



THE PREVELITY LIBRARY

VOL. 01 · ADVANCED TESTING

Advanced Testing, With Intention.

What your annual physical isn't catching — what's worth measuring, what isn't, and when to go deeper on your heart and on cancer.

FREE PREVIEW EDITION

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PRE-VELITY

INNOVATIVE PREVENTION, PERSONALIZED FOR LONGEVITY.

FOREWORD

"What tests should I be getting?"

It is the first question almost everyone asks us, and it is rarely the real one. Underneath it is a larger question: *what is most likely to go wrong with my health — and can I find it early enough to do something about it?*

That question deserves a better answer than the two most people get. The first comes from insurance-based primary care, which is built to react. Your doctor may be excellent, but the system around them has fifteen minutes, a narrow list of covered tests, and a rule that advanced screening usually needs a diagnosis before it can be ordered. The second answer comes from the internet, where a test is always one click away and almost always sold by the company that profits from your saying yes.

Neither is the answer a thoughtful physician would give. That answer has an order to it. Measure the body before you read the code. Start with a comprehensive baseline. Go deeper on the heart or on cancer when your history or your numbers give a reason to. And before any test, know what you will do with the result.

That is what this guide lays out. It is also, candidly, how our programs are built — the Pre-Score baseline first, with Pre-Cardiac and Pre-Cancer added when your risk warrants them. We have tried to be as honest about the limits of each test as about its value. Some advanced tests are remarkable. Some are not yet proven. A few are best left alone. You deserve to know which is which.

WHAT THIS IS — AND ISN'T**A framework, not a prescription.**

This guide explains how physicians think about advanced testing so you can ask better questions — of us, of your own doctor, and of anyone selling you a test. It is educational and cannot account for your personal history. PreVelity is strictly preventive: we screen, monitor, and refer. We work alongside your doctor, never in place of them.

DR. PATRICK MULLEN, MD
FOUNDING PHYSICIAN · PREVELITY

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HOW TO READ THIS GUIDE

Sections 01 and 02 explain the principle and the baseline — read these first. Sections 03 and 04 go deeper on the two questions most members care about most: **my heart** and **cancer**. Section 05 covers genetics. Section 06 pulls it together into a decision you can make with your physician.

SECTION 01

01.

What Standard Care Misses.

The annual physical was designed to catch disease that has already announced itself. Prevention asks a different question — and needs different measurements to answer it.

INSIDE THIS SECTION

Built for the average, not for you · Measure the body first · The testing ladder

THE GAP

Built for the average, not for you.

Standard screening is good at what it was designed for: finding common problems in large populations at a cost the system can afford. A basic cholesterol panel, a blood count, a metabolic panel, the cancer screenings your age calls for. For most people, most of the time, that is a reasonable floor.

The trouble is what it leaves out. The standard lipid panel reports how much cholesterol your LDL particles carry, not how many plaque-forming particles you have — the number that better predicts risk. It rarely includes Lp(a), an inherited risk factor present in roughly one in five people. It checks blood sugar, which can stay normal for a decade while insulin resistance builds underneath it. It does not look at your arteries at all.

None of this is a failing of your doctor. It is a feature of the system: insurance typically pays to investigate a problem, not to rule one out. Advanced prevention sits in exactly that gap — the years when disease is building quietly and there is still time to change its course.

Heart disease and most cancers have a long, silent head start. The point of advanced testing is to use it.

THE PREVENTION PRINCIPLE

THE PRINCIPLE

Measure the body first.

There are two ways to ask about your risk. You can read the code — your genes — and estimate what might happen. Or you can measure the body — your blood, your arteries, your fitness — and see what *is* happening. The second is almost always more informative, because it reflects every input at once: your genes, your habits, your environment, your age.

If you wanted to predict a heart attack in the next ten years, you would not start with a genome. You would start with ApoB, blood pressure, Lp(a), metabolic markers, and — when warranted — a look at the arteries themselves. That principle decides most of our testing recommendations: **when the thing you care about can be measured directly, measure it.**

TEMPTING

"Test my genes for heart risk."

