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BLOOD PRESSURE

Screening for high blood pressure should begin at age 18. The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends screening every two years for adults whose blood pressure is below 130/85 and more often if blood pressure is higher.

OSTEOPOROSIS

The task force recommends that women have a bone density test at age 65. Research also shows that women who are thin (154 pounds or less) are at higher risk of having fractures and should ask their doctor about being screened between ages 50 and 64. Men and women should also inform their doctor if they experience sudden back pain or changes in posture or height.

PROSTATE CANCER

The task force recommends discussing the pros and cons of screening with your doctor, and the American Cancer Society encourages men age 50 or older with a life expectancy of at least 10 years to have an annual PSA test and digital rectal exam.

DEPRESSION

Anyone who, for two weeks or more, has felt sad, down, hopeless, or uninterested in activities they usually enjoy should ask their physician about being screened for depression.

CHOLESTEROL

Most men should have regular cholesterol checks beginning at age 35; most women should start at age 45. High cholesterol increases the risk of coronary heart disease. Women can start cholesterol checks later than men because women usually develop heart disease later in life. Adults can be tested every five years if they have normal cholesterol — a total cholesterol level of less than 200 milligrams per deciliter of blood, and an HDL, or good cholesterol level of 40 mg/dL or more. People with risk factors for heart disease, including smoking, diabetes, or a family history of heart disease, should start cholesterol checks at age 20.

DIABETES

According to the task force, only adults with high blood pressure or high cholesterol should be screened for type 2 diabetes, the most prevalent type. But the American Diabetes Association suggests that people consider screening at three-year intervals beginning at age 45. The diabetes association notes that clinical studies haven't documented its ability of screening to reduce death or disability from diabetes.

SEXUALLY TRANSMITTED DISEASES

No matter what your age, talk to your doctor about risk factors for HIV, gonorrhea, chlamydia, and other sexually transmitted diseases.

COLORECTAL CANCER

Most adults should have screening tests for colorectal cancer beginning at age 50. Physicians can recommend which test is most appropriate.

CERVICAL CANCER

Women should have a Pap smear every one to three years if they are sexually active or age 21 or over. The American Cancer Society says women over 30 who have not had an abnormal Pap test in the past 10 years don't require the test.



Like a lot of people, Michele Little doesn't like going to the doctor. But after a friend died of colorectal cancer that wasn't diagnosed until a late stage, Little, a member of the Rotary Club of Grapevine, Texas, USA, set aside her fears. She made an appointment for a colonoscopy, one of four types of tests recommended by the American Cancer Society (ACS) to detect colorectal cancer.

"I can't tell you how much I dreaded it," Little says.

The morning of the procedure, Little told the nurses of her trepidation. "They immediately became more conciliatory," she says. "When the doctor came in, he was very congenial. Their kindness was reassuring. So were the test results, which showed no sign of cancer."

Little says she was gratified to

Testing 1-2-3

Get the most out of health screenings.

by Rebecca Voelker

have conquered her worries about an invasive test that no one looks forward to. In addition to the colonoscopy, she has regular mammograms to screen for breast cancer. In the long run, she says, it's better to undergo an unpleasant test than to learn too late of an advanced illness. "I may be chick-

en, but I'm not stupid," she says.

Even health-conscious people who exercise, eat lots of fruits and vegetables, and would never touch a cigarette can benefit from screening tests. Consider the track record of the Pap test, introduced in 1943 to screen women for cervical cancer. Since then, widespread screen-

ing using the Pap test has helped cut the rate of cervical cancer deaths in the United States by more than 70 percent, according to the ACS.

But everyone should recognize a crucial caveat: Screening for diseases has both risks and benefits, and some tests aren't routinely recommended even if they do detect disease early. "Screening is often misunderstood by the public — and by many health professionals," says Dr. Neal Kohatsu, president of the American College of Preventive Medicine.

The key to understanding screening tests, says Kohatsu, is realizing that early detection of disease matters only if it affects the eventual outcome — by reducing death or disability, for instance, or by improving a person's quality of life. For example, genetic screening can detect Huntington's disease, a degenerative neurological disorder, before symptoms appear. But there is no preventive treatment or cure for the illness, so early detection carries few benefits.

