

2027 Initial Action Plan: Cancer Screening Pilots & Foundation

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A Note to LWC Stakeholders

In a few weeks, I will set out on a 3 to 4 week hike along Turkiye's historic 540 km Lycian Way trail. We pushed the start date back to avoid late summer heat, wildfires, and water shortages, while also addressing my doctors' guidance on keeping me healthy out there. Having faced cancer twice and still living with it today, this trek is deeply personal. But it is about more than my own journey.

The Lycian Way Challenge connects every kilometer I hike to a larger mission: raising funds for rural cancer screening and building a lasting framework to help men access early detection. The farther I hike, the more we can raise. Here is how partners, NGOs, family foundations, and advisors can help us build on that momentum.

The Lycian Way Challenge began during Movember 2025 as a personal long-distance hiking goal, with my earliest supporters raising $1,255 for Movember's annual campaign. That initial response inspired us to take the mission *much further*. Over the past several months, our small team has built the Challenge from the ground up: securing Trail Partners, mobilizing supporters, managing marketing and communications, planning the hike, and vetting screening pathways and pilot programs for rural men.

We set a fundraising goal of $25,000+ for The Lycian Way Challenge, built around my hike across southern Türkiye.

- **$15,000 to $20,000** of our ongoing $25,000+ goal goes directly toward 6 low-cost rural cancer screening pilot programs selected from eight at-risk communities under consideration.
- We have formed **The Trek-to-Care Foundation** as a Louisiana nonprofit to build, launch, and scale our low-cost cancer screening programs. We're now working with a CPA to prepare our application for federal 501(c)(3) status.

In the communities we're considering, doctors and hospitals are not far away. Yet rural men still miss early detection simply because they cannot afford a ride to the clinic or a day's lost pay.

Our pilots aim to remove these everyday barriers and connect men directly to existing screening, diagnostic, and referral pathways.

Media outreach is active, partner networks are engaged, and hike materials are now available in 15 languages. As the trek begins, my Hike Tracker goes live, connecting supporters directly to the route and driving momentum toward our 2027 screening goals.

The Story: A 540-Kilometer Hike for Rural Cancer Screening

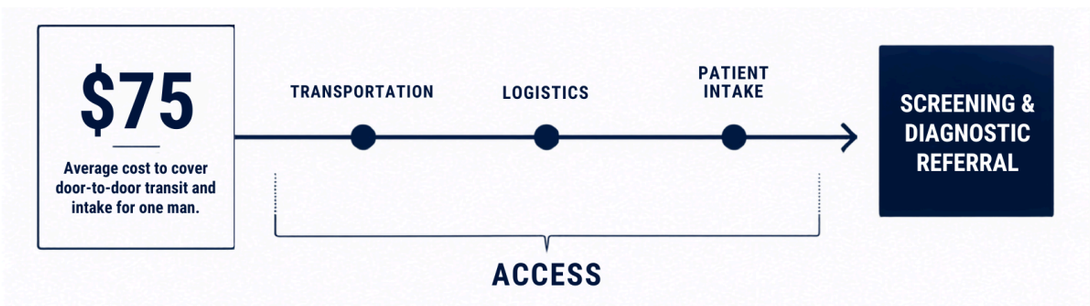
The Lycian Way Challenge comes from a simple place: **navigating a cancer recurrence over the past two-plus-years, paired with what I've learned from building companies and working in emerging markets.** These screening-access pilots are about straightforward execution. It comes down to partnering with trusted local teams, working through the logistics, and making sure resources actually reach the men who need them.

While cancer survival rates in major cities improve, rural access lags because the systems needed to connect men with early detection are often difficult to reach.

As I hike straight through mountain villages like Alınca and Faralya, communities like these represent the exact places we are talking about: *remote small towns where men are cut off from basic care, and simply getting a guy a ride to a doctor can make the difference between finding a problem early and finding it too late.*

Pilot funding pays for the mechanics of access: transport, local coordination, and hands-on guidance to get men from remote villages to the nearest clinic or regional medical center.

The hike is just the start. We are using it to build a permanent, repeatable framework for low-cost rural cancer screening under The Trek-to-Care Foundation.



How a Small Investment Opens the Door to Care

The $15,000 to $20,000 allocated for our 2027 pilots provides the funding needed to launch these operations and prove the model.

The need is urgent: *male cancer deaths are projected to rise sharply over the coming decades, with prostate cancer cases alone expected to increase substantially by 2040.*

In lower-resource regions, the burden is even greater because men are often diagnosed later, when treatment is more difficult, more expensive, and less likely to succeed.

