

Testing Tip Sheet

According to experts, some screenings shouldn't be standard. Here are three that you might not need—and two you should consider.

BY AMY
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Technology has given us the ability to screen for certain diseases earlier and more accurately. But **more isn't always better.** “Whenever you do medical diagnostic testing, it seems at first blush a great idea to try and uncover problems before they get too serious, before they're causing symptoms and you can treat them early, but **there are problems with that,**” says Dr. Matthew Ellman, associate professor of medicine at the Yale School of Medicine. **No test is 100 percent accurate,** and risks may be associated with unnecessary testing or treatments, including a false sense of security. So what tests should be as routine as our annual gynecology appointments and which ones can wait? Our experts can **help you decide.**



~~✗~~ CARDIAC STRESS TEST

At a certain age, a lot of your friends will be getting this one done. But that fact alone doesn't make this an adult version of the SAT. A stress test evaluates the likelihood that you'll develop cardiac disease and isn't a screening test for healthy people.

"Stress testing is done on a person who has symptoms and (who) the doctor feels ... has potentially (heart-related) symptoms," says cardiologist Nieca Goldberg, author of *Dr. Nieca Goldberg's Complete Guide To Women's Health*.

She adds that it can also be useful to people with existing heart disease, sedentary men over the age of 40 and women over 50 who have never exercised (the latter two because they may be at a greater risk).

~~✗~~ GENETIC TEST FOR BREAST & OVARIAN CANCER (BRCA)

This is another example of a useful test when taken by the right population. "The BRCA evaluation is not a screening test, but it should be done when there is a family history of breast or ovarian cancer," Goldberg says.

But why wouldn't everyone want to screen for breast and ovarian cancers? This test specifically measures your risk of developing the disease based on a genetic configuration. "It only describes risk for 10 percent of people who end up having breast cancer," Goldberg says.

So 90 percent of breast cancer patients do not have the BRCA gene abnormality, which could leave those who get negative results with a false sense of security.



~~✗~~ FULL BODY CT SCANS

This test gets an F in most medical literature. "I don't recommend getting this test because it's never been proven to provide any health benefits, and it has radiation," Ellman says.

Not only can the test lead to unnecessary worry and further testing, but long-term exposure to radiation can increase your risk of the various cancers you're hoping to avoid. One caveat: The test may be useful in determining if an existing cancer has metastasized.



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So, what’s the fix? “If you find someone is D deficient, you’re going to try to rectify it with supplementation, diet or sun exposure. There is no downside besides the cost of the test,” Ellman says.

But don’t go popping supplements without talking to your doctor and getting tested, because an overdose of D can be toxic.

✓ **COLORECTAL SCREENINGS**

Colonoscopies are another no-brainer—a little discomfort now can save you from a positive diagnosis down the road. “There is a lot of evidence that colorectal cancer screenings, particularly by colonoscopy, can save lives,” Ellman says. That’s because gastroenterologists can find polyps before they turn into cancer.

Women with no history of colon cancer in their family should begin getting colonoscopies at age 50; those with a family history should start earlier. ☞

Two to Ask About

✓ **VITAMIN D TESTS**

It’s easy to be skeptical about this one, but according to our experts, it can’t hurt to know your number.

“Vitamin D testing is important and under-, not over-prescribed,” says Goldberg, who adds that those who don’t spend time in the sun, avoid D-enriched foods, like milk, and have low bone density may be particularly at risk.