# BUSINESS

# University Center Imaging offers screening specials as part of American Heart Month promotion — coronary calcium scoring most helpful for people considered to be at intermediate risk

By Ken Datzman

SUNTREE — Though many people often ignore them, inexpensive preventive health screenings are a key tool in the management and early detection of a host of diseases, some of which can be deadly if left unchecked.

Jenny Marshall, director of operations for University Center Imaging, with full–service facilities in Melbourne and Suntree, says some people just don't want to know how they fare health—wise.

"I think one of the reasons why a lot of people do not have health—care screening tests performed is because they have a fear of the unknown, which is unfortunate. It's better for them to take preventive action than to suffer a major setback later," she said.

To mark February as America Heart Month, her facilities at The Oaks Plaza in Melbourne and the Centre at Suntree on North Wickham Road are offering discounted screenings on two tests.

Marshall says she hopes this will encourage people who have a family history health risk, or are interested in establishing a medical baseline, to take advantage of the pricing before the end of the month.

One of the University Imaging Center February specials is coronary calcium scoring, offered at \$100 per patient.

The test produces a number which reflects the degree and extent of calcium deposits in the walls of the coronary arteries, as demonstrated by cardiac computer tomography, said Dr. Alan Marumoto, chief of radiology for University Center Imaging and an adjunct clinical professor in UCLA's Department of Radiology.

"I think coronary—calcium scoring is a very good test if you have a family history of heart disease and are worryied," he said.

University Center Imaging performs a non–contrast "CT–gated" cardiac scoring scan on the patient, which produces a high–resolution image. "It allows us to see very small microcalcifications in the heart vessels," said Dr. Marumoto. Non–contrast means no dye is injected into the patient undergoing the test.

Research suggests that including a coronary—calcium score in risk assessment for heart disease provides a better estimate in some populations than a "standard" coronary risk—factors assessment, according to a study supported by the National Heart, Lung and Blood Institute, part of the National Institutes of Health.

A coronary–calcium score is most helpful for people considered to be at "intermediate risk" of

heart disease — defined as those with a 3 to 10 percent chance of developing heart disease over the next five years, according to the report in the April 28 issue last year of the "Journal of the American Medical Association."

In the "Multi–Ethnic Study of Arteriosclerosis," researchers used cardiac CT scans, which detect specks of calcium in the walls of the coronary arteries. These specks, indicating calcifications, are an early sign of coronary artery disease, or heart disease. Heart disease is the leading cause of heart attacks, angina (chest pain), and death in the United States.

The study drew from 5,878 MESA participants, ages 45 to 84, who initially did not have known cardiovascular disease.

University Center Imaging also is offering stroke—risk screening as part of its American Heart Month promotion. The test is \$85.

Dr. Marumoto, a graduate of the University of Illinois College of Medicine who also holds a Ph.D. in chemistry from that institution, said the strokerisk screening is another tool for the patient to consider in order to get a clearer snapshot of his or her health.

"There is no one test that replaces having a primary doctor who sees you. These screenings are just part of a complete health package. But it's a part that often people overlook," he said.

Dr. Marumoto added, "A general health—stroke screening to me would be equivalent of checking the air pressure in the tires of your vehicle to make sure they are not loosing air, which could lead to a bigger problem. Stroke screenings are a way to try to avoid a major health problem. For example, if a patient has an abdominal aortic aneurysm (AAA) that shows up during the screening, it's something that can be corrected."

An AAA is a ballooning of the largest artery, the aorta, as it comes down through the abdomen, Dr. Marumoto said. The aneurysm weakens the wall of the aorta. It could lead to a rupture, with catastrophic consequences.

Stroke has traditionally been considered a disease of old age, but new findings are changing that thinking. More younger people are having strokes, according to data from Ohio and Kentucky presented in 2010 at the American Stroke Association's International Conference in San Antonio, Texas.

The average age of stroke patients in 2005 was nearly three years younger than the average age of stroke patients in 1993–1994, the researchers said. Moreover, the percentage of people 20 to 45 having a stroke increased to 7.3 percent in 2005 from 4.5 percent in 1993–1994.



BBN photo — Adrienne B. Roth

Dr. Alan Marumoto is chief of radiology for University Center Imaging. He's a graduate of the University of Illinois College of Medicine and California Institute of Technology. At UI in Urbana—Champaign, his adviser was scientist and MRI pioneer Paul Lauterbur, who came up with the way to image 'slices' of the body. Jenny Marshall is director of operations.

The words "scary" and "shocking" were sprinkled throughout the report.

In general, Dr. Marumoto says health screenings are meant for people of certain age groups. He got his first colonoscopy at age 35. Dr. Marumoto said his father died of colon cancer at age 57. "His cancer probably first appeared in his late 30s. Usually, it's a 20–year progression."

University Center Imaging's menu of screening tests includes colonscopy and mammography, though these are not part of the discounted February promotion.

The two facilities house millions of dollars in high–tech equipment. The technology investment includes magnetic resonance imaging machines.

Dr. Marumoto worked under the scientist who discovered the way to image "slices" through the body. He first met Dr. Paul Lauterbur at the University of Illinois. Dr. Lauterbur was his adviser. Dr. Lauterur shared the 2003 Noble Prize in Medicine for his MRI discovery. He died in 2007. Dr. Marumoto's special medical interests include MRI contrast agents and MR spectroscopy.

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