

Radioactive products, toxic treatments: when those who treat cancer themselves get sick

BY NOLWENN WEILER FEBRUARY 2, 2021



To add insult to injury: cancer care providers themselves develop the disease because of the lack of precautions around cancer treatments for years. An exclusive investigation by Basta! with the magazine Santé & Travail.

Marie-Pierre, a former nurse in a cancer center, will never know the outcome of the last fight of her life. She passed away on November 16, 2020, struck down by cancer (the second) which had plagued her for several years and which she would have liked to see recognized as an occupational disease. "As you can see me here, I am a real chemical factory," she told us calmly a few weeks before her death. I have been exposed to radioactive materials and handled chemotherapy drugs without any protection. " The nurse started working at the Eugène-Marquis cancer center in Rennes in 1970. "I was 21 years old. We didn't know, then, that it was dangerous. "

No masks, no gloves, no gown: the protections were non-existent

In recent years, Marie-Pierre has surveyed her former colleagues, all of whom are retired. She discovered more than twenty patients with different cancers (breast, ovaries, brain, digestive system) [1]. "I told myself that it was not possible, that we could not continue to be silent," Marie-Pierre testified in the fall.

Between 2016 and 2019, four of the former sick caregivers of the Eugène-Marquis cancer center in Rennes submitted applications for recognition as an occupational disease. They are supported by the Western Pesticide Victims Support Collective, which is familiar with the administrative intricacies of such cases. So far, none of the requests have been successful. "We have the impression that no one is listening to us, even though we are still entitled to ask questions," breathes Marie-Noëlle, who is not sick but "in solidarity" [2]. We have too many colleagues affected. It is not possible. And when I

see the precautions they are taking now, and the way the employees are harnessed to prepare the chemo, I tell myself we were all naked. "

Currently in good shape, Marie-Noëlle confides that she feels very worried. She's not the only one. "You always wonder if you don't have a little tumor growing there. I now understand the so much talked about prejudice of anxiety for asbestos victims", she notes. In a confident voice, but very moved, this former nurse, details her daily work: "To prepare chemo, you have to inject physiological liquid into the vial that contains the drug powder. We did this with a syringe. Then we injected this mixture directly into the patients intravenously, or we poured it into a bag and plugged in an infusion." We are in the 1970s, everything is made of glass: the syringes, the ampoules of physiological liquid, the medicine containers. "It often happened that the syringes leaked, or broke, also remembered Marie-Pierre. And by opening the ampoules of physiological fluid, we had lots of small cuts on our fingers."

Sometimes, during preparation, the products spilled on the bench tops, and the nurses carelessly wiped the cloth to be able to continue working. Dressed in short sleeves, they had very exposed hands and forearms. Their airways were not protected either, as the preparation areas were not yet equipped with hoods. These did not arrive until 1992 at the Eugène-Marquis center (CEM). "In the 1970s and 1980s, we didn't have gloves, masks or gowns. We had nothing at all," she summed up.

Caregivers are so exposed that they lose their hair

Washing patients is another risky moment, as the drug molecules are found in sweat, urine and stool. "In oncology, some patients are bedridden," specifies Sidonie, nursing assistant from 1970 to 2009 at the Rennes center, now suffering from ovarian cancer which broke out in 2007. These are the nursing assistants and nurses. nurses who wash them, change them, evacuate their stool, urine and vomit." Again, without special precautions. The wearing of gloves, masks, gowns and glasses will be introduced little by little over the years but will take a long time to be systematized.

In December 1988, an occupational physician observed that the directives concerning the handling of anticancer drugs were not observed in all the services of the center: "Glasses are not worn, [nurses] do not wear gowns". For years, Marie-Pierre and her colleagues were so exposed that some of them lost their hair, a well-known side effect of chemotherapy treatments [3].

"In the 1970s chemotherapy was in its infancy. We didn't really know what it was", Marie-Pierre told us. "Our lack of awareness of the risks was total," adds Janine, a CEM nurse from 1972 to 1979, who suffered from breast cancer. Both women also suffered from hepatitis B, another disease that can be caused by cancer drugs. "We didn't talk much about it," remembers Danièle, who worked in the chemotherapy departments at the Rennes center from 1982 to 1990. At that time, however, we already had information on the dangers of cancer drugs.

