

## Françoise Meunier: Chameleon Chief

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**Françoise Meunier, Director General of the European Organisation for Research and Treatment of Cancer (EORTC), has two things on her mind when we meet. One is her current priority to ensure that the European Directive on clinical trials is implemented in such a way that it guarantees the future of collaborative research. The other is the delivery of a six-metre-high Ginkgo Biloba tree – an extraordinary present to her husband for their 15th wedding anniversary.**

Meunier is a multifaceted personality. She is a self-confessed “tough cookie”, fierce in her determination to advance the cause of cancer research and treatment. At the same time, she exudes an unexpected playfulness and eccentricity. Her husband and daughter describe her variously as serene, sensitive, loyal, dominant and hedonistic.

**She is like a hermit crab, her daughter says, changing shells to suit the occasion.**

For work, she dons an indestructible shell, radiating enthusiasm and dynamism. At home she is still commanding, and ready to move mountains for those she loves, but the shell is more fragile. Her husband agrees. “She’s a chameleon!” he says.

Her working life certainly demands a degree of robustness. As Director General, she has a pivotal role in pan-European cancer research. She co-ordinates all EORTC’s activities and ensures they fit into the strategies defined by the Board, General

Assembly and various committees. She co-ordinates the organisation of conferences, and is a fundraiser and a spokeswoman for EORTC and for cancer in general. She is, she says, a medical manager.

Yet, until 1991, she was an ambitious young professor, head of Infectious Diseases at the renowned Jules Bordet Institute in Brussels. She changed direction on 3 January 1991,





**With daughter  
Caroline**

after a visit to the Institute's former director, Henri Tagnon, to wish him a Happy New Year. It turned out to be an important social call. He told her that the EORTC Data Center was looking for a director, and suggested she apply.

Meunier's career at Jules Bordet – where EORTC was established and housed until 1990 – meant she was familiar with the organisation and what it stood for, and it seemed a golden opportunity. "The whole spirit of Bordet was to randomise patients, and participate in international groups and activities. It was an ideal setting, a goal to reach, it meant participating in the international scene. I knew the value and potential of EORTC. Being an idealist, I fit into it very well. I was raised in the spirit of improving, scientific rigour, intellectual honesty and an enquiring, discerning mind."

It meant leaving a high-flying academic career, but Meunier had made her mind up in a week. "The decision was made quickly, because I am not one to hesitate. When I take a decision, I go for it, I look forward and I never have any regrets. It's my way. I take whatever consequences there are."

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This is just as well, because her arrival at EORTC was a baptism of fire. The organisation was in a financial crisis; new national and international laws governing clinical practice and trials were appearing, and the Data Center was suffering from a lack of medical input – Meunier herself was the only MD on the staff. She went to the Board and suggested a wholesale restructuring, including new units for quality of life, health economics, monitoring and regulatory affairs. They gave her their backing, with the proviso that she herself find the money to carry out the changes.

Just to make things harder, she set up the EORTC Fungal Infections Group as soon as she arrived. This was a natural follow-on from her academic work, and she chaired it until 1995. But she was building it from scratch at the same time as restructuring the Data Center.

It was a testing introduction, even for the steely side of Meunier. "I was asked at my interview whether I could fire people, and I understood from the beginning that there would be problems, but not to the extent I found. Some of the internal staff were like little queens over their departments, and I kept hearing 'On a toujours fait comme cela, Madame' – it is always done this way. It's a sentence I hate, because it means they want to continue in the same way. So I met some resistance and had to fire several staff; others left of their own accord.

"But my reward is that, 10 years later, everybody agrees that I was right, and now nobody either inside

or outside of the EORTC could imagine a Data Center without medical doctors. The staff are happy, the groups have a better professional service.”

Change was rapid. “We had no choice. It was that and survival, or die,” says Meunier. Medical fellows started arriving within months, and Patrick Therasse and Denis Lacombe were among the first group. Now respectively Director of the Data Center and Assistant Director of Drug Development, she describes them as her right and left arm. “I was lucky because they are outstanding. They understood my philosophy and final objective and we agreed on the strategy. I did not rescue the EORTC alone.”

