



## Screening Tests Worth Paying For

- 1. Electron-beam CAT Scan of the Heart to detect Atherosclerosis** (Also: rapid *multi-detector* CAT scan for the same purpose.) Nicknamed ‘EBT’, these scanners allow us to determine whether or not a person is developing “hardening of the arteries” in their coronary arteries. Unlike most cardiac screens such as cholesterol or blood pressure levels, which are very indirect, this test looks directly at YOUR heart. In apparently healthy people the results correlate 100 times more closely with the likelihood of having a heart attack than does any other single risk factor. It truly identifies who needs to be aggressively treated and who does not. Many web sites describe this well-studied screening test.
- 2. Ultrasound of the Abdomen to screen for Aortic Aneurysm.** This benign and relatively inexpensive study is highly sensitive for detecting aortic aneurysms, (which are now being recognized as a major source of preventable death in American patients.) It also has the benefit of finding kidney cancers when they are small and detectable, and screens for other intra-abdominal pathology. It need be performed only about every three or four years for people over the age of 40 and costs about \$225 locally. It uses no dangerous radiation and is completely painless. The first such test for any individual may find some common and benign abnormalities such as kidney cysts or small liver irregularities. In such cases it is important NOT to over-react and perhaps just repeat the test in 6 months. Bad things will have changed during that time but the common benign abnormalities will be stable.
- 3. Extended Lipid Testing for patients with Atherosclerosis.** Lipoprotein particles, (the “floating containers” for cholesterol and triglycerides) come in all different shapes and sizes. The state-of-the-art in treating patients with either known heart disease or an EBT scan showing “hardening of the arteries” relies on understanding not only a person’s cholesterol, good and bad, but also the size and shape and buoyancy properties of these particles. At my office we use the Berkeley Heart Lab in California <http://www.berkeleyheartlab.com/> as our standard in this special testing. We use it to individualize treatment plans for reducing the risk of heart attack.
- 4. Colonoscopy to screen for Colon Cancer and Polyps.** What a nightmare it is to sell this test to patients! Yet, every man *and woman* should really have a colonoscopy as a special treat on their 50th birthday – sooner if you have a family history of colon cancer or polyps. Colon cancer attacks men and women equally and I’m firmly convinced that a single colonoscopy, no later than age 50, can be one of the most life-saving tests a person will undergo. Colon cancer is extremely common but very sneaky. It is slow-growing and plodding, but like the story of the tortoise and the hare, if you drop your guard, it will relentlessly sneak up and overtake you. The downside: The test is embarrassing (but you’re usually too sedated to care) and the prep is a drag (the ultimate laxative.) But the life-saving potential is simply huge. As a brilliant advertising campaign once said, “Just Do It”.
- 5. Carotid Ultrasound for Stroke Prevention.** This simple test is offered at health screening fairs everywhere and is another painless “sound picture” - this time, of the carotid arteries in your neck. Hardening of the arteries to the brain causes most stroke and this scan will see if the biggest of these pipes are getting narrower. While there is still debate about whether such screening actually results in fewer deaths by stroke - (such information is extremely hard to prove in real life) - I will note that an abnormal study should send you to your doctor to have your heart checked as well (with EBT!) and should launch a hunt for the risk factors causing the carotid artery disease.

Dr. John Corso

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### 6. **PillCam screening for Esophageal Cancer**

Thankfully, it's not among the most *common* cancers in Americans but occurrence of esophageal cancer has been increasing at an average rate of over 40% per decade. Aggressive debate in the medical literature has gone so far as to suggest routine endoscopic screening (a camera down your throat) of the esophagus. However, it's expensive, somewhat invasive and requires intravenous sedation - all in all, no one's idea of a good time. Now there's a new technology called the **PillCam**, a camera the size of a large vitamin that is simply swallowed by the individual. As it makes its way down the esophagus, it rapidly flashes light and snaps pictures (14 per second) transmitting them to a receiver outside the patient's body. It is important to realize that the PillCam is a screening tool only, used to look for abnormal tissue in the esophagus. Any suspicious finding will mean a follow-up endoscopy to biopsy the area of concern.

7. **Urine Cytology screening for bladder cancer.** Bladder cancer strikes 50,000 Americans every year and kills about 11,000 of them. Checking the urine for blood once a year is the only screening currently done in most settings. It is well known that sending the same urine to a pathologist (a doctor who specializes in examining cells) will detect both kidney and bladder cancer earlier. This is not yet endorsed by any cancer prevention group but until I can see the down side, I'm recommending it in addition to the routine annual urine test.

8. **CAT Scan screening for Lung Cancer.** This is under study by Cornell University to see if it saves lives. Taking annual chest X-rays failed to demonstrate any ability to prevent death from lung cancer and has been widely abandoned. However, the newer imaging technologies like EBT and multi-detector CT scanning give such high quality pictures, that very small tumors can be detected and more accurately determined to be malignant or not. Available now, for smokers and former smokers.