

*Words and ideas from*

***John Morley***

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*A Writing Sample*

**FORMAT:** Patient Information Video

**PURPOSE:** Inform women about the importance of mammography and motivate them to include mammography in their regularly scheduled healthcare activities.

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**VISUAL**

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FADE IN:

A woman in her late 50's thumbs through a magazine, she hesitates on an article on breast cancer, then quickly thumbs past it, trying to avoid what is pushing its way from the back of her mind

Before bed that evening, she examines herself in the mirror.

From a coffee table littered with travel brochures, we pull back to reveal the woman talking with a daughter in her mid 30's.

Mother fidgets with a travel brochure.

Doctor in office talking directly to audience.

**AUDIO**

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MUSIC: QUIET, REFLECTIVE.

MUSIC: SAME MOOD, WITH A NIGHT-TIME FEEL TO IT.

MUSIC: MORE RELAXED, BUT CONFIDENTIAL.

DAUGHTER: Oh mother, I had my baseline mammogram done last year -- it's nothing -- really.

MOTHER: Did it hurt at all?

DAUGHTER: You have pap smears -- it's no worse than that

MOTHER: So you don't think my self- exams are enough.

DAUGHTER: No I don't. And the American Cancer Society doesn't either. (BEAT) You really are worried aren't you?

MOTHER: You know what happened to your grandmother. (SHE THROWS BROCHURE BACK ON THE COFFEE TABLE.)

DAUGHTER: Listen -- just talk with your doctor. Okay?

MOTHER: (GESTURING TO BROCHURES) I can't now.

DAUGHTER: Yea, now -- before you and dad leave on your trip. So it won't be on your mind.

DOCTOR (to audience): A lot of my

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**A U D I O**

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Moves to chart.

patients are concerned about breast cancer. Unfortunately, they also seem afraid to discuss those concerns with their doctor.

Chart showing cancer frequencies.

Breast cancer is the most common cancer in women, but it can be effectively treated -- without disfigurement.

Talks to audience.

The key is early detection. Treated early enough, breast cancer is almost 100% survivable, and there are several early-treatment options far short of mastectomy.

Poster or graphic:

The most effective means of early detection is mammography. It can detect a tumor up to three years before it could be found by physical examination.

Mammography

- Up to 3 years earlier detection.

Talking to audience.

Mammography is a simple procedure -- taking less than \_\_\_\_\_ minutes. The

Chart showing recommendations.

American Cancer Society recommends that . women between 35 and 40 have what is called a "baseline" mammogram. Which become a reference with which later mammograms are compared. Between the ages of 40 and 50, mammograms are recommended every two years. And every woman over 50 should make a mammogram part of her annual check-up.

Talking to audience.

Mammography is an essential step in stopping breast cancer. But the first step, is turning fears into action.

Dissolve back to mother and daughter continuing earlier conversation.

DAUGHTER: Go in and just talk with your doctor -- Okay?

MOTHER: But what if they find something?

DAUGHTER: That's the whole point mother.

MOTHER: No, I mean -- like for this trip, there may be some things I'm better off not knowing yet.

**VISUAL**

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Dissolve to doctor's examination room.  
Doctor is talking with mother.

**AUDIO**

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DAUGHTER: This trip is supposed to be for leaving your worries behind. And it sounds like your biggest worry is already packed.

MOTHER: It's that obvious?

DAUGHTER: Just go in and see you doctor. Okay?

MOTHER: Okay.

DOCTOR (talking to mother): Since I couldn't find anything in the physical exam, chances are about 90% that your mammogram will show a clean bill of health.

MOTHER: But if you do find something?

DOCTOR: A tumor that can only be detected through mammography, is going to be very small. Caught early enough, it may be completely removed by minor surgery. We may even be able to do it with just local anesthetic right here in my office.

MOTHER: And what would be the worst case?

DOCTOR: Caught this early, you're almost assured that a mastectomy will not be necessary.

MOTHER: So in any case, I could probably still leave in time for my trip?

DOCTOR: I can say with as much certainty as we're ever allowed in the medical profession -- you could be doing anything you can do now within \_\_\_\_\_. That's why early detection is so important -- much smaller tumors; much easier to treat.

MOTHER (still tentative): That's convincing.

DOCTOR: So are you ready for your mammogram?

MOTHER: I think so.

DOCTOR: Okay, I'll give you a prescription to have your mammogram done

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Dissolve to mammography lab.

Mother steps up to the machine.

Radiologist gives mother instructions.

Radiologist continues the procedure. Cut-aways of the people and equipment will adjust the visual to the length of the voice-over,

Sequence stressing the equipment.

Sequence stressing the film. Include package designating "mammography" film.

Procedure continues.

Radiologist does mammogram of other breast.

