Frequently Asked Questions

Q. What is the objective of preventive health screenings?
A. Preventive health screenings are an affordable and effective way to identify hidden disease risk. For many people, getting screened is the first step in early intervention to prevent potential health events later in their lives. It helps people understand their risks so that they can consult with their doctor and take the right steps towards a healthier future.

Q. Are the screenings given by Life Line Screening 100% accurate?
A. Life Line Screening is aware of the concerns surrounding the quality of preventive public health screenings and has taken every measure to ensure our screenings are of the highest quality. No test is 100% accurate, but our results are comparable to those you would receive in an accredited hospital vascular lab.

Life Line Screening uses state-of-the-art ultrasound technology and highly skilled sonographers to perform our screenings. As part of our strict quality control, all results are then reviewed by board-certified physicians to ensure accuracy. Written reports are mailed to the participants within 21 days, and they are encouraged to share the reports with their physicians.

We have conducted quality assurance studies with the University of South Florida and the Cleveland Clinic to ensure the accuracy of our screening results. These quality assurance studies determined our screenings':

- Sensitivity - 100%
- Specificity - 94 %
- Positive predictive value - 95%
- Negative predictive value - 100%

These statistics compare very favorably with those of quality non-invasive vascular laboratories across the country and show significantly more accuracy than other screenings such as mammography. In short, we do not have high rates of false positives or false negatives.

We are also engaged in ongoing research with first-tier medical institutions to help advance the understanding of the causes of vascular disease and to further our public health initiatives.

Q. I have a doctor. Why do I need Life Line Screening?
A. Your doctor is our partner, and they often recommend screenings as they recognize the important role we can play in augmenting the role of your doctor. We help you get the information you and your physician need to work toward improving your health.

Q. Can my physician do this type of preventive health screening as part of my routine physical?
A. No. There is a gap in the healthcare system: If you are asymptomatic, meaning you are not yet sick and feel well, but have risk factors such as age, family history of disease or certain health conditions, our nation's system is not well designed to help you keep from becoming sick. We are quite good at treating illness once symptoms occur; but for many diseases like stroke, the first symptom is a stroke. Four out of five stroke victims have no apparent symptoms or warning signs.

Likewise, osteoporosis is painless in early stages and most people are completely unaware of the condition until a fracture occurs. That's why we offer simple, low-cost screenings to help you identify a problem as early as possible. Once you have our screenings, your doctor can use our results to determine next steps, including ordering insurance-covered diagnostic testing and treatment if necessary.

Q. Where does Life Line Screening conduct screenings?
A. We use rooms in facilities such as places of worship, senior centers, civic buildings, community centers and corporations.

Q. Is Life Line Screening a for-profit or not-for-profit organization?
A. We are for-profit, just like your doctor or dentist. Our goal is to make preventive health care affordable and available to people everywhere.

Q. Does Medicare or insurance cover professional health screenings?
A. Insurance coverage varies from policy to policy. We will provide you with a detailed receipt that can be submitted to your insurance company to determine coverage. You should also make a copy of your results to send along with the receipt.

Medicare does not currently cover most of our screenings. Medicare currently covers a one-time abdominal aortic aneurysm (AAA) screening at their "Welcome to Medicare" physical for men only, at age 65, if they have a history of smoking. Please check with your doctor to see if you are eligible for this test.

Q. How often should I have these general health screenings?
A. This is a personal decision based on your risk factors and previous screening results. Many of our customers incorporate yearly screenings into their preventive healthcare regimen to complement their regular physicals.

Q. How long do the screenings take?
A. If you select a package of screenings (saving money on each of them), it usually takes several minutes to complete some paperwork and about 1 hour to conduct the screenings, depending on the number of tests, the level of disease, your vascular anatomy and your body type. Accuracy and quality output are very important to us, so we make every effort to balance that with respect for your schedule.

Q. I work during the day. Can I schedule a screening later in the day?
A. We try to accommodate people's work schedules with check-in times that are early in the day or during lunch. We also often offer later weekday screenings as well as some screenings on Saturdays.

