

David Khayat: driving the French cancer plan

→ Marc Beishon

A committed medical oncologist, David Khayat reluctantly dragged himself away from his patients in 2003 to oversee the implementation of the French cancer plan. This grand and sweeping venture exercises huge control over cancer services, education and research. But its real value, says Khayat, is that it treats cancer patients as normal human beings.

What does it take to kick-start a national cancer plan that will deliver fast and sustainable improvements in cancer care, prevention and research? Such plans are badly needed – as John Seffrin, president of the International Union against Cancer, says: “We know that every country needs to develop a cancer plan. If you’re not planning, you’re planning to fail.”

In the UK, the shame of long waiting times and one of the worst treatment records in Europe led to the NHS Cancer Plan in 2000; Australia, Canada and New Zealand also have plans in place. In the US, politicians attempted but failed to pass a national cancer act in 2003 to re-energise the famous ‘war on cancer’ launched by President Richard Nixon in 1971. Indeed, it is similar top-level backing that has seen the successful launch of arguably the most complete and rapid initiative yet seen – France’s national cancer plan, which is one of the legacies chosen by President Jacques Chirac for his second term in high office.

France’s plan was announced in 2003, three years after another landmark cancer occasion in the country – the Paris Charter, to which countries and agencies have been signing up, pledging their commitment to the cancer effort. Both the plan and the charter have one thing in common – the pivotal figure of David Khayat, a medical oncologist who has been rather reluctant to spend time away from clinical work, but who undoubtedly possesses the charisma and contacts to lead sweeping changes in France’s cancer care and research provision, and to engage international colleagues in wider collaborative initiatives.

As he points out, France actually has a very good record in cancer treatment compared with most other European countries. “But while we had the best survival after diagnosis on average, there were major discrepancies in outcomes depending on where you lived – by a factor of six. For a country that has made equality the basis of its constitution, that’s unacceptable.” Other major issues were too many research institutions, diluting the research effort, and a



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drop-off in the French contribution to seminal findings in recent years; a lack of diagnostic equipment such as CT scanners; not to mention France's major consumption of cheap tobacco.

"That is to name just a few issues – the cancer plan has a total of 70 key areas, and while very ambitious they are all being precisely funded and evaluated," says Khayat. The engine room of the plan is the organisation over which Khayat currently presides – the National Cancer Institute (known as INCa) – without which it is highly unlikely that much 'joined-up' progress would have been made.

Khayat says the institute has been set up as a legal entity – "It would take another law to abolish it and it's hard to imagine that any government would vote to stop fighting cancer." While the initial cancer plan runs for five years, from 2003 to 2007, the idea is that INCa will continue to coordinate improvements, and it has been invested with considerable power. "For example, we have the responsibility to authorise how cancer is treated across France – it is not open anymore to individual doctors either in public or private practice to treat patients without specific approval for their hospital. We can also authorise

En famille. With his wife, Jocelyne, and daughters Julie (left), Cecile (centre) and Barbara (right)



interim approval of drug treatments before they have been passed at European and national level, as we did last year with Herceptin for people with early-stage HER-2 positive breast cancer.”

Such powers might seem authoritarian, but Khayat is quick to point out that decisions are reached collaboratively with other agencies, and while raising standards will always make waves, no doubt many of its primary functions – such as uniting fragmented research efforts and leading investment in diagnostic equipment – are broadly welcomed. And in Khayat, the institute has a leader who has been plucked somewhat against his will from the coalface of patient care, and so knows first hand the day-to-day issues of practitioners. He is also head of medical oncology at Pitié-Salpêtrière hospital in Paris, one of the largest public hospitals in Europe, and professor of medicine at the Pierre and Marie Curie University. He insisted when he took on the institute’s presidency that he retained these posts, and that he would return later this year, once his work in establishing INCa was done.

Khayat was born in Tunisia into a Jewish family, and came to France after Tunisian inde-

pendence when he was four. Living in Nice, his family were fairly poor, and they were fortunate to benefit from good medical treatment when Khayat became seriously ill with rheumatic fever at the age of eight. “I had to take steroids and penicillin for five years, but I was struck by this general practitioner who came to our little apartment, wrote out the prescriptions and made everyone smile. I decided then I would become a doctor, and I never change my mind – just as I said to my parents there was a certain girl I was going to marry.”

