

Integrative Oncology à La Française. Evolution and Distinctive Features

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Abstract

Integrative Oncology (IO) in France aligns with the definition proposed by the Society for Integrative Oncology, combining conventional cancer treatments with evidence-based complementary therapies within an interdisciplinary, patient-centered framework. Unlike alternative approaches, integrative therapies are used alongside standard oncological care. In France, a wide range of complementary therapies are implemented, with some—such as homeopathy and acupuncture—more widely integrated, reflecting historical use and favorable safety profiles.

Over the past decade, IO has developed through diverse organizational models, including hospital-based day care programs, dedicated consultations in cancer centers, and community-based structures. These models provide access to personalized and coordinated care pathways, with no out-of-pocket cost for patients, supported by the national health insurance system or alternative funding sources. In 2023, the French Society for Integrative Oncology was established to structure and promote this approach nationwide and to foster connections with the European branch of the Society for Integrative Oncology. Compared with international models, the French approach appears distinctive in combining hospital-based and community-based structures, thereby facilitating broader accessibility while maintaining coordination with conventional care. This hybrid organization contrasts with predominantly academic models in the United States and more systematically integrated hospital-based systems in countries such as Israel.

Available data and patient-reported outcomes suggest improvements in quality of life and treatment adherence. However, marked heterogeneity across programs and a predominantly observational evidence base highlight the need for controlled trials specifically designed to evaluate the particularities of integrative oncology.

Overall, integrative oncology in France represents a pragmatic and evolving model that may contribute to reshaping supportive cancer care by combining accessibility, coordination, and patient-centered approaches.

Keywords

acupuncture, complementary therapy, France, homeopathy, integrative oncology

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Introduction

The following is a faithful French translation of the integrative oncology framework developed by Claudia Witt et al. through a Delphi process in 2017¹ and adopted by the Society for Integrative Oncology.²

L'oncologie intégrative est une approche de soins oncologiques, centrée sur le patient, fondée sur des preuves, qui utilise des pratiques corps-esprit, des produits naturels et/ou des modifications du mode de vie, issues de diverses traditions, en complément des traitements conventionnels du cancer.

L'oncologie intégrative vise à optimiser la santé, la qualité de vie et les résultats cliniques tout au long du parcours de soins en cancérologie, à renforcer la capacité des personnes à prévenir le cancer et à les rendre actrices de leur prise en charge avant, pendant et après les traitements.

Integrative oncology (IO) adopts an interdisciplinary, patient-centered approach, combining evidence-based complementary therapies with conventional cancer treatments. Its primary aim is to improve quality of life by reducing treatment-related side effects and supporting physical, emotional, and psychological well-being. It emphasizes close collaboration between oncologists and complementary therapy practitioners. To qualify as integrative oncology, these therapies must complement conventional oncological treatments. When used instead of conventional treatments, these approaches are referred to as “alternative therapies” and have been associated with reduced survival outcomes.³ A therapy is not inherently “complementary” or “alternative”; the term reflects its use.⁴

Integrative oncology is supported by clinical studies suggesting that certain complementary therapies may improve symptom control, reduce stress, and enhance adherence to conventional treatments.² A meta-analysis reported improved survival in patients receiving supportive interventions aimed at enhancing quality of life.⁵ In addition, a pragmatic randomized controlled trial reported improvements in global health status and subjective well-being with adjunctive homeopathic treatment.⁶ Recent international guidelines from the Society for Integrative Oncology (SIO) and the American Society of Clinical Oncology (ASCO), based on several randomized studies, further strengthen the case for IO development, whether for pain management,⁷ anxiety and depression,⁸ fatigue,⁹ or more recently breast cancer support.¹⁰ These guidelines are solid, evidence-based, and foster lasting collaboration between oncologists and complementary therapies practitioners.

In France, while certain initiatives had already integrated IO into clinical practice, it was in March 2023 that this approach was officially formalized with the creation of the French Society for Integrative Oncology (SFOI), bringing together all active participants involved in this emerging field of medicine. Despite these advances, only a minority of French patients currently benefit from integrative care, highlighting the need to better address the unmet needs of patients and their caregivers.

