SÉMINAIRE INTERNE

SESSTIM

Sciences Économiques et Sociales de la Santé
& Traitement de l'Information Médicale

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Séquelles et soins de support après un cancer :
Données du dispositif VICAN (2010-2020)

novembre 2022

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Séquelles et soins de support après un cancer :
données du dispositif VICAN (2010-2020)

Focus sur les dernières publications

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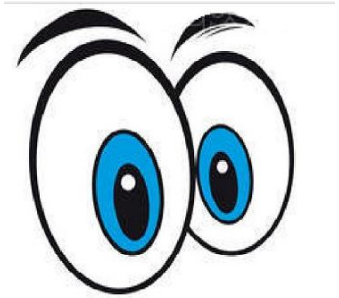
SESSTIM, Faculté de Médecine, Aix-Marseille Université, Marseille, France
http://sesstim.univ-amu.fr/

Trois dispositifs d'enquêtes en population



SOINS PAL (2000-2010)

- *Prise en charge des patients en fin de vie*
- *Communication du diagnostic /pronostic*
- *Euthanasie - SMA – Sédation*
- *Traitement de la douleur (opiacés de palier 3)*

VICAN (2010-2022)

- *Séquelles et prise en charge*
- *Comportements de santé*
- *Intégration sociale*
- *Réinsertion professionnelle*

FOSFO (2016-2022)

- *Comportements de santé*

Arrière plan théorique -1-

Modèles fondés sur les comportements individuels : l'individu est au centre de la modélisation

Health Belief Model (HBM)
Theory of Reasoned Action (TRA)- Theory of Planned Behavior (TPB)
Integrated Behavioral Model (IBM)
Trantheorical Model (TTC)
Precaution Adoption Process Model (PAPC)

Modèles fondés sur les interactions : l'interaction entre les individus est au centre de

Social Learning Theory
Social cognitive Theory
Social Support & Social Network
Stress & Coping
Clinician-Patient Communication

Modèles « communautaires » : les groupes et les organisations sont au centre de

Community Organization
Diffusion of Innovations
Organizational Change
Communication Theory

Modèles fondés sur les comportements individuels : l'individu est au centre de la modélisation

Health Belief Model (HBM)
Theory of Reasoned Action (TRA) -Theory of Planned Behavior (TPB)
Integrated Behavioral Model (IBM)

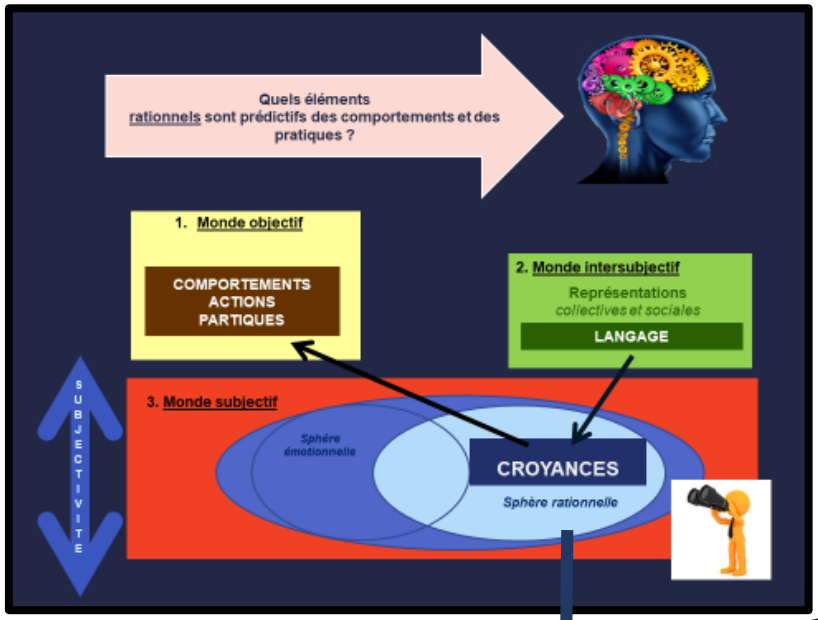
Quels éléments
<u>rationnels</u> sont prédictifs des comportements observés ?

Adaptation

Comportements de santé (VICAN, FOSFO)
- Préventifs (health behaviors)
  Secondaires (illness behaviors)
- Tertiaires (Sick-role behaviors)

Pratiques médicales (SOINS PAL)
- Processus de décision dans la relation de soin (interaction)

Comportements de santé : médiation de l'intention (KABP)



COMPORTEMENT CIBLE

Facteurs extérieurs

- Caractéristiques démographiques
- Attitudes à l'égard des objets associés
- Personnalité
- Autre caractéristiques personnelles discriminantes

