

Figure 1. Most new cancers in France are prostate, breast, colorectal and lung cancers

Age-standardised incidence rate per 100 000 population, estimates, 2022



Notes: 2022 figures are estimates based on incidence trends from previous years, and may differ from observed rates in more recent years. Includes all cancer sites except non-melanoma skin cancer. Corpus uteri does not include cancer of the cervix.
Source: European Cancer Information System (ECIS). From https://ecis.jrc.ec.europa.eu, accessed on 10 March 2024. © European Union, 2024. The incidence percentage breakdown was re-computed based on age-standardised incidence rates and as such differs from the percentage breakdown of absolute numbers shown on the ECIS website.

The rates of new cancer cases have increased more quickly among women since 1990

The rates of new cancer cases increased more quickly among women than men between 1990 and 2023, meaning that the rates are converging (Figure 2). Because cancer typically occurs in middle and old ages, the evolution of cancer incidence depends on three factors: the ageing of the population, its size and the cancer risk factors to which people have been exposed. From 1990 to 2023, the ageing of the population explained 48% of the increase in cancer cases among men and 27% among women. The growth in population size accounts for an additional 30% of the increase in cancer cases among men and women. Risk factors, such as smoking, unhealthy dietary habits and diagnostic practices explain the rest of the increase (Lapôtre-Ledoux B et al., 2022). Looking forward, ECIS estimates that cancer cases will increase by 19% in France between 2022 and 2040.

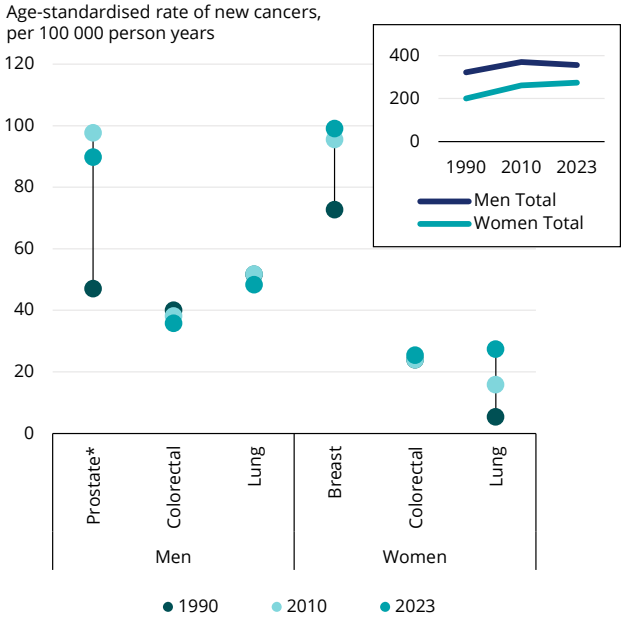
Among French women, the rate of new lung cancers increased four-fold between 1990 and 2023 – equivalent to a yearly increase of 5%, reflecting the legacy of a later increase in smoking

1 *Lung cancer also refers to trachea and bronchus cancers.*

rates among women compared with men. This is observed in many EU+2 countries[2], including Nordic countries.

Among men, the overall increase in the rate of new cancers was much slower between 1990 and 2018, with positive, albeit small, reductions in incidence of two of the three most common cancers (prostate and colorectal cancers) and several tobacco- and alcohol-related cancers (lip, mouth, pharynx and oesophagus cancers).

Figure 2. The rate of new cases of lung cancer among women increased steadily between 1990 and 2023



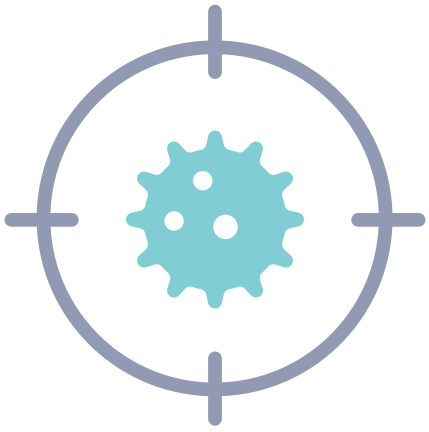
Notes: Age-standardised incidence rate based on the worldwide population age structure applied to metropolitan France data.
**The latest data for prostate cancer is from 2018.*
Source: Lapôtre-Ledoux B et al. (2023).

When looking at less common cancers, skin cancer, pancreatic cancer and liver cancer incidence rates increased substantially among men and women between 1990 and 2023. In particular, the potential years of life lost have increased for pancreatic cancer (see Section 5.2). The age-standardised incidence rates of pancreatic cancer were estimated at 11 per 100 000 men and 8 per 100 000 women in 2023, up from 9 per 100 000 men and 6 per 100 000 women in 2010 (Lapôtre-Ledoux B et al., 2022). Symptoms of pancreatic cancer usually appear late, when the tumour has developed outside the pancreas, leading to late prognosis. In addition, possible symptoms are not specific to pancreatic cancer and may have other causes, complicating the prognosis.

Over 160 000 people died from cancer in 2021 in France, accounting for one in four deaths

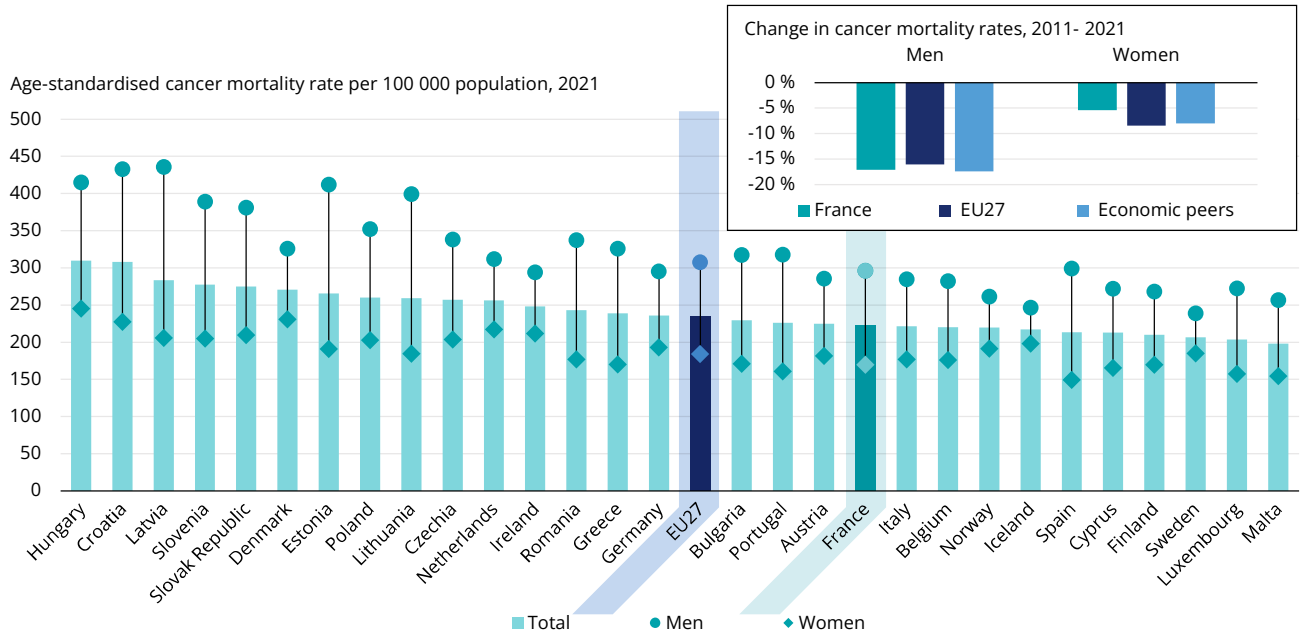
In 2021, 162 500 people died of cancer in France – an age-standardised mortality rate of 223 per 100 000 population, which is slightly below the EU average of 235 per 100 000 (Figure 3). France is one of just a handful of other EU countries where cancer is the leading cause of death, rather than circulatory diseases such as heart attacks. In France, 25% of deaths were from cancer in 2021.

The cancer mortality rate is nearly 75% higher among men than among women – a gender gap slightly wider than the EU average (67%). Socio-economic disparities in cancer mortality are also much more pronounced among men than among women.



2 *EU+2 countries include 27 EU Member States (EU27), plus Iceland and Norway.*

Figure 3. The cancer mortality rate is lower in France than in most other EU countries



Notes: Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for FR are CY, CZ, ES, FI, IT, LT, MT and SI.
Source: Eurostat Database.

Cancer mortality rates among women have decreased much more slowly in France than across EU countries and France's economic peers[3], while cancer mortality rates among men have decreased in pace with the averages across the EU and France's economic peers. In the past decade, the overall cancer mortality rate among men decreased by 17% (similar to the EU average decrease of 16%), and among women it decreased by 5% (compared to an EU average decrease of 8%). Over the longer period 1990-2018, the cancer mortality rate decreased at a yearly rate of 1.8% among men compared to 0.8% among women (Defossez et al., 2019).

The three cancers with the highest mortality rates are lung, colorectal and breast cancers

Lung, colorectal and breast cancers were the three leading causes of death by cancer in 2021 in France. Lung cancer mortality accounted for 19% of all cancer deaths, colorectal for 10% and breast cancer for 8%. Thanks to improved prevention strategies and advances in treatment options, a significant proportion of these cancer deaths among people aged under 75 are considered avoidable.[4]

In line with the general EU-wide trend, France saw a sustained reduction in preventable lung cancer mortality in 2011-21 in men, reflecting the positive impact of tobacco control policies in recent decades. In contrast, the age-standardised rate among women increased by 9% over the same period, outpacing the average decline across the EU, reflecting the legacy of an increase in smoking rates among more recent birth cohorts of women than men. In 2021, preventable lung cancer mortality among both men and women were similar to the EU averages.

In 2021, France reported a treatable mortality rate from breast cancer of 19 per 100 000 women – on par with the EU average, marking a 15% decline over 2011-21. In addition, the treatable mortality rate from colorectal cancer among women and men was 16% and 21% lower respectively than the EU average in 2021. The reductions in treatable mortality rates among both men and women can be attributed in part to important therapeutic advances and an increase in early diagnosis – notably through screening (see Section 4).

The mortality rate from cancer is twice as high among men with lower than higher education levels

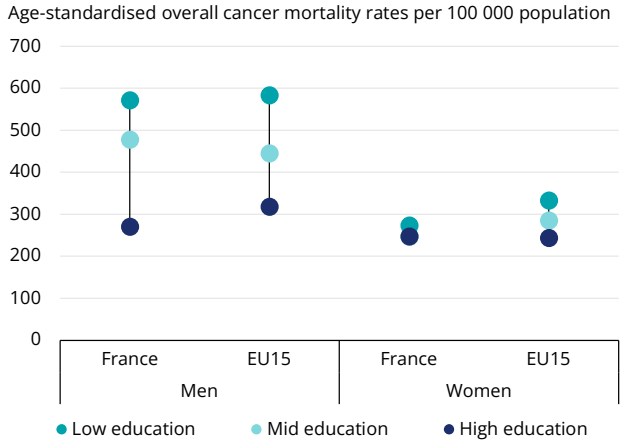
Socio-economic inequalities affect not only occurrence of cancer but also its diagnosis and mortality rates. The age-standardised overall cancer mortality rate in France was estimated to be over twice as high among men with lower

3 *Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for FR are CY, CZ, ES, FI, IT, LT, MT and SI.*

4 *Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions.*

education levels as those with higher education levels in 2015-19 (Figure 4). This gap is wider than the EU average gap. The socio-economic gap is much smaller for women: age-standardised overall cancer mortality rates were 10% higher among French women with lower education levels than those with higher education levels – narrower than the EU average gap.

