

FRANCE



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in France

EXECUTIVE SUMMARY

France has a well-developed oncology system with strong early detection programs for high-risk cancers, robust molecular testing infrastructure, and comprehensive insurance coverage that reduces out-of-pocket costs. For gastric cancer (GC), however, outcomes remain constrained by late-stage diagnosis in some groups, regional disparities in access to molecular testing and advanced therapies, and variable integration of survivorship care.

With an advanced **maturity level 4**, France is positioned to focus on consolidating equity, accelerating adoption of novel therapies, and strengthening survivorship and palliative pathways. Strategic action is needed to ensure consistent, nationwide access to high-quality gastric cancer care.

INTRODUCTION

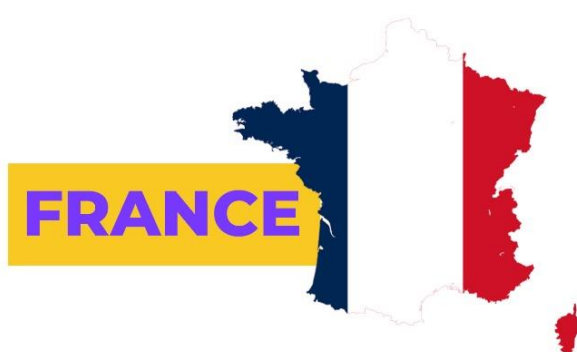
Building on Strong Systems with Innovation Gaps

France's universal healthcare system and advanced cancer centres (Comprehensive Cancer Centres and University Hospitals) provide high-quality gastric cancer care. National guidelines and multidisciplinary tumour boards guide practice, and patients benefit from near-universal insurance coverage. However, gaps persist in nationwide access to endoscopy and molecular testing, timely integration of innovative therapies into reimbursement lists, and survivorship care pathways.

At **Level 4 maturity**, France has the opportunity to evolve from strong specialist care into a more integrated, patient-centred gastric cancer model.



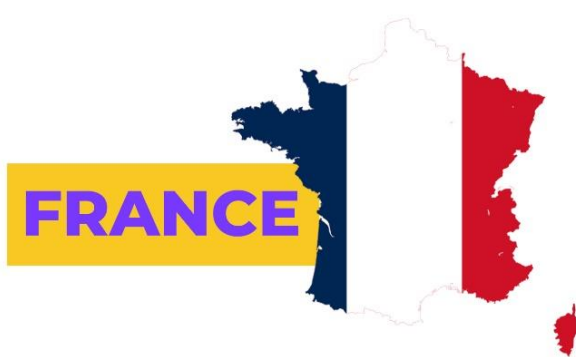
France Ranks at Level 4 – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN FRANCE

