



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in France

EXECUTIVE SUMMARY

France has a high-performing colorectal cancer (CRC) system: organised screening programmes, broad diagnostic and treatment capacity, routine access to molecular testing in many centres, and universal health coverage that protects most patients from catastrophic costs. Outcomes are strong overall, but remaining gaps include uneven screening uptake in some populations, regional variation in access and timeliness, managing the cost and appropriate use of rapidly evolving precision therapies, and scaling survivorship and rehabilitation services to meet the needs of an ageing survivor population.

This brief identifies targeted, system-level reforms to sustain excellence while closing the last equity, affordability and operational gaps.

INTRODUCTION

From broad coverage to smarter, equitable delivery

France's institutional infrastructure — national screening programmes, robust hospital networks, well-resourced pathology and molecular labs, and a mature clinical-research ecosystem — provides excellent cancer care.

At **Level 4** the priority now shifts from building capacity to optimising value, ensuring equitable access across regions and social groups, integrating genomic and real-world data, and keeping innovative but costly therapies affordable and appropriately used.





COLORECTAL CANCER IN FRANCE

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	National FIT-based screening is established; however participation varies by region and socio-demographic groups and follow-up timeliness can be inconsistent.	National screening infrastructure, clear protocols and integration with primary care.	Increase participation through targeted outreach to low-uptake groups; shorten time-to-diagnosis for screen-positives; enhance QA for endoscopy services.
Biomarker & Molecular Testing	MSI/MMR, RAS/BRAF and broader genomic panels are widely available in tertiary centres and many regional hospitals; access is generally good but coordination and standardisation of reporting vary.	Strong molecular lab network and reimbursement mechanisms for essential tests.	Standardise reporting and data transfer to registries; ensure equitable access to panel testing across regions; implement national QA and turnaround targets.
Treatment Access	High-quality surgery, radiotherapy and systemic therapies (including many targeted and immune agents) are available under universal coverage, though access to some newer, high-cost agents requires careful HTA-based decisions and can vary by setting.	Strong multidisciplinary teams, specialized cancer centres and clinical-trial capacity.	Strengthen value-based assessment and managed-entry agreements for high-cost drugs; expand tele-MDT support to lower-volume hospitals to ensure uniform standards.
Clinical Guidelines & Quality Standards	National and society guidelines exist and are widely used; implementation and audited quality metrics are mature, but pockets of variation remain.	Well-organised professional societies and guideline infrastructure.	Tighten implementation mechanisms; link guideline adherence to continuous quality improvement funding and regional support where needed.
Palliative & Survivorship Care	Palliative care and survivorship programmes are available but need scaling to meet growing survivor populations and long-term rehabilitation needs.	Established hospice networks, rehabilitation services and community care pathways.	Expand survivorship clinics (rehab, long-term toxicity management, psychosocial supports); integrate early palliative care into standard CRC pathways and strengthen community follow-up.



CONCLUSION & Call to Action

France's CRC care is advanced, but must now focus on optimisation, equity, and sustainability—boosting screening in underserved groups, reducing regional gaps, standardising diagnostics and data, and using financing models that ensure access while controlling costs. The Ministry of Health, regional agencies, hospitals, societies, and payers should unite on a roadmap that maintains excellence and closes equity and efficiency gaps.



KEY POLICY PRIORITIES

- 1 Raise screening participation** — targeted outreach to low-uptake populations and measures to reduce barriers to participation.
- 2 Guarantee timely diagnostic follow-up** — monitor & reduce time-to-colonoscopy for FIT positives & ensure endoscopy capacity where needed.
- 3 Standardise molecular testing and data flows** — unify reporting, set turnaround targets, & link genomic results to registries & clinical decision support.
- 4 Sustainably manage innovation** — use HTA, value-based pricing and managed-entry agreements to secure access to high-value therapies while protecting system finances.
- 5 Expand survivorship & palliative services** — scale rehabilitation, long-term toxicity clinics and community palliative care to meet growing demand.

CONCLUSION

At **Level 4**, France should prioritise converting high baseline performance into uniformly excellent, equitable outcomes: higher and fairer screening uptake, standardised diagnostics, responsible adoption of innovations, and expanded survivorship care. Coordinated policy action across national and regional actors will sustain France's leadership in CRC outcomes while ensuring benefits reach all population groups.