- Croyances sur le comportement
- Evaluation des conséquences

→ **Attitude**

- Croyances normatives
- Motivation à respecter les normes

→ **Norme subjective**

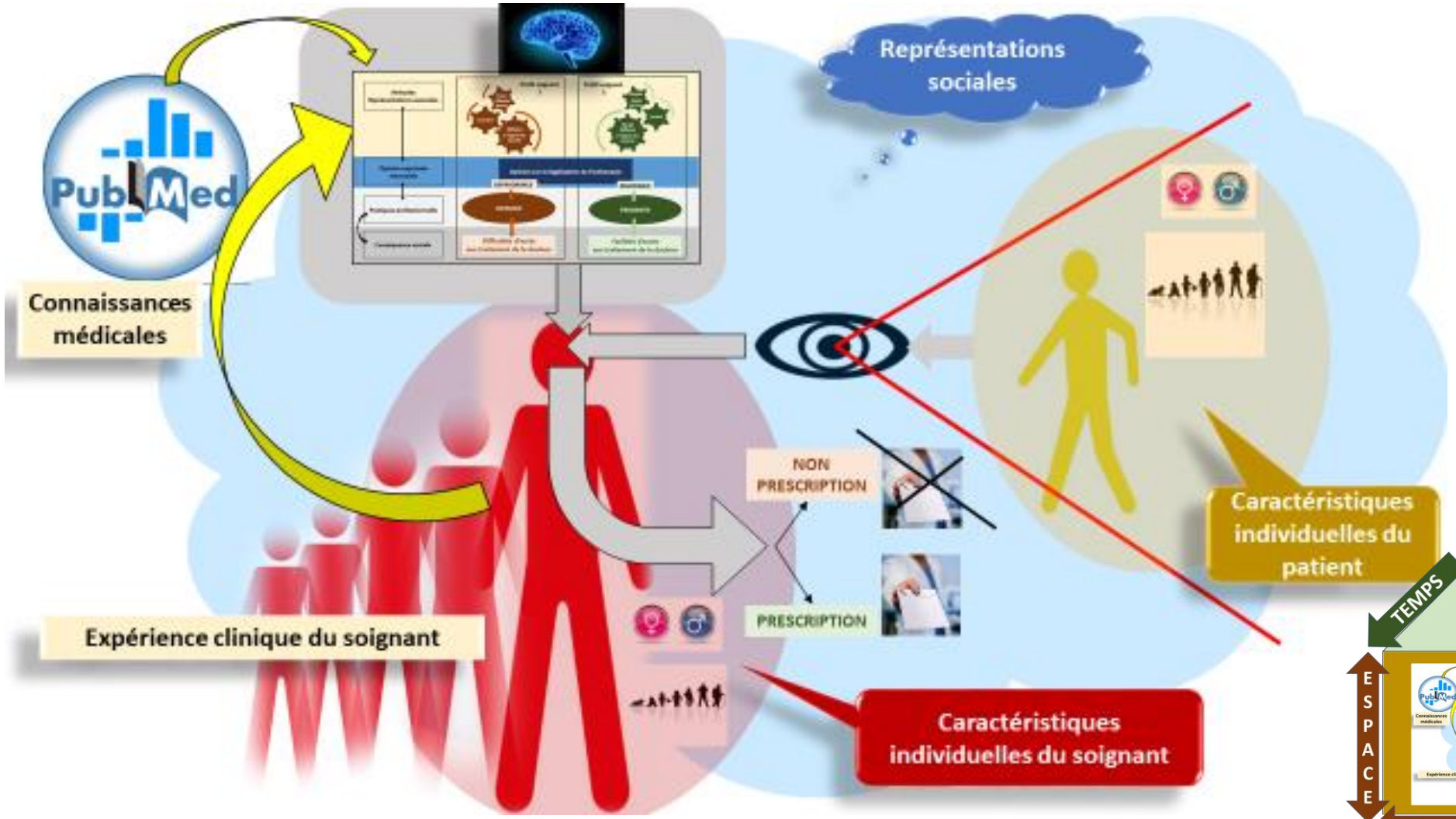
- Croyances de contrôle
- Puissance perçue

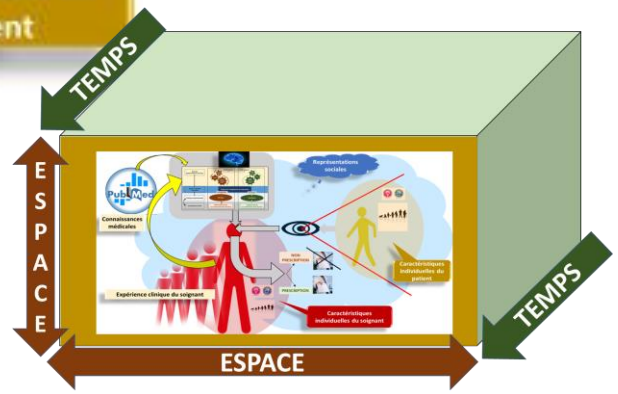
→ **Contrôle perçu**

Intention → **Comportement**

Ajout TPB (comportement planifié)

Extension aux pratiques médicales : décision dans la relation de soin - focus sur le genre et l'âge

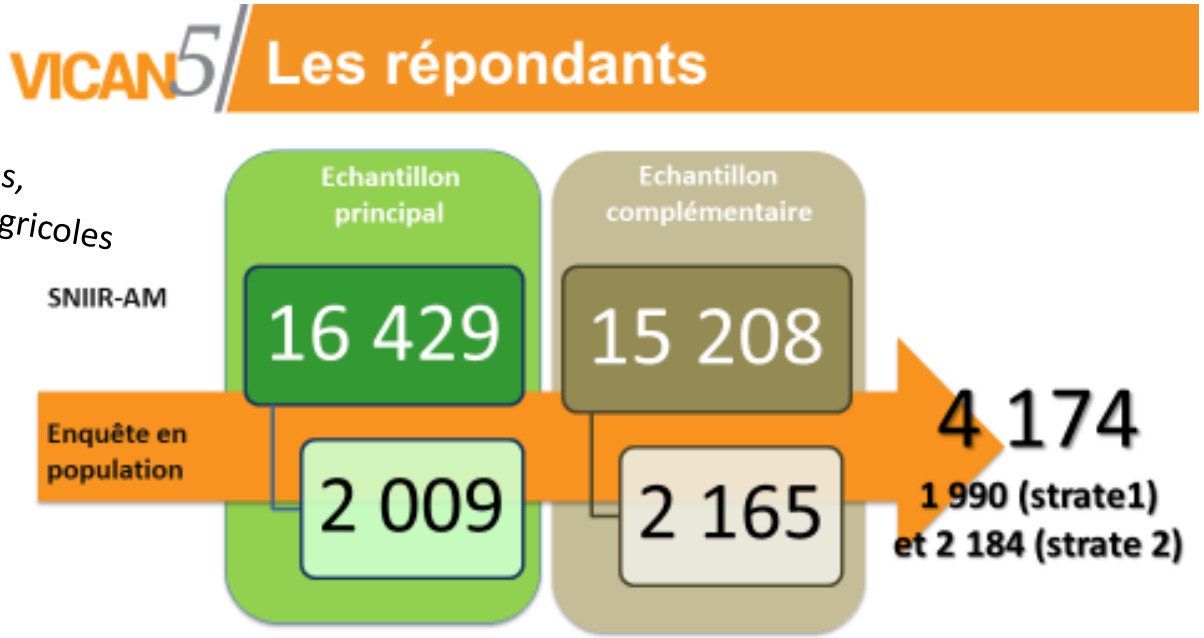




Conditions de vie *à 2 et 5 ans suivant un diagnostic de primo cancer*

Adultes
avec une sur représentation des plus jeunes,
des travailleurs indépendants et des travailleurs agricoles

