

They had all come with a breast lump. A mammogram would have discovered their cancers months, possibly years earlier.

"So if good care is available, why don't they come?" Mike asks again.

"I don't know," I say again, "I don't think the problem is a surgical one though."

Silence for a moment. Mike exhales slowly and stretches out in the chair, a sure sign something's brewing.

"We should find out," he says finally, "on this ride."

In 2014, breast surgeons Philip Iau and Mikael Hartman from the breast cancer team at Singapore's National University Hospital set off on an epic journey by motorcycle from Singapore to Stockholm over 100 days. It was a ride with a cause to meet breast cancer patients across different Asian countries and understand how cultural factors shape attitudes to the disease. Spanning 17 countries and the entire sweep of the Silk Road, this was more than the run-of-the-mill adventure holiday. Then things start to go seriously wrong, and the Long Ride becomes more about overcoming the odds than ever intended.

Compellingly narrated and movingly portrayed, this is an unforgettable story of fear, courage, growth, acceptance and wisdom.

"A truly out-of-the-box effort to go one step further for Asian breast cancer patients."

Dr Ava Kwong,
Chief of Breast Surgery, The University of Hong Kong

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The LONG RIDE
from **SINGAPORE**

Philip Iau

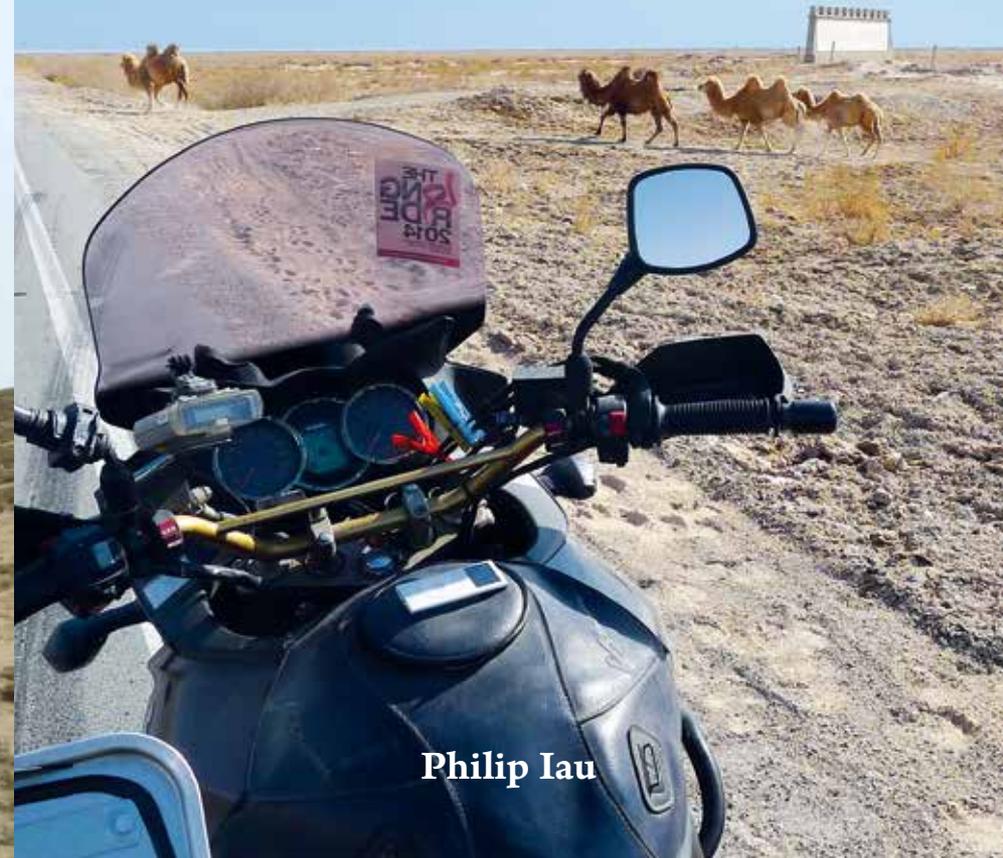
For Review only

"If there's a worthy successor to *Zen and the Art of Motorcycle Maintenance*, this book is it."

