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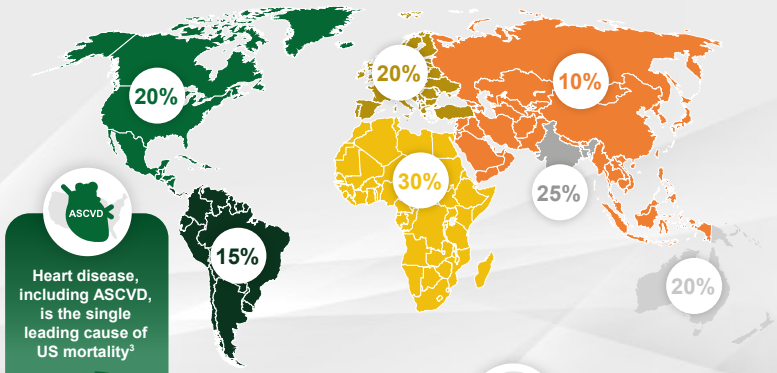
Disease state deep dives

# Emerging Lipoprotein(a) [Lp(a)]: A Rising Tide of Evidence Supports the Need for Lp(a) Awareness

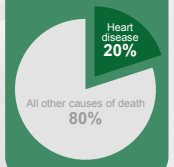
## Elevated Lp(a) is the most common genetic dyslipidemia[1]

Approximately **1.4 billion** individuals worldwide have elevated Lp(a)[2,a]




ASCVD

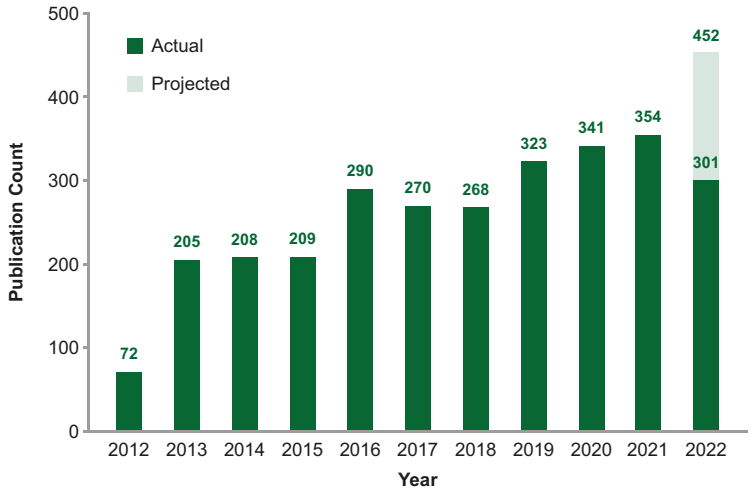
Heart disease, including ASCVD, is the single leading cause of US mortality[3]



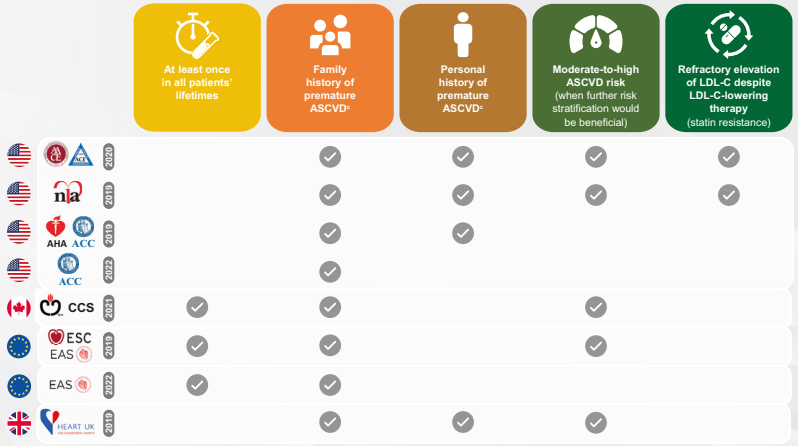

In comparison, ~537 million individuals worldwide have diabetes[4]