SNIIR-AM



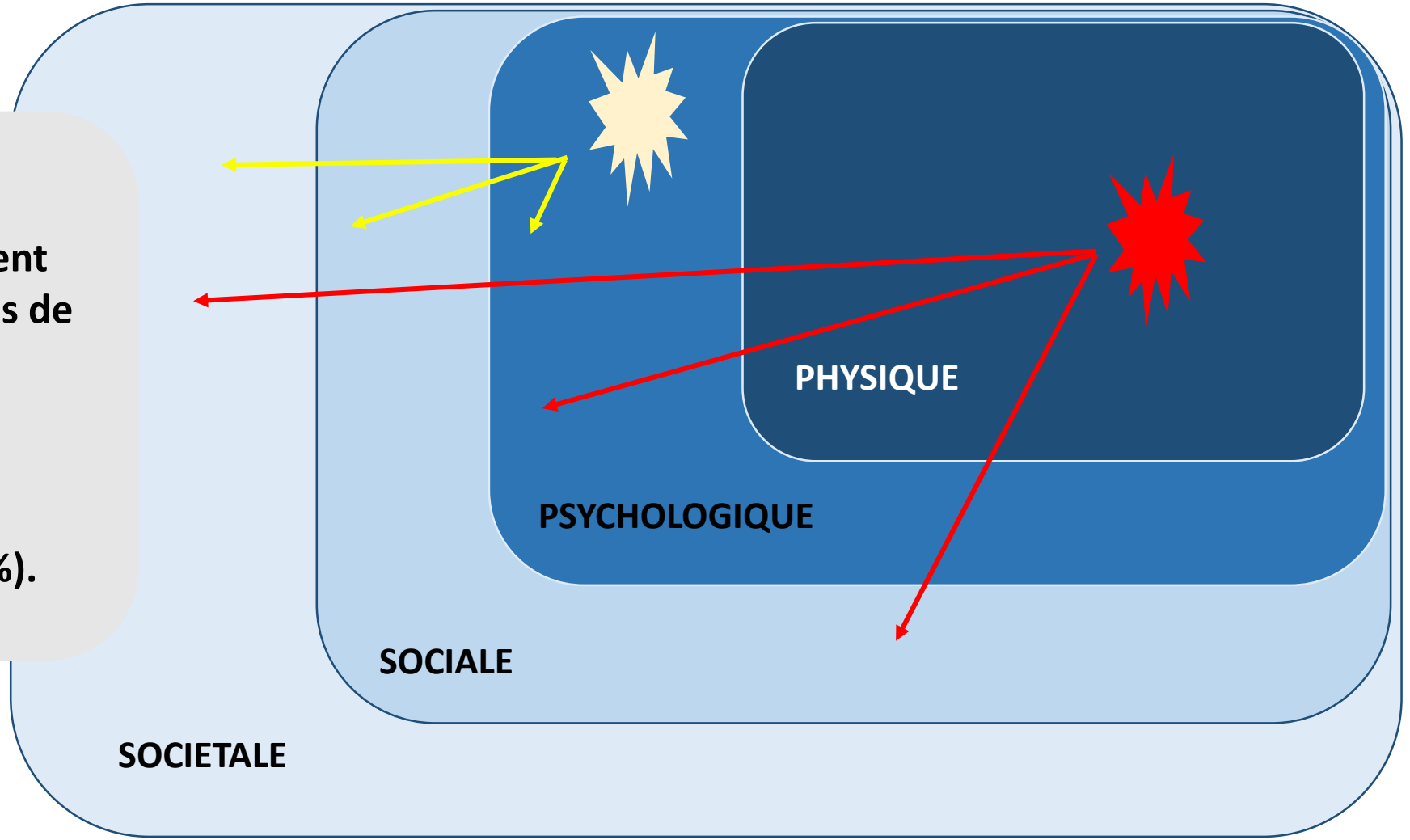
12 localisations tumorales ont été sélectionnées représentant 88% des cancers incidents en France en 2012 :

- ***4 de « bon pronostic » :*** *Sein (C50), Prostate (C61), Thyroïde (C73), Mélanome (C43).*
- ***7 de « pronostic intermédiaire » :*** *Colon-Rectum (C18-C20), VADS (C00-C14, C30-C32), Vessie (C67), Rein (C64-C66), Col de l'utérus (C53), Corps de l'utérus (C54), Lymphome non Hodgkinien (C82-C85).*
- ***1 de « mauvais pronostic » :*** *Poumon (C33, C34).*

Pourquoi étudier les « *conditions de vie* » ?

Près des deux tiers des répondants (63,5 %) déclarent avoir conservé des séquelles de leur maladie qu'ils jugent

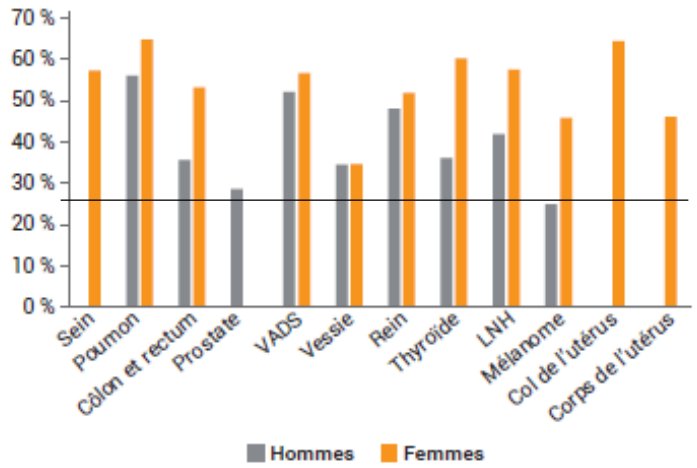
- très importantes (6,4 %),
- importantes (16,4 %),
- modérées (26,2 %)
- ou très modérées (14,5 %).



Constat : douleur et fatigue

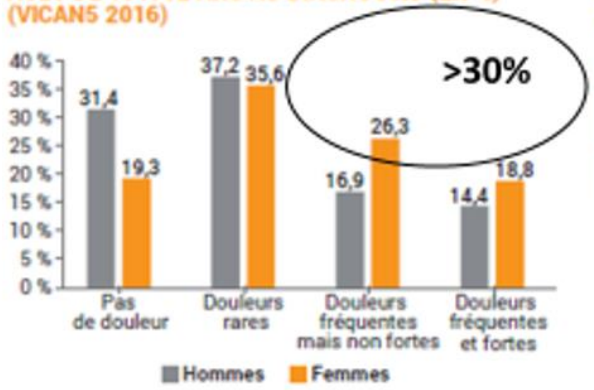
Fatigue et douleur sont des séquelles fréquentes et persistantes dans le temps.

FIGURE 6.1.
PRÉVALENCE DE LA FATIGUE CHEZ LES HOMMES ET LES FEMMES EN FONCTION DE LA LOCALISATION DU CANCER (EN %) (VICAN5 2016)



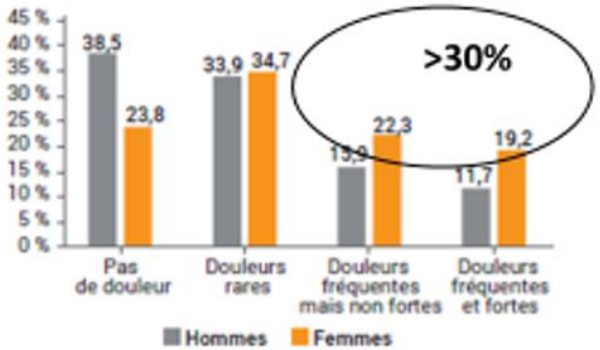
Champ : répondants à l'enquête VICAN5 hors données manquantes sur le score de fatigue (Np = 4 166).
Analyses : statistiques descriptives pondérées.