Theresa Tan, author of *A Clean Breast*

The LONG RIDE from SINGAPORE

Two Surgeons on a Motorcycle Journey
Across Asia for Cancer



Philip Iau

For Review only

If there's a worthy successor to *Zen and the Art of Motorcycle Maintenance*, this book is it. Do not mistake *The Long Ride from Singapore* for yet another travelogue – it is much more than that. This is a tale of a man who is forced to come face to face with himself; Philip is a deeply honest writer whose prose is full of historical trivia, memories, thought processes, politics, sentiment, and most of all, belief. This book will make you laugh out loud, gasp, tear up and cheer up, just like I did.

Theresa Tan

Author of *A Clean Breast*

I have tremendous respect and admiration for these two surgeons, especially for Philip, who carried on despite tremendous odds on this journey of self-discovery. Beyond this, the important message of this book is the challenges faced by women with breast cancer in Asia. Many still hold on to the mistaken belief that this is a “Western” disease. In Malaysia we have the persistent problems of late diagnosis, the lack of uptake of breast cancer screening, and a belief in traditional medicines. This book speaks eloquently of how this “Asian-ness” affects breast cancer behaviour.

Dato' Dr Yip Cheng Har

University of Malaya

Past President, College of Surgeons of Malaysia

For Review only

A chronicle of an unlikely pair of travellers who start out on this mission of telling Asian breast cancer stories when things start going seriously wrong. It is a fusion of a modern day Marco Polo and a Journey to the West on the famed Silk Road. Readers will find this difficult to put down without some thought of making mad endeavours themselves for a good cause.

Dr Gary Tse
Clinical Associate Professor
The Chinese University of Hong Kong

What happens when you spend your whole working life helping women to confront death, only to come face to face with your own mortality? What does it really mean to come face to face with fear? *The Long Ride from Singapore* chronicles Philip's journey, and the images jump out of the pages like a Chatwin book. It chronicles one man's courage to confront his own fears and find beauty and pleasure in all that life offers.

Dr Teo Soo Hwang,
Chief Executive, Cancer Research Malaysia

This book gives the inside story of a truly out-of-the-box effort to go one step further for Asian breast cancer patients and trying to understand their experiences. A must read for all involved in caring for these women.

Dr Ava Kwong,
Chief of Breast Surgery,
The University of Hong Kong

The **LONG RIDE** from **SINGAPORE**

Two Surgeons on a Motorcycle Journey
Across Asia for Cancer

Philip Iau

For Review only

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To Mike and Soo,
and all who give us courage

For Review only



ACKNOWLEDGEMENTS

THIS BOOK WOULD NOT have got started without Professor Lee Chuen Neng (Boss). When the dust had barely settled, he turned to us and said, “Start writing the book.”

My sincere thanks also to Mikael Hartman, who then turned to me and said, “You write the book.”

To Viola, James, Jean and Jon, who on hearing I was about to get started, said, “You? Write a book?”

To Ovidia Yu for her encouragement and perspective. Her notion that we had already completed the physical journey and that the book writing would be easy by comparison is utterly untrue, but encouraging.

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To Pierce Teo and Jacqui Hocking for the photographs that grace these pages. Thank you for your belief in this outlandish endeavour. I think what that television producer said was quite true—Mike and I do have the perfect faces for radio—but you’ve made us look good somehow.

Most of all to She-reen Wong and the staff at Marshall Cavendish, for taking the chance on a first-time author who didn’t even submit a book proposal, for the simple reason that he didn’t know what it was. I just started to write, but you’ve made it into this book.

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INTRODUCTION



LIKE MANY OF US, the Long Ride was conceived as blissful accident – its gestation a happy coalescence of modern hospital management, two hardworking Swedes and a free online video.

