American Heart Association®

Lipoprotein(a) & 2026 ACC/AHA Guideline on the Management of Dyslipidemia

Before We Begin

📢 **Audio** –Ensure your device volume is on and adjusted.

🎥 **Video** –Streaming quality may adjust based on connection.

💬 **Closed Captions** – Toggle CC on or off at any time.

🔵 **Recording** – A session recording will be uploaded to our webpage.

❓ **Questions** – Click the Q&A button on the Zoom toolbar at the bottom of your screen to submit questions.

You may need to click the “More” icon.

🛠️ **Technical Help** – Use Help for assistance.

⏳ **Stay Until the End** – Don’t miss key takeaways.

❤️ **Connect With Us** – Follow or contact us to stay connected.

Disclaimer

The recommendations and opinions presented by our guest speakers may not represent the official position of the American Heart Association. The materials are for educational purposes only, and do not constitute an endorsement or instruction by the Heart Association. The American Heart Association does not endorse any product or device.

Lipoprotein(a) Awareness Day 2026: What, Why, Who, When?

Donald M. Lloyd-Jones, FAHA FACC FASPC
Alexander Graham Bell Professor of Medicine
Director, Framingham Center for Population & Prevention Science
PI, Framingham Heart Study
Section Chief of Preventive Medicine & Epidemiology
Boston University Chobanian & Avedisian School of Medicine
Past President, American Heart Association

BOSTON UNIVERSITY

Disclosures

- Dr. Lloyd-Jones has no relationships with industry/conflicts of interest
  - Grant funding: NIH, CMS, AHA
- Dr. Lloyd-Jones has served as an unpaid fiduciary officer and director, and is currently a part-time employee, of the American Heart Association

Outline and Objectives

- What is Lp(a)?
- What does it do?
- Current prevention strategies
  - Lifestyle
  - LDL-C (and ApoB!) lowering
- Future prevention strategies?
  - Direct Lp(a) inhibition (stay tuned)
- Learning more about Lp(a)

2026 ACC/AHA/Multi-Specialty Dyslipidemia Guideline

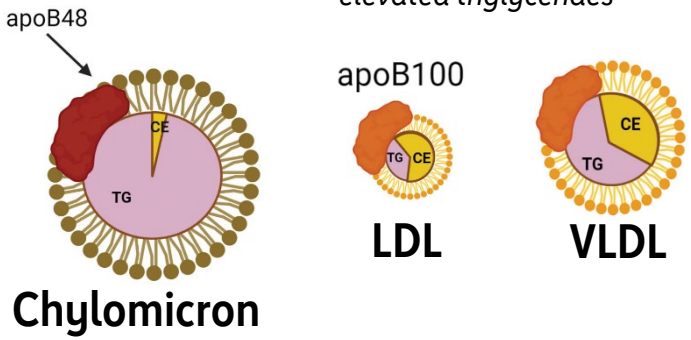
Measures all atherogenic particles

More accurate compared to LDL-C

Screening with Apolipoprotein B

- **In adults on LLT, particularly those with ASCVD, type 2 diabetes, and/or elevated TG, measurement of apoB is reasonable to guide decisions regarding further therapeutic intensification once LDL-C and/or Non-HDL-C goals are achieved. (2a)**
- **In adults not on LLT, measurement of apoB may be reasonable to enhance ASCVD risk assessment, guide initiation of LLT, and characterize inherited lipid disorders. (2b)**

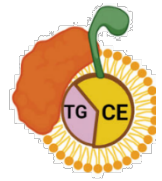
Particularly for secondary prevention, metabolic syndrome, diabetes, elevated triglycerides



Chylomicron | LDL | VLDL

New!

