French Government Launches National Cancer Institute

May 24 marked the official opening of the first French National Cancer Institute (Institut National du Cancer, INCa). The institute is the centerpiece of a national action plan against cancer launched in 2002 that had as its goal to reduce cancer mortality by 20% by 2007. The initiative is considered a political priority for president Jacques Chirac, who initiated the creation of the action plan and the INCa after he had signed the Paris Charter, an international agreement to fight cancer worldwide.

INCa’s main objective will be to coordinate national cancer research and care, to avoid costly duplication of effort, and to establish effective quality-control mechanisms. The INCa is comparable to the extramural program of the U.S. National Cancer Institute, explained David Khayat, M.D., Ph.D., president of the INCa, headquartered in Paris. The organization will have a small intramural program, but 90% of its budget will be dedicated to supporting the external programs of the existing French cancer research centers and hospitals. “We consider the institute a sort of control tower for high-quality cancer research that will be perfectly connected and complement existing French cancer research centers,” said Khayat.

In addition to Khayat, who also is heading the oncology department at the Pitié-Salpêtrière hospital in Paris, the institute has attracted Dominique Maraninchi, M.D., Ph.D., formerly the head of the National Federation of French Cancer Centers (FNCLCC), to be the president of INCa’s scientific advisory board.

“At the beginning, I was probably the only person at the FNCLCC who liked the idea of having a new cancer organization,” he said. “This has begun to change, as it is more and more understood that INCa’s goals are not to stand in for existing research bodies but to support them and to manage French oncology to the benefit of patients.”

The institute’s budget will increase from its current €71 million (about U.S. $85 million) to €100 million (about U.S. $120 million) by 2007. The health care system has to get ready for the challenges cancer will cause in the near future, Khayat said. “Cancer incidence will double in the next decade because the population is aging. With the INCa and the National Action Plan, we are now getting ready to deal with the rising health care costs that will result from the need to provide care and treatment to
many more patients.” He added that premature mortality among cancer patients is some 20% higher in France compared with other European Union countries.

Several of the institute’s initiatives are already under way: Seven “cancer poles” (canceropoles) have been introduced to develop regional networks all over France. Their goal is to link referral and best-practice hospitals with research units to ensure optimal patient care. Only if the regional centers and hospitals collaborate and devise joint programs can they submit grant proposals to the cancer institute and benefit from the €50 million budget that has been dedicated to this program.

“Currently we have about 1,000 centers, university hospitals, and clinics doing cancer research, and about 3,500 cancer researchers. This means that approximately 3.5 researchers are working in each unit. Such units are way too small,” explained Khayat. “The cancer poles strategy will be one way to overcome this minimalist way of conducting research.”

Another initiative will streamline the existing clinical research structure by establishing a thesaurus for cancer protocols at the INCa. More than 1,700 trials are currently being carried out throughout French clinics and centers.

“The system is too disorganized, nobody really knows how many trials are conducted on which tumors,” said Marc Buyse, Ph.D., acting director at INCa’s department of clinical research and biostatistics. “With the creation of the thesaurus we will be able to get an overview of existing protocols and initiate new trials for tumor types that have not been investigated yet.” High-quality studies will be conducted under INCa’s label. “We hope that by 2008 we will have increased patient enrollment from currently 4% to 10%.”

The patients’ view will be given priority in the implementation of the €15 million trial project. A cancer advocates committee has been created that will independently review the protocols and be involved in the data monitoring process.

“Building new structures to better satisfy patients’ needs is the philosophy behind the new clinical research structure and basically behind INCa’s whole strategy. I must admit, I like this approach very much,” said Buyse.

—Sabine Steimle