Q. When will I receive my health screening results?
A. Your results will be mailed within 21 days. However, if we find a condition that requires immediate attention, we will notify you on the day of your screening.

Q. Why does it take up to 21 days to get the results?
A. Your results will be reviewed by our board-certified physicians, and then be sent on for processing and mailing. However, if we find a condition that requires immediate attention, we will notify you on the day of your screening.

Q. Who reviews the health screening results?
A. All screening results are reviewed by board-certified physicians who are licensed in your state. Our team of doctors includes vascular surgeons, cardiologists and radiologists.

Q. At what age should I be screened?
A. This is a personal decision, based on your risk factors and family history. For example, the National Stroke Association states that your risk of stroke increases with age and doubles every decade after age 55. We generally recommend vascular screening beginning at age 50; however, if you have diabetes, or a family history of stroke, heart disease, or AAA, talk to your doctor about getting screened after age 40.

Q. Will I receive the results of my general health screenings or will they be given directly to my doctor?
A. Your screening results will be reviewed by one of our board-certified physicians. Within 21 days of your appointment, you will

receive a detailed report of your results in the mail. If we recommend you have further evaluation, we will include printed images of your carotid artery, AAA and atrial fibrillation (irregular heartbeat) screening results to share with your doctor.

Q. How long has Life Line Screening offered these services?
A. Life Line Screening Radiology has been in operation since 2002 and provides services throughout New York, New Jersey and New Hampshire, holding approximately 1600 screenings each year.

Q. What type of equipment is used?
A. For all of our screenings, we use the same state-of-the-art technologies that are standard in hospitals across the country. We are continually evaluating new equipment to ensure that our equipment is the most advanced.

Q. What kind of training have your ultrasound technologists received?
A. Our highly skilled, experienced sonographers and medical technologists have all completed formal medical and ultrasound programs, clinical rotations and specialized training. We employ over 40 highly trained healthcare professionals.

Q. How can you assure the consistency and reliability of your machines?
A. All machines perform a self-diagnostic check and continually recalibrate throughout the day. They also undergo regular maintenance check-ups.

Q. Can I have the health screenings if I have a pacemaker?
A. Yes. A pacemaker will not interfere with the screenings.

Q. Why are your screenings shorter than those performed in hospitals?
A. Our aim is to identify the presence of an undetected health problem and to encourage those with significant disease to follow up with their personal physician for a more detailed evaluation. We do this by offering simple, accurate, affordable screenings that detect whether or not the more costly comprehensive exam is necessary.

Q. How can your company afford to do these professional health screenings for such a low cost?
A. By working in partnership with local institutions such as places of worship, YMCAs and other community organizations that act as our host sites, we do not have to maintain a brick-and-mortar building in every community we serve, which cuts down on our cost. Because we are the nation's leading provider of preventive health screenings, we also do a large volume of screenings, so the cost of equipment and staff is spread across a large number of people.

Q. I am concerned about privacy. How private is the screening area?
A. We take your privacy seriously, which is why we always use privacy screens to separate the screening area from the waiting area. You need not remove any clothing for our screenings other than your shoes and socks.

Q. Can I eat or drink anything before these screenings?
A. It depends on which screening you are having. Once you register for a screening, you will receive specific instructions. It is important for you to follow those directions in order to get the most accurate results. You can also find the instructions for all our different screenings listed on our website www.lifelinescreening.com.

Q. Why should I have these screenings done if I have no symptoms?
A. Many people are at risk for diseases such as stroke and heart disease but experience no symptoms. Early detection and control can prevent major consequences down the road.

Q. Is Life Line Screening insured?
A. Yes. Life Line Screening Radiology holds certificate of liability for each screening.

Q. How accurate are your health screenings?
A. By adhering to strict protocols, hiring highly qualified healthcare professionals and using state-of-the-art equipment, we are dedicated to providing you with the most accurate results. In fact, in clinical studies, Life Line Screening results were shown to be comparable to those you would receive in accredited vascular labs.