- **The Simple Economics:** For men living in many communities, paying for travel and losing a day's pay is a personal financial risk he cannot take. Covering that travel and access burden removes a financial barrier to getting screened for cancer.
- **Operational Access:** Transporting approximately 180 to 280+ men across our pilot hubs will demonstrate how transit, local coordination, and follow-through can turn an existing medical service into care that rural men can actually reach.
- **Targeting Earlier Detection**: There is no one-size-fits-all solution. We prioritize men based on age, family history, symptoms, risk factors, and local medical guidance. Each pilot hub establishes its eligible screening population and clinical protocols directly with its medical partners before launch.

Proposed 2027 Community Pilot Sites

The following eight communities are under consideration; six will be selected based on operational and clinical requirements.

Planning range: $15,000–$20,000 total pilot investment; $2,500–$5,000 per selected hub; approximately 180–280+ men targeted across six selected hubs.

Region/ Community	Proposed Screening Focus	Projected Cost Per Patient	Target Reach	Proposed Clinical/ Local Partners
Türkiye (Alınca and Faralya)	Cancer Screening and Early Detection TBD	**$135.00***	**18 to 37**	Akdeniz University Hospital
India (Shekhawati and Hadoti)	Oral/ Prostate	**$35.00***	**71 to 142**	Bhagwan Mahaveer Hospital
Philippines (Bantayan)	Cancer Screening and Early Detection TBD	**$125.00***	**20 to 40**	Vicente Sotto Memorial
Vietnam (Mèo Vạc, Hà Giang)	Lung/ Oral	**$75.00***	**33 to 66**	K Hospital (Hanoi) and MCNV infrastructure
Poland (Lublin Voivodeship)	Lung/ Prostate	**$125.00***	**20 to 40**	St. John of Dukla Oncology Center (COZL)
Armenia (Lori Province)	Cancer Screening and Early Detection TBD	**$40.00***	**62 to 125**	Fanarjyan National Center of Oncology and HENARAN Foundation
Portugal (Trás-os-Montes)	Colorectal	**$100.00***	**25 to 50**	CHTMAD and IPO Porto
Louisiana USA	Lung/ Colorectal	**$265.00***	**9 to 18**	Ochsner MD Anderson

Bridging the Distance to Screening

Our Fixed-Budget Model: We will keep operations lean across these communities by issuing initial $2,500 to $5,000 grants dedicated to rural cancer screening access and patient navigation. We are not building physical facilities or running mobile units. Funds will plug directly into established health organizations, such as HENARAN, MCNV, and Swades, to support local testing availability, transit, and intake. Local teams will have line-item flexibility to respond to everyday circumstances without waiting for permission from us.

We will not launch a pilot where we cannot reliably deliver screening access. The Advisory Board and Operations Team will select six of the eight proposed communities based on expanded operational and clinical requirements.



Post-Hike Priorities

1. Media and Film Post-Production (Active Now): Video footage and photography from the hike drive fundraising and awareness for screening pilots, reaching younger guys directly. Filming across hundreds of kilometers keeps the focus on physical endurance, resilience, and proactive health, rooted entirely in my reality of fighting this disease twice.

2. Hospital Coordination (Active Now): We are engaging with candidate medical centers to establish direct referral protocols with Akdeniz University, Bhagwan Mahaveer, Vicente Sotto Memorial, K Hospital (Hanoi), St. John of Dukla (COZL), Fanarjyan National Center (Yerevan), IPO Porto, and Ochsner MD Anderson. We connect and transport men directly to the clinics, where their medical teams handle screening, follow-up, and care, if necessary.

3. Building Our Advisory Board (Active Now): Formalizing an 8 to 10-member board, pairing specialists across oncology, mental health, patient advocacy, and rural logistics with designated roles for lead funders and major donors. Meeting every two months to vet locations, lock down field protocols, and clear the operational runway before launching the 2027 pilots.

4. Field Logistics and Protocol (Q1 2027): Validating on-the-ground costs for transport and local support while building simple intake protocols. This prevents travel and administrative delays so men can get screened without unnecessary friction.

5. Pilot Launch & Long-Term Continuity Planning (Q3 2027): This marks our official on-the-ground launch, deploying $2,500 to $5,000 hub grants to open local transit routes and prove patient volume. Annual Foundation events, corporate matching, and dedicated grants will sustain funding for successful routes, giving us the operational flexibility to back what works and adapt our focus to higher-need communities.

