



Rita Whitney (left) and Carol Krucoff (right) a few miles into the Reggae Marathon, Negril, Jamaica, December 6, 2003



Just over the finish line, moments before Carol (right) collapses from hyponatremia.

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CASES

Stunning News of a Tumor Serendipitously Discovered

By CAROL KRUCOFF

Everything went well at my annual checkup last year until the final few minutes.

Perched on the exam table in a hospital gown, I was basking in my doctor's praise for how fit and healthy I kept myself at age 50, while she perused my medical records.

"Let's get your cholesterol checked," she said, then paused to study something in my file. "And we need to get a repeat M.R.I. to monitor that little brain tumor."

Stunned, I felt my heart flop against my ribs. "What brain tumor?" I stammered.

The doctor looked at me, aghast. "I'm so sorry. I thought you knew," she said.

She proceeded to explain that an M.R.I. taken six months earlier — when I'd been hospitalized for severe hyponatremia after drinking too much water during a marathon — had revealed a small acoustic neuroma, a benign tumor of the auditory nerve.

But I was in a coma for four days and my memory of that period is impaired. The tumor was considered an "incidental finding" because it was accidentally discovered while treating another ailment, and although they told me about it at the hospital, it hadn't registered.

Grateful to have recovered from that life-threatening experience, I'd been feeling wonderful and was back to my full schedule of walking, jogging and teaching yoga. I had no hearing loss, balance problems or other symptoms associated with this rare kind of tumor.

Sitting in my doctor's office, her voice seemed far away, and I grabbed onto a few reassuring words: "noncancerous," "slow-growing." I recall little of what she said that day, other than that, if my tumor grew, I might need brain surgery.

Driving home, I was exactly the same person I'd been that morning, except suddenly everything was different. Now I was someone with a brain tumor.

Advances in imaging technology have made it increasingly common for healthy, asymptomatic people like me to learn of such a disturbing "incidental finding."

"Suspicious brain anomalies have been reported in as many as 20 percent of research participants recruited as healthy



Veronica Fisher

controls in research studies, with clinically significant findings occurring in 2 to 8 percent," said Judy Iles, a biomedical ethics expert at Stanford.

Varying from harmless cysts to life-threatening malignancies, incidental findings can have a host of medical, financial and emotional consequences, including additional testing, increased insurance costs and considerable anxiety.

Yet despite the frequency of incidental findings, only about half the researchers

surveyed by Dr. Iles had procedures to handle them. Earlier this year, she was co-chairwoman of a workshop on the subject sponsored by the National Institutes of Health.

"There are significant ethical issues involved," Dr. Iles said. "We need more research to understand the incidence of clinical abnormalities and explicit protocols to manage findings that are accidentally discovered."

Increased use of scanning technology

raises the likelihood of the "serendipitous detection" of abnormalities, said Dr. H. Gilbert Welch of the Department of Veterans Affairs in White River Junction, Vt., and Dartmouth Medical School. "This is a side effect of our ability to see things so well," he said, "and it's a double-edged sword. The conventional wisdom is that early detection improves health. But this assumption may be wrong."

While some people benefit from early detection and treatment, others gain little but

anxiety, and they may be hurt by treatment for a disease that would never have affected their health. "Some diseases progress so slowly that people die of other causes long before the disease generates symptoms," Dr. Welch said. "Other diseases may not progress at all. Have we done people a service if all we do is worry them?"

Worry itself may be harmful, warned my yoga teacher, who calls worry "meditation on a bad outcome." She advised visualizing my tumor dissolving. I had my doubts.

"Wouldn't it be great if you could meditate a tumor away?" asked Alice Domar, director of the Mind/Body Center for Women's Health at Boston IVF and an assistant professor at Harvard Medical School. "But there's no data to support this."

Practices like meditation, Dr. Domar said, can improve quality of life for people with a variety of diseases, in part by reducing depression, pain and anxiety. But, she added, "There's also no evidence that simply worrying about a disease can make it worse."

Anxiety is common among people with acoustic neuroma, judging from the discussion forum on the Web site of the Acoustic Neuroma Association.

Before the M.R.I. era, these tumors generally went undetected until they were large enough to cause problems. But now that they're found earlier and smaller, there are more people like me who watch and wait.

Naturally, I'm hoping my tumor doesn't grow. So far, I've had three M.R.I.'s, six months apart, showing no significant change. Now I can wait a year before my next scan. The challenge is to be alert for symptoms that may indicate tumor growth, like hearing loss or tinnitus, without becoming obsessed and overanxious.

Since I'm one of those people who believe that everything happens for a reason, I look for the lessons this experience offers. Going in for periodic checks is a humbling process that helps foster compassion for others facing health challenges.

In my morning meditation, I strive to cultivate gratitude. I pray for strength, to help myself and to serve others, and for a sense of peace. I also spend a few moments visualizing my tumor dissolving. Because even if there's no data showing this helps, there's no data showing it hurts, either.