Figure 4. Socio-economic disparities in cancer mortality are more pronounced among men than women

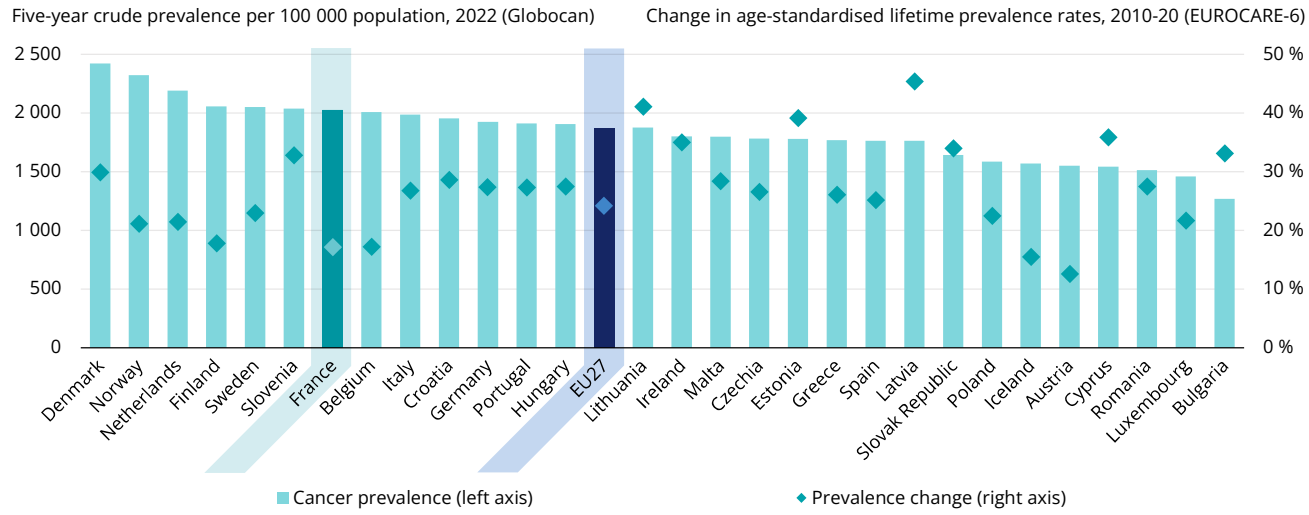


Notes: Data come from the EU-CanIneq study and refer to 2015-19. EU15 refers to unweighted average of 14 EU countries and Norway.
Source: European Commission/IARC/Erasmus MC (2024). Mapping socio-economic inequalities in cancer mortality across European countries, ECIR Inequalities Factsheet.

Five-year cancer prevalence is higher than in most other EU countries

In 2022, France reported a five-year prevalence rate[5] of 2 025 cancer cases per 100 000 people – a rate higher than in most other EU countries (Figure 5). From 2010 to 2020, there was a 17% increase in overall cancer prevalence – lower than the EU average increase of 24%. This rise highlights the growing importance of focusing on quality of life and survivorship (see Section 5.4), as people are living longer with cancer and more people have a history of the disease.

Figure 5. Five-year cancer prevalence in France was well above the EU average in 2022



Sources: IARC Globocan Database 2024; EUROCARE-6 study (De Angelis et al., 2024).

5 *Cancer prevalence refers to the proportion of the population who have been diagnosed with cancer and are still alive, including those currently undergoing treatment for cancer and those who have completed treatment. Five-year cancer prevalence includes people who have been diagnosed within the previous five years, while lifetime prevalence considers those who have ever received a cancer diagnosis.*

The National Cancer Strategy 2021-30 is being rolled out to improve cancer prevention and care

France's National Cancer Strategy 2021-30 was launched in February 2021. It is structured around four key priorities, which align with those set out in Europe's Beating Cancer Plan (Box 1). Implementation is supported by funding of EUR 1.74 billion over five years – an increase of 20% on the previous strategy.

As of June 2024, of the 237 actions planned, more than 80% have been initiated, with 37 already completed (see Sections 4 and 5). However, about 16 actions did not start as planned. An additional 26 actions set for 2024 and 2025 remain to be implemented by the end of the first operational roadmap for 2021-25. In 2024, the National Institute of Cancer and its partners began a mid-term evaluation of the Strategy and development of the second operational roadmap for 2026-30.

Box 1. France's National Cancer Strategy is aligned with Europe's Beating Cancer Plan

France's National Cancer Strategy 2021-30 addresses all the pillars and the three transversal themes of Europe's Beating Cancer Plan (Table 1). The priority areas of the Strategy include improving prevention by combating risk factors such as smoking, alcohol consumption, unhealthy living, environmental pollution, exposure to hazardous substances including radiation and infection control (with the goal of reducing the number of avoidable cancers by 60 000 per year by 2040); enhancing early detection (with a target of 1 million additional screening tests by 2025) – notably by facilitating access to self-tests for cervical and colorectal cancer and potential screening programmes for lung cancer; limiting side-effects, improving the quality of life of people with cancer (with the aim of limiting to one-third the proportion of patients suffering sequelae five years after diagnosis); and increasing cancer survival among adults and children, particularly for cancers with poor prognosis. Additionally, France aims to tackle inequalities by ensuring that all population groups benefit equally from progress in cancer care, boosting various axes of cancer research, and improving paediatric cancer care through appropriate research, interdisciplinary approaches and ensuring adequate funding in this area.

Table 1. The National Cancer Strategy aligns with Europe's Beating Cancer Plan

Pillars of EBCP				Transversal themes of EBCP		
Prevention	Early Detection	Diagnosis and treatment	Quality of life	Cancer inequalities	Paediatric cancer	Research and innovation
●	●	●	●	●	●	●

Notes: EBCP = Europe's Beating Cancer Plan. Blue indicates that France's National Cancer Strategy includes a specific section on the topic; orange indicates that the topic is covered in one of the Strategy's sections without being the only focus; and pink indicates that this topic is not covered in the Strategy.
Source: Adapted from "Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan" (not yet published).

3. Risk factors and prevention policies

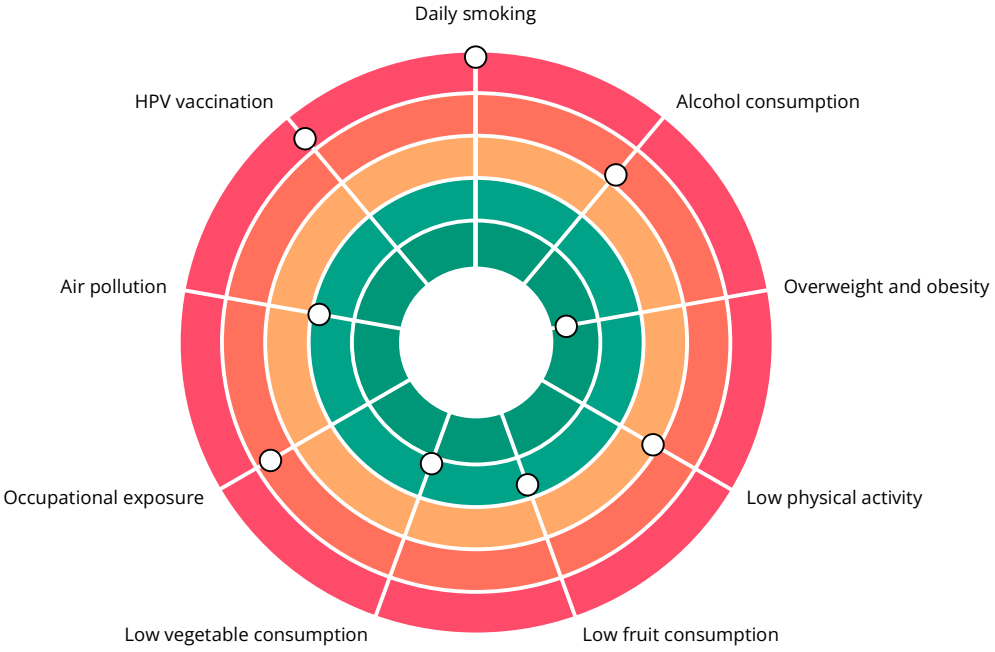
France has one of the highest daily smoking rates in the EU, and French women report the highest rate

Historically, France has lagged behind other western European countries in investing in promotion of an environment encouraging healthy behaviours. In 2021, spending on prevention represented 5.7% of current health expenditure in France – an increase of 2.6 percentage points from 2020 due to COVID-19-related spending, but lower than the EU average of 6%[6].

Smoking is a major risk factor for cancer. Cancer deaths accounted for 62% of all deaths attributable to smoking in France, which were themselves estimated at 75 000 in 2015 (Bonaldi, Boussac & Nguyen-Thanh, 2019). In 2019, the yearly social cost of tobacco consumption was estimated at EUR 156 billion (Ministry of Health, 2024).

France has implemented a series of measures to reduce tobacco consumption, especially since 2014. Daily smoking rates among adults in France have declined over the past decade – falling from 30% in 2010 to about 25% in 2021– and remained stable in 2021 and 2022. However, rates are still higher than in most other EU countries (Figure 6). While more men than women smoked daily (28% compared to 23%), the rate among women was the highest across EU countries in 2022. People with lower socio-economic status are more at risk of smoking – 34% of people in the lowest income group smoked daily compared to about 21% in the highest income groups (Pasquereau A et al., 2023).

Figure 6. Smoking and alcohol consumption are important public health issues in France



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas. Air pollution is measured as particulate matter with a diameter less than 2.5 micrometres ($PM_{2.5}$).
Sources: OECD calculations based on 2022 EU-SILC Survey for overweight, obesity, physical activity, fruit and vegetable consumption (in adults); Eurofound Survey for occupational exposure; OECD Health Statistics for smoking, alcohol consumption (in adults) and air pollution; and WHO for human papillomavirus (HPV) vaccination (15-year-old girls).

6 *Prevention expenditures as reported in health accounts should include activities outside of national programmes (e.g. opportunistic cancer screening or counselling for smoking cessation during a routine physician contact), however in practice countries may have difficulty in identifying prevention spending outside of such programmes.*

Since 2014, France has implemented national plans to reduce tobacco consumption, with the aim of deterring young people from smoking and helping regular smokers quit. France has also implemented other policies, including better coverage of nicotine substitutes from 2018, several tax increases on tobacco, and a public *#MoisSansTabac* [MonthWithoutTobacco] campaign. Since 2023, the price of tobacco products has been pegged to inflation. The National Plan Against Tobacco 2023-27 sets out a series of measures aimed at achieving a first smoke-free generation by 2032. It is expected to increase the price of a pack of cigarettes to EUR 13 by 2027. It also aims to strengthen controls on the sale of tobacco and vaping products to protect minors, ban the sale of vaping products (puffs), and introduce plain packaging for all tobacco and vaping products.

Since 2016, France has loosened alcohol control measures

Alcohol consumption among adults decreased between 2012 and 2022, from 12 litres per person to 11 litres. This remains 9% higher than the EU average in 2021. Alcohol-related mortality in France is very high: 41 000 deaths were estimated to be attributable to alcohol consumption in 2015, of which 16 000 were directly related to cancer.