It was the young wife of a best friend, however, who was to profoundly influence Khayat in his career. By now a medical student, he saw this young woman diagnosed with metastatic cancer and enduring two years of surgery and chemotherapy of the 1970s – and surviving. “I thought it was amazing that she could be cured – and I knew then that I wanted to be part of this revolution.”

Khayat became an ‘intern’ – a competitive position attained by the top 5% of medical students in France – and moved to Pitié-Salpêtrière, where he worked with some of the

best oncologists of the time. Among them was Claude Jacquillat, a pioneer in treating Hodgkin's, who taught him his clinical craft, and another who advised him to carry out some basic research. While doing his military service as a civil placement in a research laboratory in Israel, he worked on a mouse serum discovery, and learned to appreciate the controlled conditions for basic research, as compared with the variability in clinical conditions.

"In France we have a good history of encouraging doctors to do basic research – it's not mandatory but you can't move up the professorial scale if you don't do it for some years. But only a few people can continue with such research, as there is just too much clinical and teaching work to do. In any case, it has become more evident that having small labs attached to departments is not viable – you need large research establishments to have a critical mass of people and equipment. Today, I think it is a good thing that doctors collaborate with large research units rather than doing things themselves."

He also went to the Mount Sinai hospital in New York where he purified the soluble Fc receptor in mouse serum, and back in Paris did the same in human blood, demonstrated its pathology and duly got a PhD in tumour immunology and went on to become full professor at the early age of 34. "This should have been a unique period, when I was set up with a good salary and conditions for the rest of my life and not that much responsibility – but unfortunately Claude Jacquillat, my head of department, died and I was asked to take over."

While such responsibility has no doubt made Khayat the organiser he is now, the early days as head of medical oncology at Pitié-Salpêtrière were very tough. "I had to fight other department heads for resources, manage some difficult older colleagues and I also found out my boss had been raising a lot of money from



charities to fund the department. Almost half the doctors around me were paid for by charity – I had no idea about this, and I was soon asked how I was going to continue to raise funds."

Jacquillat, who died of cancer, had been well known and was a hard act to follow. Khayat worked round the clock to build the department and meet fundraisers. He's especially proud of continuing to put the hospital on the map for innovative clinical work. "We introduced neoadjuvant chemotherapy for breast cancer which, while quite normal now, was a huge struggle back then, as if you delayed surgery you were considered a potential murderer. But we showed that with a combination of chemo- and radiotherapy you could avoid surgery altogether, and it stimulated the work of famous oncologists such as Tom Frie and Bernie Fisher."

Great minds think alike. Gabriel Hortobagyi (right) is a close associate and was part of the gathering that dreamt up the idea of the Paris Charter Against Cancer

INCa is promoting itself as a key player and mover in all manner of European initiatives

Other achievements include the introduction of what is now called biochemotherapy for the treatment of melanoma, and generally the establishment of the hospital as one of the most important centres for phase I and II trials in France.

That said, Khayat says French clinical trials have only been running at about the European average for some time. “It’s been very unsatisfactory – apart from a few large phase III randomised studies, the average patient population involved in trials has been less than 2%. This is partly because a majority are treated in the private sector, which has no incentive to run trials. Further, most of the protocols are funded by pharmaceutical firms, so there has also been a lack of independence.”

Several aspects of the cancer plan deal with this. “We ran hearings from experts around the world about what they’ve done to improve the quality and quantity of clinical research, and we chose to model our approach on England’s National Cancer Research Network, but adapted a bit.” Both the English and French approach have area-based research networks, but Khayat explains that the French system is funding research units not on a population basis, as in England, but on the number of patients entered in trials. “This year we will have set up 28 expert groups, covering topics such as lung, breast, psycho-oncology, surgery and so on – and we will produce a set of clinical research protocols. We have divided France up into 35 territories, each receiving a budget to recruit clinical research assistants and data managers. Each doctor that enters patients into the protocols will receive payment.” The goal is to recruit 10% of new patients into trials.

