

## TRANSFORMING BREAST CANCER TOGETHER

### AN INTERVIEW WITH MEP LIEVE WIERINCK

#### 1. What do you want to achieve with the initiative 'Transforming Breast Cancer Together'?

Breast cancer is still the leading cause of cancer death in women. European women's probability of developing breast cancer over a lifetime is approximately 1 in 8. These figures do not lie, and I believe it is important to take action.

Breast cancer, like any cancer, has an effect on the personal, social and working relationships of men and women. With the initiative 'Transforming Breast Cancer Together', we want to increase the understanding of the daily realities of living with breast cancer in Europe and ensure that policymaking reflects both the individual and the societal burden of the disease.

Since I joined the European Parliament, one of my main objectives was, and always will be, to work together with societies in order to improve the outcomes for people with cancer. I am therefore actively involved in creating more awareness and ensuring that this remains on the agenda. We must work together to tackle the disease and its burden. For instance, we should underline the important need for early screening and call for an increase of opportunities for patients to keep working, looking after their families and contributing to society before, during and after treatment. I also think that it is crucial to address disparities and harmonize the standard of care for all Europeans.

#### 2. What has been your personal experience of cancer?

I was diagnosed with colorectal cancer (T3) in July 2011, and was lucky enough to be completely cured. This does not only give me a great sense of involvement, but I also have first-hand experience with cancer. Although I did not have breast cancer myself, the experience of any type of cancer is traumatic, which has devastating repercussions on all the aspects of someone's life: from social activities, to professional career and personal relationships. Overall, the quality of life is strongly impacted.

A bit more about my own personal experience. From August to September 2011, I received 6 weeks of radiation and chemotherapy (24/24h). Afterwards I had a colectomy, which was a surgical procedure that removed a part of my colon. It is an operation to divert one end of the colon (part of the bowel) through an opening in the tummy (a stoma). From December 2011 throughout May 2012, I received chemotherapy 12 times. This meant going into chemotherapy every 14 days. In June, I had an operation to remove the stoma. And let's be honest, I was relieved to have it gone. No one feels sexy with a stoma, or any deformities due to their treatment for that matter.

It was a very heavy and tough period for me to endure. During this time I was working in the Belgian Federal Parliament, and I was happy to go to work. It gave me positive distraction, as I was among people and I could focus on something else. For me, working and living with cancer made my life richer. I believe that we often do not realize how important it is to allow patients to continue to live a normal life, to the extent possible

### **3. How did you manage your working life during and after your treatment?**

At the beginning of my treatments, before the operation, I was still working as a pharmacist and I had my own pharmacy. It was very tough to combine both work and a household. I was often very tired due to the effects of the radiation and chemotherapies, and I had to quit my job. By that time I had owned and managed a pharmacy for nearly 30 years.

After my operation I began working again and started my job in the Belgian Federal Parliament. I was a member of the Committee for Public Health, Environment and Social Renewal, and of the Advisory Committee on Societal Emancipation. I was still receiving chemotherapy at this time, and was still very tired. Luckily, I received some help from my daughter, who would help out with the day-to-day household chores. I was happy to receive some help from my lovely family.

### **4. What did you learn from this experience and your experience of cancer? Do you have any top tips you could pass on?**

What I would like to pass on to anyone with cancer, would be to always try to continue to work. Being able to go to work was one of the key aspects in my journey and struggle with cancer. It was very important for me to keep my head busy and in the game. It provided for a helpful distraction from all the worries of dealing with my disease. Talking to people, being out of the house was refreshing and kept me busy. I would encourage everyone to work wherever possible; mentally and physically it stimulated me to see the brighter side of life.

### **5. What would you most like to see change in the way that people with cancer in Europe are supported in the workplace?**

Breast cancer has a negative impact on a women's professional career, leading to long periods of absence from work. Treatments and therapies heavily affect the physical well-being of men and women. The presence of pain and fatigue can differ depending on the day or the week.

Many cancer patients decide that they want to continue working as long as they can, either because they need the financial security or because they find that their work can be a helpful distraction from their illness. Whichever choice a person makes, they should be able to expect help and support from their employer.

I believe that every employer should give patients the opportunity to work when they feel fit enough - whether physically or mentally. When a person wishes to go to work, they should feel free to say to their boss and co-workers that one week they feel fit enough to work 3 days, the next 1 day, maybe a full week, or even skip a week of work.

### **6. What do you think are the greatest barriers to change and how can we overcome them?**

I believe the greatest barrier to change comes from within. It is a mental struggle everyone has in order to deal with cancer in their everyday life. For instance, I always think that: "once you have cancer, you always have cancer." What I mean by this, is that you are always haunted by the fact that the tumour can return, in a different form, or different part of the body. Every doctor's consultation you have, every little pain you feel, you get reminded by your

past and get a little anxiety. Although, it is already 7 years ago since I received the bad news, I still sometimes have a knot in my stomach when I go to the hospital for a check-up. One needs to learn to cope with their new life, and try to overcome their fear. I believe that it is the greatest barrier we all have inside, and that we need to overcome ourselves.

**7. Despite significant progress in breast cancer treatment and prevention in Europe, huge disparities in care delivery from one Member State to the other persist. What role should the European Union play in tackling these disparities?**

Perception by patients, public and healthcare professionals highlights the need for further awareness on the value and cost effectiveness of breast cancer treatment and prevention. Solutions can be considered in various areas, including fostering investment to ensure accessible and quality treatment; strengthening partnerships between private, public stakeholders; or ensuring education and awareness. More importantly, continuous dialogue between all stakeholders will ensure good understanding and identification of the existing gaps, and a proper response to these in a multi modal way.

Issues such as improving patient safety, clinical trials and medical devices have been decided upon at EU level. However, the majority of measures to increasing efficiency of healthcare systems is to be found on Member State level. I am a strong believer of our European cooperation on health matters. I am a supporter of every initiative to strengthen co-operation between Member States. With a strong political will and commitment, policy-makers can play a key role, and facilitate a positive impact on the patient's lives.

It is crucial to continue and advance in a constructive dialogue and cooperation in innovation. There is still much to be done at both national and European level to ensure that our healthcare systems can deliver these outcomes. To achieve this goal we need to be more efficient, we need to exchange best practices, and we need to benchmark them across Europe.

## LIEVE WIERINCK MEP



In May 2016, Lieve replaced Mr. Philippe De Backer as a Member of the European Parliament, where she is a full member of the Industry, Technology, Research and Energy Committee (ITRE) and a substitute Member of the Committee on Economic and Monetary affairs (ECON). Lieve also works on topics surrounding healthcare, as she strives for a progressive and affordable healthcare in Europe.

### Biography

Lieve Wierinck is a Flemish politician for the liberal Open VLD party. Mrs. Wierinck holds a pharmaceutical degree from the VUB (Vrije Universiteit Brussel). In addition, she obtained a Post-graduate degree of Pharmaceutical management in 2006 at the University of Hasselt. In line with her academic background, she owned and managed a pharmacy for nearly 30 years.

Before joining the European Parliament, Lieve was leader of the party fraction in Zaventem, followed by her twelve-year presidency of the OCMW (Public Centre for Social Welfare), where she managed a staff of 150 people. She combined this with her obligations as a fulltime member of the City Council of Zaventem. From December 2011 until June 2014, she was a member of the Belgian Federal Parliament, where she was a member of the Committee for Public Health, Environment and Social Renewal, and of the Advisory Committee on Societal Emancipation.