

Looking inside his body: On left, John Reyes prepares Robert Davis for the scan. On right, organs and skeletal structures

The Inside Story

By Robert Davis
 USA TODAY

NEWPORT BEACH, Calif. — That little bulge on my aorta is the first tick of a time bomb.

"That's real," Harvey Eisenberg says, as he takes me on a computerized ride down the middle of my body. He stops at the aorta, my body's largest blood vessel, and points out a nasty little bump that

could very well be what ends my life.

Eisenberg, a controversial radiologist, uses a CT scanner at his HealthView Center for Preventive Medicine here to peer inside healthy people's bodies in order to tell them what unsuspected health problems lurk there.

HealthView, one of the first such centers in the nation, initially attracted the wealthy, worried well. But as insurance

companies pay for more of these scans, and the prices have come down, there are more average people in the waiting room.

Critics say these unwarranted tests waste money, cause false alarm and put a strain on the rest of the health system.

But business is booming.

At HealthView, nestled among plastic surgeons' offices in this sunny and posh place where the palm tree and the Lexus are part of the landscape, thousands of patients have sat in this multimedia command center to see what their CT scans have found. They come not necessarily on the advice

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of their doctors, but prompted by the enthusiastic word-of-mouth from others who have seen inside themselves. CEOs tell other CEOs. Actors tell actors. And wives tell husbands.

Eisenberg and his team have scanned 15,000 people in the past 2½ years. The average scan costs about \$710; most who choose to have it done pay out of their own pockets.

In California, the patients range from the rich and famous to Los Angeles beat cops. At Walter Reed Army Medical Center near Washington, where Eisenberg works with the military, doctors scan everyone from soldiers to members of Congress.

I came to HealthView to write a story about these inward explorations. And now, seeing my aorta bulge, I come to understand what people pay for.

Eisenberg moves the computerized image up and down so that we can see the artery wall expand like a balloon and then constrict back to normal size in an unmistakable sign of vascular vulnerability. "There is some weakening," he says flatly.

That weakening will likely grow into a life-threatening aneurysm — the kind that my father's father had late in life — that one day could burst and kill me.

I can barely utter a word as I sit with Eisenberg, seeing myself from the inside out. I'm spellbound and I'm also surprised, as he moves on from the aorta to view other parts of my body, that I am not bothered by this finding or by the other problems he identifies: an enlarged heart chamber, holes and a bone spur in my lungs, and degenerative back disease.

I know I can deal with every problem he has found. The fixes for each one have gotten much better recently. By the time the weak spot in my aorta grows large enough to pop — if I can't heal it naturally through more healthful living — the repair will be an outpatient procedure. I just wrote about these improved repairs in March.

More importantly, I feel a strong sense of control now that I know it's there. No longer is my family history of aortic aneurysm something that may or may not mean anything to me. From this moment

forward, it is something that I know I have.

Unlike traditional medical facilities where the doctor looks at the pictures and makes a diagnosis before inviting the patient in for a look, Eisenberg and his team make their journey with the patient by their side. When a deadly tumor is found, the moment is raw and real.

"Working through your body and coming across it together and saying, 'Uh-oh, we got something here,' that's like the whole part of building a team and making people do something about their health," says Betty Kelepecz. The 44-year-old Los Angeles police commander, one of the curious worried well, got her first glimpse of a deadly cancerous tumor inside her kidney here at HealthView.

Her October 1999 scan found the tumor before it had spread — even before she knew anything was wrong. Doctors removed the kidney in November 1999, and today she remains free of cancer.

"They found the cancer before it had broken down my body," she says, boasting that she was back on the job within six weeks. "You think that what you don't know won't hurt you, but I know (that) what you don't know can kill you."

The service has created a buzz among the rich and famous.

"It takes the mystery out and gives you a new perspective on your life," says actor Robert Wagner, 70, who heard about the scan from actor James Woods. "I became more aware of the fact that everything should be done in moderation."

Athlete-turned-celebrity businessman Bruce Jenner, 50, felt more empowered after his scan last year. "You take your health more seriously," he says.

Wagner's scan found plaque in an artery in his leg; Jenner's found a kidney stone.