Total Performance Management (TPM) requires clinical leaders to sit down with senior clinicians to review key performance indicators. Our clinical leader, Professor CN Lee, is a cardiac surgeon known simply as Boss. The first hardworking Swede is Mikael Hartman, late of Karolinska Institute, Sweden, but for the last five years part of the Breast Cancer team at National University Hospital (NUH), Singapore.

Like most of us, Mike was TPM-ed on schedule. Unlike most of us, he had done superlatively well in clinical and research work. Perhaps unlike any of us ever, Boss had decided to reward him according to something he had seen online. This was where the free online video came in.

The online session in question was a TED talk. These are talks that try to spread good ideas worldwide. I never quite found out just which one it was, but apparently it was about how to get the best out of highly-skilled workers. Which Boss thinks makes up most of his department.

Anyway the idea was that financial rewards do not achieve the optimal results. At this point I understand Mike made a rather feeble objection, but we all know how these appraisal meetings go. Boss was on a roll. According to

TED, three things would have a higher chance of success: recognition, autonomy and a chance for further improvement. So as a reward Boss provided the most TED-esque form of recognition and autonomy ever seen in any surgical unit.

Boss said to Mike, "Next year, for up to three months, do anything you like, I will support."

"Anything?" asked Mike.

"Anything," replied Boss.

"Right. I want to take a bicycle from Singapore to Sweden to raise awareness of Asian breast cancer."

"Singapore ... to Sweden ... on a bicycle ... tell you what," said Boss, "you send an email to Philip Iau and see whether it can be done. He's done this sort of bicycling madness before."

The email was sent as soon as the session was over, and I got to it later that evening. It did not include the details of the TPM, just the simple question of what it would take to ride a bicycle from Singapore to Sweden. By Google maps I estimated that it was about 19,000 km. Assuming average mileage on a touring bicycle was about 80 km a day for five days a week riding flat out, at 400 km a week it would take about 10 months to cover the distance. That was assuming a lot of things – no major illness, smooth border crossings, outriding banditry, stuff like that.

As a joke I added that what was missing from the calculation was an engine. This would enable him to cover about three times more distance. There would be more time to rest and see the sights. Instead of taking 10 months he could get it done in just over three months. Three months: exactly the time Boss had given Mike. I had no clue.

Up to that point it had been a simple mental exercise, but

having said that I mentioned that if such a thing was possible and a ride was on, I would really like to go. As Boss had said, I had done madness like this before: mountain biking in Indonesia, Taiwan and South Africa, and more recently taking my own newly acquired adventure motorbike to Thailand.

Oh, then there's the other hardworking Swede. A certain Erik Ohlson, aged 25 years, had completed a bicycle ride from Stockholm to Singapore in November 2012, just one week after the aforementioned meeting with Boss. How long had he taken? Nine and a half months. Distance travelled? 19,000 km. It was chillingly close to the estimates that I had given, and mysteriously made Mike's proposal seem not so crazy after all. It would need a lot more preparations, but Boss took this as a sign. Kismet, he called it.

That was how it all got started. Over the next two years I would often wonder how an undertaking based on such flimsy reasoning could grow into something that had taken over my life, and what on earth any of it had to do with breast cancer in Asia. I'm still not really sure, but was told that this book might help.

For Review only

ONE

WHY DON'T THEY COME?

IT MAY HAVE ALREADY happened to any one of these women and I honestly cannot tell which one. About 1 in 12 women from the New Case Clinics will have breast cancer. That's the average I've seen, having run these clinics for 18 years. I have 11 patients to see this afternoon and as each walks through the door I'm sure we're both thinking the same thing: *Is she the one?* Before the physical exam and the rest of the diagnostic procedures there is just no way of telling. Still, it's good to know that for the large majority I should be able to give them the all-clear.