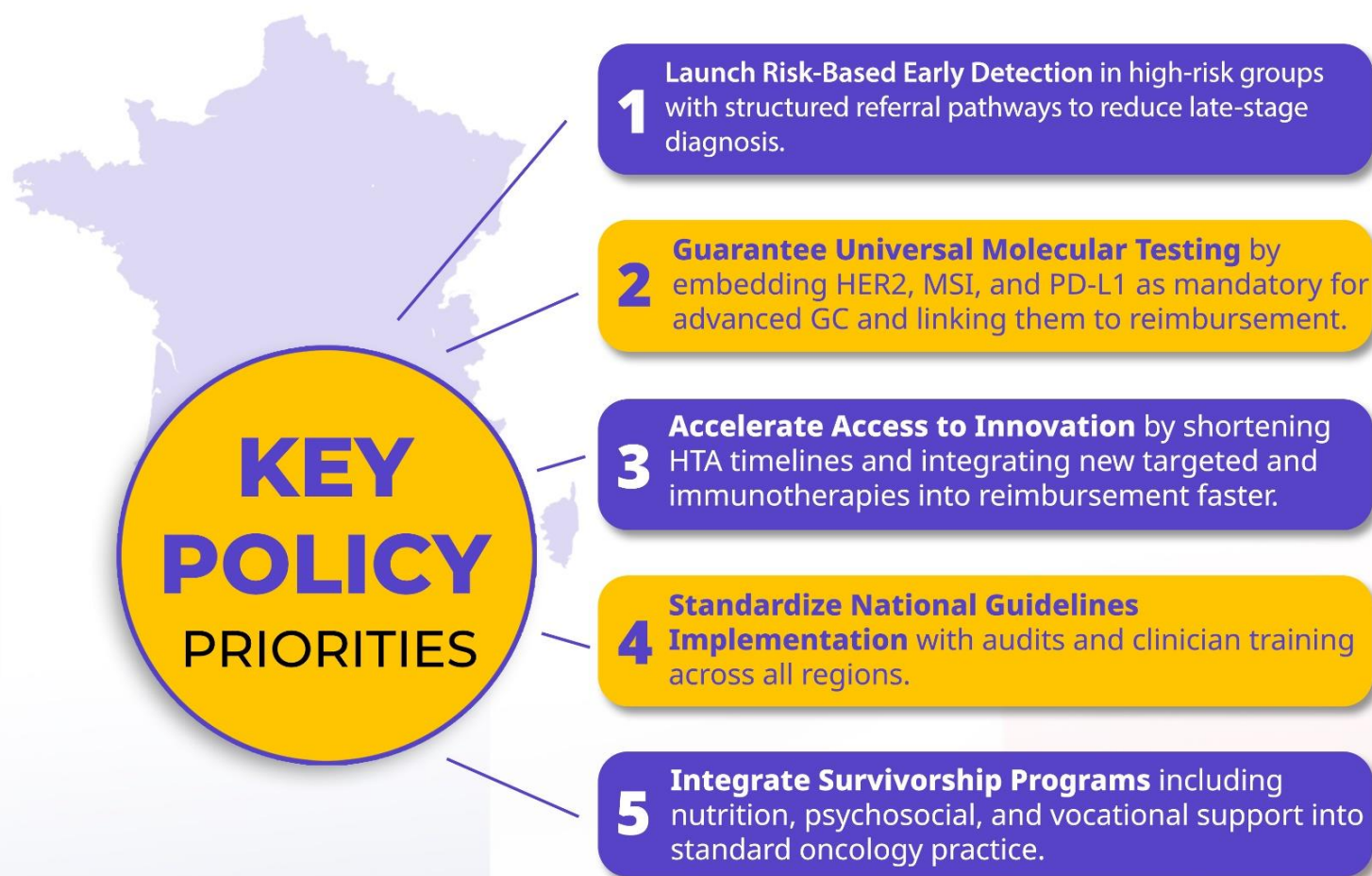
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-level screening for GC; most cases diagnosed after symptom onset. Endoscopy access is robust but still shows regional delays.	Strong hospital and outpatient endoscopy infrastructure; national campaigns for cancer awareness.	Implement risk-based early detection in high-incidence populations (e.g., H. pylori, family history); reduce diagnostic waiting times through optimized endoscopy capacity management.
Biomarker & Molecular Testing	HER2, PD-L1, MSI and NGS testing are widely available in tertiary centres but inconsistent in smaller hospitals; reimbursement is secured but regional uptake varies.	Strong pathology and genomics networks supported by national cancer plans.	Standardize access to molecular testing across all hospitals; mandate HER2/MSI/PD-L1 testing for advanced GC; expand central lab networks with rapid turnaround.
Treatment Access	Universal coverage ensures access to standard chemotherapy and surgery; advanced therapies (trastuzumab, immunotherapy, new targeted drugs) face delayed inclusion in reimbursement lists and uneven uptake.	Comprehensive Cancer Centres with expertise in multimodality care.	Accelerate health technology assessments and reimbursement for new agents; strengthen equitable access to novel drugs nationwide.
Clinical Guidelines	National guidelines (INCa, ESMO-aligned) are established, but adherence may vary outside specialist centres.	Strong professional societies and multidisciplinary tumour boards.	Enforce guideline-based care across all hospitals; link reimbursement and audit to compliance with GC guidelines.
Palliative & Survivorship Care	Palliative care networks exist but are variably integrated into oncology pathways; survivorship programs for GC are less developed than for breast or colorectal cancer.	National policy support for palliative services; robust home-based palliative care system.	Integrate survivorship programs (nutrition, psychosocial, return-to-work) into oncology care; scale early palliative referral models.



CONCLUSION & Call to Action

France's gastric cancer system benefits from universal coverage, mature guidelines, and advanced hospital networks. However, opportunities remain to strengthen equity in diagnostics, speed up access to innovative therapies, and embed survivorship and palliative care into the national GC pathway. Addressing these gaps will elevate France's already advanced maturity system into a model of equitable, innovation-driven, patient-centred care.



CONCLUSION

At Level 4 maturity, France is well positioned to lead in equitable gastric cancer care in Europe. The next phase should focus on innovation adoption, survivorship integration, and reducing geographic disparities, ensuring that all patients benefit equally from France's strong oncology system.