The relationship between France and England/UK is becoming quite intimate on the cancer front – if less so on other issues – following the centennial of the Entente Cordiale in 2004. As Khayat notes, the countries have agreed to cooperate on developing their cancer plans, with specific reference to joint work on all type of research, including epidemiology, and training. But as he adds, France is also keen to collaborate with other countries and INCa is promoting itself as a key player and mover in all

manner of European initiatives, including a virtual tumour bank and a fledgling European alliance against cancer, which looks to be growing out of a meeting of European health ministers, and which Khayat says could produce backing for large-scale clinical research such as a major lung cancer screening study. INCa is also helping other countries as far afield as the Ukraine and Tunisia with cancer plans.

Khayat has also helped to build a multi-disciplinary cancer centre at Pitié-Salpêtrière, and it is his strong interest in holistic issues that brought him to prominence in France as a cancer commentator and set in train his involvement with the cancer plan. “What gives us the value of what we do is looking at someone affected by cancer as a normal human being – reflecting their identity back to you like a mirror,” he says. “I’ve been talking about this for 10 years in the media now – I believe it was the fact that we had to start considering the patient beyond the disease that convinced Chirac we needed to do something.”

A journalist included Khayat as one of 10 profiles in a book on the work of doctors, and it was his story of fighting cancer with his boss at Pitié-Salpêtrière, who was fighting cancer himself, that attracted media interest and led to him being perceived as “the doctor who talks about cancer on TV”.

At the same time, he made several major contributions to the profession. He says he was instrumental in founding the French federation of medical oncologists, a union of Parisian oncologists, a Paris oncologists’ club and a master’s diploma in oncology. These initiatives were fairly straightforward in the latter half of the 1990s, as medical oncology had been recognised in France as a speciality in 1989 – that though had been a battle against vested interests, comments Khayat.

Naturally, Khayat would like to see more consistency around Europe in the recognition of medical oncology, and he is concerned that oncologists are not always taking the lead in teaching their subject, with organ specialists filling the gap. “The knowledge you have to acquire and maintain in oncology means you have to do only that,” he comments. A battle he’s still fighting today at the hospital, however, is the funding



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of extra resources and staff such as psycho-oncologists. If anything, charitable donations have been harder to attract since France's major cancer charity, ARC, was victim to a major financial scandal in the 1990s, for which its director was jailed. Khayat eventually had to change the name of a charity he inherited from his department head – CRAC has become AVEC to avoid association in the public mind.

The Paris Charter Against Cancer came about in 1999 when Khayat and close oncologist friends and colleagues were discussing how best to raise awareness of cancer for the new millennium. Khayat has an enviable network of international colleagues, and has a particularly close

association with Gabriel Hortobagyi, head of breast oncology at the MD Anderson in the US, with whom he has organised an educational conference that now takes place each year in Paris (the International Congress on Anti-Cancer Treatment). It was with Hortobagyi and other senior oncologists such as Peter Harper and Martine Piccart, in the famous Guy Savoy restaurant in Paris, that the charter idea came up for the year 2000.

“We wanted to declare war on cancer like Nixon did in 1971, and for support I wrote to UNESCO, the then French minister of health and President Chirac [who was on the opposite political wing to the minister]. UNESCO said

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‘yes’, the minister said ‘no’, and Chirac asked me to explain further. He said that if we called it a charter, not a war, we had his support – and when the president supports something in France, it opens a lot of doors.”

The Paris Charter was duly signed on TV by Chirac and others on 4 February 2000 at an event called the World Cancer Summit, and that date is now World Cancer Day each year. So far more than 15 nations are on the signatory list. “The idea is to remind governments about the basic rights of cancer patients through its 10 articles,” says Khayat. “We were amazed that the idea of a group of friends should turn into a global story.”

Khayat had the ear of Chirac now, and in 2002 when Chirac was re-elected as President, along with a government of his own complexion this time, there was an opportunity to put weight behind a cancer plan. There had been a plan on the stocks since the late 1990s, but Khayat says there “wasn’t a single euro behind it”. With Chirac making the cancer plan, the rights of the disabled and a cut in traffic accidents his triple legacy for his second term – in preference to building another arts project, which many presidents favour – Khayat and colleagues set up an expert committee that suggested several routes for the plan, with Chirac selecting the 70 steps now in play, plus of course the founding of INCa.

“We calculated how much the 70 measures would cost, and asked for 1.7 billion euros – and we got it,” says Khayat. There is a lot of substance to the plan, which has the great merit of having very visible measures – in the two reports issued so far, there is clear indication of progress on each and well-written discussions on rationale, with case studies to illustrate.