The women who need further workup are seen again on the following Wednesday at the Results Clinic. Again the majority will be told that the biopsy has shown no cancer and it was all a false alarm. The Results Clinic is run with breast

care nurses who will help care for the few women who will be told that they do have breast cancer. These nurses, some of whom have been down the same road themselves, form the heart of this clinic.

Running the Results Clinics can be difficult. In the time that I've been doing this I've told so many women that their worst fears have been realised. Over a hundred women a year. Most of them have never ever had a life threatening disease before, nothing even remotely like this. Some of my colleagues and friends have asked me, maybe with a bit of voyeuristic envy, what it is like seeing so many female breasts. I tell them it's something like telling over a thousand women they have cancer.

There really are all kinds. From busy young executives with their constantly yammering handphones, to near deaf great-grandmothers wheeled in on wheelchairs – I've shouted it in their ears before. I've told schoolteachers, nurses, housewives, hawkers, new grandmothers, administrative assistants, factory workers, domestic helpers, wives and girlfriends, wealthy Indonesians with their Burberry togs and inflexible hairstyling.

A particular group stays in my mind: young mothers – trying to keep a grip on their feelings, listening for words of hope while their overactive children wonder why their misbehaving in the doctor's office has suddenly gone unchecked. Those are the ones that the breast care nurses have to specially watch out for. In a few minutes that young mother is going to look up and realise just what her cancer means to the lives of those children. How up to a few minutes ago she had assumed she would always be there as they grew

and had children of their own.

How to break the news properly is something that I wish was more science than art. There must be a proper way of doing it because I've seen it done so badly. The breast care nurses will tell you that while some doctors are just awful at it, others make a bearable mess. They ought to know. They have the patient and the bearable mess to clear up after the Results Clinic, often for hours before the woman feels composed enough to go home. Then there'll be the follow-up calls, where sometimes our nurses find that even after days the women just can't bring themselves to tell anyone. I'm not sure how they can call that mess bearable.

There are times when I can tell I'm making a hash of it, occasionally even mid-sentence when I'm going through the results with her. The key is to constantly listen, even while speaking. Listen to what she's saying and what she's not saying, and for heaven's sake learn to react. Sometimes what's needed is just to slow down, use plain language, or stop sounding like an expert and start sounding like someone who wants to help. I know the news will hurt, but when I don't do it right she looks like the words lacerate. Then there are times when I think there's just no good way.

Where I had my training, doctors could only be let loose in the Results Clinic when the breast care sisters thought they were ready for it. It sort of made sense because they were going to have to deal with the aftermath. That was the Nottingham Breast Unit when I was there as a clinical fellow in the mid-1990s. I remember feeling a little puzzled when Ms Linda Winterbottom, the senior breast care sister, finally felt I was up to it.

By that time I had been there for about six months and I wasn't really sure what made her change her mind about me running these clinics. *I seemed more understanding and empathic since coming back from a visit back home*, Linda had said. *It must have been a good holiday with the wife and kids?* I didn't have the heart to tell her that I had gone back to help my wife Viola and her family bury their mother. By the time she had gone to the doctors, her breast cancer had already spread to her spine.