FIGURE 7.1a.
SENSATIONS DOULOUREUSES DÉCLARÉES SELON LEUR INTENSITÉ CHEZ LES RÉPONDANTS ÂGÉS DE 18 À 52 ANS AU DIAGNOSTIC (EN %) (VICAN5 2016)

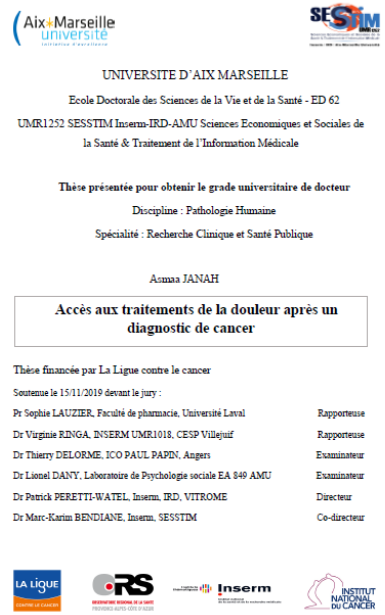


Champ : hommes et femmes répondant à l'enquête VICAN5, âgés de 18 à 52 ans au moment du diagnostic de leur cancer primitif (Np = 1 990).
Analyses : statistiques descriptives pondérées.

FIGURE 7.1b.
SENSATIONS DOULOUREUSES DÉCLARÉES SELON LEUR INTENSITÉ CHEZ LES RÉPONDANTS ÂGÉS DE 53 À 82 ANS AU DIAGNOSTIC (EN %) (VICAN5 2016)



Champ : hommes et femmes répondant à l'enquête VICAN5, âgés de 53 à 82 ans au moment du diagnostic de leur cancer primitif (Np = 2 184).
Analyses : statistiques descriptives pondérées.


UNIVERSITE D'AIX MARSEILLE

Ecole Doctorale des Sciences de la Vie et de la Santé - ED 62

UMR1252 SESSTIM Inserm-IRD-AMU Sciences Economiques et Sociales de la Santé & Traitement de l'Information Médicale

Thèse présentée pour obtenir le grade universitaire de docteur

Discipline : Pathologie Humaine

Spécialité : Recherche Clinique et Santé Publique

Asmaa JANAH

Accès aux traitements de la douleur après un diagnostic de cancer

Thèse financée par La Ligue contre le cancer

Soutenue le 15/11/2019 devant le jury :

Pr Sophie LAUZIER, Faculté de pharmacie, Université Laval	Rapporteuse
Dr Virginie RINGA, INSERM UMR1018, CESP Villejuif	Rapporteuse
Dr Thierry DELORME, ICO PAUL PAPIN, Angers	Examinateur
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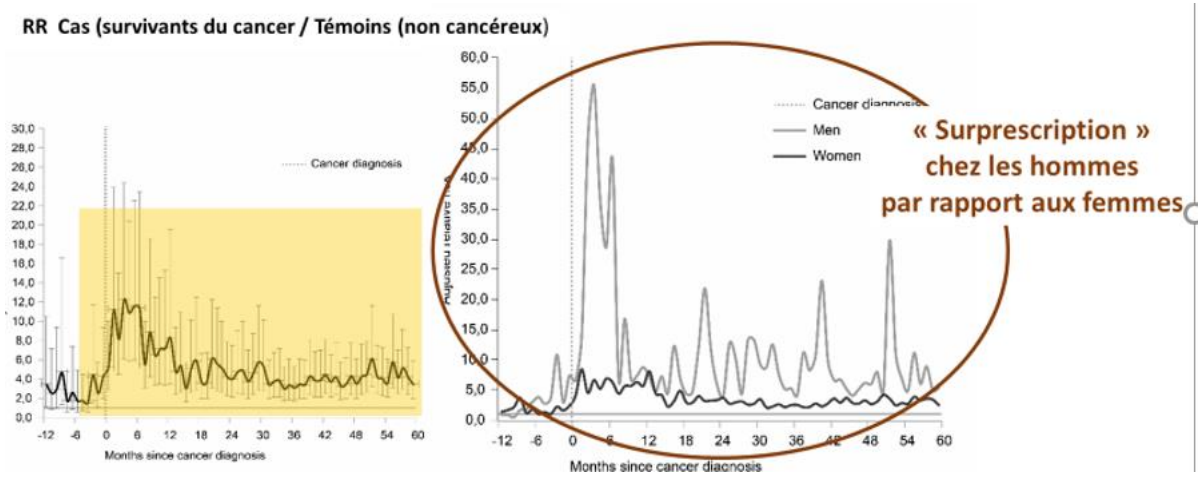
Dr Patrick PERETTI-WATEL, Inserm, IRD, VITROME	Directeur
Dr Marc-Karim BENDIANE, Inserm, SESSTIM	Co-directeur

RR Cas (survivants du cancer / Témoins (non cancéreux)



Constat : Douleurs *et retour à l'emploi*

Table 3 Factors associated with leaving employment and working time reduction, 5 years after cancer diagnosis using multinomial logistic regression (national VICAN survey, $n = 969$)

	Leaving employment 5 years after cancer diagnosis (adjusted OR [95% CI])	Working time reduction 5 years after cancer diagnosis (adjusted OR [95% CI])
Gender[a]		
Women	1	1
Intermediate	1.27 [0.81, 2.00]	0.83 [0.55, 1.23]
Poor	3.61 [1.58, 8.24]**	1.37 [0.59, 3.21]
Adverse cancer event		
Yes	2.07 [1.31, 3.28]**	0.95 [0.63, 1.45]
No	1	1
Chemotherapy between 2010 and 2015		
Yes	1.59 [1.05, 2.39]*	2.13 [1.52, 3.00]***
No	1	1
Comorbidities[b]		1.32 [0.83, 2.10]
Mental health score[b]	0.96 [0.95, 0.98]***	0.98 [0.97, 0.99]**
CNP		
No CNP	1	1
CNP	2.57 [1.70, 3.88]***	1.89 [1.32, 2.71]***

Variables put in the model and unselected by the stepwise procedure: marital status, working time at diagnosis (part-time job versus full-time job), kind of employment contract, professional status (self-employee versus employee), business sector (primary or secondary sector versus tertiary sector), and having been treated with radiotherapy (yes versus no)

*$p < 0.05$; **$p < 0.01$; $p < 0.001$;

[a] Variables forced in the model

Sur l'ensemble des patients en âge de travailler (18-54 ans) avec un emploi :
18% ne travaillent plus et 26% ont réduit leur activité professionnelle.