Historically, alcohol control policies in France have mainly consisted of laws regulating alcohol sales, consumption and marketing, as well as taxes. One major milestone was the Évin Law of 1991, which introduced strict regulations on advertising of alcoholic drinks, forbidding it on all traditional media available to people aged under 18. A 2009 law extended the legislation to websites targeting mainly young people and sports websites, but online advertising of alcohol products on all other websites remains unregulated. However, application of the Évin Law was loosened in 2016, allowing advertisement of alcohol products related to a region or to cultural heritage. The level of taxation on alcohol products generally depends on their strength, with some exceptions – especially for wine. While taxes on beer and liquor were increased in 2012, France continues to impose lower taxes on wine than most EU countries. These alcohol taxation regulations have not been strengthened in the last 12 years in France.

The adult obesity rate is among the lowest in EU countries, but the social gradient is the second highest

According to the Institute of Health Metrics and Evaluation, 8% of cancer deaths and 9% of all deaths could be attributed to dietary risks in 2021. Based on self-reported data, the obesity rate among adults increased from 9% in 2000 to 15% in 2022 – a level that remains lower than the EU average.[7] The obesity rate was over twice as high among adults with lower education levels (21%) than higher education levels (9%) in 2022. This difference by education level is the second highest gap across EU countries after Portugal. The social gradient in overweight is also large among women. In 2022, 53% of women with lower education levels were overweight compared to 29% of those with higher education levels.

Poor nutrition and lack of physical activity are the main factors contributing to overweight and obesity. In 2022, 26% of people aged over 15 engaged in physical activity at least three times per week – below the EU average (31%). More than a third of adults reported not eating at least one portion of vegetables every day – a share slightly better than the EU average but still high in 2022. Around 42% of adults reported not eating at least one portion of fruit every day – a share slightly worse than the EU average. France is among the few EU countries[8] that have imposed taxes on sugar-sweetened beverages. In 2023, the Senate amended the Social Security Financing Law for 2024, which will increase taxes on sugar-sweetened beverages from 2025.

In 2017, Public Health France developed an official non-compulsory "Nutri-Score" food label. Building on this experience, Belgium, France, Germany, Luxembourg, the Netherlands, Spain and Switzerland established a cross-country co-ordination mechanism in 2021 to develop a single Nutri-Score label to promote healthier nutrition habits.

Among adolescents, smoking and drunkenness are decreasing, but overweight is increasing

More positively, regular smoking among 15-year-olds has decreased over the past decade to 12% in France, and was below the EU average (17%) in 2022 (Figure 7). A reduction in the proportion of 15-year-olds who report having been drunk more than once has also been observed. However, the overweight and obesity rate among 15-year-olds

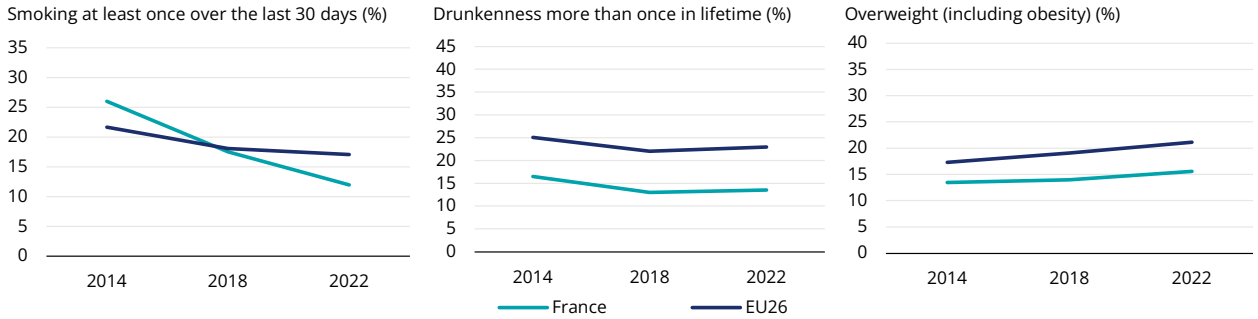
7 *Based on actual measurements of people's height and weight, obesity rates among adults are higher, but fell slightly from 17% in 2006 to 16% in 2017.*

8 *Including Belgium, Finland, Hungary, Ireland, Latvia, Norway, Portugal and Spain.*

increased from 13% in 2014 to 16% in 2022, although it remains lower than in EU countries. Overweight and obesity is more concentrated among children whose family background is disadvantaged. In France, 11- to 15-year-olds in the bottom 20% of family affluence based on the Family Affluence Scale are 9 percentage points more likely to be overweight and obese (24%) than those in the top 20% of family affluence (15%).

Among 15-year-olds in France, 33% consumed fruits daily (compared to 30% in the EU on average) and 37% consumed vegetables daily (compared to 34% in the EU). However, the share of 15-year-olds engaging in 60 minutes of physical activity daily in France is very low – at 11%, considerably lower than the 15% EU average.

Figure 7. Smoking rates and alcohol consumption decreased, but overweight increased among 15-year-olds between 2014 and 2022



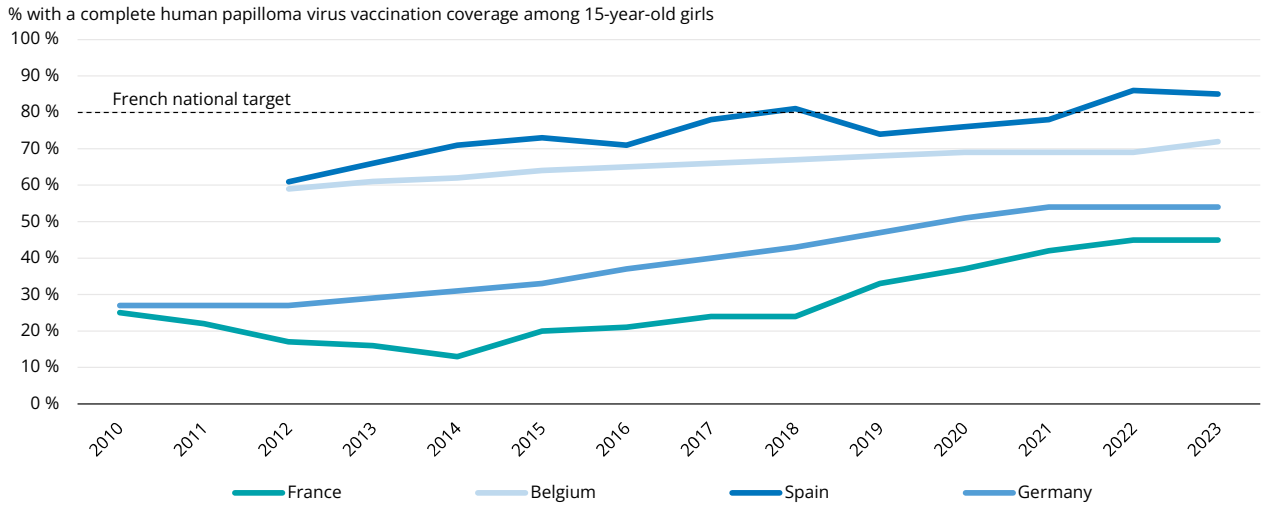
Notes: The EU average is unweighted. Data refer to 2022, and are based on children aged 15 years. EU26 for smoking and drunkenness; EU25 for overweight.
Source: Health Behaviour in School-aged Children Survey.

France rolled out its first human papillomavirus vaccination campaign in schools in 2023

HPV infections can lead to cancer, the most common of which is cervical cancer. About 80% of women and men are exposed to these viruses during their lives, and about 6 400 cancers are linked to HPV viruses every year, of which one in four among men. Vaccination against HPV prevents up to 90% of HPV infections that cause cancer.

HPV vaccination in France has been offered on a voluntary basis to girls since 2007 and to boys since 2018 aged 11-14, and catch-up vaccination is typically available up to the age of 19. According to WHO estimates, coverage among 15-year-old girls increased from 25% in 2010 to 45% in 2023, but is far below levels in neighbouring countries such as Belgium (72%) and Spain (85%) (Figure 8). Among 15-year-old boys, coverage increased from 8% in 2021 to 16% in 2023. However, these rates remain well below the target of 80% vaccination coverage by 2030, set by the National Cancer Strategy 2021-30.

Figure 8. Human papillomavirus vaccination coverage among 15-year-old girls increased markedly in France to reach 45% in 2023



Source: WHO, Human Papillomavirus (HPV) vaccination coverage, https://immunizationdata.who.int/global/wiise-detail-page/human-papillomavirus-(hpv)-vaccination-coverage.

To increase coverage further, France rolled out its first HPV vaccination campaign in schools for all pupils aged 11-14 in 2023. Coverage increased from 31% to 48% among 12-year-olds between the end of 2022 and the end of 2023 (Public Health France, 2024). Vaccination as part of the school campaign is 100% covered by social health insurance, but for vaccination purchased outside the official campaign only 65% of cost is reimbursed (unlike with most other vaccines).

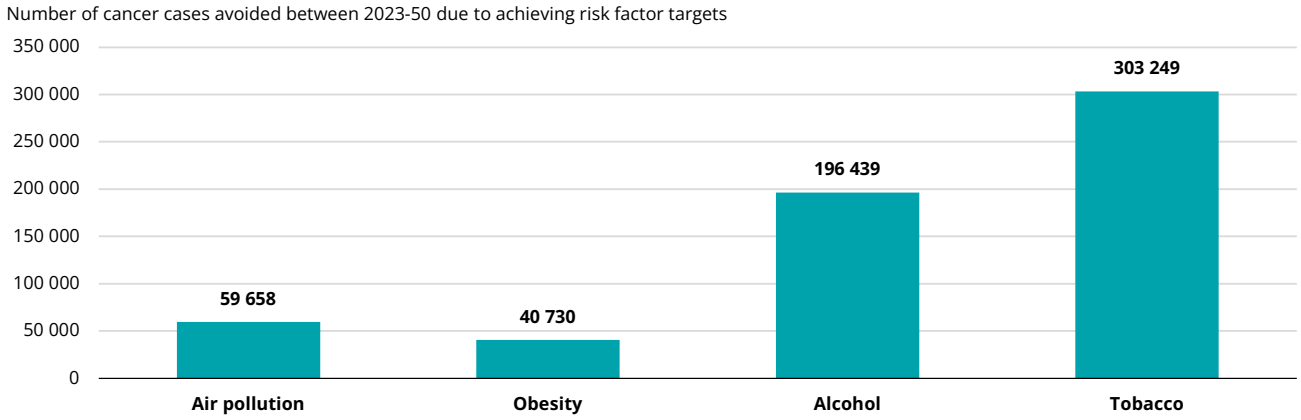
Air pollution is lower in France than in most other EU countries

In 2020, mean exposure to $PM_{2.5}$ in France was estimated at about 10 µg/m³, which is lower than the EU average (12 µg/m³). About 29% of workers reported occupational exposure to chemical products or substances in France in 2021 – a share higher than in other EU countries. Men reported more exposure (33%) than women (25%).

By achieving risk factor reduction targets, France could prevent hundreds of thousands of new cancer cases between 2023 and 2050

Like all countries in the EU, France has a substantial opportunity to reduce new cancer cases in the country by focusing on primary prevention. According to OECD Strategic Public Health Planning (SPHeP) modelling work, the biggest potential – a reduction of 303 249 cancer cases between 2023 and 2050 – is achievable if tobacco reduction targets are met (Figure 9). If France meets the alcohol target, 196 439 new cancer cases could be prevented over the same period; an additional 59 658 cases could be prevented if air pollution targets were met, and 40 730 cases if obesity targets were met.

