

## *9Health Fair Frequently Asked Questions*

Q: Do I need the blood count; I am already getting the blood chemistry screening?

A: The blood chemistry screening looks at a variety of substances contained in your blood that help your healthcare provider understand how well your various organ systems are performing. These systems include your cardiovascular system, liver, kidneys, thyroid and pancreas.

The blood count looks more at the cells contained in your blood and their functioning and structure. These include red blood cells, white blood cells and platelets. It measures the structure of the red cells and their iron and oxygen carrying capacity. White blood cell counts can help identify the presence of infection, immune system deficiencies and even allergies. The blood count also assures your provider that your platelet count is adequate for a healthy blood clotting system. Your healthcare provider can also identify anemia, infection and a number of other problems from the blood count.

Q: What does the PSA screen for and why should I get it?

A: PSA stands for Prostate Specific Antigen and is a substance secreted by the prostate. Elevations in this substance can be due to inflammation, infection, cancer or an enlarged prostate. While it is very sensitive, only your healthcare provider can help you figure out the cause. A PSA is recommended for men over forty and under seventy five. For best results, a PSA should be coupled with a digital rectal exam which gives your healthcare provider additional valuable information about your prostate health.

Q: I have heard some people saying you shouldn't get a PSA. What should I do?

A: The PSA is the best and only blood test that can help detect cancer in the prostate. It can also be elevated from other causes such as infection, inflammation or even an enlarged prostate. When coupled with a digital rectal exam of the prostate, your healthcare provider can help you figure out how to proceed. The controversy stems from when to screen men and how often. PSA is very sensitive and can alert you to the presence of prostate cancer. Some of these cancers are so slow growing that they wouldn't affect you in your lifetime. When introducing

treatment to these slow growing tumors, some experts think the risk and possible complications of the treatments are greater than the damage from the slow growing cancer. At the current time it is difficult to predict which one of these cancers one might have. Please talk with your healthcare professional if you have any questions.

Q: Do I really need the colon cancer screening kit?

A: As we age, our risk of colon cancer increases. At age 50, it is recommended that a screening for blood in your stool be obtained. This can indicate colon cancer. It may also indicate other things such as hemorrhoids, fissures or other inflammatory changes. A positive test should result in you following up with your healthcare provider. He or she can help you figure out the next steps and whether or not you are a candidate for a colonoscopy, the gold standard in identifying colon cancer. Caught early enough, colon cancer may be treated very effectively. If you have a family history of colon cancer it is recommended that you be screened starting at age 40.

Q: I have heard about a CRP test (C-reactive protein) helping to predict heart attack risk. Why aren't you doing that??

A: A research study last year studied the impact of treating people with a cholesterol lowering drug who had normal cholesterol levels but an elevated level of high sensitivity C-reactive protein (CRP-hs). The drug, Rosuvastatin or Crestor, is one of several similar drugs called statins. The result was that the rate of cardiac events (myocardial infarction) and stroke were reduced in this group of normal cholesterol patients. This may be a test helpful in identifying patients at risk for these diseases even when they have a normal cholesterol level. That's a great start but only one study and the medical community needs to see more research to support this. Our Medical Advisory Committee feels that this research is very promising but too early to make a recommendation for a screening exam for the general public. Additionally, the high sensitivity CRP is a very expensive blood test. 9Health Fair thinks this test should be ordered upon consultation with your provider at this point in time.

Q: I have heard Vitamin D deficiency has become a problem again. Is this true?

Most Vitamin D is created by our bodies in reaction to sunlight. As we do a better job of protecting ourselves from the sun, we increase our risk of not getting enough Vitamin D. Reduced consumption of milk may also relate to Vitamin D deficiency, as milk in the United States is fortified with Vitamin D. As you probably know, severe Vitamin D deficiency is associated with rickets, a bone softening disease usually found in infants. But as the concern of skin cancer and the reduction of sun exposure continue to be recommended by our public health system, Vitamin D deficiency and its role in osteoporosis becomes a more important issue. The 9Health Fair is in the process of preparing a pilot for Vitamin D testing at a number of our spring fairs in 2010. Look for more information on this as we approach the 2010 9Health Fair season.

Q: Why don't you use Hemaglobin A1c as a screening test for diabetes?

A: When you have your blood glucose checked you are measuring your blood glucose at the moment you perform the test. This number gives you important information for diagnosing either Type I or Type II diabetes. The hemoglobin A1C (HbA1C) test shows your average blood glucose over the last 60 to 90 days. Both our Medical Advisory Committee and multiple national organizations such as the CDC are reevaluating this currently. We will be updating information on this screening as more research is completed on the usefulness of Hemaglobin A1c as a screening test.