



Margit M. Winstrom, MD

The Good Old Fashioned Family Doc Clinic

"We do it the old fashioned way ~ with TLC"

SHOULD I GET ONE OF THOSE TOTAL BODY SCANS?

Aggressive, direct to consumer advertising is bombarding the public with new screening technologies—total body CT, coronary artery calcium detection, virtual colonoscopy, genetic testing for “cancer genes”, and more. The American public carries an enthusiasm for cancer screening that is unhampered by false positive results or even the possibility of unnecessary treatment. A recent survey reported in the Journal of American Medical Association showed that a substantial portion of adults believe that routine cancer screening not only saves lives but that it is irresponsible not to do so. Amazingly, two-thirds of those interviewed wanted to be tested for cancer even if nothing could be done. Apparently, our “take the test, not the chance” campaigns have been so successful that we now have an environment ripe for premature acceptance of technologies that can put the public at risk for unnecessary testing and treatment.

There is no data to support the benefit (or even the safety) of total body CT screening. This testing modality is not endorsed by any professional medical organization and, in fact, discouraged by many. For perspective, we should note that the medical profession is still hotly debating the value of mammograms (at least in women under 50), a technique that has been available for many decades.

The greatest downside I see in this technology is dealing with the frequent incidental benign findings that alarm patients. Additional procedures are frequently required to put the issue to rest. But as a family physician I also know that false positives are not bad. Survey respondents often described the detection of a “false positive” as the “scariest time of their life,” yet 98% said they were glad they had the screen.

False positives are often a very effective, attention-getting event, which lead to positive lifestyle changes and, therefore, prevention. Unfortunately, this prevention strategy comes at high financial and emotional cost.

We are told that 50% of deaths could be significantly postponed if lifestyle choices regarding alcohol, tobacco, diet and exercise were made in keeping with conventional wisdom. We only need to consult the actuarial tables to know our society’s real risks. Certainly, no medical advice has unanimous agreement but there are a few things that seem to have a consensus of opinion for now.

We know that cardiovascular-level exercise stimulates development of collateral circulation routes to the heart muscle so that even if a major artery is blocked the heart muscle can survive. We know that 81 mg of aspirin a day lowers the risk of heart attack and stroke by 30% with some, but proportionally negligible, downside. We know that smoking significantly increases your risk of premature death from a variety of causes. We know that obesity; especially abdominal obesity (waist size greater than 35 inches for women and greater than 40 inches for men) as measured at the widest place between the navel and the lowest rib portends a significant cardiovascular metabolic risk. We know that more than two alcoholic drinks per day convey both cancer and cardiovascular risk. We know that both colonoscopy and mammogram after age 50 find cancers in asymptomatic patients that would otherwise grow undetected.

My contention is that most of us already know what to do to prevent most of what current medical knowledge knows how to prevent. Probably, one day we will have a machine with the sensitivity and specificity to generate meaningful risk data and detect modifiable disease early but we are not there yet. Until then, I believe your best approach is to find a trusted health professional who will help you sort out your unique risks and then ACT on the advice.