Les douleurs chroniques à composantes neuropathiques sont déterminantes dans le non retour à l'emploi ou la réduction d'activité professionnelle

J Cancer Surviv (2018) 12:115–126
DOI 10.1007/s11764-017-0650-z

Chronic neuropathic pain negatively associated with employment retention of cancer survivors: evidence from a national French survey

Caroline Alleaume[1] · Marc-Karim Bendiane[1,2] · Anne-Déborah Bouhnik[1] · Dominique Rey[1,2] · Sébastien Cortaredona[1] · Valérie Seror[1] · Patrick Peretti-Watel[1]

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material, which is available to authorized users.

advances have led to a decrease in cancer-related mortality and a yearly increase in the number of survivors [1]. Half of the cancer survivor population is of working age [2]. Recent findings have shown that cancer may affect survivors' professional careers, especially in their employment retention. Two years after cancer diagnosis, between 25 and 35% stop working, whether voluntarily or not [3–10]. The international literature has documented many factors associated with employment retention including socio-demographic characteristics, professional status, and income, as well as survival rate cancer categories and cancer treatments [3, 7, 11–13].

Constat : Sexualité détériorée

- **57,3%** des patients rapportent une détérioration substantielle de leur sexualité cinq ans après le diagnostic de cancer : importante pour 30,8% et modérée pour 26,5%.

- **K Prostate :** dysfonction érectile chez 55,8% des patients traités pour un cancer de la prostate (Pignot et al, 2022)

- **K Thyroïde :** baisse du désir sexuel 40,6% des femmes après un cancer de la thyroïde…. Pourtant la question de la sexualité n'a jamais été abordée avec un soignant durant leur suivi dans 96,7% des cas (Creff et al, 2022).

cancers

MDPI

Article

Deterioration of Sexual Health in Cancer Survivors Five Years after Diagnosis: Data from the French National Prospective VICAN Survey

Lorène Seguin [1,2], Rajae Touzani [1,3], Anne-Déborah Bouhnik [1,*], Ali Ben Charif [4], Patricia Marino [1,3], Marc-Karim Bendiane [1], Anthony Gonçalves [2], Gwenaelle Gravis [2] and Julien Mancini [5]

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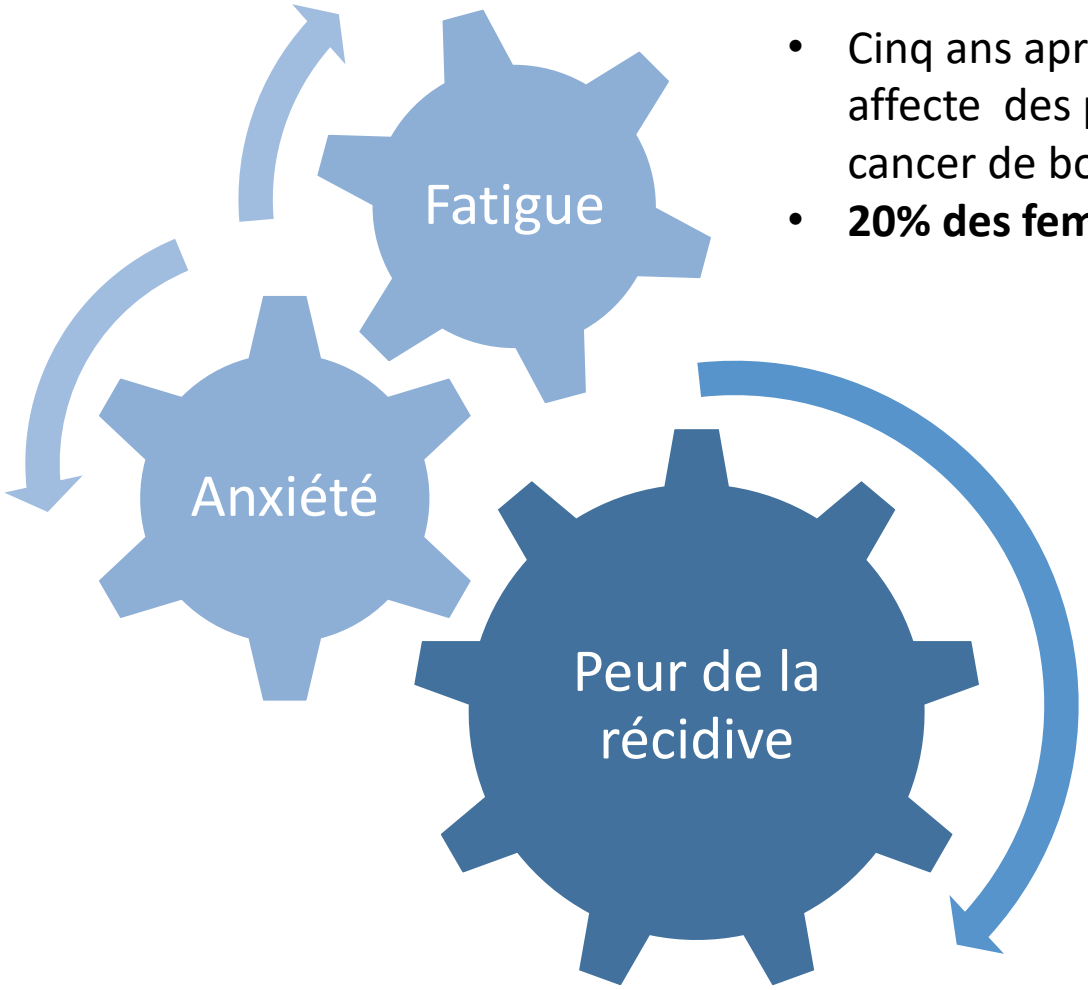
check for updates

Simple Summary: Cancer impacts sexual health (SH) even years after diagnosis, but long-term consequences are not fully documented, especially in cancers unrelated to sexuality. This study aimed to assess SH deterioration five years after diagnosis in a large population of cancer survivors. Our results show that 57.3% reported substantial SH deterioration. Substantial deterioration was reported in all cancer sites (from 27.7% in melanoma to 83.1% in prostate). Treatment type, cancer sequelae, and pain, as well as psychological consequences (depression and anxiety, especially for younger patients) were associated with substantial SH deterioration. Five years after diagnosis, the majority of cancer survivors reported SH deterioration. Interventions should be developed to improve sexual health regardless of cancer site. Particular attention should be paid to depression and anxiety, especially in younger survivors.

