

BEYOND *The* MAMMOGRAM

A Self-Advocacy Guide for Women
Who Know Something's Off



Disclaimer

This guide is for educational and awareness purposes only. It is not intended to diagnose, treat, or replace professional medical advice. Always consult with a qualified healthcare provider regarding any questions or concerns you may have about your health or symptoms.

The experiences and information shared here are designed to help you become more informed and empowered in your healthcare journey. Every individual's situation is unique — trust your body, seek professional guidance, and make the decisions that feel right for you.

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Introduction

When I first began this journey, I didn't have a roadmap — I had a whisper. A quiet, holy nudge that something wasn't right, even when every test, scan, and doctor said, "You're fine." At first, I wanted to believe them. I wanted to be the easy patient — the one who trusts the process and doesn't make waves. Yet deep down, I knew peace shouldn't require silence.

After my first diagnosis and treatment, I believed I was safe. For years, I lived as though cancer was behind me. Around year three, new things started happening — stomach issues that didn't make sense, fatigue that rest couldn't fix, digestive changes everyone blamed on stress. Each test came back "normal," yet the discomfort grew louder. By year six, that quiet unrest turned into unmistakable pain — a steady ache on my right side that refused to be ignored. Doctors searched everywhere but the right place. They scanned my stomach, ran procedures, and still said, "We don't see anything concerning." Eventually we learned the truth: breast cancer had returned and spread. The same disease, showing up differently, hidden beneath layers of assumptions.

This book exists because sometimes your intuition will pick up what a mammogram can't. It's not about fear — it's about stewardship over your health, your time, and your peace of mind. I'll show you how to document what you feel with clarity and confidence, turn instincts into evidence, and advocate for yourself in a system that sometimes overlooks what only you can feel.



01

The Awareness Gap

Every woman who's ever heard "You're fine" when she knew she wasn't knows what the awareness gap feels like — the space between what your body is trying to tell you and what the medical system chooses to measure. Scans, labs, and imaging are powerful, but they're snapshots, not the whole picture. When those snapshots look normal, women are often told to go home and rest. But symptoms are data too — living, breathing evidence that deserves to be documented, not dismissed.

Data is what the system collects. Documentation is what you provide. Data describes your condition. Documentation describes your experience. When you merge the two, you create undeniable proof. Your intuition is not instability — it's information. Write it down. Track it. Notice patterns. Over time, those notes become your early-warning system — your evidence.

Chapter 2 — The SDI Documentation Strategy™

When doctors dismiss symptoms, it's often because the story sounds subjective. The medical system runs on evidence. The moment your story becomes documented, you gain power. You move from sounding anxious to sounding accurate.

S — Symptom: Describe what's happening in specific, sensory terms.

- Don't say: "My breast feels weird."
- Say: "I've had brown discharge from my left breast for the past two weeks."



D — Duration: Explain when it started, how long it's lasted, and whether it's changing.

- "The discharge started two weeks ago and is happening daily now."



I — Impact: Describe how it's affecting your life.

- "The pain wakes me up at night and interrupts my sleep."



Together, SDI turns feelings into facts — investigative language that invites action, not dismissal.

REAL EXAMPLE: HOW SDI GOT ME FAST-TRACKED AT THE ER

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One week I was bitten by a bug. Wednesday morning around 6am, it was itchy but I could get my shoe on. By Thursday, the swelling increased and my shoe barely fit. Friday at 3am, I went to urgent care.

I told the doctor: “I have a bug bite that’s progressively swelling. Started Wednesday at 6am, now I can’t fit my shoe on. I’m currently in cancer treatment on antibiotics, so infection risk is a concern.”

The urgent care doctor immediately wrote detailed notes and sent me to the ER for IV antibiotics. At the ER, where I’m an established patient, they took me directly to the back, ran blood work to check neutropenia risk, started IV antibiotics, and the swelling went down.

That’s SDI in action. Clear symptom, specific duration showing progression, concrete impact. No drama. Just facts that demanded appropriate care.

TAKING SDI DEEPER?

This template gives you the structure. In the 3-Day Live Masterclass, we'll practice applying it to YOUR specific symptoms with live feedback. You'll learn how to present your SDI documentation so doctors order tests, referrals, and next steps on the first visit.

We'll cover escalation strategies for when you're dismissed, how to handle "normal" test results that don't match your symptoms, and real-time Q&A so you leave with a personalized advocacy plan.

[Join the Masterclass](#)

03

Asking the Right Questions



Once you start documenting clearly, the next step is speaking up strategically. When a doctor says, “Everything looks normal,” advocacy sounds like: “That’s good to know. What’s our next step if my symptoms continue?” This shift turns the conversation from dismissal into direction.

Eight powerful questions that move care forward:

1. What could this symptom mean, even if imaging looks normal?
2. Can we document this in my chart today?
3. Can someone show me where that note or report appears in my portal before I leave?
4. What are the next steps if symptoms persist after this visit?
5. Could this be related to previous surgery, treatment, or tissue changes?
6. If I’m under 40, should I request a diagnostic breast ultrasound in addition to a mammogram?
7. What tests rule this out, and when should I follow up?
8. Could this be something deeper that the imaging didn’t capture?

Tone matters: calm, firm curiosity. You’re not challenging authority; you’re activating partnership.