Screening with Lp(a)



Lp(a)

- **Measurement of Lp(a) in all adults is recommended at least once for ASCVD risk assessment. (1)**
- **In those with FH, premature ASCVD, or high Lp(a), cascade testing of 1st-degree relatives is recommended. (1)**

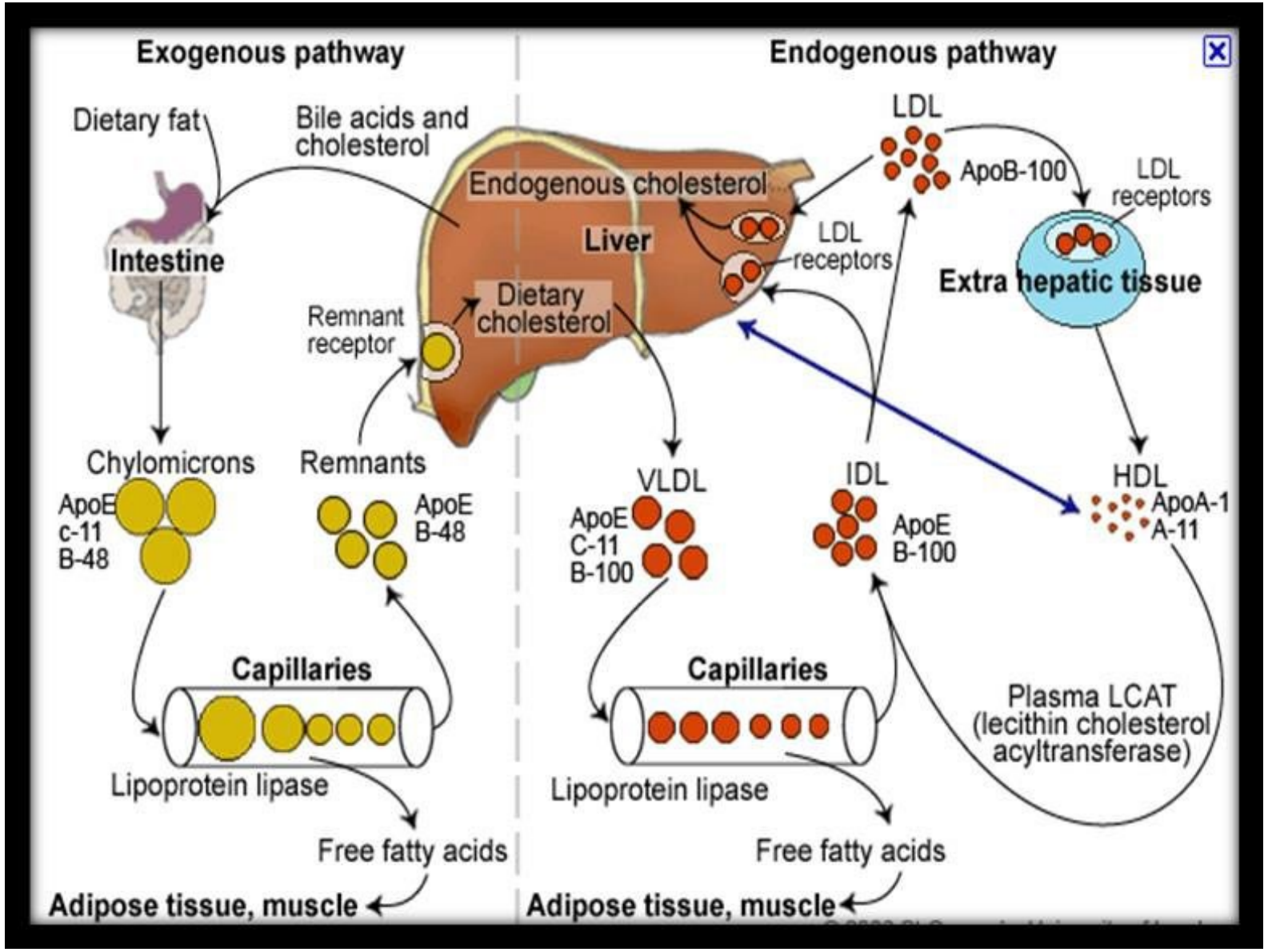
Lp (a) in nmol/L	ASCVD relative risk
450	4x
375	3x
250	2x
125	1.4x
75	Reference

Abbreviations: ApoB indicates apolipoprotein B; ASCVD, atherosclerotic cardiovascular disease; FH, familial hypercholesterolemia; LDL-C, low-density lipoprotein cholesterol; LLT, lipid-lowering treatment; Lp(a), lipoprotein(a); HDL-C, high-density lipoprotein cholesterol; and VLDL, very low-density lipoprotein.