Q. Will I get my screening pictures back?
A. You will receive printed images of your screenings only if we are recommending that you see your physician for further evaluation. However, you will always receive a detailed written report.

Q. Are you affiliated with any hospital?
A. We are a non-referral vascular screening service. We partner with local hospitals and vascular surgeons, but your medical information is kept private. All information and preventive health screening results are sent directly back to you to share with your own physician.

Q. Why don't your results give more detailed information?
A. Our screenings are designed to screen for problems, not to measure the severity of a condition. If our screenings alert you of a problem, you will need to consult with your physician about having more comprehensive testing.

Q. What happens when a problem is identified?
A. If your results are not normal, you will receive a detailed report of the findings along with instructions to see your physician for further evaluation.

Q. What is a stroke?
A. Stroke occurs when blood flow to the brain is stopped, causing brain cells to die.

Q. How can I reduce my risk for stroke?
A. You can help reduce your risk for stroke by:

- Eating a healthy diet
- Staying active
- Not smoking
- Controlling high blood pressure
- Controlling high cholesterol
- Controlling diabetes

Q. Are women at greater risk for stroke than men?
A. Stroke is often seen as a man's problem. But in fact, it is a major concern for women. Twice as many women die from stroke than breast cancer every year. In addition, women overwhelmingly shoulder the burden of caring for individuals after a stroke.

Q. Do the screenings given by Life Line Screening detect all causes of stroke?
A. No. We screen for some leading causes of stroke, including carotid artery disease and atrial fibrillation (irregular heartbeat). We also screen for common stroke risk factors such as high cholesterol, high blood sugar and elevated C-reactive protein.

Q. Should patients who have had a stroke or heart attack have the carotid artery screening?
A. Yes, but they may want to check with their doctor first, as insurance may cover the cost of their diagnostic studies.

Q. Can I get rid of plaque?
A. Lifestyle changes and medical management are effective at slowing the progression of atherosclerotic disease and preventing stroke, but the main option for removal of atherosclerotic plaque buildup is surgery. However, you would not be a candidate for this procedure unless the disease was determined to be advanced enough by your doctor.

Q. If I have an abnormal result for the carotid artery screening, does this mean I will need surgery?
A. No. An abnormal finding for this study means that a problem exists, which your physician needs to know about in order to

conduct further diagnostic testing. You may need medication or lifestyle changes, as well as yearly follow-ups. If the disease is advanced enough, your physician may refer you to a vascular surgeon.

Q. Why should I be screened for atrial fibrillation (irregular heartbeat) in addition to carotid artery disease?
A. Atrial fibrillation and carotid artery blockage are both significant risk factors for stroke. Having both screenings will provide a more complete stroke risk assessment.

Q. What is atrial fibrillation?
A. Atrial fibrillation is the most common type of heart arrhythmia (irregular heartbeat).

Q. How can I reduce my risk for atrial fibrillation?
A. You can reduce some atrial fibrillation risk factors by:

- Not smoking
- Avoiding heavy alcohol consumption
- Avoiding caffeine consumption
- Controlling high blood pressure
- Controlling hyperthyroidism

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Q. I had an EKG performed by my doctor, why should I be screened for atrial fibrillation?
A. Atrial fibrillation can be intermittent (can come and go), so it may not be detected during a routine EKG (electrocardiograph).

Q. Will I be required to take off my clothes for this screening?
A. No, this is not a full EKG. It is also known as a 6-lead EKG, which means we will apply electrodes to your wrists and ankles. A full EKG is not required to screen for atrial fibrillation.

Q. Should I get screened if I have a pacemaker?
A. Yes. Anyone with heart disease or who has had heart surgery is at greater risk for a stroke. The pacemaker will not affect the screening.

Q. If I have an abnormal result for my atrial fibrillation screening, what will I need to do?
A. If you have an abnormal result, you will need to see a physician for further diagnostic testing. Atrial fibrillation can be treated with medications to prevent blood clots and to control the heart rate. In some cases, surgery may be required. Treatment depends on the underlying cause, your symptoms and your medical history.