Figure 9. France could prevent over 300 000 new cancer cases if tobacco reduction targets are met



Notes: The target for tobacco is a 30% reduction in tobacco use between 2010 and 2025, and less than 5% of the population using tobacco by 2040. For alcohol, the target is a reduction of at least 20% in overall alcohol consumption and a 20% reduction in heavy drinking (six or more alcoholic drinks on a single occasion for adults) between 2010 and 2030. For air pollution, it is an annual average $PM_{2.5}$ level capped at 10 µg/m³ by 2030 and at 5 µg/m³ by 2050. For obesity, the target is a reduction to the 2010 obesity level by 2025.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

4. Early detection

Population-based screening programmes are in place for breast, colorectal and cervical cancer in France

France established population-based screening programmes for breast cancer in 2004, colorectal cancer in 2008 and cervical cancer in 2018. A 2022 report estimated overall expenditure on screening – via both organised programmes and on an individual opportunistic basis – at approximately EUR 600 million (General Inspectorate of Social Affairs, 2021).

All women aged 50-74 are offered breast cancer screening every two years. This includes a manual breast exam to detect any anomalies and a mammogram. The mammogram results are read by two radiologists – around 6% of cancers screened as part of the programme are detected on second reading. Mammograms can also be requested outside the screening programme.

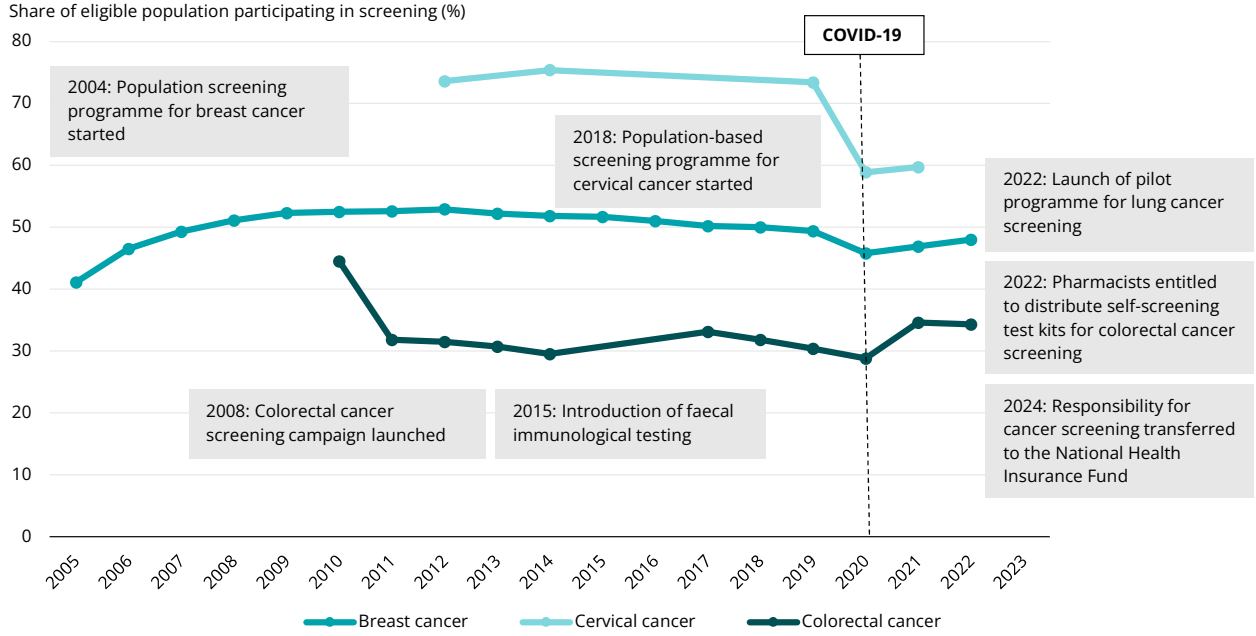
The cervical screening programme invites women to attend a cervical cytology screening test every three years for all those aged 25-30 (following normal results on two tests at one-year intervals), and an HPV screening test every five years for all those aged 30-65.

The colorectal screening programme targets all men and women aged 50-74 who are invited to perform a stool test, free of charge, every two years. If the stool test is positive, a colonoscopy is performed. The faecal immunological test has been used since 2015.

Breast, colorectal and cervical screening uptake rates are low, but efforts have been made to improve them

After decreasing slowly in the past decade, breast cancer screening participation fell further in 2020, as a result of the pandemic, but then began to increase slowly. In 2022, 48% of women reported having received a mammogram in the past two years, based on programme data (Figure 10). In addition to the screening programme, Public Health France (Santé Publique France) estimates that about 11% of women aged 50-74 undergo screening as part of an individual opportunistic detection approach. However, these numbers remain below the EU target of 70%. In 2021, around 60% of women reported having a cervical smear test in the past three years – a level below the target (80%).

Figure 10. Breast, colorectal and cervical screening uptake remains low in France



Notes: Data refer to mammography screening among women aged 50-69 within the past two years, cervical cancer screening among women aged 20-65 within the past three years and a half and colorectal cancer screening among the population aged 50-74 within the past two years. Data refer to programme data collected from national and regional cancer databases and registries for breast and colorectal cancer. Data refer to survey data for cervical cancer, except for 2020 and 2021 which refer to programme data.
Source: OECD Health Statistics 2024.

Colorectal cancer screening uptake remains very low in France, even though it more than rebounded after the first year of the pandemic to reach 34% of the population aged 50-74 in 2022. Compared to breast cancer screening, colorectal cancer screening is less often publicly discussed in the media or among relatives, and receives less support from patient associations. To increase uptake, from 2022, pharmacists are entitled to distribute self-screening test kits, and individuals can also order them online.

As part of the National Cancer Strategy 2021-30, France aims to boost screening uptake by improving organisation of screening campaigns (Box 2).

Box 2. The National Health Insurance Fund is taking on responsibilities for cancer screening to increase participation rates

In 2024, France transferred responsibility for leading and co-ordinating the cancer screening strategy and deployment of invitations for the programmes and their follow-up campaigns from the 17 regional cancer screening co-ordination centres to the National Health Insurance Fund. The Fund has a track record of complex database management and of identifying and contacting the most vulnerable groups. From 2024, general practitioners (GPs) automatically see whether patients have participated in screening in their electronic patient files.

Since 2024, the National Health Insurance Fund has also designed a programme of outreach operations to increase colorectal screening uptake among the most vulnerable groups. More than 100 telephone advisers across seven call centres have been recruited and specifically trained to conduct telephone interviews with people in vulnerable situations (e.g. people without a referring family GP) to help them book an appointment with a healthcare provider or obtain a colorectal cancer screening kit (National Institute of Cancer, 2024).

France has introduced mobile breast cancer screening to bring it closer to where women live and work. A pilot programme shows that mobile mammography units increase participation in breast cancer screening and reduce geographical and social inequalities (De Mil et al., 2019). The mobile mammography unit has already operated in some locations, including in Normandy and Occitania.

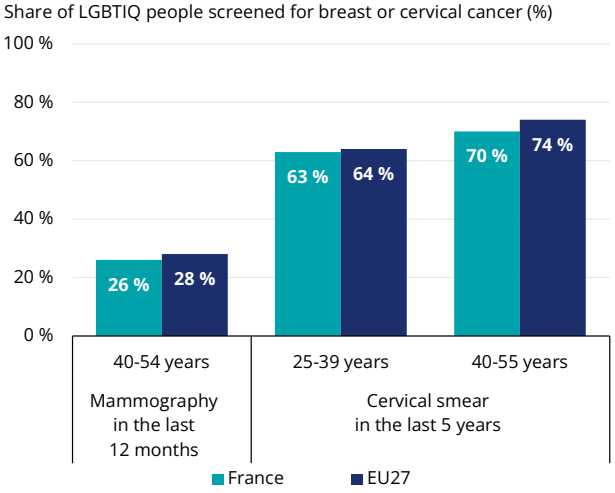
Dematerialisation of breast cancer screening data is allowed under specific conditions

Breast cancer screening can benefit from digitalisation of screening data. From 2022, projects to dematerialise the second reading are allowed as part of an experiment run by the National Institute of Cancer, contingent on obtaining an exemption. Such dematerialisation is needed in order to use artificial intelligence (AI) to speed up and improve breast cancer screening in the future (Guenoun et al., 2024). Many countries, including the Nordic countries and the Netherlands, have dematerialised radiology data and are now developing AI to speed up and improve screening results.

LGBTIQ people in France participate less in breast and cervical cancer screening than their counterparts in the EU

According to the EU LGBTIQ Survey III, participation in cancer screening among LGBTIQ persons is lower in France than in other EU countries (Figure 11). For breast cancer screening, 26% of LGBTIQ cisgender females, trans women and intersex people aged 40-54 years reported having had a mammogram in the previous 12 months, much lower than the EU average of 28%. For cervical cancer screening, 63% of the relevant LGBTIQ population aged 25-39 in France reported having had a cervical smear test in the previous 5 years (lower than the 64% in the EU), while 70% of those aged 40-55 in France reported a smear test (lower than the 74% in the EU).

Figure 11. LGBTIQ persons in France participate less in breast and cervical cancer screening



Note: LGBTIQ survey results refer to age groups and/or screening intervals that do not align with the population screening approach in EU countries, and should not be compared.
Source: The European Union Agency for Fundamental Rights (EU LGBTIQ Survey III).

Lung cancer screening is under consideration in France

In 2022, the National Authority for Health recommended launching a pilot programme for lung cancer screening. The CASCADE Study, which started in 2022, involved over 1 800 women to provide insights into the feasible features of lung cancer screening. The participants received smoking cessation support and were screened for associated pathologies such as coronary artery disease and osteoporosis. The completion of this study will offer crucial information on low dose computed tomography (LDCT) scan reading modalities, paving the way for a larger pilot study set to launch in 2025.

5. Cancer care performance

5.1 Accessibility

Features of the French health system limit financial inequalities in access to cancer care

France's health system is based mainly on a social health insurance (SHI) system, with a traditionally strong role for the state. While regional health agencies have played a significant role in managing healthcare provision at the local level since 2009, SHI and central government organise the health system and determine its operating conditions. The SHI system offers coverage to the whole population, based on residence, through various compulsory schemes. In 2022, France reported the lowest share of out-of-pocket payments for health (9%) among all EU countries (with an EU average of 15%) because public and private health insurance schemes cover most health spending. This is particularly the case under the scheme for people with chronic conditions, which covers all health-related costs linked to these conditions. Cancer-related costs fall within this category and benefit from 100% coverage for all patients. As a result, barriers to accessing cancer care in France are not financial.

Cancer care is well distributed across the country

France had 863 health establishments and radiotherapy centres authorised by the regional health agencies to look after cancer patients in 2024.

France has comprehensive cancer centres covering the entire country. A network called Unicancer covers 18 comprehensive cancer centres and 2 affiliate members. The comprehensive and co-ordinated care offered by these centres ensures a high-quality care to more than 530 000 patients each year. In addition to Unicancer network fully dedicated to cancerology, private hospitals (n=395) take a large part of the activity in cancerology, realising almost 30% of hospital stays. Public local hospitals (n= 238) and public university hospitals (n=97) come in second and third positions.

