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1 Breast cancer is the most common form of cancer among women in France. Numerous studies have shown that the risks of developing and dying from this type of cancer, of participating in screening and of accessing quality care partly depend on social factors and women’s place of residence. This study aims at contributing to this field of research by analysing how inequalities in access to care develop during the breast cancer care pathway in the region of Paris (named Ile-de-France).

2 To this aim, we used an approach combining both quantitative and qualitative methods. On the one hand, we used anonymised data from the French Health Insurance to model the care pathways of women with breast cancer, as well as various socio-demographic data to describe the municipalities of residence of the women included in the analysis. On the other hand, we conducted qualitative interviews with cancer professionals and women with breast cancer. In this article, we have focused on the example of two districts in the Ile-de-France region that are particularly exemplary of the dynamics at work in this region: the district of Val d’Oise and the district of Essonne.

3 The results of this study reveal, first of all, that the geographical distance from the healthcare centre is a minor determinant of the use of care for women with breast cancer in the Ile-de-France region. Breast cancer surgery does indeed lead to
significant flows throughout the region, which are not directed towards local services, but rather more informal healthcare networks: for all the people included in our sample (i.e. 21,128 women in Ile-de-France, including 1,855 living in the district of Val d'Oise and 2,417 living in the district in Essonne), only 14.5% of the surgeries took place in the establishment theoretically closest to the women’s place of residence. However, sub-regional disparities exist in the use of local surgery and these are particularly significant between districts of Essonne and Val d'Oise (see map below).

Depending on where women seek healthcare - in local hospitals or in large cancer treatment centres – disparities exist in access to surgical innovation, payment of extra fees and delays in access to adjuvant treatment. Our results also showed the existence of geographical inequalities in access to supportive care and quality of life during the treatment, when women live far away from the healthcare centre and are managed there for the whole of their healthcare pathway.

The causes of these spatially contrasting healthcare pathways between the districts of Val d’Oise and Essonne do not seem to be related to the individual and medical characteristics of women with breast cancer, nor to the socio-spatial characteristics of their place of residence, as we have taken them into account in the research. Above all, it appears that the formal and informal networks of professionals established in these areas and, in particular, their ability to coordinate in a context of strong competition, fundamentally influence the orientation of women in the care system. However, depending on whether they are treated in a large cancer treatment centre or in a local hospital, the healthcare that they receive is different. Indeed, women treated for breast cancer in the district of Val d’Oise are more likely to be cared for close to home, and probably better oriented towards the supportive care they may need. However, delays in accessing adjuvant treatment appear to be particularly long for some of them and payment of extra fees appears to be more widespread. In comparison, in the district of Essonne, women are more systematically treated in hospitals located far away from their homes and may therefore find it more difficult to access supportive care. Yet, they are more likely to be oriented towards outpatient surgery and hospitalization at home when their situation allows it, which can have certain advantages.
In the two studied districts, different levers need to be activated by healthcare providers and public authorities to improve access to care for women with cancer, depending on the local obstacles identified.

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