Q. What is an aneurysm?
A. An aneurysm is the enlargement of a blood vessel. Aneurysms pose a major health threat because they can rupture (tear). A ruptured aneurysm in the brain causes a stroke and a ruptured abdominal aortic aneurysm can cause blood loss, shock and death.

Q. What causes aneurysms?
A. Several new theories have developed over the last 15 years. It appears that the disease probably has a genetic component, as it tends to run in families. Plaque buildup, smoking and high blood pressure are also believed to be contributing factors.

Q. Who is at greatest risk for an aneurysm?
A. Abdominal aortic aneurysm (AAA) occurs more commonly in men than women and typically appears after the age of

50. Aneurysms are the 10th-leading cause of death in men over the age of 55. Research indicates that women aged 65 and older with cardiovascular disease risk factors, such as high blood pressure and tobacco use, are also at increased risk.

Q. Why is an AAA so dangerous?
A. An AAA poses a threat because it usually doesn't show symptoms until a medical emergency occurs. Because of this silent threat, AAA has been called a "U-Boat," describing that it is silent, deep, deadly and detectable by sound waves.

Q. How can I find out if I have an AAA?
A. If you are thin and have a moderately large-sized AAA, you or your doctor may be able to feel it below your rib cage. The majority of AAAs are discovered as a result of medical imaging for other conditions. A Life Line Screening AAA ultrasound can easily detect this condition.

Q. If I have an aneurysm, what is the risk of death from rupture?
A. Once an aneurysm reaches 5 to 6 cm in diameter, the risk of rupture is very high. If rupture occurs, there is approximately an 80 to 95% chance of death. Therefore, the majority of vascular surgeons would agree that a 5 to 6 cm aneurysm should be repaired immediately, unless other medical factors make surgery risky.

Q. What is peripheral arterial disease (PAD)?
A. PAD, more commonly known as hardening of the arteries, is a condition in which the large and medium-sized arteries supplying blood to the legs become narrow or clogged, constricting the flow of blood. PAD is caused by atherosclerosis, a gradual process in which cholesterol and scar tissue build up, forming a substance called plaque that clogs the artery.

Q. Can participants with blood clots in their legs have an ankle-brachial index (ABI) screening?
A. No. If a participant has a history of blood clots and is unsure if the blood clots have been resolved, we require a note from his or her physician stating that the participant has no known blood clots in the legs. We cannot perform the screening without this verification.

Q. Can a participant who has had a mastectomy have an ABI?
A. Yes. We take the pressure in the other arm and use that to formulate a ratio. We do this because when a patient has had surgery for breast cancer, usually lymph nodes under the arm are removed as well. Compression of the lymph system of the arm can lead to painful swelling for a long time.

If you've had a double mastectomy, we will perform the screening on whichever arm you use to have blood pressure taken. You may want to check with your doctor before your screening to find out which arm is preferable.

Q. What does it mean if the arteries do not compress?
A. Non-compressibility is due to vascular disease of the walls of the vessels. This leads to the participant receiving an abnormal reading. It is most commonly seen in people who have diabetes, although it may also happen in individuals who do not.

Q. Can a participant with heart disease have an ABI?
A. Yes. This is a very good reason to have the screening done. People who have heart disease are at higher risk for peripheral arterial disease. Likewise, people who have an abnormal ABI are 3 to 5 times more likely to have coronary artery disease.

Q. Does a lower ratio mean more severe arterial disease than a higher abnormal ratio?
A. Yes. The lower the ratio, the more severe the arterial disease is.

Q. Can the ABI show any problems with venous disease (deep venous thrombosis, phlebitis, varicose veins)?
A. No. The ABI screens for peripheral arterial disease only. We do not conduct venous disease testing.