Quality and safety of care are equally important for all hospitals, and the large network of public hospitals guarantee access to healthcare as close as possible to where the patient lives. Healthcare for adult patients suffering from rare cancers is provided through national reference networks, established in 2009, with the aim of guaranteeing optimal care. Each network is organised around a reference centre and several regional or inter-regional competence centres. Any patient suffering from a rare cancer is guaranteed to benefit from a definitive diagnosis within these networks via re-reading of samples from the tumour, appropriate treatment and systematic discussion of the case by experts in the specific pathology, regardless of where the patient is treated.

France launched the label "network of excellence" in the field of cancers with poor survival rates

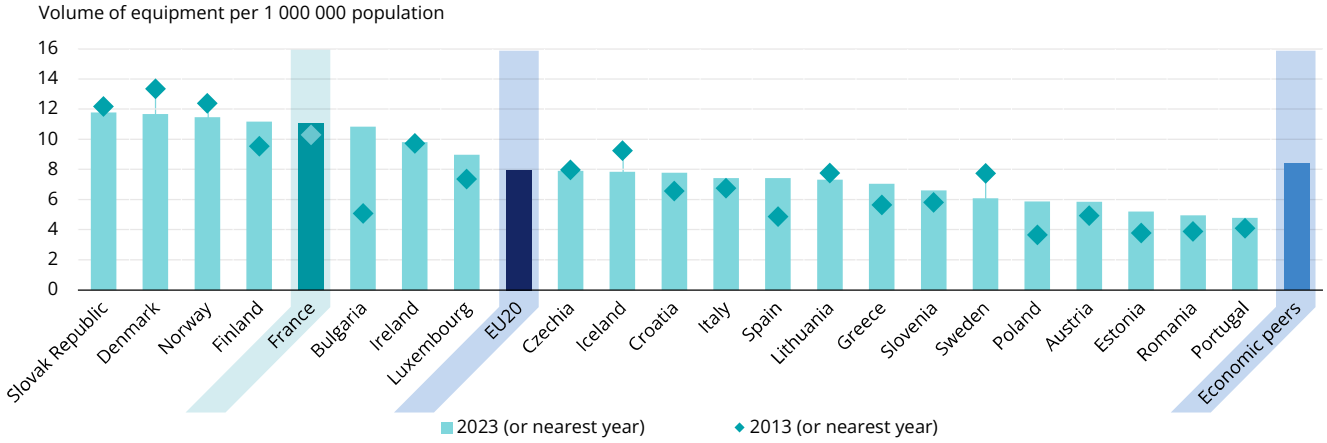
As part of the National Cancer Strategy 2021-30, the National Institute of Cancer launched a new "network of excellence" label, which is granted to the most advanced networks of cancer care providers in the field of cancers with poor prognosis. These networks aim to reduce treatment delays, eliminate pathway bottlenecks, increase clinical trial enrolment, improve treatment of adverse events and ensure effective co-ordination among network members. In 2023, two networks were accredited for three years for gynaecological and breast cancers, and for neurological cancers.

The supply of radiotherapy equipment is well above the EU average

Radiation therapy is a cornerstone of oncology, providing effective treatment options tailored to the specific needs of patients. Radiotherapy has undergone major technological changes over the last two decades, with the emergence of "high precision" and "very high precision" techniques that enable the dose received to be optimised over the entire tumour volume, while providing maximum protection to healthy tissue.

Radiotherapy centres treated 214 000 patients and provided about 4.3 million sessions in 2021, up from over 196 330 patients and about 4.1 million sessions in 2017. The adoption of advanced techniques, such as intensity-modulated radiotherapy (IMRT) by 99% of centres and stereotactic treatments (a precise radiation therapy available in over 60% of centres), has contributed to this growth. Staffing levels in these centres increased slightly during this period. Overall, the number of sessions per patient for an equivalent treatment has decreased since 2017, indicating significant improvements in the quality of the device. The supply of radiotherapy equipment slowly increased in the last decade to reach 11 radiotherapy units per 1 000 000 inhabitants in hospitals in 2022, a rate higher than the average among its economic peers and across EU countries (8 per 1 000 000) (Figure 12). The stock of equipment is being renewed with machines featuring advanced devices, innovative techniques and increased patient safety techniques.

Figure 12. The supply of radiotherapy equipment is higher in France than in most other EU countries



Notes: The vast majority of radiotherapy equipment in EU countries is found in hospitals. Data for Portugal and France includes equipment in hospitals only while data for other countries refer to all equipment. Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for FR are CZ, ES, FI, IT and SI. The EU average is unweighted.
Source: OECD Health Statistics 2024.

Access to molecular diagnostics is available throughout the country

Genetic testing is now essential for diagnosis, classification, choice and monitoring of treatment for a growing number of cancers. Dedicated platforms carry out molecular tests that can facilitate targeted therapy and improve follow-up of the residual disease. Currently, more than 30 targeted therapies are associated with a molecular biomarker. In France, 28 hospital platforms for molecular diagnosis of cancers are spread throughout the country. The objective is to offer patients all the essential molecular genetic techniques for all the pathologies concerned.

The number of medical oncologists doubled between 2012 and 2023

GPs are often the first point of contact for patients, and they refer to oncologists and other specialists. Concerns about GP shortages are widespread in France: the density of GPs per 100 000 population fell by 8% between 2012 and 2022. However, successive governments have launched many initiatives over the past 15 years to attract GPs to underserved areas. In addition, the number of medical students increased sharply between 2016 and 2020, and is rising by a further 20% over 2021-25 compared to 2016-20.

In 2017, France implemented a significant reform of its medical studies, paying particular attention to cancer specialists. Oncology training now includes two main options: medical oncology and radiation oncology. The number of licensed specialists in medical oncology doubled from 2012 to reach 1 477 doctors in 2023 (DREES, 2024). Over the same period, the number of licensed specialists in radiation oncology increased by one-third to reach 1 047 radiotherapists.

Additionally, the reform enables medical students, with other medical and surgical specialists (such as pulmonologists and dermatologists) to receive training in oncology through specialised transversal oncology training. This offers two options: medical treatments for cancers and paediatric haematology-oncology. About 119 medical students enrolled in the training on medical treatments and 29 on paediatric haematology-oncology in the academic year 2021/22.

The number of advanced practice nurses in cancer has slowly increased since its introduction in 2018. In 2018, France introduced a new two-year master's degree for nurses, creating the role of infirmiers en pratiques avancées [advanced practice nurses] (IPAs). It has four specialisations: chronic pathologies (primary care), oncology, kidney diseases and mental health. In 2020, 1 372 nurses were undertaking IPA training in total, and there were 51 qualified IPAs in oncology (about 20% of all qualified IPAs). Since the position is recently created, it is expected that their numbers will keep increasing in the coming years.

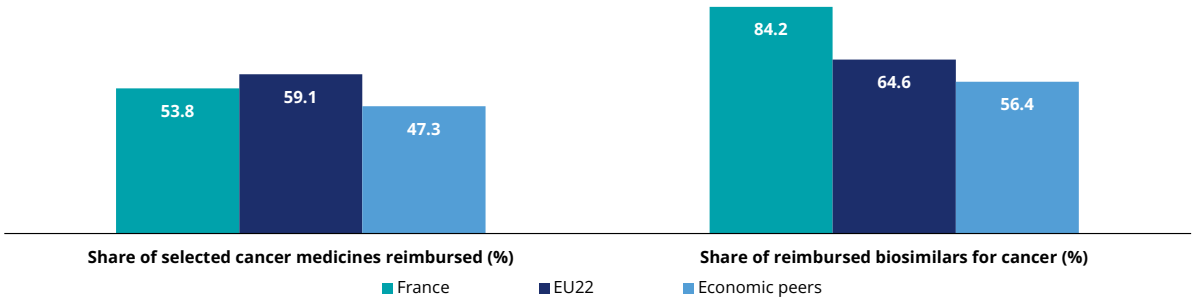
The French health system ensures access to novel cancer drugs and biosimilars

The National Authority for Health is responsible for health technology assessment – informing decisions on drugs for reimbursement and pricing purposes, based on therapeutic added value. Between 2010 and 2015, almost all the new haematology/oncology cancer drugs assessed received a positive decision and are fully reimbursed by the National Health Insurance Fund. Overall, France is a favourable market for new cancer treatments.

The proportion of indications of a sample comprising 10 cancer medicines for breast and lung cancer with a high clinical benefit publicly reimbursed/covered was 54% in France, a share slightly lower than the EU average (59%) but higher than across the country's economic peers (47%), suggesting that the public coverage is relatively high in France compared to other EU countries (Figure 13).

In 2021, the share of biosimilars for selected cancer medicines with public reimbursement/coverage was 84% – well above the averages in EU countries (65%) and across France's economic peers (56%). However, it is not possible to draw any conclusions about the use of these biosimilars in France.

Figure 13. Public coverage of a sample of new cancer drugs and biosimilars suggests relatively high access



Notes: The analysis includes a sample of 13 indications of 10 new cancer medicines for breast and lung cancer with a high clinical benefit and 19 biosimilars of three cancer medicines (bevacizumab, rituximab, trastuzumab), with active marketing authorisation by the European Medicines Agency as of 26 March 2023. The data represent the share of the indications or biosimilars that were on the public reimbursement list on 1 April 2023. Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for FR are CY, CZ, ES, LT, MT and SI. The EU average is unweighted.
Source: Hofmarcher, Berchet and Dedet (2024), "Access to oncology medicines in EU and OECD countries", https://doi.org/10.1787/c263c014-en.

Early access authorisation systems allow a significant proportion of new therapies to be made available at an early stage of development. The French early access scheme provides early access to medicines for patients with a severe or rare disease with high unmet needs and for which no authorised therapeutic alternative is available (Box 3). Most early access authorisations are issued at the request of the manufacturer to a group of patients treated and monitored according to a well-defined protocol. Most new cancer treatments benefit from this scheme in France, either before marketing authorisation or pending reimbursement decision. This significantly accelerates patients' access to new therapies. As a result of expanded use of this system in recent years, funding of new products through the system has grown to over EUR 1 billion a year.

Box 3. France reformed its early access scheme in 2021 to simplify procedures while ensuring its financial sustainability

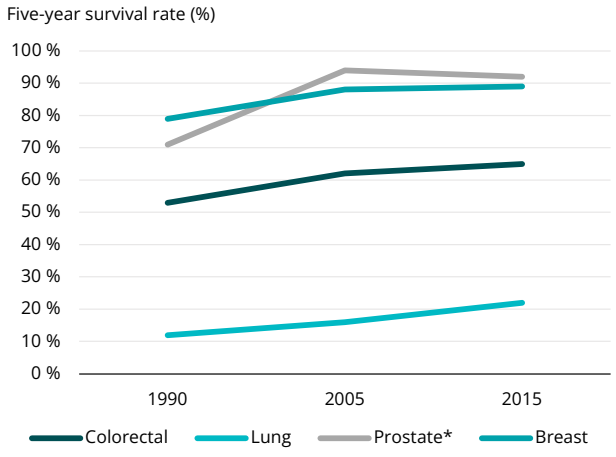
In 2021, the existing system of authorisation for temporary use (ATU) was reformed to simplify and harmonise procedures, ensuring immediate patient access and coverage (see Section 5.3). The new system includes early access for innovative medicines addressing unmet needs, with a requirement for the manufacturer to seek marketing authorisation or common law reimbursement within a specific timeline, and compassionate access for non-innovative medicines that do not seek marketing authorisation but meet an unmet therapeutic need.