The outlook is much different for other conditions, such as heart disease and some cancers. "Detecting conditions like cancer early will make a difference," Kohatsu says.

During the last two decades, as physicians and clinical

mentations, which it updates periodically as new research becomes available. Today, says Dr. Diana Peritt, vice chair of the task force, "there is very good evidence that there are things people can do that will prevent the development of diseases or detect disease at a stage when it can be treated more effectively."

But figuring out exactly what those things are and when they should be done can be quite confusing for the lay person. Besides the task force's recommendations, organizations including the ACS, the American Diabetes Association, and the American Heart Association issue their own guidelines, some of which might conflict.

Early detection of prostate cancer, for example, has become

PSA test in 1993 when he belonged to the Rotary Club of Cheat Lake, W. Va. Four Rotary clubs in the Morgantown, W. Va., area sponsor low-cost health screenings for the community twice a year; a PSA test showed that Tribbie's PSA level was elevated. Later, a biopsy indicated he had slow-growing prostate cancer.

Since his diagnosis, Tribbie has undergone two rounds of cryosurgery, a procedure that freezes the prostate to kill cancer cells. After a second recurrence of cancer three years ago, he had a series of 40 radiation treatments. "Side effects from these treatments have been minor," says Tribbie, a past governor of District 7530. A recent test showed his PSA level was

medical or scientific groups recommend routine prostate cancer screening. The task force says physicians should discuss the potential benefits and drawbacks of screening with their patients, whereas the American Cancer Society believes screening using the PSA test and digital rectal exam should be offered annually to men 50 and older with a life expectancy of at least 10 years.

For women, the evidence offers clearer support for mammography as a tool for breast cancer screening. The task force and the American Cancer Society recommend that women begin regular mammograms at age 40. Whereas the cancer society favors annual screening, the task force advises women to have mammograms every year or two.

Despite some conflicting guidelines, Kohatsu says people should not neglect screening tests or, worse, dismiss them entirely because recommendations don't match up perfectly. "Science is not as cut and dried as we might think," he says. He encourages people to talk with their doctors and decide which tests are most appropriate for them based on characteristics such as family history and individual risk factors.

Kohatsu urges people to seek information from reliable sources. "Don't just Google for this," he notes. "There are charlatans in prevention as well as treatment."

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Even health-conscious people who exercise, eat right, and don't smoke can benefit from screening tests.

researchers have looked beyond treatment toward prevention, screening tests have assumed an increasingly prominent role in health care. But mass screening for even relatively common conditions is expensive and potentially harmful. Doctors therefore need reliable information about which tests are effective, who should have them, and how often they should be given.

The U.S. Preventive Services Task Force took up the challenge of addressing those questions, spending four years evaluating thousands of clinical studies to see what could make scientifically based recommendations about screening tests. In 1989, the group published its first set of recom-

one of the most debated aspects of screening. The prostate-specific antigen (PSA) test and a digital rectal examination can detect early prostate cancer. But the PSA test, which measures levels of a chemical cancer indicator in the blood, produces a high number of false positive results, leading to concern among researchers and physicians that it can lead to unnecessary treatment and complications such as impotence and incontinence. Even if detected early, prostate cancer sometimes progresses so slowly that some men might never require treatment.

Art Tribbie, a member of the Rotary Club of Cape Coral-Goldcoast, Fla., USA, had a

undetectable. Even though his cancer wasn't considered aggressive, he is content with his screening and treatment choices. "Early detection is important," he says.

Tom VanLandingham, a member and past president of the Rotary Club of Morgantown, also was diagnosed with prostate cancer after attending one of the club-sponsored screenings in 2004. Today, after 42 radiation treatments, VanLandingham says his PSA level "is as good as it can be." But a friend's experience with PSA testing shows why the screening remains controversial. "His PSA was high, but even after a biopsy, they couldn't find any cancer," VanLandingham says.

None of the major U.S.