

GOING ON A LONG RIDE

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The rise of breast cancer incidence in Singapore is the most rapid of any adult cancer ever recorded over any period of time anywhere. This epidemic is also occurring in numerous other developing Asian countries. While excellent screening and treatment centres for this cancer are available in these nations, the relatively later presentation and unwillingness to complete recommended treatment has been observed there. Because of these common trends, there are now more breast cancer deaths in Asia, even though the disease is less common in Asia than in the West. When A/Prof Mikael Hartman first came to Singapore, he saw more cases of advanced breast cancer in six months here than over ten years in Stockholm. (A/Prof Hartman offers his thoughts in an interview on page 6.) We both decided it did not have to be that way. And then we decided to go on a Long Ride. (For more information about The Long Ride, please visit <http://www.longridess.com>.)

Hitting the road

We can say with some authority that the road from Cide to Amasra along the Black Sea coast provides one of the best riding between Singapore and Sweden. Here, the perfect surface meanders never more than a few feet away from a sheer cliff to the Black Sea on the right. It rises and falls with the land, plummeting to the beaches and bays of ancient fishing ports before climbing sharply again, up hillsides that separate these ancient villages. At the very top of these inclines, a quick glance inland finds an infinity of grazing fields; while seaward, an endless procession of swells reaches from the horizon to break on the shores below. We had already been through Samarkand by then, but Flecker's ode to wandering comes back: "We are the Pilgrims, master, we shall go..." Nothing could be a better sell to make you mount

your bike and move off. It's amazing where you can get to if you cross the Causeway and no one calls you back for two months. You get to Amasra!

It was never just about the riding though. After deciding that women did not have to keep dying from breast cancer as they always have been, Mike and I knew that something outlandish was needed. Simply carrying on with business as usual would not do. There were sponsors to attract, collaborators to draw, and most of all, the intent to demonstrate: we wanted to raise everyone's game, including our own.

That made the key difference between these few months of The Long Ride and a biking holiday. Now a biking holiday is when you get up with the lunch bell, scratch yourself, walk on the beach, tell a native kid how big a fish you want for



A/Prof lau (left) and A/Prof Hartman take a breather along a desert road

breakfast, snooze in a hammock, take pictures of a perfect sunset with a cold beer in hand, before checking that the bikes are still there. When you grow tired of the hammock and beach, hop onto the bikes and stop at the next resting place. On the other hand, The Long Ride had breast cancer on the agenda. This meant visiting seven cancer centres in Penang, Chiang Mai, Kunming, Lanzhou, Almaty, Tashkent and Copenhagen, before reaching Karolinska Institute in Stockholm.

During the preparation phase, the danger that this project was going to be seen as two middle-aged surgeons going off on a midlife walkabout was real. We wanted to make sure everyone knew that this was the furthest thing from the truth. The whole ride was to be self-funded, and covered by our annual leave. What this meant: 23,000 kilometres in three months. (The only allowance the hospital gave us was to take three years' worth of annual leave at once.)

We had some periods of extended riding because each cancer centre had a full breast cancer congress that we had to make time for. In addition, our work at each centre would keep us at those cities for several days. Once back on the road, we were up before anyone else, heading out of the cities while it was still dark and then getting to the next destination too late to enjoy any of the local attractions. We repeated this routine for two weeks before the next congress allowed a breather.

The most important feature of any hotel was Wi-Fi, hot showers and a comfortable bed. After four weeks of Chinese hotel breakfasts, I realised just how important bacon at breakfast was for my morale. I think the hardest part of The Long Ride for me was actually leaving each city. There were a dozen places where I wished I could have stayed longer, but the road (and travel itinerary) beckoned. There was a small

village outside the town of Gevas, on the southern bank of Lake Van in Turkey, where you could just leave me and move on, thank you very much.

Struggling along the way

The truth is biking and a demanding itinerary do not go well together. Something would have to give. For me, this came disappointingly early. Less than a week into the trip, I started having panic attacks on the bike. What they were like is difficult to describe, but the overriding conviction was that I was going to die. Now. This curve, slip on that smudge on the road, that truck. Going at 60 km/h suddenly seemed recklessly fast. All those thoughts repeated at high volume inside the solitude of a bike helmet.