5.2 Quality

Overall quality of cancer care has been improving over recent decades

The quality of cancer care has improved over recent decades in France through the introduction of multidisciplinary teams and cancer networks, greater use of clinical guidelines and more rapid access to innovative medicines. Five-year survival estimates have increased for most types of cancer, including for the most frequent cancers (Figure 14). For colorectal, prostate and breast cancers, the increase was substantial between 1990 and 2005. The five-year survival estimates for colorectal cancer improved from 53% in 1990 to 65% by 2015. For prostate cancer, survival estimates surged from 71% in 1990 to 92% in 2015. The five-year survival estimates for breast cancer increased from 79% in 1990 to 89% in 2015.

Figure 14. Five-year survival estimates for common cancers rose from 1990 to 2015



*Note: * Denotes a non-significant decrease in the survival rate for prostate cancer between 2005 and 2015.*
Source: Coureau et al. (2021).

While the five-year survival for lung cancer has increased, it reached only 22% in 2015. This categorises lung cancer as a poor prognosis malignancy. In addition, the five-year survival for pancreatic cancer remains low, at 12% in 2015. Thus, promotion of an environment strongly discouraging tobacco use and encouraging healthy food remain one of the key policy measures to reduce deaths from lung cancer and pancreatic cancer (see Section 3).

Cancers with a survival above 65% (considered a good prognosis) represented 40% of incident cancers among men and 55% among women (Coureau et al., 2021). Men tend to have lower survival estimates than women. For example, lung cancer 5-year age-standardised survival estimates were 18% for men compared to 24% for women. Similarly, colorectal cancer 5-year age-standardised survival estimates were 62% for men compared to 65% for women.

People with lower socio-economic status are less likely to survive cancer

Population-based cancer registry data showed that survival rates were worse in the most deprived areas of France for almost all cancers, despite very high public coverage of cancer care. The level of disparities varied substantially across cancer sites. People with lower socio-economic status are also less likely to survive partly because they also tend to have more multiple chronic conditions, which reduce survival rates (Afshar, English & Milne, 2021).

In addition, people with lower socio-economic status participate less in screening programmes, resulting in more cancers being diagnosed at an advanced stage, and care being administered by less specialised institutions and with longer intervention times (Tron et al., 2019). This underscores the importance of the authorisation system for health establishments providing cancer care, as it aims to improve access to advanced specialised care and timely intervention for all patients, thereby helping to mitigate these disparities.

The authorisation system was revised in 2022 to reinforce safety and quality of care

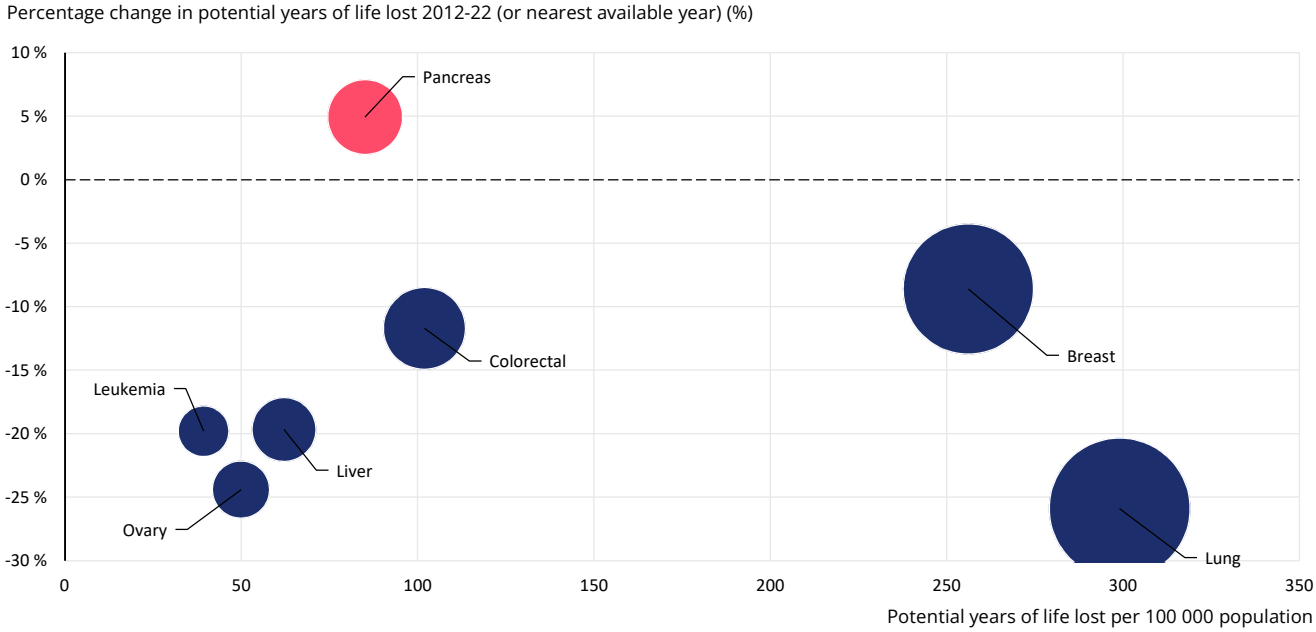
Defined in 2007, the authorisation system for health establishments providing cancer care was revised in 2022 to improve the safety and quality of care in the context of rapid development of cancer treatment techniques and patient support methods. The new authorisation system is based on three pillars comprising cross-disciplinary quality

criteria applying to all cancer treatment modalities (see Section 5.4); criteria specific to each cancer treatment modality; and minimum annual activity thresholds for certain treatments and types of cancer.

The potential years of life lost increased for pancreatic cancer between 2012 and 2020

Potential years of life lost (PYLL) is a complementary measure of the impact of different cancers on society, putting a higher weight on cancer deaths among younger individuals. Examining the change in PYLL over time across various cancer sites can point to improvements in cancer care systems via reductions in premature mortality. In 2020 (latest year available), France's PYLL rate due to cancer was 1 269 per 100 000 population – 6% lower than the EU average (1 355 per 100 000 population). This indicates relatively high effectiveness of France's early intervention strategies and treatment in reducing premature cancer mortality. The main driver of cancer-related PYLL in France was lung cancer, with 299 years per 100 000 population (Figure 15). Breast cancer accounted for 256 years of life lost per 100 000 women. While the rate of potential years of life lost decreased in France for nearly all cancers between 2012 and 2020, it increased for pancreatic cancer by 5%.

Figure 15. The potential years of life lost rose for pancreatic cancer, but declined for many others between 2012 and 2022



Notes: The rate of PYLL from breast, cervical and ovarian cancer is calculated in women only, while the rate of PYLL from prostate cancer refers to men. Pink bubbles signal an increase in the percentage change in PYLL during 2012-22 (or latest available year); blue bubbles signal a decrease. The size of the bubbles is proportional to the PYLL rates in 2022.
Source: OECD Health Statistics 2024.

Four quality and safety indicator reports were published in 2021-22 to improve care quality

Indicators of quality and safety of care aim to support local, regional and national initiatives to improve quality of care, relevance of care and organisation of care pathways, and to reduce the heterogeneity of practices and geographical inequalities.

Indicators of quality and safety of care were first developed by the National Institute of Cancer in partnership with the High Authority for Health for breast cancer and colorectal cancer in 2019. Since then, indicators have been developed for ovarian cancer and pancreatic cancer – two cancers with poor five-year survival rates. There are also local hospital initiatives to collect and use PROMs for colon, prostate, and uterus cancer. In 2021-22, the National Institute of Cancer published four reports with updated or new indicators of quality and safety of care for these four cancers, such as for instance the share of women who had a breast biopsy before the first treatment against breast cancer and the proportion of colorectal cancer patients whose time between the date of the last biopsy and the date of start of first treatment is within the expected timeframe. The indicators are updated every year at the local and national levels.

5.3 Costs and value for money

Public expenditure on cancer reached EUR 22.6 billion in 2021

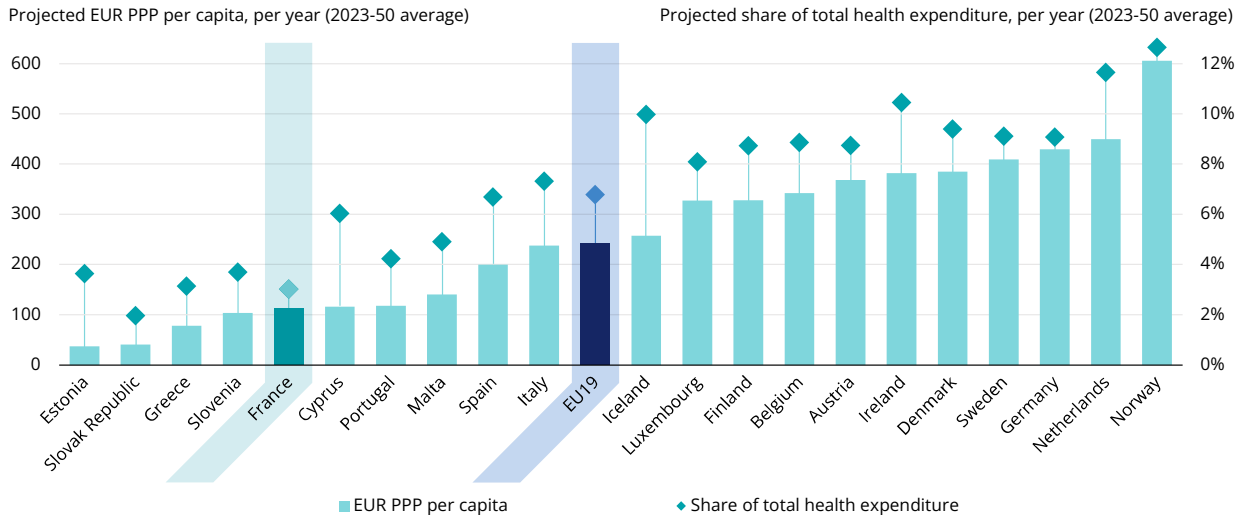
Expenditure allocated by the National Health Insurance Fund to cancer care amounted to EUR 22.6 billion in 2021, up from EUR 16.3 billion in 2015. This represents about 12% of total healthcare expenditure. About 89% was spent on cancers in the active phase of treatment and 11% on care of cancers under monitoring. The costliest cancers were breast cancer (EUR 3.9 billion), lung cancer (EUR 3.0 billion), colorectal cancer (EUR 1.8 billion) and prostate cancer (EUR 2.2 billion) (Health Insurance, 2023). Expenditure related to the screening programmes was estimated at around EUR 600 million – equivalent to about 3% of overall cancer expenditure (General Inspectorate of Social Affairs, 2021).

The burden of cancer on health expenditure is expected to be lower in France than in the EU in the next couple decades

According to OECD SPHeP modelling work, between 2023 and 2050, total health expenditure is estimated to be 3% higher in France due to the burden of cancer. This equates to an average of EUR PPP 113 per person per year (Figure 16). This figure is much lower than the EU19 average (EUR 242).

Overall, the per capita health expenditure on cancer care is expected to grow by 36% in France between 2023 and 2050, compared to 59% in the EU27.