She also says that she has been well supported by the Executive and the Presidents – professors with their own departments who work for the EORTC on a voluntary basis. Even so, she has had to be assertive. Hers is a direct approach, fuelled by a passion for the cause she supports, and she says it comes naturally. “I am not saying that I am very diplomatic. People know if I am happy, they know if I am unhappy.

**“When I have to say something, I say it bluntly. I am rough and tough, and somehow I don’t make a great effort to hide it because I am always doing it for the best.”**

If something goes wrong, I am not happy and I have to say so. Everybody knows that I am the boss.”

Meunier views it as a privilege to work for the EORTC. She admits that she is demanding on her staff; she is also demanding on herself. She



**Meunier with her first group of fellows at EORTC in 1993**

is dedicated and committed and expects the same of others. Staff phone her every morning, even when she’s on holiday. If something is promised, she will pursue it until it arrives. Her persistence is apparent, in and outside of work: “I don’t know anyone else who can get a plumber to come within an hour of a call!” says her husband.

Equally, when she receives requests from patients, she is careful to reply promptly. Queries about second opinions, clinical trials, appropriate treatment, or anything else, are dealt with within 24 hours. She enjoys this continuing link with patients.

The EORTC provides an infrastructure for independent academic research. It now encompasses expertise in regulatory affairs, ethics, tumour banks, translational research, health economics, quality of life and all aspects of research. Units are set up as the need arises and disbanded when redundant. It is a dynamic network.

A European directive, intended to improve the situation, has been passed by the European Parliament. However, Meunier says that national authorities have been given too



**With Patrick Therasse, Director of the EORTC data center**

much leeway to introduce their own clauses. Nation states have to implement the Directive by May 2003 and apply it by May 2004. "We are now at a critical point where we have to make national authorities understand the challenge for European research. If each of them accumulates contradictory or extravagant requirements, or extra bureaucracy, it will slow down European research and advancement. At just the moment when the Sixth Framework is being launched by the Commission, aiming to integrate facilities, build networks and improve the European research area, it is really not the time to put obstacles in the way.

**Meunier's current priority is the harmonisation of the laws relating to research across Europe.**

"In Europe, we have the brains, we have the expertise, we have the know-how, the patients, the facilities, everything. But if you are trying to carry out translational research and it becomes a nightmare to move tissue samples across borders, research will suffer. If we want networking throughout Europe, we must remove unnecessary barriers."

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A position paper from the European Forum on Good Clinical Practice (Brussels, September 2001, updated December 2002) estimates that costs of clinical trials could increase by 30% if procedures are not streamlined across Europe. Authorities, in effect, demand documentation they already have. They have the full dossier for all approved drugs, for example, but sponsors initiating a trial have to provide it again. Information has to be produced in a variety of languages, and in various formats, because there is no common form. "None of these extra demands increases the quality of science or patient protection. They add bureaucracy and administration without improving the science," she said. Another danger is that pan-European research becomes so slow and so complicated to set up that it is easier simply to conduct trials elsewhere, in the US or Japan.

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Meunier is optimistic – as she always is – that this will not happen, and she is co-ordinating various efforts to tackle the issue. She has become a public advocate, cares passionately about the subject and gets intensely frustrated when progress is not always smooth. "Sometimes

you get the feeling that you have to go against the world to make things change. Things may seem obvious to you, but others do not necessarily perceive the same needs or challenges. It is frustrating when I am not convincing or effective enough, or when there are other reasons for not achieving goals like this more rapidly or effectively.”

She seems so embroiled in the issue that it's hard to imagine how she'll move on once national laws are in place and she can do little more. But she rattles off a list of other pre-occupations, including EORTC's health economics conference in 2003 and revitalisation of exchange programmes with the US' National Cancer Institute (NCI).

**Top of the list, though, is the issue of insurance for patients entering clinical trials.**

Many ethical committees insist that patients are insured by a company based in their own country. This complicates pan-European trials and, in any case, contradicts a European Directive on the freedom to provide services. Meunier intends to raise awareness of the problem, as soon as she is finished with harmonisation. She is enthusiastic about all of her causes and says that the moment one issue is resolved another takes its place. Her mission is to maintain EORTC as the reference pan-European cancer research organisation, and she will take on any challenge to cancer research. Whatever it may be.

