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ABC Global Alliance EU Parliament meeting on 7 November 2018

Case study – Lisa Mann

“The Lisa who has come into my office today, will not be the same Lisa who leaves today.” These were the words of the breast cancer consultant to Lisa Mann when he told her she had been diagnosed with breast cancer. “He was right; cancer changes your life and I had no idea to what extent.”

Lisa was just 27 when she was diagnosed with stage III, HER2 positive breast cancer in 2007. There was no history of breast cancer in her family and she did not have mutations in the BRCA 1 / 2 genes, which can increase the risk of developing the disease.

“I didn’t notice any lump in particular, but my left breast just didn’t feel right, it felt lumpy. My GP thought it was probably just my hormones, but I asked a consultant, who was treating me for hyperprolactinaemia*, in case it was a side effect of the medication. He referred me to a breast consultant who wasn’t too worried either, but sent me for a biopsy. This was on a Friday. On Monday I was told I had breast cancer. It was a bit of a shock. I hadn’t been worried about it up to then as they had all been so blasé because of my age. It was all a bit of a whirlwind after that. I started chemotherapy on the Friday of the same week.”

Lisa, 38, lives in London, where she has a busy career as a senior strategy consultant for a large, international marketing agency. When she was first diagnosed with breast cancer she was working in marketing for an airline.

“I was determined to keep working,” she said. “I tried to work all the way through my treatments. I pretty much managed to do that through the chemotherapy and surgery, but radiotherapy was every day for five days a week for five weeks, so that was a bit more difficult and I had to dip in and out of work then.

“It was good to keep working. I love my job and I don’t want to be sitting at home thinking about my cancer. I’ve worked hard to get where I am and I had career ambitions. Work isn’t everything, but it’s really important and it’s part of who I am. I enjoy the social side of work too.”

Lisa had five months of chemotherapy, during which it was discovered that the cancer had spread to her sternum. In April 2008 she had a nipple-sparing mastectomy and breast reconstruction, and this was followed by a form of targeted radiotherapy called tomotherapy. She was also prescribed trastuzumab (Herceptin), tamoxifen and zoledronic acid. Her treatment was a success and a biopsy showed the cancer had been cleared from her sternum.

Since then Lisa has had a rollercoaster ride with the breast cancer returning in 2012, for which she had two rounds of chemotherapy and then, after changing consultants, was prescribed what was, at that time, a relatively new drug, T-DM1, that had been shown to be effective for patients whose cancer had progressed after treatment with trastuzumab. Lisa has had annual PET scans ever since her cancer diagnosis, and in 2015 a scan detected a small tumour in her brain. This was treated successfully with Cyberknife®, a robotic radiation delivery system that delivers radiotherapy with pinpoint accuracy to kill the tumour.

However, Lisa started to have seizures and at the beginning of 2017, a scan showed the brain tumour had returned. She was due to have surgery in July to remove the tumour, but the day before her surgery she suffered a seizure caused by the tumour rubbing on the membrane around her brain, which led to a bleed in her brain. She was rushed to hospital and had emergency surgery but was left paralysed down her left side.

“Up to then I had managed to keep working, and I had been told this latest surgery would just be five days in hospital and a couple of weeks to recover. Actually, I was in hospital for two months, and I was really ill for the rest of the year as I kept getting sepsis and was in and out of hospital. The movement in my arm came back fairly quickly with intensive physiotherapy and determination in hospital, but my left leg has taken longer.”

Lisa had to move back into her parents' house so they could look after her while she recovered. She returned to her own home in January 2018, but required carers to come in daily to help her; she has regular physiotherapy to rebuild her muscles and improve her walking.

Neither her employers nor her bank have made life particularly easy for Lisa. Her employers have been sympathetic but had little idea how to support her and gave her little guidance. Her bank, where she has had an account since she was 15 and with whom she has her mortgage, “were not interested in helping me one bit”. Lisa has been on half-pay for more than a year now and is struggling financially, but the bank is currently refusing to agree to a mortgage holiday.

“This has been so stressful for me and for my family,” said Lisa. “I wanted to work, but it was also a necessity so that I could pay my mortgage and live. I’m struggling financially: my outgoings are more than my income. I’ve had to borrow money from my parents. After my brain surgery I sold my car because I couldn’t drive, but because of my mobility problems I can’t use public transport, so I have to use Ubers whenever I go out to medical appointments, physiotherapy, the gym and so on. I am a really strong person, but it’s very stressful to deal with all this. To be worrying about money is an added stress on top of living with breast cancer and when I’m learning to walk again.

“In terms of managing my work, I knew I needed help, but didn’t know where to get it. Eventually I was put in contact with Barbara Wilson through a charity called Shine Cancer

Support. Barbara knew what I was entitled to, so that I could advise my HR department about how they could help me.”

With Barbara’s help, Lisa realised that she didn’t need to rush straight back into work full time, and could have a phased return and flexible working practices that included working from home. “Barbara helped me manage what I did with work so that I didn’t kill myself working,” concluded Lisa.

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Notes to editors:

** Hyperprolactinaemia is a condition in which there are abnormally high levels of a peptide hormone called prolactin in the blood.*

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