Figure 16. The projected burden of cancer on health expenditure in France is expected to be lower than in the EU between 2023 and 2050



Note: The EU average is unweighted.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

In terms of other costs, it is estimated that cancer will have a major impact on the workforce in France. During 2023-50 on average, there is expected to be a loss of 169 full-time equivalent workers (FTEs) per 100 000 people in France due to the need to reduce employment because of cancer, as well as 38 FTEs per 100 000 due to absenteeism and 43 FTEs per 100 000 due to presenteeism.[9]

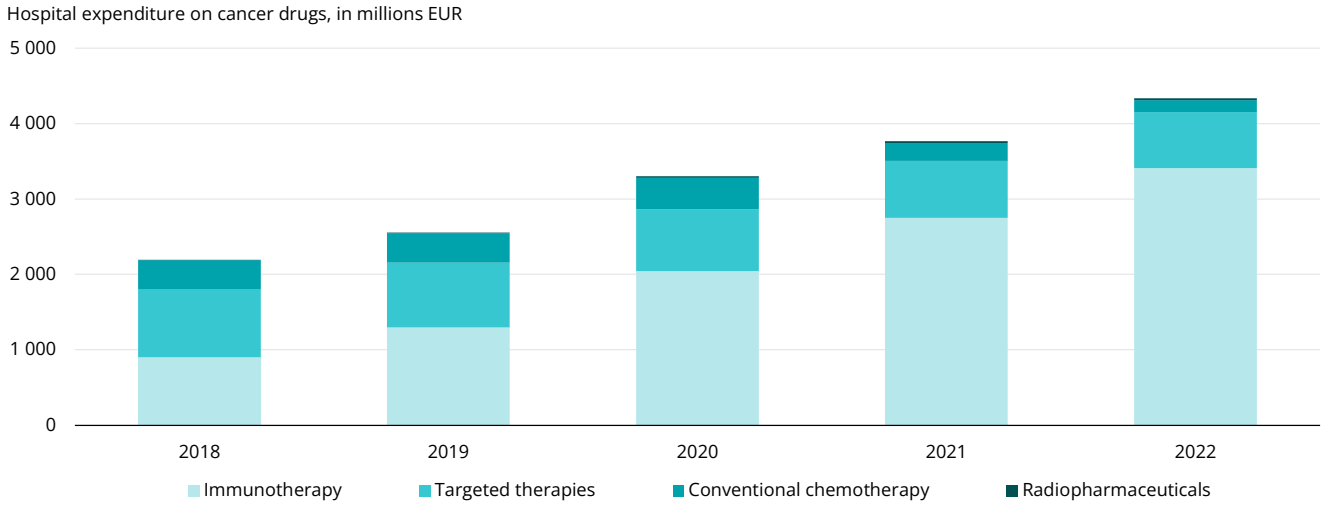
The costs of new oncology drugs are rising

In 2022, oncology drugs (chemotherapies, hormone therapies, targeted therapies and immunotherapies) represented expenditure of EUR 8.6 billion in France (rebates subtracted), most of which was on immunotherapies and targeted therapies. In 2022, more than 74 000 patients were treated with immunotherapy, and 785 by chimeric antigen receptor (CAR) T-cell therapy.

Research into oncology is very active – over the past decade about a third of products or indications obtaining marketing authorisation in France targeted cancer. In addition, these new products are increasingly specific, sometimes targeting small populations. In recent years, expenditure on cancer medicines has grown very rapidly. For instance, expenditure on hospital cancer medicines funded by the National Health Insurance Fund grew from EUR 1.3 billion in 2010 to EUR 2.2 billion in 2018, and to more than EUR 4.3 billion in 2022, driven nearly by increased use of immunotherapies (Figure 17).

9 *Presenteeism refers to lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury or other condition.*

Figure 17. Public spending on hospital cancer medicines reached more than EUR 4.3 billion in France in 2022



Note: Data refer to hospital cancer medicines funded by the National Health Insurance Fund.
Source: National Institute of Cancer (2024).

The increasing costs of cancer medicines have led to policy responses aimed at fostering good public finance management. The Social Security Financing Law of 2015 clarified that the K rate, a global expenditure regulation mechanism established in 1999, covers all reimbursed medicinal products by the French health insurance system, including those made available under exceptional procedures for promoting access to innovation, even if they have not completed their reimbursement process. The K rate functions as a retrospective regulation, requiring pharmaceutical companies to contribute if their net sales growth exceeds the annually set threshold. Additionally, while companies can opt for conventional agreements that enable rebates, the 2015 Law ensures that the rebates paid under these agreements must yield at least 80% of what the stricter regulation would achieve. In addition, the Social Security Financing Law of 2017 created a fund to finance pharmaceutical innovation to smooth the impact over time of variations in expenditure caused by the arrival of therapeutic innovations.

5.4 Well-being and quality of life

Cancer is anticipated to take a particularly high toll on France in terms of reductions in life expectancy and increase in mental health disorders

According to OECD SPHeP modelling work, between 2023 and 2050, cancer will reduce population life expectancy on average by 2.3 years in France compared to a scenario without cancer (Figure 18). This number is higher than the EU average (1.9 years).

In addition, cancer takes a substantial toll on the mental health of the population, through its associated symptoms and treatment side effects, and impact on daily life, social roles and work. According to the OECD's SPHeP model, France is expected to have much higher depression rates because of cancer, at an additional age-standardised rate of 19 cases per 100 000 per year – slightly higher than the average across the EU (17 cases per 100 000).

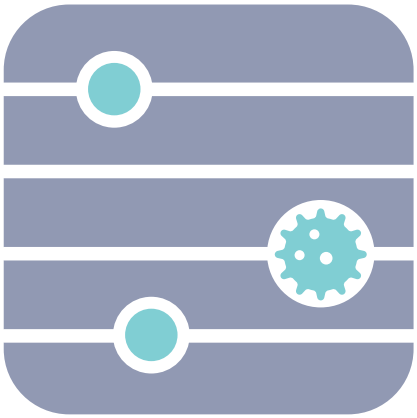
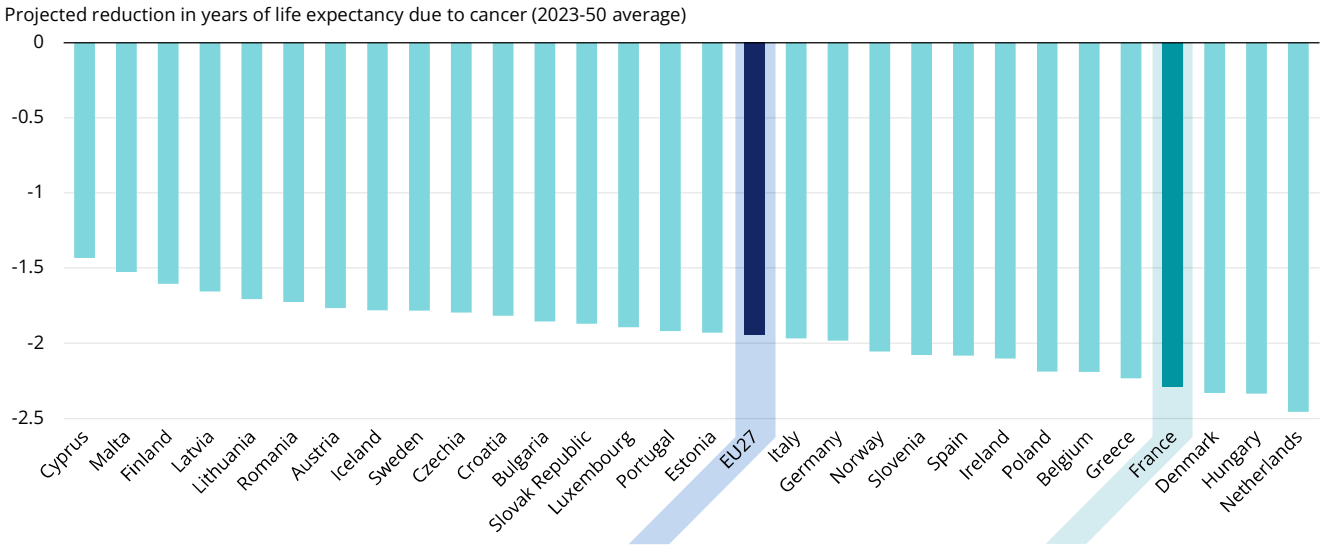


Figure 18. Cancer is estimated to reduce life expectancy by over 2 years in France between 2023 and 2050



Note: The EU average is unweighted.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

Recent regulation systematises access to supportive cancer care

As part of the National Cancer Strategy 2021-30, the authorisation system adopted in 2022 states that healthcare establishments authorised to treat cancer must systematically provide each patient with a cancer diagnosis and a treatment proposal based on multidisciplinary consultation. This treatment proposal is set out in a personal care programme which must:

- announce the proposed therapeutic decision, including information on temporary or permanent side-effects, impact on quality of life and, where appropriate, preservation of fertility, reconstructive surgery and oncogenetic consultation;
- organise a systematic assessment of needs and access to supportive oncology care, and facilitate patient support and referral to this care;
- encourage psychological support for carers or those close to the patient;
- organise patient access to palliative care;
- promote access to innovative treatments and clinical trials.

Supportive oncology care has been a part of the care pathway for cancer patients in France since 2017. A total of nine services make up the supportive care package, including four core services (pain management, dietary support, psychological support and social, family and professional support) and five supportive services (physical activity, fertility preservation, management of sexual disorders, lifestyle advice, and psychological support for relatives and informal caregivers).

An initiative is under way to improve the transition from active treatment to post-treatment care

Development of a set of measures to transition better to post-treatment care is a key action in the current National Cancer Strategy 2021-30. Ensuring proper follow-up after cancer treatment is crucial, as there is currently no designated time for healthcare providers and patients to prepare for post-treatment care. The National Institute of Cancer is tasked with proposing a set of measures that will improve the transition from active treatment to active monitoring, integrating medical, paramedical and social support.

Initiatives are slowly being deployed to improve outpatient post-cancer treatment

Since 2020, cancer patients can receive prescribed assessments and consultations as part of their post-cancer treatment care, up to a total of EUR 180 and six consultations. This includes an assessment for adapted physical activity, potentially leading to a personalised physical activity plan; nutritional and/or psychological assessments; and consultations for nutrition and/or psychology.

The programme is slowly being deployed through targeted health professionals and centres identified by the regional health agencies.

The right to be forgotten was reduced from 10 years to 5 years

The "right to be forgotten" is the right of a borrower not to declare a cancer that occurred prior to applying for a loan (typically associated with an insurance) if the treatment protocol was completed a specified number of years earlier, whatever the cancer. In 2022 as part of the National Cancer Strategy 2021-30, France reduced the specified length of the period since treatment from 10 years to 5 years. A right to insurance at the standard rate has also been introduced, under certain conditions, for people who have suffered from cancer or another pathology but whose state of health has stabilised.

Employed relatives can benefit from two paid care leave schemes

Two paid care leaves are available in France for people who want to take leave to care for a relative with cancer: family solidarity leave and caregiver leave. Family solidarity leave allows an employee to support a relative nearing the end of life. It lasts for three months and can be renewed once. The allowance was set at about EUR 60 per day in 2024, for a maximum of 21 days. Caregiver leave enables someone to assist a disabled or dependent relative, including a relative with cancer. This leave lasts for three months and can be renewed up to a total of one year over the entire professional career. Caregivers were entitled to receive an allowance of about EUR 65 per day in 2024. In comparison, 4 other EU countries offer specific leave to care for a terminally ill relative, and 15 other EU countries have paid caregiver leave.