"Cancers can take decades to emerge"

"Numerous publications were produced in the years 1970–1980, raising questions about the risks incurred by professionals exposed to these drugs", report French doctors, researchers and toxicologists in an article published in 2017 [4]. Various studies conducted with oncology nurses in the 1990s and 2000s show increased risks of developing cancers, particularly of the breast and rectum [5]. As early as 1985, the reprotoxic nature (toxicity that may alter fertility or the development of the unborn child) of anticancer drugs was demonstrated. It will be confirmed by several other studies later [6].

“Hospital staff who handle cytotoxic substances [toxic to cells] are three times more likely to develop a malignant disease and nurses exposed to cytotoxic substances are twice as likely to have a miscarriage”, sums up a note. recent from the European Trade Union Institute (Etui). "There is really a lot of evidence that shows how dangerous these products are," stresses Tony Musu, Doctor of Chemistry, Etui researcher and co-editor of this note. We have 30 years of literature on the subject. The problem is that cancers can take decades to emerge. This very long latency period makes these diseases invisible.”

"When I brought up the subject of occupational cancers, no one had anything to say"

Invisible is the word. Despite ample evidence of the dangerousness of cancer drugs, compounded by the neglect that has long prevailed among caregivers, there is no census of people with cancer in this population. Neither the Unicancer federation, of which the twenty French anti-cancer centers are part, nor any of these establishments has carried out research on the subject. Union representatives also do not seem to know if cancer workers are sicker than elsewhere; although some of them admit that, yes, they have several colleagues with cancer. "I remember colleagues suffering from breast and ovarian cancer," reports Raymond Leroy, a nurse for 40 years at the Oscar-Lambret center in Lille. Several have died. None of them have ever made a connection to their profession."

“When I brought the subject of occupational cancers to the intersyndicale of the centers for the fight against cancer, in December 2019, no one had anything to say, remembers Sylvie Heuveline, nursing assistant and Sud Santé union representative. social at the Eugène-Marquis center. And since then, no one has contacted me to talk about it. " So where have the hundreds of caregivers gone for years, every day, to dangerous products, without any protection? “Many are retired and probably do not think of having their cancers recognized as an occupational disease,” suggests Sylvie Heuveline. "When we questioned the CHSCT [health, safety and working conditions committee] on this subject in December 2019, the occupational doctor said that we were not more affected than the rest of the population", she reports.

Asked, the doctor did not want to answer us. "When you are a victim of cancer, you look for the causes, it is quite legitimate, says Pascal Briot, deputy director of the Eugène-Marquis center. But it's hard to prove the origin of these cancers after so many years."

Prevention at the whim of everyone

“The fact that these products are not included in the European directive on carcinogens, mutagens and reprotoxic substances does not help matters,” said Tony Musu of the European Trade Union Institute. The link with diseases can be questioned, despite the large number of clues we have. " Not included in this so-called “CMR” directive, anti-cancer drugs do not appear in the labor code, nor in the Social Security tables which list the products likely to make people sick following exposure at work. This makes the procedures for recognition of occupational diseases particularly long and complicated. “For the moment, my application has been refused twice, for example Sidonie reports. It's a long time, and I know my days are numbered. It is a problem."

"The battle we have been waging for two years at European level for the inclusion of anticancer drugs in the CMR directive aims to facilitate the recognition of occupational diseases, but also to harmonize and strengthen prevention", continues Tony Musu [7]. In the absence of regulations concerning the dangerousness of anticancer drugs, prevention is at the whim of everyone, sometimes accelerated under pressure from union teams. “In the early 2000s, I discovered articles documenting a higher risk of miscarriage for women exposed to cancer drugs,” quotes Raymond

Leroy. We challenged the management on the subject and obtained that pregnant women are no longer in contact with these products.”

Miscarriages and malformations

his basic precautionary principle is, it seems, not applied everywhere. Which is really problematic given what we know about these products, which can cause miscarriages and birth defects. "Many of us have had problems with their children," said Marie-Pierre, who had undertaken to identify the tragedies that had affected her and her colleagues. According to its (partial) results, in the early 1980s, three caregivers from the Eugène-Marquis center in Rennes gave birth to babies who were stillborn or died shortly after birth, including two for heart defects.