Critics say it's money wasted

Critics from the medical establishment say the dramatic, lifesaving examples are too rare to offset the money wasted by scanning hordes of healthy people. CT scanners should be used to examine those

with known medical problems, they say.

"While we have these tools that do pretty impressive body imaging, we're not at the point where we can wave a wand over the body and find out what's wrong," says Robert Smith of the American Cancer Society. "Most of us don't drop dead early in life from something unforeseen, and these are expensive tests."

Heart specialists agree. "There is not enough compelling evidence to warrant widespread use at this time," says Robert O'Rourke of the American College of Cardiology. "We would like to see some proof."

Modern medicine relies on such proof, in the form of studies of large populations over many years, to decide how health care dollars should be spent. If a procedure saves money and lives, it becomes favored over time. After studies proved that mammograms and Pap smears found cancer early, doctors accepted them as standard screening tools.

Many doctors suspect that these screenings of healthy people often will be done without any measurable benefit. And when something suspicious but ambiguous is found, other tests that are riskier, more invasive and more expensive must follow to determine whether the finding poses a real threat.

But Eisenberg, a former professor of radiology at both Harvard and the University of California, Los Angeles, who is conducting studies in hopes of offering such proof, bristles at what he calls the medical establishment's "knee-jerk reaction."

"The criticisms are hypothetical," he says. "The reality is, with this level of information, I have yet to see a normal patient. It's a daily event for us to uncover unsuspected, life-threatening disease that is either stoppable, curable or reversible."

Medicine today often chases after a disease with treatments when it's already too late to reverse the damage to the body, Eisenberg says. "In medicine, we're taught to sit and wait for people to develop symptoms and react. But that's usually a late stage. People think the body is this wonderful machine with bells and alarms that go off, but in fact, your body

compensates.”

By the time a disease is diagnosed today, he says, doctors can only try to “catch up.” This approach is “expensive stuff both in terms of morbidity and cost,” he says. “That isn’t right. Medicine has to change its paradigm from being reactive to proactive. Crisis management doesn’t work.”

I grabbed the assignment to come get scanned at HealthView (at USA TODAY’s expense) in part because I often think that I am dying. When a friend is stricken with cancer, I am pretty sure that I will be next. When I write about hepatitis C, I secretly prick a finger and send my own blood in for screening because the horror stories of millions of Americans who never suspected they had the disease remind me it could happen to me.

Over the past few years, I’ve lost 90 pounds largely through exercising regularly, and I felt confident when I first volunteered for the story that my improving health would guarantee the absence of any life-changing discoveries. But that feeling of confidence lasted about 20 minutes.

Immediately after making an appointment to get scanned, I began to worry about what might show up. Did my youthful days in Margaritaville trash my liver? Did a lifetime of obesity clog my cardiac arteries? Did those years of smoking a pack a day seed cancerous tumors?

I grew increasingly anxious during my 20 minutes on the CT scan table. As the electrons cut painlessly through my body and powerful computers made sense of the mishmash of muscles, organs and bones, I wondered if my life was about to change forever — for the worse.

Before coming to California, I went to my doctor, Jean Drew, of Fairfax, Va., for a physical and a promise that she would reel me back in if I came home fearful of some little nothing. Remind me, I urged her, that I felt fine before the test so there is no reason to panic after I look inside.

The physical exam was overdue for me, but I also wanted to pit traditional medicine against the new controversial screening. What, if anything, would Drew miss?

Her questions, her pushing and her prodding led to a diagnosis of good

What Bob’s body scan found

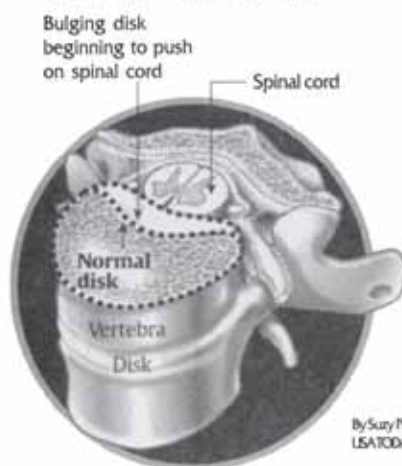


The wall of the aorta has become weak.