It is all so very different from the career in clinical medicine that Meunier envisaged, even as a child. Her father was a surgeon in a coun-



**With Philippe Busquin, EU Commissioner for Research, EORTC's 40th anniversary, Brussels, March 2002**

try town not far from Brussels, so she had some idea what it entailed. She was close to her father. They enjoyed each others' intellect and joie de vivre, and from him she learned her love of good food and wine. In fact, one of her greatest regrets is that he died shortly after she started at EORTC and before she could show him round. "He would have been so proud," she said. She is also still close to her brother, who is younger and was similarly influenced by their father. He went on to be a vet. Meunier says she might have enjoyed archeology or history, but neither were real possibilities. She was always going to be a doctor, and it was not a difficult decision.

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As a student she worked in the infectious diseases department at Jules Bordet. She liked the way that the department was trying to im-



**With Queen Sylvia of Sweden, Honorary President of the EORTC Foundation, who visited the headquarters in 1998**

prove treatments and was fascinated by its clinical trials, an approach less evident in other hospitals where she trained. She worked with Prof. Jean Klastersky, then head of Infectious Diseases, and started in his department in 1972.

At the time, leukaemic patients were receiving intensive chemotherapy and then dying of bacterial infections, of gram-negative septicaemia. The EORTC Antimicrobial Therapy Group, set up in 1974, initiated major studies to try to develop new ways of using antibiotics to decrease the mortality of these patients. The group showed that antibiotics should be given as soon as patients developed fever, rather than waiting to identify the cause, because patients could die before the results came back from the lab. It was extremely difficult: "Patients were young and we lost them often, too often. It was hard, but we could see progress and that was rewarding. But by 1976, when we had started to make progress on gram-negative septicaemia, another challenge arrived, and it was fungal."

Patients were dying of deep-seated fungal infections. Meunier was summoned by Professor Tagnon

and told that she would have to go to the US to research and study for a PhD. There was little interest in fungal infections in Europe at the time.

She and her first husband were duly despatched to New York. Meunier had married young, when she was 20, and only three years into her medical training. She changed university at the same time, from the Catholic University of Leuven to the Free University of Brussels, where her husband, already a doctor, worked. Her contemporaries were convinced she would drop out of university, which is perhaps what drove her on. She graduated as top student, *Maxima cum Laude*, which was what first brought her to the attention of Professor Tagnon.

In New York, she studied fungal infections at Memorial Sloan Kettering, while her husband, a surgeon, went to Columbia University. They worked hard, loved Manhattan life, and stayed two years. Her managerial side was already active, she says, and, knowing that she was coming back to Brussels at the end of 1978, she decided to have a baby in between jobs. "My daughter was born in September, we came back at the end of November, I started work in January and never had maternity leave."

This, of course, meant finishing off her work at Memorial and her publication virtually as soon as she had given birth, and having only a few weeks to settle back into Brussels before starting a new job.

**She wrote her thesis in the evenings once her daughter, Caroline, was in bed, but dismisses this as being the same for many clinicians.**

She never considered looking for a part-time job, she always knew she wanted to be active in her career and was obviously prepared to put in the hours to make it happen.

Her first husband was another career academic and, partly as a result, the marriage faltered. With her normal matter-of-fact attitude, when she decided it was over, she did not dither or hesitate. "When I decided to end the marriage, I went in another direction and that was that." She and her husband remained close and shared the care of Caroline, who was five years old at the time of the split. Both were frequent travellers and it was complicated, but they compared diaries 6 months in advance, agreed on where Caroline would be, and managed a difficult situation amicably. Even if it often seemed that Caroline almost always had one parent out of the country.

Every aspect of her life seems to be carefully managed. But underneath the no-nonsense exterior lies a more complex character. According to her family, she can lose several nights' sleep because of a colleague's personal or professional problems. The colleague will never know anything about it. She also has an unusual awareness of the fragility of life, and of death. "When I leave home in the morning, I always wonder whether I am going to come back.