Note: For women diagnosed with Stage 0 or Stage 4 breast cancer, additional tailored questions are available in the Addendum and Resources sections at the end of this guide.

04 Creating Your Advocacy Binder

When your life depends on clarity, organization is peace. Your binder can be a 3-ring binder, accordion folder, or digital folder.

Include:



1. SDI Symptom Log
2. Doctor Visits (summaries and notes)
3. Lab & Imaging Results
4. Treatment/Medication Notes
5. Questions & Follow-Ups
6. Faith & Reflection

Use color tabs or simple digital folders. Name files like 2025-03-12_Mammogram_Report.pdf so everything's easy to find.

At the appointment, say: "I like to keep everything organized so nothing gets missed could someone show me where today's summary is saved in my portal?" Preparation earns respect without raising your voice.

Download your advocacy binder templates, including the digital and printable calendar and symptom tracker, at

WWW.CW-ALLIANCE.COM/BINDER



05

Listening to Your Body

Your body speaks in patterns: energy shifts, pain rhythms, cycles of calm and discomfort.

Intuition often arrives as a steady knowing, while anxiety spikes and fades. To listen well:

- *Breathe: 4-7-8 breathing before you write or speak.*
- *Journal: one paragraph daily using SDI format.*
- *Pray: Ask for wisdom, clarity, and favor with your care team.*

Reflection Prompt

*When have your instincts proven right before? What did it feel like?
How can you honor that signal sooner next time?*

06

Your Next Step



You now have the foundation to advocate with confidence. You don't have to do it alone. In my 3-Day Live Masterclass, I walk you step-by-step through applying SDI to your real symptoms, communicating effectively with providers, and turning intuition into medical evidence that gets results.

[JOIN THE MASTERCLASS →
WWW.CW-ALLIANCE.COM/MASTERCLASS](http://WWW.CW-ALLIANCE.COM/MASTERCLASS)

07 Addendum: Questions, Clarifications & Hope for Every Stage

Knowledge doesn't cancel faith — it strengthens it. You can pray and prepare.

FOR WOMEN DIAGNOSED WITH STAGE 0 (DCIS or Early Detection)
A Stage 0 or DCIS diagnosis means abnormal cells are contained within the ducts/lobules. It's early and often treatable. It's not a reason to relax; it's time to act wisely.



Questions to Ask Your Doctor/Surgeon:

- What type of DCIS do I have (grade, hormone receptors, HER2 status)?
- What are my options (lumpectomy, mastectomy, radiation, active monitoring) — pros and cons of each?
- If we monitor, what is the follow-up plan (how often, which tests)?
- Is this hormone-driven? Should I consider anti-hormone therapy?
- How do I access my full pathology report (show me in the portal)?
- What lifestyle or nutrition changes may help prevent progression?
- What are the chances of recurrence, and what surveillance schedule do you recommend?
- Should I consider genetic testing (BRCA1/BRCA2)?
- What symptoms should prompt me to call you immediately rather than waiting for my next appointment?

Encouragement

Stage 0 is not “nothing.” It’s an early flag and an opportunity to build documentation habits now. Many women with DCIS never progress to invasive cancer, especially with appropriate treatment and monitoring. You caught this early. That matters.

FOR WOMEN LIVING WITH STAGE 4 (Metastatic Breast Cancer)

When breast cancer spreads beyond the breast to other organs, it’s called metastatic. If it spreads to the lungs, it is still breast cancer located in the lungs — not new lung cancer. That distinction guides treatment.

What Cancer Is (Plain Language)

Cancer is when cells grow uncontrollably and refuse to die when they should. It’s not a punishment or the end. Many women live years — even decades — with Stage 4 using modern therapies.





Questions to Ask Your Oncologist About Options Beyond IV Chemotherapy:

- What is my specific subtype (HER2 status, hormone receptor status, triple-negative, etc.)?
- What treatments exist beyond IV chemo (e.g., targeted therapies like abemaciclib/Verzenio or ribociclib/Kisqali; hormone therapy if HR-positive; immunotherapy options; clinical trials)?
- How will we monitor effectiveness (scans, markers, labs, symptoms)?
- What side effects should I expect, and how can we manage them proactively?
- Are there palliative or integrative options (PT, nutrition, counseling) to improve quality of life?
- What is my treatment goal (disease control, symptom management, maximizing quality time)?
- How often will we reassess the treatment plan if this approach stops working?
- Are there clinical trials I should consider, and how do I access them?
- What support resources exist for metastatic patients (support groups, financial assistance, mental health services)?

Truth & Encouragement

Stage 4 doesn't mean final — it means ongoing. I've lived with metastatic breast cancer for six years, and I've met women thriving more than two decades. Some never need IV chemo; some do well on oral targeted therapies. The goal isn't just to survive — it's to live with authority, joy, and clarity.



WANT TO KNOW MORE?

[Join the Masterclass](#)

CLOSING AFFIRMATION

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I am not imagining things. I am informed, intuitive, and in control.



Resources

- BreastCancer.org — education on treatments and targeted therapies:
<https://www.breastcancer.org/>
- ClinicalTrials.gov — search for trials by subtype and location: <https://clinicaltrials.gov/>
- Join the 3-Day Masterclass (UnDiagnosed & UnTreated): <https://www.cw-alliance.com/masterclass>
- Download Advocacy Binder Templates:
<https://www.cw-alliance.com/binder>

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