Better: measure Lp(a) and ApoB directly. The blood tells you the answer with less guesswork.

TEMPTING

"Run a panel for blood-pressure risk."

Better: put a cuff on your arm for a week. It is one of the most measurable conditions in medicine.

STILL USEFUL

"Will this drug work for me?"

Genes win here. Some drug responses can't be measured in advance. That's where genetics earns its place (Section 05).

Genetic testing, advanced imaging, and blood-based cancer detection all have a place. But they come *after* a strong baseline, and they are chosen for a reason — not because they are available.

FIGURE 01 · THE TESTING LADDER

START AT THE FLOOR. CLIMB ONLY AS YOUR RISK WARRANTS.



Each rung adds information — and also cost, false alarms, and incidental findings. The goal is not to climb as high as possible. It is to stop at the rung that answers your question.

SECTION 02

02.

The Baseline: Your Pre-Score.

Before anyone looks deeper, you need a clear picture of where you stand today — measured, not guessed, and read by a physician rather than a template.

INSIDE THIS SECTION

What a comprehensive baseline measures · Why a score · What it is and isn't

WHAT WE MEASURE

A baseline that looks where standard care doesn't.

A good baseline answers three questions. How are your blood vessels and metabolism doing right now? How strong is the body you'll be living in at seventy and eighty? And is there anything in your numbers that should send us looking deeper? The Pre-Score is built around those questions. Your physician sets the exact panel for you; the categories below are what a comprehensive baseline typically covers.

AREA	EXAMPLES OF WHAT'S MEASURED	WHY IT MATTERS
Lipids & arteries	ApoB, Lp(a), full lipid panel	Counts plaque-forming particles directly; Lp(a) is inherited and needs measuring only once.
Metabolic health	Fasting insulin, glucose, HbA1c, insulin-resistance indices	Insulin resistance can build for years while blood sugar still looks normal.
Inflammation	hs-CRP and related markers	The "fire" that turns cholesterol exposure into unstable plaque.
Organ function	Kidney, liver, blood count, thyroid	The foundations — and early flags that change how other results are read.
Body composition	Lean mass, body fat, visceral fat	Weight alone hides what matters: muscle you keep and fat around your organs.
Bone	Bone density	Fracture risk rises quietly; bone is easier to protect than to rebuild.
Fitness	Cardiorespiratory fitness (VO ₂ max)	Among the strongest predictors of long-term survival that we can measure.

Your labs and testing are included in the price of the Pre-Score. There are no line items that appear later.

WHY A SCORE

Your numbers, distilled — then handed to your doctor.

A stack of lab results is not a plan. Most people leave a comprehensive workup with forty numbers, a few red flags, and no idea which three things matter most. The Pre-Score exists to fix that. Your physician reads every result in context — your age, your history, your family — and distills it into an optimization score and a short, prioritized plan.

01 A starting line you can re-measure.

LONGITUDINAL BY DESIGN

A score is most useful the second time. Re-screening shows whether what you're doing is working — and catches change early.

02 A plan in plain language.

PRIORITIZED, NOT EXHAUSTIVE

The few changes most likely to move your risk, in order — not a list of thirty "optimizations."

03 A clear handoff to your PCP.

KEEP YOUR DOCTOR

We send the plan to you and your primary care physician. If something needs treatment, your doctor or a trusted specialist provides it. We don't treat — which keeps our advice unconflicted.

04 A reason to go deeper — or not.

RISK DECIDES DEPTH

Your baseline tells us whether Pre-Cardiac or Pre-Cancer makes sense for you. For many people, the honest answer is "not yet."

WHAT A SCORE IS NOT

Not a diagnosis. Not a guarantee.

A score summarizes risk; it does not diagnose disease, and a good score does not guarantee good health. No test finds everything. What a baseline does well is show you where you stand and where to look next — which is exactly what prevention needs.

END OF THE FREE PREVIEW

The rest of this guide.

You've seen the principle and the baseline. The complete edition goes deeper on the two questions members care about most — the heart and cancer — with an honest look at what each advanced test can and can't do, how to read your genes without getting sold to, and a decision guide you can bring to your own doctor.

03

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