Maybe the death of someone you love makes you better at breaking the results to total strangers. Do they sense that you know even a little of what they and their families are going through? I know it can make the Results Clinic a lot harder to run, and harder to stay completely objective.

~~~~~

AT THE RESULTS CLINIC the following Wednesday we've outdone ourselves. Of the 11 patients from the previous week, I've got three new breast cancers: a large, diabetic Malay housewife, a Singaporean Chinese retiree in her late fifties and a recently married executive in her early forties with a penchant for running marathons. They can't be more different from each other. I really don't know what these three did differently from the remaining eight who had received their all-clears the preceding week.

After the last patient is taken away by the breast care sister, Mike sticks his head in my clinic room. Aside from consulting on each other's cases we have a ritual of after-clinic beverages. More and more we're talking about what the Long Ride should be about.

"Coffee?" he offers.

It's been a lousy afternoon. "Yes, absolutely."

When he sits down Mike tells me he's been having the same sort of week. Four cancers, one so large there's no way even a layperson could mistake it for anything but a cancer. "Right," I say, taking the coffee in. I'm thinking about treatment options for his patient, but Mike has something else entirely on his mind.

"So if she knew," he asks, "why didn't she come sooner?"

"I don't know," I reply, "but sometimes I have this pain in my back teeth and I manage to convince myself I don't need to see the dentist. I hope it'll go away."

"Yes, but at the most you lose a tooth. This thing can kill you."

"Maybe that's why she didn't come," I counter, "it's too much to take on board."

Mike mulls on this for a while. I can tell it isn't good enough. We sip our coffees in silence.

"This is the thing about Singapore I really don't get," Mike says finally. "You have all this prosperity, all this education, all these wonderful hospitals but the women don't come. A Rolls Royce of a national breast cancer screening programme provides care at a Hyundai price and women don't come. Singaporeans seem to be the most Westernised of Asian countries, but still very Asian when it comes to accepting cancer screening, or even cancer education."

He's right. Of the three women with cancers that I had seen just minutes earlier, none of them had gone for their mammograms even though they all qualified for subsidised mammographic screening. They had all come with a breast

lump. A mammogram would have discovered their cancers months, possibly years earlier.

"So if good care is available, why don't they come?" Mike asks again.

"I don't know," I admit, "maybe it's cultural. Part of being Asian compels us to not look for trouble when we feel fine."

"Well we need to sort it out soon," Mike points out, "your country's breast cancer numbers are going to be the same as my country's numbers within one generation."

I know he's right there too. It was the whole reason why our national breast screening services started over 10 years ago. The data was undeniable: Singapore has one of the fastest increase in breast cancer rates ever seen anywhere – from 1 in 30 women to an anticipated 1 in 10 in the space of 40 years.

"So if it's such a clear danger, why don't they come?" Mike has a way of picking at a sore.

"I don't know," I say again, "I don't think the problem is a surgical one though."

"No ... it's not a surgical problem," he agrees. "We really don't know anything about what to do about it, do we?"

"No ... I guess we don't."

Silence for a moment. Mike exhales slowly and stretches out in the chair, a sure sign something's brewing.

"We should find out," he says finally, "on this ride."

"OK ... but if the problem is not surgical, then we are going to need to get help."

"Yes, we're going to need to collaborate with people who study these things. Cultural influences. What are they called? Ethnographers? Multi-culturalists?"

"I think anthropologists are the people we're after," I suggest.

"Know anyone?" Mike asks.

"Nope. Last time I hung out with an anthropologist I was an undergrad. And she told me the main interest in her department at the time was how to design train stations to prevent criminal activities. So she decided to look for work elsewhere and left. Nice girl too, but we lost touch soon after that."

"What?"

"You know," I explain, "things like the colour of the walls, lighting intensity, not providing loitering places ... stuff like that. It affects human behaviour. Apparently."

"Really? That's pretty amazing," says Mike.

"Yes, I know," I agree. I've always wondered what happened to Cynthia Chou.

"That we can know so much about crap like that and so little about what we really should know everything about."

# For Review only



## ABOUT THE AUTHOR



**DR. PHILIP IAU** is unaccustomed to referring to himself in the third person but understands that this might encourage you to buy this book. He has the papers to prove that he really is a fully qualified breast cancer and trauma

surgeon, and is generally considered to be better at these things than long distance motorcycling.

Philip got his medical degree in 1989, completed his surgical training in 1996 and his PhD in 2004. He used to head both the breast cancer and trauma services at the National University Hospital, Singapore. This was up until 2014, around the time the events in this book unfolded.

Since returning to work he has been treated for colon cancer, taken up expedition kayaking and continues his mad love of long distance motorcycling. Due to his proclivity for thought retention he still has persistent issues with high places, dentists, grant application forms and train conductors. Small animals appear to trust him. He is married to Viola, has three grown children and a dog.

*The Long Ride from Singapore* is his first book, so be nice.