This article aims to share our vision of integrative oncology *à la française*, describe its current landscape and highlight its distinctive features.

Historical Background

Although the Multinational Association of Supportive Care in Cancer was created in 1990,¹¹ it was not until 2003 that French Supportive cancer care was formally established, with a foundational text published by a national group of experts. They defined it as “all necessary care and support provided to patients throughout their illness, alongside specific oncological or hematological treatments when available”.¹²

That same year, the French Cancer Plan was introduced by President Jacques Chirac to improve cancer care in France. Since then, Supportive Cancer Care has been systematically included in health policy initiatives, alongside palliative care and pain management.

In 2008, the Francophone Association for Supportive Oncology Care (AFSOS) was created, with three strategic axes: care organization, symptom management and improvement of patients' quality of life. Recommendations are published and regularly updated by AFSOS.

Public health policies have since strengthened their commitments to enhancing the quality of life for cancer patients, as evidenced by several objectives of the ten-year cancer control strategy (2021-2025): improving prevention, minimizing sequelae, ensuring timely access to rehabilitation and post-treatment reconstruction and guaranteeing the quality and availability of supportive care. Although Supportive Cancer Care is well-organized and widely developed in France, its availability remains patchy.

Moreover, in 2022, a survey by the League Against Cancer¹³ found that 24% of participants with physical or psychological sequelae from cancer or its treatments had not been referred to supportive care, reflecting both the paramount importance of achieving a “cure” and the current time constraints in oncology consultations, which limit discussion beyond specific treatment. This report highlighted significant disparities in the care and follow-up of patients living with cancer sequelae: neglect or lack of referral, limited availability in certain regions, staff shortages, lack of coordination, and financial barriers. Clearly, something was missing.

Integrative Oncology: A Paradigm Shift

The continuous assessment of supportive cancer care needs throughout the course of illness, as well as the early integration of palliative care in the case of incurable diseases, are the focus of international recommendations currently being implemented in France.¹⁴ However, patients' expectations and needs have evolved significantly, often surpassing the scope of conventional medicine.

In this regard, Integrative Oncology represents much more than the addition of Complementary Therapies to cutting-edge conventional treatments. It embodies a true paradigm shift in the care of cancer patients. To fully understand this development, it is essential to consider the lived experience of individuals facing a cancer diagnosis.

In France, more than 3.8 million people are living with or have survived cancer¹⁵ and this number continues to rise, implying that an increasing number of patients must deal with the physical and psychological sequelae associated with the disease or its treatments. Although survival and cure rates have improved for many cancers, patients continue to face various issues affecting their physical, psychological, and existential integrity. The League Against Cancer report¹³ indicates that 84% of cancer survivors experience at least one physical or psychological consequence related to the disease, noting particularly vulnerable groups: women, people with low income, and those who have undergone complex treatment pathways.

The Vican5 report, a study of survivors five years after the end of their treatment, shows that patients are still facing symptoms such as fatigue, pain, sleep disturbances and sexual dysfunction.¹⁵ Many also experience anxiety (46% of patients), fear of recurrence, mood disorders (17% depression) and social difficulties, including isolation, financial and professional problems, familial and marital tensions. On an existential level, patients must confront uncertainty, an increased awareness of their own mortality, the fragility of life, feelings of powerlessness and even guilt.

The use of complementary therapy in France is widespread during cancer treatments. The most recent studies report a prevalence ranging from 50% to 85%.^{16,17} According to a 2021 study by Renet et al,¹⁸ 81.3% of patients inform and consult their oncology team. A French retrospective study from 2022¹⁹ showed no negative impact on survival related to the use of complementary therapy, in contrast to an American study on similar cancer types²⁰ where complementary therapies were used as an alternative to conventional treatment. In the French study, patients primarily used complementary therapies to alleviate symptoms related to cancer treatments and not as a substitute for conventional treatments.

