

Talking with your patients about elevated Lp(a)

The role of screening for elevated Lp(a) in cardiovascular care is becoming a central topic of conversation among professional organizations and the medical community. Equally as important is the information an Lp(a) test can provide when making shared decisions about heart health with your patients.

Below is suggested language to help you address common questions your patients may have about elevated Lp(a).



What is Lp(a)?

Lp(a) is a particle in the blood made up of fats (lipids) and protein that is “sticky,” which means it can attach to artery walls and cause harmful blockages.¹⁻³



Is Lp(a) bad?

Lp(a) itself isn't bad. Many people have normal levels of Lp(a). **But 1 in 5 people have elevated levels of Lp(a)** (more than 50 mg/dL or 125 nmol/L), **and that can increase their lifetime risk of a heart attack or stroke.**⁴⁻⁷



What causes elevated Lp(a)?

Elevated Lp(a) is mostly inherited. Most people with elevated Lp(a) have it by 5 years of age, and not because of their lifestyle.^{6,8-10}



Why haven't I heard about elevated Lp(a) before?

Awareness of the risks that come with elevated Lp(a) is still relatively new compared with other cardiovascular risk factors. That's why even though Lp(a) screening only requires a simple-to-order blood test, **it isn't part of a standard blood panel yet.**^{11,12}

What can you do for your patients with elevated Lp(a)?

Currently, there are no treatments available to directly lower Lp(a) levels. But if your patient has elevated Lp(a), there are steps you can take today to help them reduce their overall risk for cardiovascular disease.

- 1 An elevated Lp(a) result can play a role in reducing other cardiovascular risk factors** by helping drive conversations with your patients about treatment initiation, adherence, and lifestyle behaviors.¹³⁻¹⁵
- 2 Help your patients stay on top of their checkups.** An elevated Lp(a) result provides an opportunity to monitor, identify, and initiate or intensify management of other cardiovascular risk factors in your patients before clinical symptoms become apparent.^{6,8,12,15}
- 3 Encourage your patients to talk with their families.** Once elevated Lp(a) is identified in a patient, testing family members can identify those who may be at risk for premature cardiovascular and valvular disease.¹⁶

A conversation with your patient about elevated Lp(a) can inform a lifetime of their cardiovascular care.

Additional support for your patients and their family members:

- For more Lp(a) information and support: **The Family Heart Foundation** (familyheart.org)
- For tips on heart healthy living: **American Heart Foundation** (heart.org/en/healthy-living)
- For more information on Lp(a): **What Is Lp(a)?** (WhatIsLpa.com)

References: 1. MedlinePlus. National Library of Medicine. Lipoprotein (a) blood test. Updated August 3, 2022. Accessed July 5, 2023. <https://medlineplus.gov/lab-tests/lipoprotein-a-blood-test> 2. Jawi MM, Frohlich J, Chan SY. Lipoprotein(a) the insurgent: a new insight into the structure, function, metabolism, pathogenicity, and medications affecting lipoprotein(a) molecule. *J Lipids*. 2020;3491764. doi: 10.1155/2020/3491764 3. Cho T, Jung Y, Koschinsky ML. Apolipoprotein(a), through its strong lysine-binding site in KIV(10'), mediates increased endothelial cell contraction and permeability via a Rho/Rho kinase/MYPT1-dependent pathway. *J Biol Chem*. 2008;283(45):30503-30512. 4. Tsimikas S. A test in context: lipoprotein(a): diagnosis, prognosis, controversies, and emerging therapies. *J Am Coll Cardiol*. 2017;69(6):692-711. 5. Tsimikas S, Fazio S, Ferdinand KC, et al. NHLBI Working Group recommendations to reduce lipoprotein(a)-mediated risk of cardiovascular disease and aortic stenosis. *J Am Coll Cardiol*. 2018;71(2):177-192. 6. Kronenberg F, Mora S, Stroes ESG, et al. Lipoprotein(a) in atherosclerotic cardiovascular disease and aortic stenosis: a European Atherosclerosis Society consensus statement. *Eur Heart J*. 2022;43(39):3925-3946. 7. Enas EA, Varkey B, Dharmarajan TS, Pare G, Bahl VK. Lipoprotein(a): an independent, genetic, and causal factor for cardiovascular disease and acute myocardial infarction. *Indian Heart J*. 2019;71(2):99-112. 8. Virani SS, Koschinsky ML, Maher L, et al. Global think tank on the clinical considerations and management of lipoprotein(a): the top questions and answers regarding what clinicians need to know. *Prog Cardiovasc Dis*. 2022;73:32-40. 9. Wilson DP, Jacobson TA, Jones PH, et al. Use of lipoprotein(a) in clinical practice: a biomarker whose time has come. A scientific statement from the National Lipid Association. *J Clin Lipidol*. 2019;13(3):374-392. 10. McNeal CJ, Peterson AL. Lipoprotein (a) in youth. In: Feingold KR, Anawalt B, Boyce A, et al, eds. *Endotext*. South Dartmouth (MA): MDText.com, Inc.; Updated February 9, 2020. Accessed July 6, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK395570> 11. McGowan M, Wilemon K, Ahmed C, et al. Characterization of lipoprotein(a) measurement in a large US healthcare dataset. *J Clin Lipidol*. 2022;16(suppl 3):e36-e37. 12. Farzam K, Senthilkumaran S. Lipoprotein A. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing. Updated September 2, 2022. Accessed July 5, 2023. <https://www.statpearls.com/ArticleLibrary/viewarticle/130795> 13. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on clinical practice guidelines. *Circulation*. 2019;139:e1082-e1143. 14. Perrot N, Verbeek R, Sandhu M, et al. Ideal cardiovascular health influences cardiovascular disease risk associated with high lipoprotein(a) levels and genotype: the EPIC-Norfolk prospective population study. *Atherosclerosis*. 2017;256:47-52. 15. Thanassoulis G. Screening for high lipoprotein(a). *Circulation*. 2019;139(25):e1082-e1143. 16. Chakraborty A, Pang J, Chan DC, et al. Cascade testing for elevated lipoprotein(a) in relatives of probands with familial hypercholesterolaemia and elevated lipoprotein(a). *Atherosclerosis*. 2022;349:219-226.



Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

© 2024 Novartis

8/24

292189-1