Operational Framework & Clinical Logistics

The model is deliberately simple: identify men who need screening, coordinate appointments, move them to the facility, and stay with them through intake.

Community-Led Identification

Local partners are the reason this works. They identify men who meet locally established screening or early-detection criteria and may face barriers to accessing care. Community health workers, NGOs, local health authorities, and clinical partners connect eligible men with the appropriate screening pathway.

Transit Reliability & Return Loop

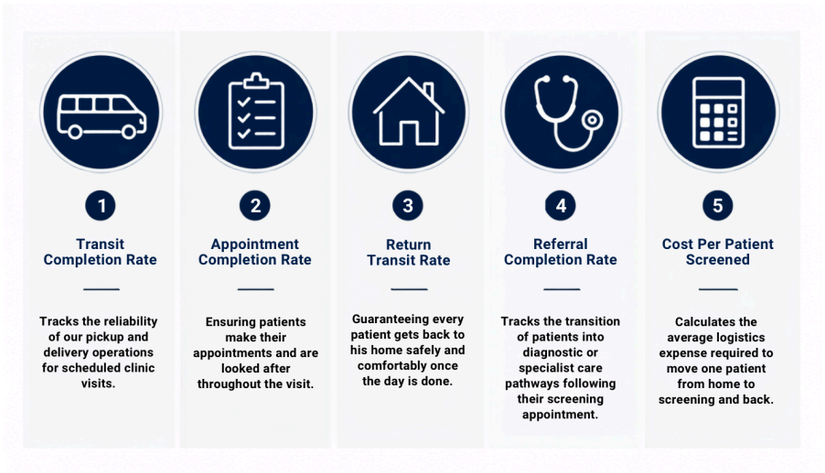
Field teams coordinate shuttles, 4WDs, ferries, and other transportation around confirmed appointments, handling the full round-trip logistics to get men from their villages to the clinic and back home safely.

Clinical Care & Specialist Handoff

Dedicated local chaperones help patients navigate registration, hospital intake, and the screening process. When further evaluation is required, patients are connected to the appropriate existing clinical or specialist pathway through the pilot's medical partners.

Privacy-Safe Tracking & Unit Cost Efficiency

Field teams track transportation, appointment completion, screening activity, and program costs *without collecting or storing private health records*. This allows our Foundation to measure actual cost per completed screening, identify operational bottlenecks, and evaluate which pilot models can be sustained or expanded.



Closing the Gap Between Village and Hospital

The execution is straightforward: identify the men, book their appointments, cover the transit and incidentals, and shepherd them through screening.

Stage	Action & Input Path	Target Partners & Local Lead
Identification	Outreach to identify men who meet locally established screening or early-detection criteria and may face barriers accessing care.	Local health authorities, community health workers, NGOs and clinical partners
Transit Coordination	Managing schedules, patient intake pooling, and appointment calendars before any travel begins.	Local health partners + designated pilot coordinator
Transport	Managing vehicles, route logistics, and road operations to clear the mileage barriers with no transportation cost to the patient.	Local transport partners + pilot coordinator
Onboarding	Local chaperones handle registration and hospital intake, helping patients navigate the process through completion of their visit.	Local health workers + receiving clinical team

Beyond the Trail: Building The Trek-to-Care Foundation

What started as a personal challenge during Movember 2025 has grown far beyond that. This is no longer just a hike or a personal milestone; it is a direct commitment to helping men reach care earlier.

Facing cancer twice exposes a brutal truth: geography shouldn't decide whether you live or die, but it often does. Sitting in a clinic waiting on diagnostic results is terrifying, but at least you have a fighting chance.

But millions of rural men never even make it through the door. They are cut off simply because they can't afford a ride, a ferry ticket, a hotel room, or a day off work.

Hiking a 540-kilometer-long trail across Türkiye is a serious haul, but it offers a powerful way to illustrate the distance and logistical barriers that rural men can face just to get screened.

The clinics exist. The doctors exist. What too many men lack is a reliable way to reach them. *That's the gap we're closing.*

By funding targeted transport, field logistics, and patient navigation, we help bridge hundreds of men directly into screening who would otherwise be cut off. Backed by our partners and donors, we launch our screening model in 2027. We have taken the initial steps to incorporate The Trek-to-Care Foundation as a non-profit corporation, and following the hike, we will pursue federal 501(c)(3) status to build on this work.

Thank you for your time, support, and partnership in bringing early detection to the men who need it most.



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