Since Dilhuydy's 2004 article,²¹ where the author encourages French oncologists and hospital pharmacists to welcome, listen to and advise patients on the use of complementary therapy, things have much improved. It marked the beginning of an integrative approach maintaining a dialogue of trust between patients and professional caregivers. This approach also facilitates the detection and communication of potential interactions, notably with certain plants affecting targeted therapies via the CYP3A4 cytochrome, high-dose antioxidants during chemotherapy or radiotherapy and phytoestrogens for hormone-dependent breast cancers.

In a cross-sectional descriptive study on complementary therapy use, conducted with 535 patients undergoing chemotherapy across three cancer centers in Strasbourg in 2019, 47% of patients reported using it.¹⁶ The primary objective was to reduce the side effects of treatments. The general practitioner was informed in 82% of cases, and the oncologist in 74.7%. Over 97% of patients were generally satisfied with their use, particularly for reducing fatigue, pain, and anxiety. Younger women with a higher education level were significantly more likely to use complementary therapy in particular homeopathy which was used by 30.7% of all patients. It is thus the most commonly employed complementary therapy in Strasbourg (France)¹⁶ (Figure 1). Similar findings have been reported in the context of radiotherapy, where 28% of patients used homeopathy.²² In this setting, the primary motivations were supportive, with most patients seeking to reduce treatment-related side effects or improve well-being, while only 9% reported a curative intent.

A qualitative study published in 2022²³ explored the motivations of French patients for using complementary therapies in conjunction with specific cancer treatments. It concluded that *the patient finds in them a form of 'support', being seen and treated as a subject and not merely as an object of tumor treatment. This approach serves as a way of alleviating their anxieties over annihilation and death over time.* This study raises questions about the ethical dimensions of care. *While oncologists establish various technicalities and procedures, patients seem to find in complementary therapy a form of self-awareness.*²³ This does not imply that curative cancer treatment is always experienced in this manner, but it illustrates what patients who use complementary therapy gain from it.

Thus, as health democracy is experiencing unprecedented growth in France, listening to healthcare users and developing secure integrative health pathways, combining "cure" and "care," is more necessary than ever. Deploying an integrative oncology vision encourages healthcare professionals to adopt a more complex, holistic approach, to support patients in all their dimensions (physical, psychological, social, and existential). It calls for strengthening health promotion and improving quality of life while continuing to fight the disease. This humanist vision, centered on the individual and their environment, is

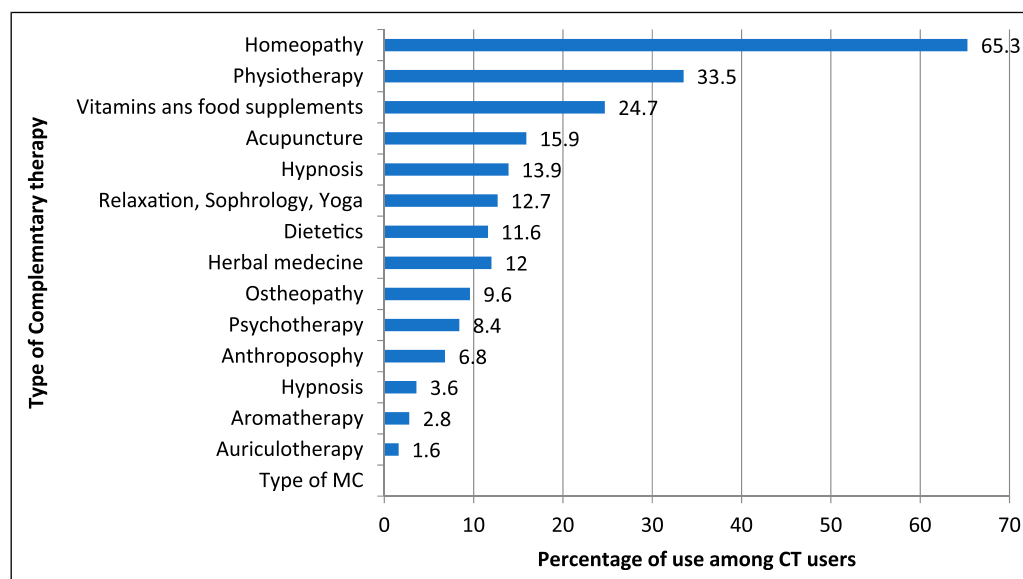


Figure 1. Distribution of complementary therapies among users (%) in Strasbourg, France, 2021.¹⁶

even more critical and urgent as some metastatic cancers become chronic diseases and ever longer treatments are associated with increased post-therapeutic sequelae.