**I am very aware of the fact that at any moment I may drop dead, or my husband or daughter have an accident. I think about death often."**

These thoughts may be a result of her earlier work with dying leukaemia patients, perhaps heightened by



the knowledge that her second husband, Jean-Marie, was treated for cancer 20 years ago. Whatever the origin, her response is remarkable. She and Jean-Marie have already had their grave built, in the village where he lives outside of Brussels. Both have their signatures embodied in stone. He is an eminent notary, and both have signed so many documents in their lives they decided to have signatures rather than an elaborate decoration. The stone has her birthdate with a space for the date of death, and a simple description, that she was Director General of the EORTC and mother of Caroline Carpentier. "I absolutely must have that on my gravestone," she says.

**Meunier with her father, at her PhD graduation, 1985**

**50 years old! Birthday in Venice**



With her husband  
at EORTC's 40th  
anniversary  
celebration



Meunier's careful planning for the future covers not only death but deterioration. A few years ago, she bought the house next door to her own and completely renovated it so that she will be able to live there if she ever becomes handicapped or disabled. It is a large and beautiful home, with room for a live-in nurse and all the facilities she would need, however incapacitated. This seems to take organisation to bizarre lengths, but Meunier says that many people are afraid of speaking or thinking about death.

**Her approach, she says, is one of taming death by making straightforward plans and dealing with it.**

Part of the incentive is that Jean-Marie is 15 years her elder, and she is aware that he could "disappear" before her. Another is that they do not want either her daughter or his children and grandchildren – he has 11 – to have to make all the arrangements in the event of one of their

deaths. But thoughts of death appear to be deep-rooted and complex, and it is tempting to wonder whether the Ginkgo Biloba, which she describes as highly symbolic, the first to grow up after the destruction in Hiroshima, may represent a desire to defy death. "It's the tree of eternity," she says.

Maybe. But in any case it's an incredible present, perhaps simply an extravagant gesture. Certainly, all talk of ageing and decline contrast sharply with the more obvious impression of a woman at the height of her powers professionally, while brimming over with affection for her husband and daughter. Her second marriage has been "exemplary", she says. By the time she met Jean-Marie, she had grown up and was more like the person she is today. It was also a second marriage for him, and he knew what he wanted and expected from the relationship. They share the same rules, she says, the same basic philosophy and the same approach to life. "We have never had a cross word in 15 years", she says.

Meunier is also immensely proud of her daughter, now 24 and a recently qualified lawyer. She left home only a few months ago, but still lives near enough to pop round to borrow olive oil or a whisk at 10 o'clock at night. Meunier dispenses recipes down the phone, they go shopping together, and for years they took an annual holiday, just the two of them. They visited capital cities throughout Europe and the rest of the world.

Her daughter, she says, was in a difficult position, with two academics for parents and then Jean-Marie, "somebody who takes up a lot of room," another achiever. But Caro-

line has become her own person, with a strong sense of social responsibility. As a student, she helped build a school in Peru; now she values her legal work with people who cannot afford to pay as highly as the big cases on intellectual property. Meunier cherishes the relationship.

She also has a good life with Jean-Marie. During the week she lives mainly in her house in the City; he commutes from there a few days a week. They make full use of the museums, galleries, bookshops and restaurants. She loves every kind of music, pop to classical. At the weekend, they go out to his house in the country. One of her greatest pleasures is to spend a whole Sunday picking fruit and vegetables in the garden.

She enjoys reading, some history but mostly biographies. She's always fascinated by how the subjects face major challenges and come through them; on holiday, she can get through three biographies in a week.

**She enjoys reading biographies. She's always fascinated by how the subjects face major challenges and come through them.**

She has fresh flowers delivered to her office every week (and then is billed for them at home). She has a pool at home and swims often, though not every day. Her personal trainer comes round every week puts



**A relaxing family weekend at home**

her through her paces, after which she sleeps like a baby. Caroline says she is “in full bloom, surfing on a wave and smiling at life.” Jean-Marie says that he has seen no faults in her at all, except that when she washes her hair under the shower she gets water all over the bathroom. Including on the ceiling.

And this, after 15 years of marriage. At the dinner they held to celebrate the anniversary, Caroline arrived with a beautiful tree, a symbolic, slow-growing, long-living plant. Manageable, though, as a Bonzai. The Ginkgo Biloba, weighing in at six tonnes, was a bit more trouble. It took a huge truck, a revolving crane and three metres of earth to get it into the ground, but the operation was a success. Which is not surprising, because when Meunier has set her heart on something, you can be sure that mere details won't stop her.