## A "rising tide" of scientific data on Lp(a) has emerged in the past 10 years

### Curated Lp(a) Publications by Year[b] (2012-2022)




## Multiple global clinical guidelines and expert consensus statements recommend Lp(a) screening to manage dyslipidemia and prevent CVD[1,5-10]



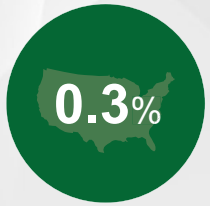

ICD-10-CM diagnosis codes are available:

- E78.41 Elevated Lp(a)
- Z83.430 Family history of elevated Lp(a)

A CPT® code is also available:

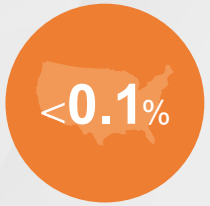
- 83695 Lp(a) blood test

## Although elevated Lp(a) is an independent, genetic, and causal risk factor for ASCVD and CAVS, screening rates remain sub-optimal in clinical practice due to low awareness[2,11]




ASCVD

Of >112 million Americans with claims data for ASCVD screening or treatment from 2012 to 2019, only 0.3% received Lp(a) screening[12]




Of US HCPs, <0.1% are responsible for ordering 50% of Lp(a) tests[12]

## Lp(a) screening is needed to empower improved risk detection and appropriate management of ASCVD and CAVS[11]

**Screening for elevated Lp(a) could[8,9]:**

- Improve patient understanding of CVD risk
- Inform shared decision-making
- Encourage initiation, acceptance, and adherence to long-term treatment

Increased Lp(a) screening can provide **real-world evidence to inform timely advancements** in CVD patient care[5]

A high Lp(a) concentration should be interpreted in the context of other risk factors and absolute global CVD risk, and addressed through **intensified lifestyle and risk factor management**[10]

AACE, American Association of Clinical Endocrinology; ACC, American College of Cardiology; ACE, American College of Endocrinology; AHA, American Heart Association; ASCVD, atherosclerotic cardiovascular disease; CAVS, calcific aortic valve stenosis; CCS, Canadian Cardiovascular Society; CPT®, Current Procedural Terminology; CVD, cardiovascular disease; EAS, European Atherosclerosis Society; ESC, European Society of Cardiology; HCP, health care provider; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; LDL-C, low-density lipoprotein cholesterol; NLA, National Lipid Association.

[a]Elevated Lp(a) is defined as ≥>50 mg/dL or >125 nmol/L; [b]~6000 PubMed hits were manually verified to contain specific terms representative of the Lp(a) disease state in the title and/or abstract, resulting in ~2800 curated hits focusing on Lp(a); [c]Premature ASCVD is defined as occurring in men aged <55 years and women aged <65 years.

**1.** Handelsman Y et al. *Endocr Pract.* 2020;26(10):1196-1224. **2.** Tsimikas S et al. *J Am Coll Cardiol.* 2018;71(2):177-192. **3.** Ahmad FB et al. *MMWR Morb Mortal Wkly Rep.* 2022;71(17):597-600. **4.** Sun H et al. *Diabetes Res Clin Pract.* 2022;183:109119. **5.** Catapano AL et al. *Atherosclerosis.* 2022;349:136-143. **6.** Lloyd-Jones DM et al. *J Am Coll Cardiol.* 2022;23:S0735-1097(22)05594-2. **7.** Arnett DK et al. *Circulation.* 2019;140(11):e596-e646. **8.** Wilson DP et al. *J Clin Lipidol.* 2019;13(3):374-392. **9.** Cegla J et al. *Atherosclerosis.* 2019;291:62-70. **10.** Kronenberg F et al. *Eur Heart J.* 2022:ehac361. **11.** Thanassoulis G. *Circulation.* 2019;139(12):1493-1496. **12.** MacDougall DE et al. Characterization of Lp(a) measurement in a large U.S. health care dataset. Poster presented at: NLA Scientific Sessions; June 2-5, 2022; Scottsdale, AZ.

Access more Lp(a) resources in our Halls of Science.

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