Q. What is heart disease?
A. Heart disease includes a group of diseases and conditions affecting the heart. It is one component of cardiovascular disease,

which also includes diseases of the vascular system (blood vessels). The leading type of heart disease is coronary artery disease. It is caused by the gradual buildup of fatty plaque deposits in the coronary arteries—a process called atherosclerosis.

Q. How common is heart disease?
A. Around 16 million Americans have heart disease and it is the #1 cause of death among both males and females in the United States. Cardiovascular disease (including heart disease and stroke) claims more lives each year than the next 4 leading causes of death combined: cancer, chronic lower respiratory diseases, accidents and diabetes.

Q. Can I reduce my risk of developing heart disease?
A. Yes. There are several established risk factors for heart disease that are controllable. These include smoking, high cholesterol, high blood pressure, physical inactivity, obesity and diabetes. Some risk factors are not controllable, including family history of heart disease, increasing age and male gender.

Q. What is osteoporosis? A. Osteoporosis is a disease in which bone becomes extremely fragile.

Q. Why do you measure my heel for the osteoporosis risk assessment screening?
A. Life Line Screening Radiology uses ultrasound to measure the bone density of your heel. We measure the heel because its bone most closely matches that of your hip and it is a weight-bearing bone. The objective of this screening is to identify your risk for bone loss and therefore your risk for future bone fracture based on the bone mineral density of your heel.

Q. Will this screening tell me if I have osteoporosis?
A. If your results fall in the categories of mild/moderate risk or high risk for bone diminishment, this does not absolutely mean that you have bone loss, although it is a possibility. Osteoporosis is a complex disorder, and no single risk factor should be used for diagnosis. Your physician will use your bone mineral density measurement along with your other clinical risk factors (gender, age, fracture history, family history, medications, smoking, exercise, calcium intake, and general health status) as an aid in deciding if you should have a DEXA scan—the gold standard in the diagnosis of osteoporosis.

Q. Why should I have the Life Line Screening osteoporosis risk assessment? Shouldn't I just get a DEXA scan?
A. If you are among the 50% of those we screen who are at low risk for bone diminishment, you will not need a DEXA scan. Our screening is a much lower-cost, radiation-free, logical first step in helping you identify your risk for osteoporosis.

Q. How accurate is the Life Line Screening osteoporosis risk assessment?
A. It is approximately 90% accurate. Since we are screening your heel and not your hip, and since osteoporosis is not uniform throughout the body, false positives may occur.

Q. Are there clinical studies showing that ultrasound bone densitometers that measure the heel are accurate enough to benefit me?
A. Yes. The National Osteoporosis Risk Assessment (NORA) Study, published December 12, 2001, in the *Journal of the American Medical Association*, assessed osteoporosis in 200,000 postmenopausal women using peripheral bone densitometers including the model used by Life Line Screening. The authors concluded that, while osteoporosis and low bone mass are reaching epidemic proportions, the conditions remain largely under-diagnosed. Because DEXA is an expensive and limited option for many, ultrasound remains an effective and practical screening tool for the population at large.

Q. Is your osteoporosis screening equipment FDA-approved?
A. Yes. Our ultrasound bone densitometers have been approved by the Food and Drug Administration (FDA) in the same way drugs are approved, with specific indications for use. The Center for Devices and Radiological Health of the FDA approved the use of this devise to:

> "Perform a quantitative ultrasound measurement of the calcaneus (heel bone), the results of which can be used in conjunction with other clinical risk factors as an aid to the physician in the diagnosis of osteoporosis and medical conditions leading to reduced bone density, and ultimately in the determination of fracture risk."

Q. If I have already had a DEXA scan and have been on medication, should I have the Life Line Screening osteoporosis risk assessment to see if I have improved my bone density?
A. No. Our screening device is not FDA-approved to monitor your response to therapy. You should ask your physician about having another DEXA scan.

Q. How will my doctor use the information from the Life Line Screening osteoporosis risk assessment?
A. If our osteoporosis screening finds you are at risk for osteoporosis, your physician may recommend dietary and lifestyle changes, schedule a DEXA scan or even prescribe a drug therapy to increase your bone density.