Five consecutive plans have greatly increased palliative care capacity since the end of the 1990s

Five plans to strengthen palliative care and improve support for patients have been implemented in France since the end of the 1990s. As a result, the number of palliative care beds more than doubled – from 3 340 in 2006 to about 7 540 in 2021. France had 174 palliative care units in 2021, compared to fewer than 100 in 2006, and the number of mobile palliative care teams increased from 288 in 2006 to 428 in 2021. However, access to palliative care remained uneven across the country: for example, at the end of 2021, 21 of the 101 regions of France had no dedicated palliative care unit (Cousin et al., 2023). Palliative care remains concentrated in hospitals.

Despite efforts to improve palliative care, lasting issues have been identified, including persistent cultural and societal obstacles to implementation of a palliative culture among health professionals and the French population, including a lack of familiarity with the procedures to access palliative care. Following the 2021-24 National Plan for the Development of Palliative Care and Support at the End of Life, a Citizens' Convention on the end of life took place from October 2022 to April 2023. The Convention favoured development of palliative care throughout the country, including at home and in nursing homes. Proposals put forward at the Convention informed the new 2024-34 Palliative Care Plan (Box 4).

Box 4. The 2024-34 Palliative Care Plan aims to develop palliative care outside hospitals, supported by an increase in the annual budget

France's 2024-34 Palliative Care Plan aims to develop palliative care outside hospitals to accommodate an additional 250 000 people in a more efficient and graduated palliative care pathway (Gouvernment, 2024). In 2023, public spending on palliative care was EUR 1.6 billion – a 25% increase since 2017. The Plan outlines a budget increase to reach EUR 2.7 billion in 2034, reflecting a 66% rise in funding to meet a minimum 16% increase in demand by 2034.

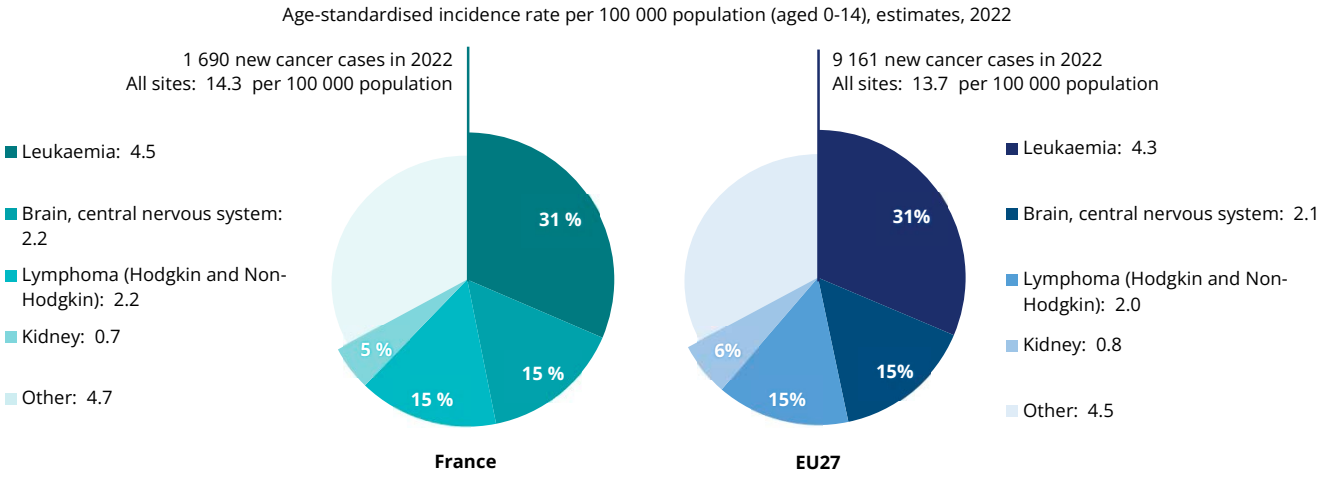
The Plan includes four main objectives:

- adaptive and graduated care: promoting early and appropriate care
- societal support: strengthening patient support by the community
- education and training: developing a palliative care academic training programme for medical and non-medical professionals
- piloting all stakeholders: establishing a scientific advisory committee for research and best practices and a governance body for strategy management and evaluation

6. Spotlight on paediatric cancer

According to ECIS, it is estimated that in France 1 690 children and adolescents up to age 15 were diagnosed with cancer in 2022. Incidence rates for ages 0-14 were estimated at 14.3 per 100 000 children aged 0-14, higher than the EU27 average of 13.7 (Figure 19). Additionally, in France, incidence rates among boys are higher than among girls, similar to the trend across the EU. The most common cancer types are leukaemia with 4.5 cases per 100 000 children (31%), brain and central nervous system cancers with 2.2 cases per 100 000 (15%), lymphoma with 2.2 cases per 100 000 (15%), and kidney cancer, with 0.7 case per 100 000 (5%). Eurostat data shows that compared to the EU average, cancer mortality rates are lower in France, with a 3-year average mortality rate of 1.9 per 100 000 children as compared to 2.1 in the EU.

Figure 19. Cancer incidence rates among children in France are slightly higher than in the EU



Notes: 2022 estimates are based on incidence trends from previous years, and may differ from observed rates in more recent years. "All sites" includes all cancer sites except non-melanoma skin cancer.
Source: European Cancer Information System (ECIS) for cancer incidence. From https://ecis.jrc.ec.europa.eu, accessed on 10 March 2024. © European Union, 2024.

According to the SIOPE Ocean Project on paediatric cancer care, France has concentrated its paediatric cancer care in 31 institutions, well distributed across the country (SIOPE, 2024). These institutions include both paediatric hospitals (university and general) and hospitals with paediatric units. Four of these institutions are considered dedicated cancer centres (hospitals treating only patients diagnosed with cancer), while 11 of them are part of the Innovative Therapies for Children and Adolescents with Cancer (ITCC) Consortium. This is a network that ensures access to innovative therapies for children and young people with relapsed or refractory cancer.

All 13 infrastructure and treatment modalities, including chemotherapy, surgery for solid tumours, stem cell transplants, proton and photon radiation therapy, and palliative care, are available for paediatric cancer patients in France. Between 2010 and 2022, 436 clinical trials involving children and young people were conducted in Europe, with 226 of these trials (52%) taking place in France. In addition, in 2018, 96% of the 68 medicines identified as essential for treating cancer in patients aged 0 to 18 were available in France, compared to 76% in the EU on average (Vassal et al., 2021).

References

Afshar N, English DR, Milne RL (2021), Factors explaining socio-economic inequalities in cancer survival: a systematic review, Cancer Control, 28:10732748211011956. doi:10.1177/10732748211011956.

Bonaldi C, Boussac M, Nguyen-Thanh V (2019), Estimation du nombre de décès attribuables au tabagisme, en France de 2000 à 2015, Bulletin Epidémiologique Hebdomadaire, 15:278-84.

Coureau G et al. (2021), Survival among individuals diagnosed with cancer in mainland France 1989-2018, summary of results: solid tumours and haematological malignancies. Paris, National Institute of Cancer.

Cousin F et al. (2023), Atlas national des soins palliatifs et de la fin de vie. Paris, Centre National Fin de Vie et Soins Palliatifs, https://www.parlons-fin-de-vie.fr/wp-content/uploads/2023/03/atlas-2023.pdf.

De Angelis R et al. (2024), Complete cancer prevalence in Europe 2020 by disease duration and country (EUROCARE-6): a population-based study, Lancet Oncology, 25(3):293-307. doi:10.1016/S1470-2045(23)00646-0

Defossez G et al. (2019), Estimations nationales de l'incidence et de la mortalité par cancer en France métropolitaine entre 1990 et 2018. Volume 1 – Tumeurs solides. Saint-Maurice, Santé Publique France.

De Mil R et al. (2019), Cost-effectiveness analysis of a mobile mammography unit for breast cancer screening to reduce geographic and social health inequalities, Value in Health, 22(10):1111-18. doi:10.1016/j.jval.2019.06.001.

DREES (2024), Démographie des professionnels de santé: https://drees.shinyapps.io/demographie-ps/.

General Inspectorate of Social Affairs (2021), Le dépistage organisé des cancers en France, Paris, Inspection Générale des Affaires Sociales, https://igas.gouv.fr/sites/igas/files/2024-04/Le%20d%C3%A9pistage%20organis%C3%A9%20des%20cancers%20en%20France.pdf.

Gouvernment (2024), Stratégie décennale des soins d'accompagnement. Paris, Gouvernement.

Guenoun D et al. (2024), French community grid for the evaluation of radiological artificial intelligence solutions (DRIM France Artificial Intelligence Initiative), Diagnostic and Interventional Imaging, 105(2):74-81. doi:10.1016/j.diii.2023.09.002.

Hassaine Y et al. (2022), Evolution of breast cancer incidence in young women in a French registry from 1990 to 2018: towards a change in screening strategy? Breast Cancer Research, 5(24):87. doi:10.1186/s13058-022-01581-5.

Health Insurance (2023), Améliorer la qualité du système de santé et maîtriser les dépenses, Paris, Assurance Maladie.

Lapôtre-Ledoux B et al. (2023), Bulletin épidémiologique hebdomadaire, n°. 12-13, p. 188-204, https://www.santepubliquefrance.fr/maladies-et-traumatismes/cancers/cancer-du-col-de-l-uterus/documents/article/incidence-des-principaux-cancers-en-france-metropolitaine-en-2023-et-tendances-depuis-1990.

Ministry of Health (2024), Un nouveau programme national de lutte contre le tabac 2023-27,Paris, Ministère de la Santé.

National Institute of Cancer (2024), Le programme national de dépistage du cancer colorectal. Paris, National Institute of Cancer.

Pasquereau A et al. (2023), Prévalence du tabagisme et du vapotage en France métropolitaine en 2022 parmi les 18-75 ans, https://beh.santepubliquefrance.fr/beh/2023/9-10/pdf/2023_9-10_1.pdf

Public Health France (2024), Semaine européenne de la vaccination 2024. Saint-Maurice, Santé Publique France, https://www.santepubliquefrance.fr/presse/2024/semaine-europeenne-de-la-vaccination-2024.

SIOPE (2024), Childhood cancer country profile: France. Brussels, SIOP Europe, https://siope.eu/media/documents/ocean-projectfrance.pdf.

Tron L et al. (2019), Socio-economic environment and disparities in cancer survival for 19 solid tumour sites: an analysis of the French Network of Cancer Registries (FRANCIM) data, International Journal of Cancer, 144(6):1262-74. doi:10.1002/ijc.31951.

Vassal, G. et al. (2021), "Access to essential anticancer medicines for children and adolescents in Europe", Annals of Oncology, Vol. 32/4, pp. 560-568, https://doi.org/10.1016/j.annonc.2020.12.015.

Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovak Republic	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Cancer Inequalities Registry

Country Cancer Profile 2025

The European Cancer Inequalities Registry is a flagship initiative of the Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States and regions. The Registry contains a website and data tool developed by the Joint Research Centre of the European Commission (https://cancer-inequalities.jrc.ec.europa.eu/), as well as an alternating series of biennial Country Cancer Profiles and an overarching Report on Cancer Inequalities in Europe.

The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under the Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan.

The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by national experts, the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Each Country Cancer Profile provides a short synthesis of:

- the national cancer burden
- risk factors for cancer, focusing on behavioural and environment risk factors
- early detection programmes
- cancer care performance, focusing on accessibility, care quality, costs and quality of life.

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