Abstract: Little is known about cancer survivors' sexual health (SH)—particularly, from well after diagnosis and in cancers unrelated to sexuality. This study aimed to assess SH deterioration five years after diagnosis. We analyzed data from the French national VIe après le CANcer (VICAN) survey. Six items from the Relationship and Sexuality Scale were used to assess SH. Respondents were grouped according to an ascending hierarchical classification in four clusters: strong, moderate, and weak deterioration or stable (WD, SD, MD, or St). Out of 2195 eligible participants, 57.3% reported substantial SH deterioration as either SD (30.8%) or MD (26.5%), while WD and St accounted for 31.2% and 11.5% of respondents, respectively. Substantial deterioration was reported in all cancer sites (from 27.7% in melanoma to 83.1% in prostate). Treatment type, cancer sequelae, and pain, as well as psychological consequences (depression and anxiety, especially for younger patients) were associated with substantial SH deterioration. The same factors were identified after restricting the analysis to survivors of cancers unrelated to sexuality. Five years after diagnosis, the majority of cancer survivors reported SH deterioration. Interventions should be developed to improve SH regardless of cancer site. Particular attention should be paid to depression and anxiety, especially in younger survivors.

Cancers **2020**, *12*, 3453; doi:10.3390/cancers12113453 www.mdpi.com/journal/cancers

Constat : peur de la récidive persistante



- Cinq ans après, la peur de la récidive affecte des patients jeunes avec un cancer de bon pronostic
- **20% des femmes jeunes**

Journal of Cancer Survivorship

Fear of cancer recurrence in young women five years after diagnosis with a good-prognosis cancer: the VICAN-5 national survey

--Manuscript Draft--

Manuscript Number:	JCSU-D-21-00696R2
Full Title:	Fear of cancer recurrence in young women five years after diagnosis with a good-prognosis cancer: the VICAN-5 national survey
Article Type:	Original Research
Keywords:	Cancer survivors; fear of recurrence; general practitioner; breast; thyroid; melanoma
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Order of Authors Secondary Information:	
Funding Information:	Institut National Du Cancer (Contrat de recherche et développement N° 05-2011) — Not applicable
Abstract:	Purpose : Fear of cancer recurrence (FCR) is frequent in survivors, but less is known about FCR in long-term survivors with very low risk of relapse. Our aim was to estimate the prevalence and clinical and socio-behavioural factors associated with FCR in young women five years after diagnosis of a good-prognosis cancer. Methods : Using data from the VICAN-5 survey, conducted in 2015-2016 among a national representative French sample of cancer survivors, we included women with non-metastatic melanoma, breast or thyroid cancer, aged 55 years or under at diagnosis, who experienced no disease progression in the five years post-diagnosis. Multinomial logistic regression was used to identify factors associated with FCR, characterised using a three-level indicator: no, mild, and moderate/severe FCR. Results : Among the 1153 women included, mean age was 44 years at diagnosis, 81.8% had breast cancer, 12.5% thyroid cancer, and 5.8% melanoma. Five years after diagnosis, 35.4% reported no FCR, 46.0% mild FCR and 18.6% moderate/severe FCR. Women with thyroid cancer were less likely to suffer from mild or moderate/severe FCR, while cancer-related treatment sequelae, fatigue and anxiety were more likely. Limited health literacy was associated with mild FCR. Women who reported only occasionally consulting a general practitioner (GP) for the management of their cancer had a higher probability of FCR.

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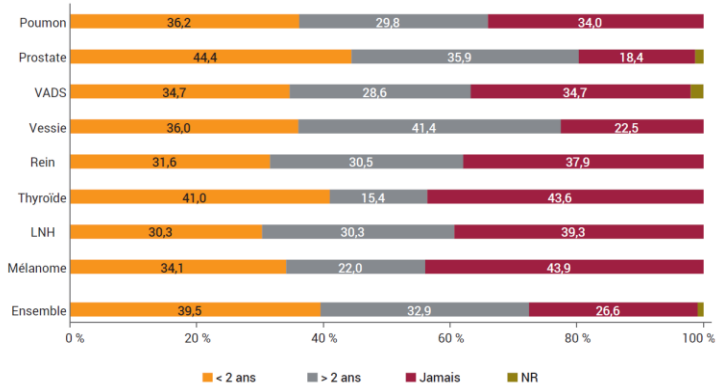
Comportements de santé -1-

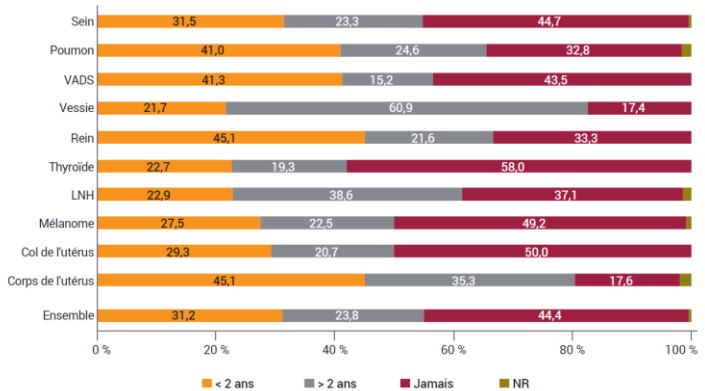
- Le recours au dépistage des seconds primo-cancers reste problématique pour des patients particulièrement vulnérables…

FIGURE 15.10a.
RECOURS DÉCLARÉ À UNE COLOSCOPIE OU À UNE RECHERCHE DE SANG DANS LES SELLES SELON LA LOCALISATION CHEZ LES HOMMES NON ATTEINTS D'UN CANCER COLORECTAL (EN %) (VICAN5 2016)



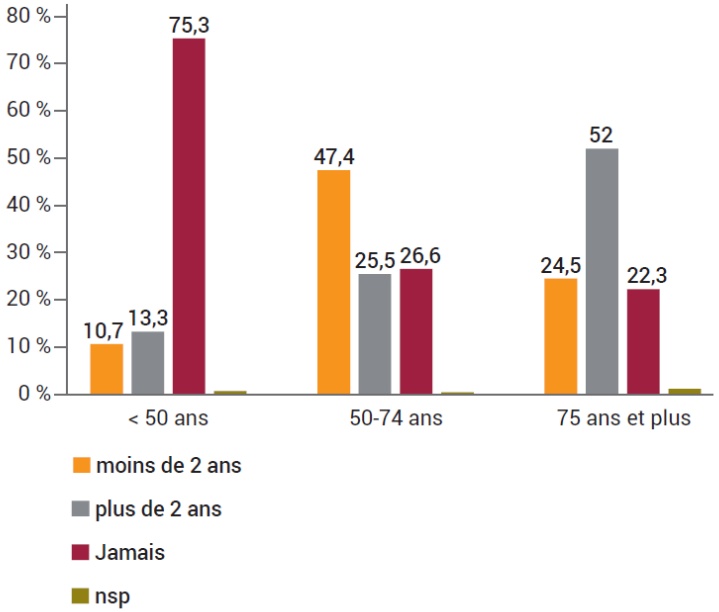
Champ : hommes répondants à l'enquête VICAN5 non atteints par un cancer-primitif cancer colorectal (Np = 1 348).
Analyses : statistiques descriptives pondérées.