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(DOCTOR'S VOICE BECOMES A VOICE-OVER FOR THE PROCEDURE AS IT HAPPENS.

DOCTOR (VO): The radiologist will have you undress down to your waist, then step up to the machine...

RADIOLOGIST: I'll need you to place your breast right on this plate. I'm going to X-ray each breast from two different angles.

MOTHER: Like a regular chest X-ray?

RADIOLOGIST: Except a much lower dosage.

DOCTOR (VO): In the past, there was some concern about radiation. That was when mammography was done with conventional, full-dosage X-ray equipment.

Now, we use low-dosage equipment -- designed exclusively for mammography. (FINISH VISUALS OF EQUIPMENT)

And the film has also been specially modified -- making it much more sensitive. (FINISH VISUALS OF FILM) So the dosage now required for mammography is almost negligible -- reducing your risk to the chance you take traveling about 60 miles in your car.

RADIOLOGIST: I need to compress your breast now, so we can get a clearer picture.

DOCTOR: Fears about discomfort from breast compression are also often overstated, and what discomfort there is can be minimized by scheduling your mammogram for about a week after menstruation.

RADIOLOGIST: Hold still.

SFX: MACHINE EXPOSES THE FILM.

DOCTOR: The same procedure is repeated for both breasts, giving us a set of 4 exposures.

RADIOLOGIST: That's it.

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Film is processed.

MOTHER: That's all there is to it?

Radiologist with film on light boxes, dictating into a hand recorder.

RADIOLOGIST: Except that I'll need you to stay in the waiting room until I'm sure there's no problem with the film. But you can go ahead and get dressed now.

The film is then processed... (PAUSE TO SHOW FILM BEING PROCESSED)

The full set of X-rays is then interpreted by a radiologist. This is a specialist -- a physician -- with the insight and knowledge that only comes from working with mammography every day.

Doctor in room with X-ray boxes.

RADIOLOGIST: (DICTATES INTO HAND RECORDER) SFX: RADIOLOGIST'S WORDS ARE FILTERED TO SOUND LIKE THEY ARE COMING OUT OF A HAND RECORDER AT THE POINT OF THE CROSS- FADE TO THE DOCTOR.

DOCTOR (to audience): What the radiologist looks for can be seen in this film of a breast that does have a tumor.

Close-up of X-rays.

This tumor has spread to the lymph node under the arm, and was large enough to be detected by physical examination. This much smaller tumor shows up as

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It was too small to be detected by physical examination, and was removed through minor surgery. And on this film, it takes a very trained eye to make out

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\_\_\_\_\_ . This tumor was removed with the initial biopsy, and no further surgery was necessary.

Talking to audience.

So now you can understand that mammography provides some very detailed -- and possibly life-saving -- information.

**VISUAL**

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Doctor picks up envelope with film inside, and gets up to leave.

Brief sequence shows doctor going down the hall to the examination room.

Doctor enters the examination room.

Places film on X-ray viewing boxes.

Dissolve to doctor in office talking directly to the audience.

Chart showing recommendations.

Chart showing mammogram frequency.

**AUDIO**

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And I have a patient waiting -- to find out what her film shows.

DOCTOR: Hello Judith. MOTHER: Hello Dr. Henderson.

DOCTOR: You all ready for your trip?

MOTHER: That depends a little on what you have to say.

DOCTOR: I'd go if I were you.

MOTHER: So you didn't find anything?

DOCTOR: We found a pair of very healthy breasts. (POINTING TO FILM) All the tissue is

\_\_\_\_\_

\_\_\_\_\_

and there are no \_\_\_\_\_.

MOTHER: So I have nothing to worry about?

DOCTOR: Right. And now that we have this film to use as a base-line mammogram, I'd like you to have another one done every year. Keeping this kind of a history on you...(FADES UNDER)

DOCTOR (to audience): Breast cancer can be stopped -- if you'll do just three things:

practice monthly breast self-exams; have yearly physical exams by a physician trained in breast examination; and have periodic mammograms.

The American Cancer Society recommends that all women between 35 and 40 have a base-line mammogram -- for initial peace of mind, and as a comparison for later mammograms.

Between 40 and 50 years of age, mammograms should be taken every two

**V I S U A L**

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Dissolve to mother and daughter mugging and modeling resort clothes as the mother packs for her trip.

**A U D I O**

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years. And women over 50 need to include a mammogram as an indispensable part of their yearly physical examination.

Mammography can provide up to a three-year head start on treating breast cancer. And every day, of that head start means your chances of survival are increased, while the possibilities of disfigurement are reduced.

MUSIC: HAPPY ACTIVITY THEME BEGINS FADE UP.

So talk with your doctor about it,

By turning fear into action, maybe you too can leave some worries behind.

MUSIC FULL TO END.