Developing Integrative Oncology in France

Over the past decade, Integrative Oncology has expanded in France through various initiatives. This has been associated with the development of the following structures (Table 1).

From an academic perspective:

In 2017, the **University College of Integrative and Complementary Medicine (CUMIC)** was founded, bringing together university educators and health teaching coordinators from various disciplines. Its mission is to develop education and research in integrative medicine and complementary therapies.²⁴

In 2021, the **National Academy of Medicine** issued a statement advocating the inclusion of complementary therapies in medical and paramedical education.

In 2023, **Item 327** entitled *Principles of Integrative Medicine, Usefulness and Risks of Non-Pharmacological Interventions and Complementary Therapies*, written by CUMIC, was added to the medical residency exam curriculum. It teaches medical students the principles of integrative medicine, the mechanisms of action, utility, and risks of the primary complementary therapies used in France (acupuncture, manual medicine and medical osteopathy, hypnosis, mindfulness meditation and homeopathy).

In 2011, a **Postgraduate Inter-University Diploma in Psychocorporal Practices and Integrative Health** was offered by the Faculty of Medicine at the University of Paris-Saclay.

In 2021, a **Chair of Integrative Health** was established at the National Conservatory of Arts and Crafts, which includes a University Diploma in Integrative Health Pathway Coordination.

In 2023, the **Ministry of Health** created a working group to oversee non-conventional care practices.

From a learned societies perspective:

In 2011, the **Non-Pharmacological Intervention Society (NPIS)** worked on the concept of non-pharmacological interventions (NPI), a term endorsed by the High Health Authority (HAS). NPIS supports the development of research on NPIs for better integration into the healthcare system, with a holistic and integrative vision.²⁵

Since 2020, the **Agency of Complementary and Adapted Medicines (AMCA)** has been serving as a platform for reflection and action to promote complementary practices. It maintains a citizen network to share its initiatives and a professional network to support the training and professionalization of practitioners.

Table 1. Timeline of Integrative Oncology Development in France

Year	Category	Description
2011	Academic	Postgraduate Inter-University Diploma in Psychocorporal Practices and Integrative Health at Paris-Saclay.
2011	Learned Societies	Non-Pharmacological Intervention Society (NPIS) begins work on NPIs, term endorsed by HAS.
2011	Care structure	First ‘Centre Ressource’ opens in Aix-en-Provence.
2017	Academic	Opening of University College of Integrative and Complementary Medicine (CUMIC).
2017	Societal	La Niaque launches support programs for cancer patients.
2018	Care Structure	Rafaël Institute opens in Paris, offering integrative care for cancer patients.
2019	Care Structure	Integrative Oncology Day Hospital opens at Groupe Hospitalier Saint Vincent (Strasbourg)
2019	Care structure	Integrative Oncology Day Hospital “Pass’temps” opens at the Grand Narbonne Private Hospital
2019	Learned Societies	International Homeopathic Society for Supportive Care in Oncology (SHISSO) established.
2020	Learned Societies	Agency of Complementary and Adapted Medicines (AMCA) founded.
2020	Societal	Allié Santé begins supporting integrative and holistic health in France.
2021	Academic	National Academy of Medicine recommends including complementary therapies in medical education.
2021	Academic	Chair of Integrative Health established at the National Conservatory of Arts and Crafts.
2021	Care Structure	Integrative Oncology Day Hospital opens at Bonneveine Clinic in Marseille
2021	Care Structure	Léon Bérard Center in Lyon launches integrative oncology consultations.
2021	Learned Societies	Health United officially established. “Think tank” on integrative health.
2022	Care structure	Integrative Oncology Day Hospital La Parenthèse, opens at Joseph Ducuing Hospital in Toulouse
2023	Academic	Item 327 added to medical residency curriculum, authored by CUMIC.
2023	Academic	Ministry of Health creates a working group on non-conventional care practices.
2023	Learned Societies	French Society of Integrative Oncology (SFOI) founded.
2026	Care structure	Integrative Oncology Day Hospital opens at Saint-Feyre Clinic (Creuse region)
2026	Care structure	Opening of the 10th Centre Ressource