FIGURE 15.10b.
RECOURS DÉCLARÉ À UNE COLOSCOPIE OU À UNE RECHERCHE DE SANG DANS LES SELLES SELON LA LOCALISATION CHEZ LES FEMMES NON ATTEINTES D'UN CANCER COLORECTAL (EN %) (VICAN5 2016)



Champ : femmes répondantes à l'enquête VICAN5 non atteintes par un cancer du cancer-primitif côlon-rectum (Np = 2 406).
Analyses : statistiques descriptives pondérées.

FIGURE 15.11
RECOURS DÉCLARÉ À UNE COLOSCOPIE OU À UNE RECHERCHE DE SANG DANS LES SELLES SELON L'ÂGE AU MOMENT DE L'ENQUÊTE CHEZ LES PARTICIPANTS NON ATTEINTS D'UN CANCER COLORECTAL (EN %) (VICAN5 2016)



Champ : hommes et femmes répondants à l'enquête VICAN5 non atteints par un cancer colorectal, ne présentant ni second cancer ni métastase depuis le diagnostic et pour lesquels les données du SNIIRAM sont accessibles (Np = 2 882).
Analyses : statistiques descriptives pondérées.

Journal of Public Health: From Theory to Practice (2021) 29:805–813
https://doi.org/10.1007/s10389-019-01179-w

ORIGINAL ARTICLE

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Colorectal cancer screening practices among cancer survivors five years after diagnosis

Adeline Monet[1] · Rajae Touzani[1,2] · Anne-Déborah Bouhnik[1] · Marc-Karim Bendiane[1] · Julien Mancini[3]

Received: 6 August 2019 / Accepted: 8 December 2019 / Published online: 7 January 2020

Abstract
Background Colorectal cancer (CRC) has a high incidence worldwide, especially in high-income countries. In France, a national CRC screening program targeting residents aged 50–74 years has been in place since 2009. Little is known about CRC screening practices in cancer survivors, even though some have an increased risk of developing a second cancer in the colorectum. This study aims to identify the barriers to CRC screening among cancer survivors.
Methods This cross-sectional study based on the French national VICAN survey included individuals diagnosed in 2010 with a cancer in 1 of 11 locations other than the colorectum and interviewed 5 years after diagnosis about various health-related issues. Binary logistic regression was used to identify the factors associated with lack of up-to-date CRC screening in cancer survivors without cancer progression.
Results Of the 2935 cancer survivors included in the study, 35.3% reported undergoing a screening test in the previous 2 years. The rate of up-to-date CRC screening rose to 49.3% in survivors aged 51–75 years. Among these, lack of CRC screening in the recommended time frame was associated with obesity, current smoking, non-use of complementary medicine, perceived financial difficulties, and poor access to general practitioners.
Conclusions Barriers to CRC screening can be personal and/or institutional.

Keywords Screening · Colorectal cancer · Second cancer · Cancer survivors

Introduction

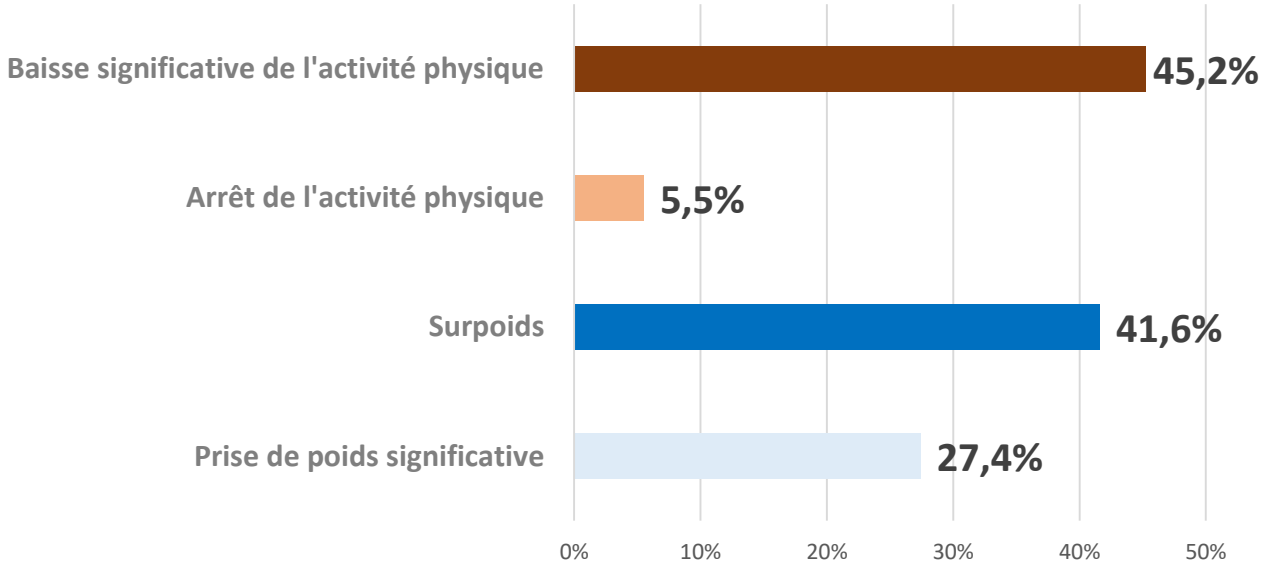
Colorectal cancer (CRC) has a high incidence worldwide, especially in high-income regions, which accounted for almost 55.0% of the world's CRC cases in 2012 (International Agency for Research on Cancer 2018a; Ferlay et al. 2015). In men, CRC has the third highest incidence of any cancer site, after prostate and lung cancer, and represents 10.9% of new cancer cases. In women, it has the second highest incidence of any cancer site, after breast cancer, and accounts for 9.5% of new cancer cases (International Agency for Research on Cancer 2018b). CRC is the second cause of death by cancer for both sexes and all ages (9.2% of cancer deaths in 2018) (International Agency for Research on Cancer 2018a).

The same tendencies have been observed in metropolitan France. In 2017, CRC represented 11.2% of new cancer cases for both women and men, and CRC was the second cause of death by cancer (around 12.0% of all deaths by cancer)

Electronic supplementary material The online version of this article (https://doi.org/10.1007/s10389-019-01179-w) contains supplementary material, which is available to authorized users.