Two other caregivers at the facility had children with serious deformities. "Miscarriages, of course, there were also, blows Marie-Noëlle. But all this is difficult to know because it is silent. Women feel guilty, it's terrible. Myself, in 1974, I gave birth to a tiny 2.1 kg baby who was born after term. My child was fortunately well but the placenta was all shredded. Midwives have never seen this. "

"You have to know," explained Marie-Pierre, "that handling chemo products does not explain everything. Because we have also been exposed to radioactive products, iodine 131 and radium mainly." Used to treat thyroid cancer, iodine 131 is then delivered in liquid form, in small cups. "Sometimes, patients knocked them over, they were everywhere," says Marie-Noëlle. The nursing assistants went into the sick rooms, washed the toilets, emptied the urine, redressed the bandages without any protection. "I don't remember wearing a dosimeter until 1985, when a lot of work was done," says Sidonie.

"The doctor always told me to hurry, because of the effects of radium"

In the hallways, caregivers passed people with cancers of the larynx or mouth, who have radium needles stuck in their lips. "Sometimes, they lost them, recalls Sidonie. Some pulled them off." One day, one of them took such a dose while searching for a needle that she was removed from the ward for three months. Réjane, nurse, who has spent her entire career at the Eugène-Marquis center, suffering from colon cancer, filed an application for recognition of an occupational disease in December 2019. She recalls that "to treat cervical cancer uterus, the doctors introduced into the vagina of women a colpo [a small tube, note] in which we had planted needles of radium. When I was making colpo, the doctor would always tell me to hurry up, because of the effects of radium. I suspected, then, that it was dangerous. But he didn't tell me why."

"It was kind of the only information we had," sighs Marie-Noëlle. We had to act quickly." All the caregivers evoke this red net hanging on the door handle, and at the bottom of the beds of the sick, which indicated that one should not hang around. "But how can you imagine hurrying to wash women who had cancer of the uterus or vagina? Asks Marie-Noëlle. They were in pain and were in humiliating positions. Obviously, we were caring and as gentle as possible." Sometimes the caregivers would put on a lead apron. "But frankly, working with that is difficult because it's so heavy. Plus, it's made for people who are 6 feet tall. Not for us", emphasizes the retired nurse.

"What these women say is really alarming," says Hermine Baron, their lawyer. Used to defending employees, she underlines the exceptional nature of this case, by its collective dimension, and by the fact that it concerns caregivers, who are supposed to save the lives of others. "The health that we were supposed to defend has been taken away, which is a shame," Janine says. "I fell ill because of my job, which I loved so much," insisted Marie-Pierre a few weeks before her death. Very

committed to their profession, these caregivers all evoke the pleasure they had working at the Eugène-Marquis center, where “there was a lot of humanity”. “If I come back to earth, I’ll be a nurse again”, even says Réjane, who however almost died of cancer in July 2016.

“We gave a lot, not counting our hours or our energy. This is why it is so difficult to say that our work has perhaps put us in danger”, say all these women, many of whom have worked at night to be able to take care of their children during the day, without anyone. never tells them that it is a risk factor for triggering breast cancer. Tired but determined, they now hope that their testimonies will enable

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Cette enquête a été réalisée en partenariat avec [le magazine Santé & Travail](#).

Notes

[1] La liste établie par Marie-Pierre recense 25 malades du cancer qui ont travaillé au centre Eugène-Marquis de Rennes (CEM) dans les années 1970, 1980, 1990, touchées au niveau des seins, des ovaires, du colon, des poumons et du cerveau. Dix sont décédées.

[2] Parmi les femmes qui ont témoigné, seule Marie-Pierre avait souhaité parler à visage découvert. Les prénoms des autres témoins ont été changés à leur demande.

[3] Les cellules cancéreuses sont des cellules qui se divisent rapidement. Les médicaments de chimiothérapie détériorent le matériel génétique des cellules, entravant la division cellulaire et donc la croissance de la tumeur. Mais les cellules saines présentes dans le sang, la bouche, l’intestin, le nez, les ongles, le vagin et les racines capillaires, qui se divisent rapidement elles aussi, peuvent être affectées.

[4] Les auteurs et autrices de cet article travaillent au sein du CHU et de l’Inserm de Bordeaux.

[5] Voir [ici](#) et [ici](#).

[6] Voir [ici](#) et [ici](#).

[7] À propos de la bagarre menée pour l’inclusion des médicaments cytostatiques dans la directive CMR voir [ce site](#).

other caregivers to speak up.