In 2019, the **International Homeopathic Society for Supportive Care in Oncology (SHISSO)** was created. It aims to facilitate and develop the practice, education, research and promotion of homeopathic treatment in cancer supportive care. It includes around 100 physicians and pharmacists specializing in integrative supportive care and regularly publishes recommendations.²⁶

Officially established in 2021, **Health United** is described as a “think tank” dedicated to the development of integrative medicine and health. Under the leadership of Isabelle Célestin-Lhopiteau, it brings together healthcare professionals, patients, researchers, and hospital administrators specializing in integrative care. This organization is supported by a scientific committee.

Finally, in 2023, the **French Society of Integrative Oncology (SFOI)**, founded by oncologists and experts in integrative cancer care, aims to promote this approach in France and connect with the European branch of the Society for Integrative Oncology.

From a societal standpoint, two examples:

Since 2017 **La Niaque**, (a French slang word, meaning having a lot of “get up and go”), has offered a support program for individuals undergoing cancer treatment, facilitating their reintegration into professional and societal life. Several hundred people have benefited from personalized, cost-free support, offered in various formats and length of time, aimed at easing their reintegration into their place of work or promoting professional retraining.²⁷

Since 2020, **Allié Santé** (literally: we are your health allies), encourages individuals to become proactive and responsible for their own health. It supports the creation and development of networks and infrastructures dedicated to integrative and holistic health in France.²⁸ A feature-length awareness film, “*Come and see, is the medicine of tomorrow emerging?*”, has recently been shown in cinemas.

Integrative Oncology Care Centers in France

Access to complementary therapies in private practice raises concerns regarding practitioner qualifications, coordination with oncology teams, safety, and costs. In response, integrative oncology centers have developed across France in both hospital and community settings, aiming to provide coordinated, safe, and accessible care. These models can be broadly divided into hospital-based and community-based structures, each with distinct strengths and limitations (Table 2).

Integrative Oncology at Saint Vincent Hospital Group, Strasbourg

The Toussaint Hospital, part of the Groupe Hospitalier Saint Vincent in Strasbourg, was one of the first day hospitals for outpatient integrative care, opening in 2019.²⁹ It welcomes cancer patients with WHO grade 2 or 3 symptoms. A personalized care plan is developed and implemented. At the end of each day, a hospitalization report is sent to the general practitioner and to the oncologist. The care provided includes 4 to 8 treatments per day, depending on individual needs, with a rating system based on the patient's primary condition (e.g., fatigue, pain, palliative care). The healthcare professionals are qualified in both conventional functions (physicians, nurses, dietitians, psychologists) and complementary specialties (with university degrees in acupuncture, homeopathy, aromatherapy, micronutrition, art therapy, hypnosis, mindfulness meditation, osteopathy, and dietetics).²⁹

In Marseille, since 2021, the Integrative Oncology Supportive Care Day Hospital at the Bonneveine Clinic is coordinated by oncologists and organized into two themes. One theme supports patients undergoing curative or metastatic treatments, following a model similar to Strasbourg's Toussaint Hospital. The second theme focuses on supporting cancer survivors or patients with chronic intermittent conditions through "survivorship care." This interdisciplinary care pathway aims to address the multidimensional consequences of the disease and its treatments, and to promote the patient's return to their life projects. These models require full collaboration between cutting-edge medicine and non-pharmacological interventions, supported by oncology nurses trained in integrative health. Thus, IO is integrated across the entire continuum of care, from cancer diagnosis to full recovery.

Other centers following a similar integrative day-hospital model include "La Parenthèse" at Joseph Ducuing Hospital in Toulouse (literally "a pause" or "a restorative break" in the care pathway) and "Pass'temps" at the Grand Narbonne Private Hospital (a French wordplay suggesting both "passing time" and "time dedicated to oneself"), offering comparable care structures, patient populations, and the same funding (national health insurance). This organizational model continues to expand throughout the country, with the opening of a new Integrative Oncology Day Hospital at Saint-Feyre Clinic, in the Creuse region, in May 2026.