About half the plan had been completed by early 2006, says Khayat, and he expects everything to be in place by the end of 2007.

There are 11 departments at INCa focusing on various aspects of the plan – Khayat says it was decided not to focus on a few priority areas but to do all elements of the plan together. Commenting on a few items, he says the waiting times for CT/MRI/PET scans have been cut greatly by investment in new machinery (the number of PET scanners has gone up to 72 from just five in 2002). Over 100 psycho-oncology positions have been created – “There was a huge lack here – there was a time in France when we really didn’t listen to the patient.”

Other notable parts of the plan include an information disclosure procedure for all patients, coordinated care programmes, the setting up of seven regional cancer research hubs, and a ramp-up of screening programmes for breast and colorectal cancers.

He’s particularly pleased with INCa’s role in the interim funding of Herceptin in the early-stage setting – “This cost 80 million euros and could save 2,000 lives over 9 months,” he reckons, adding that if the drug had not been approved eventually by the regulatory agencies, only then would INCa have withdrawn the drug.

There has been some criticism that not enough emphasis has been placed on prevention – for which about 13% of the budget has been allocated – but Khayat says that given France’s previous record, notable progress has been made. “The government has increased the price of cigarettes by 45% in the first two years – and we have 1.8 million fewer smokers as a result,” he says. “It was courageous – we had a revolt of tobacco sellers and had to buy them off.” Recently, the French government seems to have backed down on plans for a smoking ban in public places, but Khayat is confident it will come to pass before the end of this year.

“We also did a big campaign on TV about the dangers of sun exposure – it has been new in France to do so much on prevention,” he says.

Work on alcohol, diet and occupational exposure is also included in the plan, although not as much as some critics would like.

As president of INCa, Khayat's role has been very much hands on – he says it's more of a CEO's role (despite there also being a CEO) – but he's still been putting two half days a week in at the hospital. He can be justifiably proud of getting INCa off the ground from nothing to a staff of 185 in just six months, and he reckons its research programme and budget can pass muster with other agencies, notably the US National Cancer Institute (NCI). "If you compare the NCI's extra-mural activities – take away the researchers and labs – with us, we are fairly similar in budget, and our funding goes directly on research not on salaries, as most French researchers are existing public servants, and we already have enough labs and beds."

While the cancer plan is going well, Khayat recognises that progress also throws up other problems. "As soon as you share information with patients you share power. And when you share power you share decisions and need to respect the patient's right to choose." A health-care system that builds large centres of excellence will inevitably take people further away from home – and with the growing backdrop of chronic degenerative illness, the existing 'operate or die' model of acute care may well need to be radically rethought. Balancing such ethical and economic arguments has been a preoccupation for Khayat in various talks and writing.

Although he's cut out much international travel while at INCa, Khayat admits he's often late home to see his wife, Jocelyne, a pharmacist turned art historian, and his three daughters, none of whom are turned on by medicine. His two great hobbies are food (and it has to be worth asking for an oncologist's discount at Guy Savoy) and writing. He is a prolific author of medical fiction and non-fiction, and also



Friends in high places. President Jacques Chirac chose cancer as a defining issue of his presidency, and his personal backing was key to getting the French cancer plan approved. In the foreground are Bernadette Chirac (right) and Jocelyne Khayat (left)

screenplays; two of his medical dramas have been recorded for French television, one only last April.

At just 50, Khayat has a huge collection of awards and positions, both real and honorary, to his name – he's even a Commander of the British Empire, an honour rather lost on him. The one he values above all else, however, is an adjunct breast cancer professorship at the MD Anderson, an institution he considers "a dream – it's by far the best in oncology."

He is stepping down from INCa this year, once a successor is found, to return full time to Pitié-Salpêtrière to focus on his patients. He also intends to go back to the lecture circuit and perhaps to industry consultancy, which he was obliged to set aside owing to conflict of interest with INCa. It is hard to imagine that Khayat will sink out of either the public or professional spotlight, however. As he says: "My secretary is always afraid when I come in on Monday morning with yet another idea such as a charter or a federation." The next idea will no doubt not be long in coming – and will be well worth the short wait.

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