Comportements de santé -2-

Activité physique et poids



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Evolution of physical activity and body weight changes in breast cancer survivors five years after diagnosis – VICAN 2 & 5 French national surveys

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Background: Regular physical activity (PA) and healthy body weight have proven benefits on survival in breast cancer (BC) survivors. We aimed to define predictors of long-term PA and weight gain in a representative sample of BC survivors.
Methods: Data were analysed from 723 women with BC who participated in both the 2012 and 2015 French National VICAN surveys.
Results: Five years after diagnosis, 26.0, 60.6, and 13.4 % of BC survivors reported regular, occasional and no PA, respectively. Moreover, 27.4 % had a weight gain ≥5 kg. In multinomial logistic regressions, regular and occasional PA were both associated with not having depressive disorders, with higher post-traumatic growth, and with a healthy and stable Body Mass Index. Occasional PA was associated with the use of non-conventional medicine, and regular PA with better mental quality of life and normal arm mobility. Weight gain ≥5 kg was associated with younger age, heavier body weight at diagnosis, and lymphedema 5 years after diagnosis.
Conclusions: Mental well-being is associated with successful long-term patient investment in PA. Psychological support and early management of disease sequelae are needed to help ensure BC survivors engage in and maintain healthy lifestyles.

1. Introduction

Breast cancer (BC) is the most common cancer in women worldwide, with over 58,000 estimated new cases in France in 2018 [1]. The mortality rate in France has been decreasing for several years thanks to improved cancer screening and therapeutic advances, and the current 5-year survival rate is 88 % [2]. In the growing population of BC survivors, cancer recurrence and poor quality of life (QoL) constitute major public health concerns. Recent meta-analyses showed that physical activity (PA) was generally safe and reduced mortality risk in BC survivors [3,4]. Regular PA has a broad range of benefits, including improvements in cancer-related fatigue, depression, muscle strength and QoL [5,6]. It could also be involved in the pathogenesis and progression of BC [7]. The benefits of PA on survival are even greater when combined with other healthy lifestyle habits [8]. Conversely, excess body weight (BW) at BC diagnosis may worsen prognosis, particularly in post-menopausal women [9]. More specifically, it is associated with a

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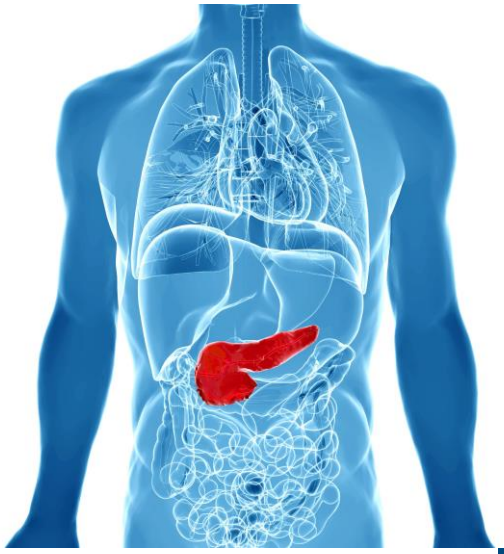
0960-9776/

Extension du dispositif VICAN

1. Territoriale : inclusion des DOM (en cours de réflexion)
2. Localisations

Augmentation de la survie au niveau mondial

Pancréas



Au Canada, la survie nette après 5 ans pour le cancer du pancréas est de 10 %

Foie

Au Canada, la survie nette après 5 ans pour le cancer du foie est de 22 %.

VICAN2 - PANCREAS

Volet SHS - PAIR (INCa) 2018

Enquête d'opinion(QAN - Mixed Mode Survey) → MMR (Mixed Method Research)

QAL to QAN

EXPLORATOIRE
ENTRETIENS INDIVIDUELS

COHORTE
DYADIQUE (Patient/Aidant)

COVID-19… Retard INSERM + Coercition administrative INCa = Désengagement de certains partenaires (APHM)

VICAN2 – Pancréas : Quali (juin 2022)

Choix méthodologiques		
Méthode		IPA – 3 temps /itérations (Seidmann) (Analyse phénoménologique interprétative)
Recueil	Investigation	Monosite (IPC)
	Echantillonnage	Non probabiliste (Maximum Variation Sample : age, sexe, localité de résidence)
	Taille	Grande taille >20 (Guest et al, 2020)
	Type d'entretiens	Individuels Synchrones avec médiation technique (téléphonique) Narratifs/*Oral history* (faiblement structuré car guide avec questions de relance) –
	Posture	Neutre / Naïve
Analyse	Type	Contenu / Thématique
	Corpus	Retranscription du discours n'incluant pas des marques d'énonciation
	Encodage	Deux cycles (empirique/ouvert et axial)
	Saturation	Inductive Thematic Saturation (Saunders et al, 2018)
	Triangulation	En cours (M2, thésard…)

IPA: *phénoménologique, hermeneutique et idiographique*

Prédominance sur **l'expérience** telle qu'elle se manifeste (phénomène) aussi bien dans sa forme et plus spécifiquement dont la manière dont elle est exprimée.

Flow d'expériences quotidiennes
Vie quotidienne
Connaissance ou savoir-faire acquis par la pratique.
Acquisition de connaissance dans la confrontation sensible à notre environnement.

SIGNIFICATION PARTICULIERE
Expérience Majeur

SENS

Dimension sociale et/ou psychosociale

REPRESENTATIONS ATTITUDES

MOTIVATION/ INTENTION

Pratiques sociales dont les comportements de santé

Echantillon-1-

Pathologie non tumorale
Décès connu (n=13)

Base CHIRPAN (IPC)
139 (opéré au cours des 2 dernières années – juin 2020)

100 Contactés
30 volontaires
26 sélectionnés

Eligibles n=126

139 (opérés au cours des 2 dernières années - juin 2020)

- Majorité de femmes (55,6%)
- Age moyen (67 ans)
- Duodénopancréatectomie céphalique (69,0%)
- Récidive (27,8%)
- Métastase (33,3%)
- DC (12,7%)

Statistiques

Age au moment de la chirurgie

N	Valide	126
	Manquant	0
Moyenne		67,1032
Médiane		70,0000
Ecart type		11,81851
Minimum		21,00
Maximum		89,00

Echantillon -2-

Sexe	Age	Round	Actif vs Inactif	Métier d'exécution vs Métier d'encadrement
F	73	1	**	Exécution
F	72	3	**	**
F	74	3	**	**
H	64	2	Actif	**
F	76	3	**	**
H	66	3	Actif	**
F	65	3	**	Exécution
H	72	3	**	**
F	68	3	**	**
H	66	3	**	Exécution
F	65	3	Actif	**
F	75	3	**	**
H	67	3	**	**
F	57	3	Actif	**
F	60	3	Actif	**
H	51	3	Actif	**
H	63	3	Actif	**
H	72	2	**	Exécution
F	69	3	**	**
F	68	3	**	**
H	68	1	**	**
H	72	3	**	**
F	44	2	Actif	**
H	72	3	**	**

Juin à Septembre 2022
Durée moyenne cumulée : 2h

Premiers résultats

INSTITUT PAOLI-CALMETTES
unicancer Marseille

INSTITUT NATIONAL DU CANCER

Restitution INTERNE …Le 22 novembre 2022

Merci de votre attention