Table 2. Integrative Oncology Care Models in France (Simplified Overview)

Model	Key features	Main limitations
Day Hospital – Strasbourg (Saint Vincent)	Hospital-based multidisciplinary care; 4–8 treatments/day; personalized care plan; no out-of-pocket costs; sustainable funding (national health insurance).	Limited capacity; need for dual-trained staff; hospital setting may be distressing
Day Hospital – Marseille (Bonneveine)	Same model as Strasbourg, with separate pathways for patients undergoing active treatment and cancer survivors.	need for dual-trained staff
Day Hospital Narbonne, Toulouse and Saint Feyre	Same model as Strasbourg, but with half-day sessions enabling greater patient capacity. At Narbonne, a dedicated facility was built adjacent to the hospital.	need for dual-trained staff
Consultation – Lyon (Léon Bérard Center)	Specialized consultation; focus on complex symptoms; embedded in supportive care; no out-of-pocket costs	Limited slots; advisory role only (no treatments); requires referral pathways
Rafaël Institute – Paris	Large-scale center; wide range of therapies (>40); structured care pathways; strong patient involvement; no-cost care	Dependence on external funding; partially volunteer-based staff; sustainability concerns
Centres Ressource (nationwide)	Open access (all patients, all stages); no institutional constraints; individual and group programs; strong community support, no cost care	Dependence on external funding; volunteer-based care; heterogeneous qualifications

Some cancer centers have also incorporated complementary therapies into their supportive care departments, offering integrative oncology consultations. At the Léon Bérard Center in Lyon, a dedicated consultation was opened in September 2021 within the Interdisciplinary Supportive Care Department in Oncology (DISSPO). This initiative follows the gradual expansion of complementary therapy services for patients. The consultation, led by an onco-pulmonologist who works in both DISSPO and the Medical Oncology Department, takes place at a time which is earmarked for this activity. Patients, referred by their oncologists or coordinating nurses, present with complex symptoms and seek advice on complementary therapy.³⁰

Advantages

In all these facilities, care is provided by healthcare professionals specialized in oncology and complementary therapies, within a hospital setting. This environment offers a high level of safety for both patients and practitioners. Integrative treatments are delivered during day hospitalization, with no out-of-pocket costs for patients, as they are covered by the national health system. This funding model ensures both accessibility and financial sustainability. These models of integrative care could be implemented across France, in hospital facilities with day hospitalization units in oncology or palliative care.

Limitations

The number of available beds and treatment slots may be limited. The implementation of such programs requires the identification of physicians and healthcare professionals who are both trained and certified in conventional supportive oncology care and complementary therapies. Additionally, the hospital environment may evoke distressing memories of illness and previous treatments for some patients.

At the same time, integrative care structures, intentionally located outside hospital settings, have emerged.³¹ The Raphaël Institute is currently the largest facility in France, both in terms of size and the number of patients treated. Established in 2018 and located in Paris, it offers integrative care to patients during and after their cancer treatments. In 2025, 4,800 patients and 78,000 treatments have been provided since its inception. The 40 complementary therapy disciplines are organized around five support areas (nutrition, physical activity, emotional well-being, wellness, and return to work) and nine targeted care pathways overseen by 80 caregivers and 12 physicians. Each patient co-develops a personalized care plan tailored to their needs and capacities in collaboration with specialized coordinators.

Ten “Centres Ressource” exist in France, following a model similar to the pioneering center of the same name in Aix-en-Provence, which has been open since October 2011.³¹ These centers are open to all patients, including children, regardless of cancer type, before, during, and after treatment, without any financial restrictions or the need to be affiliated with a specific cancer center. Two complementary care approaches to conventional therapies are offered: *Well-Being Care*, organized individually or in groups, and a *Personalized Therapeutic Support Program (PPACT Resource®)*.³²

Advantages

These two centers are able to see a significantly higher number of patients and offer a greater number of treatment sessions. There is also a wider range of healthcare providers and therapeutic workshops available. As the care is entirely free of charge, access is not limited by financial means but solely by the number of available slots. A strong sense of community and belonging is often fostered among participants.