These vertebrae have been damaged by running.

HealthView

Cross section of spine, top view



Bulging disk beginning to push on spinal cord

Spinal cord

Normal disk

Vertebra

Disk

By Sunny Fisher, USA TODAY

health. She didn’t feel anything unusual pushing on my gut, and my insides were normal as far as she could tell from her digital exam — and I’m not talking about a cyber-check.

She called my cholesterol “excellent” at 144 with an LDL-to-HDL ratio of 2.7. The ideal range is 120 to 200 with a ratio of less than 3.5. She commended me on the healthy stride I’ve hit in the past few years. I’ve brought my blood pressure

down from a dangerous 180/96 to a healthy 130/60. My heart now beats fewer than 60 times a minute.

I have not smoked for three years, but I considered bumming one from a friend one evening just before I went to HealthView. That isn’t likely to happen again.

Damage, yes, but relief

As Eisenberg takes me through my lungs, he says they “look really good but I see some spots.” I look for solid white nuggets of cancer, but he pauses on big black circles in the top of my lungs to show me “the holes.” The lung normally looks like a sponge. But cigarette smoke has eaten away at these delicate cells where air enters my blood. The smoke has left holes.

There are 4,000 chemical substances in cigarettes, he reminds me, and “because smoke rises, it goes to the top of the lungs and that’s where we usually see this.” That knocked out my urge to bum a smoke.

The next blow was to my appetite. It’s no news flash to me that obesity wrecks the body. But seeing exactly how I’ve damaged myself with food gave me new strength to keep the weight down.

I’ve damaged my heart’s primary pump. The left ventricle, the big pump of the organ that had to move blood through about 100 pounds of extra weight, has become thick from 30 years of overwork. Without such a scan I would not have known about this enlargement until the pump became too weak to perform its job. In that condition, known as heart failure, the organ’s unable to pump blood throughout the body and fluid builds up in the lungs.

The good news, Eisenberg and Drew agree: Both my heart and my lungs could repair themselves over time.

But my back is another story. Nothing comes without a price, and my effort to shape up has taken a toll, Eisenberg says. Running about three miles on concrete three times a week has damaged my back.

“There are a lot of degeneration changes in the back,” he says, twirling my spine around in circles before zooming

in on a damaged area at the base of my back. "This is totally deformed." Some disks are bulging, collapsing toward the nerve they otherwise would protect. "That's from running," he says.

The spinal damage has begun to affect other organs, too. A bone spur that has grown on my back is poking my lung, causing it to swell. I've unknowingly stuck a thorn into the side of my lung, it doesn't hurt, but the delicate tissue looks angry.

As Eisenberg changes the point of view so that we're moving down the center of my spinal column to see how much the damage is encroaching upon my nervous system, I wonder why I never mentioned my back pain to Drew. She didn't "miss" the back trouble in my physical because I never told her about the pain. My back

had been sore for weeks after helping my fiancée move. But I never considered I might have a "back problem." I just wrote it off as a symptom of middle age.

My scan does not guarantee that I'm not dying, of course. It doesn't mean that I don't have cancer — it did not include my brain, and the earliest stages of most cancers still can't be easily detected. Because the scan is quick and non-invasive, there is a chance that some trouble could have gone undetected.

But I feel better knowing that I don't have a tumor the size of an orange in my colon, as some people find once the growth is big enough to be noticed. And I see now why people who have looked inside themselves feel they've gained some power over their fears.

I feel more in control of my health

because I have seen firsthand what my unhealthy behavior has done to my body. When Drew told me through my fat years that being overweight could bring me heart disease, I found it easy to believe it wouldn't happen to me. But now that I've seen my enlarged left ventricle and my bulging aorta, I know better.

From here, I focus on what's real and stop worrying about what isn't. I'll take calcium supplements to strengthen my bones. I'll see an exercise physiologist to learn how to work out properly. And I'll go back to HealthView in two years to see if I have changed my destiny.

Talk Live with radiologist Harvey Eisenberg at 4 p.m. ET at talk.usatoday.com. See more images from Robert Davis' CT scan at health.usatoday.com