The first response I had was bewilderment. I don't ever panic. I had been shot at in Johannesburg and attacked with rockets in Afghanistan, yet I kept calm and carried on. So I decided to take a few days' break from biking before trying again. But I couldn't keep up, slowed everybody down, needed people to be more patient, and worried about disappointing others and missing the next meeting. The fear of failure was almost as bleak as the fear of dying on the bike. I was waking up at night terrified.

Through the wonders of WhatsApp, I started talking to my psychology colleagues. To my astonishment, they were not surprised. Something to do with my "unrelenting high standards" was putting me at risk. More importantly, they gave me the tools to get rid of my fears and return to the programme.

The key question was whether the bike should be shipped forward so that I could rejoin the riding in China, or shipped home. I was holding people back and the boss (Prof Lee Chuen

Neng, who was accompanying us) reminded me that The Long Ride was not just about riding, but about keeping me safe and putting breast cancer on the agenda. It was a bitter pill to swallow then, but I was all ready to send my bike back.

Then a call from a good friend who had an intimate knowledge of breast cancer rocked my plans. "Look, I know you're terrified," she said, "but doesn't this make your ride more about breast cancer than anything else?" When I asked her to explain, she continued, "Don't they also feel this happens to other people? That they don't deserve this diagnosis, that they've done all the right things? Don't they feel real fear – of the operation, of hair loss, of how their husbands will feel about them, how they'll hold them? Wouldn't it be simpler to just pretend the mammograms are not due, or the mass isn't there, that it'll all just go away? They are going to let people down, to need their help, to be dependent. What if a breast surgeon, capable and with his heart in the right place, has to go through this catastrophic failure of everything he's planned? What if, at some point in the future, you're going to have to ask this woman to have courage? Where should the bike go now?"

The trick about cognitive behavioural therapy is that I was going about it on a fast-moving heavy bike surrounded by Chinese drivers. It was not easy as strange irrational fears would fill my mind out of nowhere, and I had to use a three-question mantra to take them down each time: "Is it true? Is it really true? What would you do if it was not true?" What this meant was when I was doing curves and the mind demanded a slower speed, I would just keep off the brakes and go on. If I encountered puddles of rain, and not ice, in my path, I had to go through each of them. At one time, an Iranian driver came so close that his wing mirror touched my left knee. When I glanced over, he took his hands off the steering wheel and asked to me do a wheelie while he took an Instagram photo. When I didn't panic through all that, I knew I was making progress.

Listening to a common story

Our breast cancer agenda also changed the way people reacted to us, especially during the planned stops that we made as a routine every day.

The first stop would happen just before lunch when blood sugar levels were dipping, usually to refuel both bike and biker. The latter usually required a litre of coke and Snickers bars. People at these rest stops would be greeted by the common sight of road-weary, beaten-up codgers on dirty bikes. They generally responded with looks that were a mixture of curiosity, and either admiration or disapproval – a pretty fine line. They would always ask what our trip was about and when we told them, their expressions would shift. Recollection. They all knew someone who was suffering or had suffered from breast cancer, and many had lost loved ones to the disease.

Then as we settled down with their offers of tea or tobacco, or when the less interested ones had wandered off and there



Top A/Prof lau changes his motorbike tyre at a local shop in Chengdu, China
Bottom The Long Ride duo holding an impromptu roadside conference because of one bike's dropping engine oil level

was a break in conversation, one or two would have a quiet moment with us. It was the same story everywhere – about mothers and sisters who hadn't gone to the hospital because it wasn't painful, or that the doctors had said it was nothing.

All we could do was listen. And if they found us good listeners, their gaze changed again. It was difficult to be completely certain what was being said sometimes because the exchanges were in very rapid Mandarin, Farsi, or Turkish. But from time to time they would punctuate their speech with universal gestures, like a shrug or a gaze to the heavens. However, no matter where we were, they made sure they had our attention. "Why her?" they would ask, "Was it something she ate, or her breastfeeding? Why her?"

Again, we had no answers, and could only listen. You see, they were not looking for a cause for breast cancer, but a reason for their grief. It is quite something, how a private pain is shared with two perfect strangers on bikes who can do nothing about it, except to pass their accounts on to others. Through The Long Ride, we came to conclude that there was so much more to be done for Asian breast cancers from petrol kiosks in China, a barbecue in Romania, and a tea shop in Tabriz, than any medical congress. ■



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