Limitations

Care providers are often volunteers or receive minimal compensation and not all of them hold formal qualifications. The free-of-charge model presents a financial challenge for the management of these extra-hospital centers, which must rely on external funding sources such as donations or sponsorships to ensure sustainability.

Favorable therapeutic outcomes, together with positive patient feedback, encourage further development. Public health policies supporting sustainable funding for IO would promote territorial and socio-economic equity in accessing this type of care.

Discussion

Summary of Main Findings

This article highlights the specific features, implementation, and outcomes of an integrative oncology approach in France. Some complementary therapies, such as homeopathy, are more widely developed than in the United States. Integrative cancer care is feasible within conventional hospital settings, including as part of day-hospital programs. This model is associated with improved quality of life among patients and fosters interdisciplinary collaboration among healthcare professionals. Another model of care in a non-hospital environment also exists, enabling broader access—often free of charge—to a larger number of patients, with volunteers under the supervision of physicians and care providers trained in integrative oncology.

Comparison With the Existing Literature

A systematic review by Seely et al.³³ showed that integrative oncology programs share a common patient-centered philosophy but display substantial heterogeneity in their organization and delivery. Most programs are hospital-based or affiliated with cancer centers and rely on multidisciplinary teams combining conventional and complementary approaches, with the primary aim of improving symptom control and quality of life. However, their structure, funding, and level of integration vary considerably, and the level of evidence remains heterogeneous, with a predominance of observational data and a need for further controlled trials.

International comparisons further highlight these differences. According to Toledano et al.,³⁴ integrative oncology in the United States is mainly structured within academic centers and guided by evidence-based recommendations, whereas in Israel it is more systematically integrated into hospital care with strong interdisciplinary coordination. In contrast, European models remain heterogeneous and often only partially integrated, with a potential risk of variability in practices.

Within this context, the French model appears distinctive by combining hospital-based programs with community and associative structures, frequently offering care free of charge. It is also characterized by a greater integration of certain complementary therapies, particularly homeopathy, although its use remains controversial in some countries and requires further high-quality trials. This hybrid organization may facilitate broader access to integrative oncology care while maintaining coordination with conventional treatments. However, further high-quality comparative studies are needed to better assess the clinical and economic impact of these different models.

Study Limitations

The lack of standardized evaluation methods and outcome measures limits the ability to compare programs and assess their overall effectiveness. In addition, we currently lack sufficient data to list all centers practicing integrative oncology in France. It would be useful to compile a directory of all French oncology centers offering care that meets the criteria of IO. This could be done through a questionnaire sent to physicians involved in supportive cancer care, modeled after a study carried out by our Israeli counterparts.³⁵ The French expansion is consistent with a similar European context.³⁴

Practical and Theoretical Implications

On a practical level, the findings support the relevance of hospital systems that integrate complementary therapies—provided they are implemented with rigorous coordination and professional supervision. Theoretically, this work contributes to an evolving framework for understanding the synergy between conventional and complementary medical paradigms in cancer care.

Future Directions

Future research should further explore the effectiveness of integrative oncology, particularly through qualitative studies that reflect patient and provider perspectives as illustrated by previous qualitative studies on homeopathic consultations³⁶ and therapeutic meals³⁷ within an integrative oncology day hospital setting. Further research should also evaluate the economic impact of IO interventions, as well as their potential influence on adherence to standard cancer treatments. Training healthcare professionals in integrative principles represents a key strategy for sustaining and expanding this model in France.

Conclusion

French integrative oncology is consistent with international approaches. Its distinct features stem from the French Health Insurance System, which allows access to integrative care both in hospital settings and private practice with no out-of-pocket costs for patients. These features also reflect the prevalent care culture, which tends to favor certain complementary therapies such as homeopathy and acupuncture, while mind–body techniques such as mindfulness and hypnosis are gaining increasing acceptance and becoming more widely implemented.

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Bénédicte Mastroianni: Methodology, Investigation, Data curation, Formal analysis, Writing – Review & Editing.

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