

The Best New Health Tests for Women

Five cutting-edge tools that deliver easier, faster examinations

Health tests are different—and more important—than just about any other test you've ever taken. Here, it's not about a high score (like the SAT) or which curb you crash into (like the driving test). For these five new health tests, the importance lies in the ability to provide faster, more reliable results for faster, more effective action. Ask your doctor when you'll be graduating to this next class.



THE OLD WAY Taking an **HIV** test is nerve-racking enough without having to endure a 2-week wait for the laboratory results. In fact, according to the American Foundation for AIDS Research, as many as 30 percent of people screened each year in public health clinics never return for their results.

THE NEW WAY In contrast, the new **OraQuick Advance Rapid HIV-1/2 Antibody** test lets patients know where they stand in just 20 minutes. "The sooner you know your HIV status, the sooner you can get treatment," says Fred Jacobs, M.D., commissioner of the New Jersey Department of Health and Senior Services. "The rapid test is a less stressful, more convenient way for people to get the information they need." Plus, OraQuick uses an absorbent pad that is swabbed on the upper and lower gums, rather than the needle-and-blood approach.

THE OLD WAY You could have **herpes** and not even know it. Genital HSV (herpes simplex virus) Type-2 is more common in women, affecting one out of four. In the United States, at least 45 million people have HSV, yet as many as 90 percent of them are unaware they've contracted the disease. Existing blood tests were of little use to doctors: They couldn't distinguish between HSV Type-2 and HSV Type-1 (the cause of cold sores around the mouth) and sometimes produced false results.

THE NEW WAY **HerpeSelect**, a type-specific blood test, can measure the presence or absence of HSV-2 with nearly total accuracy. "The availability of this test has given doctors the ability to identify HSV-2 even when people don't have typical symptoms, and thus get an edge on slowing the spread of this STD," says Randy Fink, M.D., an ob-gyn in private practice in Miami.



THE OLD WAY Because an **inflamed appendix** can rupture within just 48 to 72 hours of its first symptoms, doctors often do precautionary appendectomies. But University of Washington researchers found that the removed appendix is not infected in nearly one of four appendectomies in women. "Doctors often have difficulty differentiating between abdominal pain associated with gynecological problems, such as pelvic inflammatory disease or ovarian cysts, and true appendicitis," says Richard Goldfarb, M.D., of Beth Israel Medical Center in New York City.



THE NEW WAY While traditional scans produce images of the abdomen and are useful for identifying physical changes to the appendix, such as swelling, the new **NeutroSpec** test looks for clusters of white blood cells that signal infection—even when no other symptoms exist. The test can be done in less than 1 hour and has a 98 percent accuracy rate.

THE OLD WAY Women whose **breast cancer** has spread to other areas of the body usually have to wait 3 months to find out if treatment is effective. That's because imaging technologies, such as the CT scan, are often unable to detect small changes in metastatic breast cancer.



THE NEW WAY The **CellSearch** test can cut the waiting time two-thirds by measuring the tumor cells that have entered the bloodstream just before treatment and again a few weeks later. One study shows the number of these circulating cells is the strongest predictor of progression and overall survival. "If we can identify an unsuccessful treatment and modify therapy sooner, it may improve quality of life and increase the chances that the next treatment will be effective," says Massimo Cristofanilli, M.D., associate professor of medicine at the University of Texas.

THE OLD WAY **Heart disease** is the leading killer of women, but in almost half who enter the hospital with chest pain, tests show no signs of coronary artery disease. Blockages in the tiny arteries that feed the heart might be depriving the heart of oxygen, but those blockages aren't seen in scans.

THE NEW WAY The **P-31 nuclear magnetic resonance spectroscopy** requires that women squeeze a handgrip while lying inside an MRI machine. Scientists compare levels of two phosphates found in heart tissue when the women squeeze and when they don't. "A big drop is abnormal and a sign that the heart tissue is not getting enough blood," says Gerald Pohost, M.D., chief of cardiology at the University of Southern California. The test is available at select medical centers, and it could be widely used soon.



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