Graphics from De Oliveira-Gomes, Diana et al. "Apolipoprotein B: Bridging the Gap Between Evidence and Clinical Practice." *Circulation* vol. 150,1 (2024): 62-79. doi:10.1161/CIRCULATIONAHA.124.068885

American Heart Association.

Lipid Metabolism

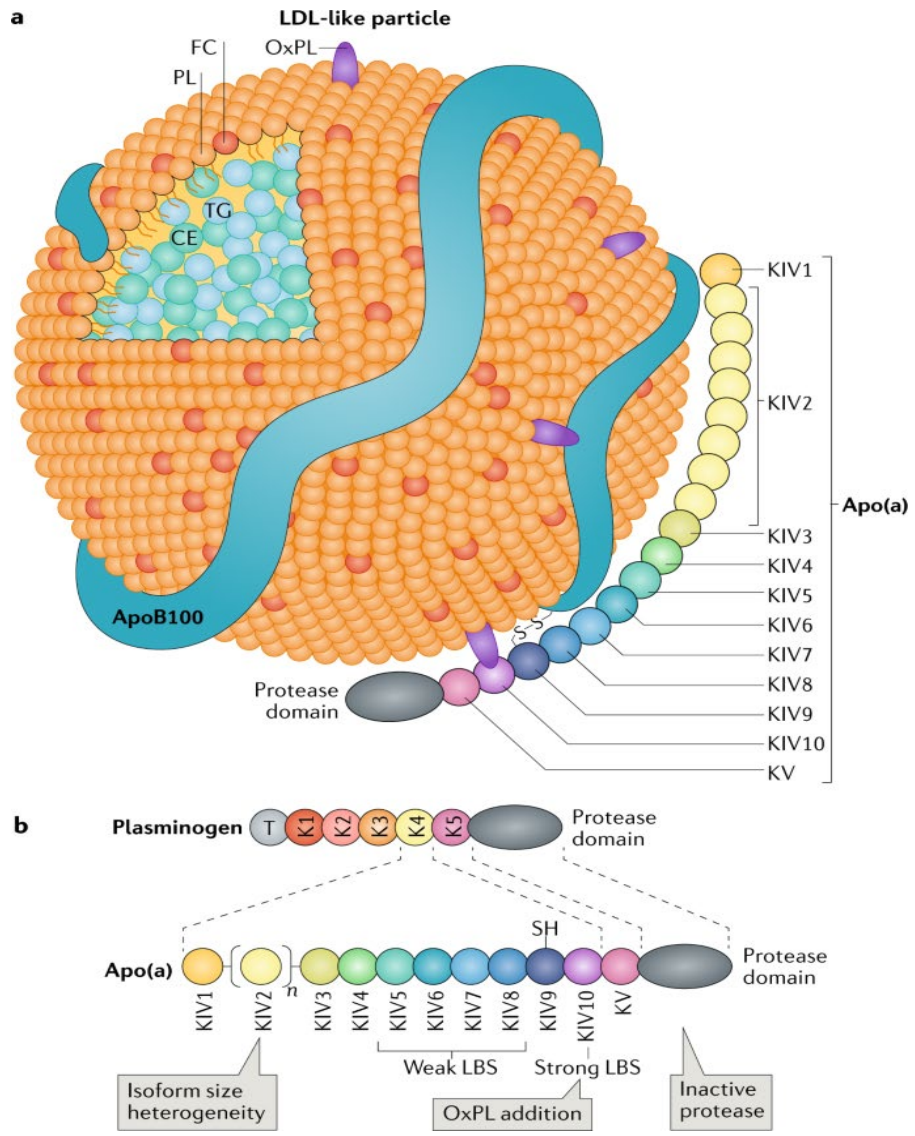


BOSTON UNIVERSITY

Karam I, Yang YJ and Li JY. Hyperlipidemia Background and Progress. SM Atheroscler J. 2017; 1(1): 1003.

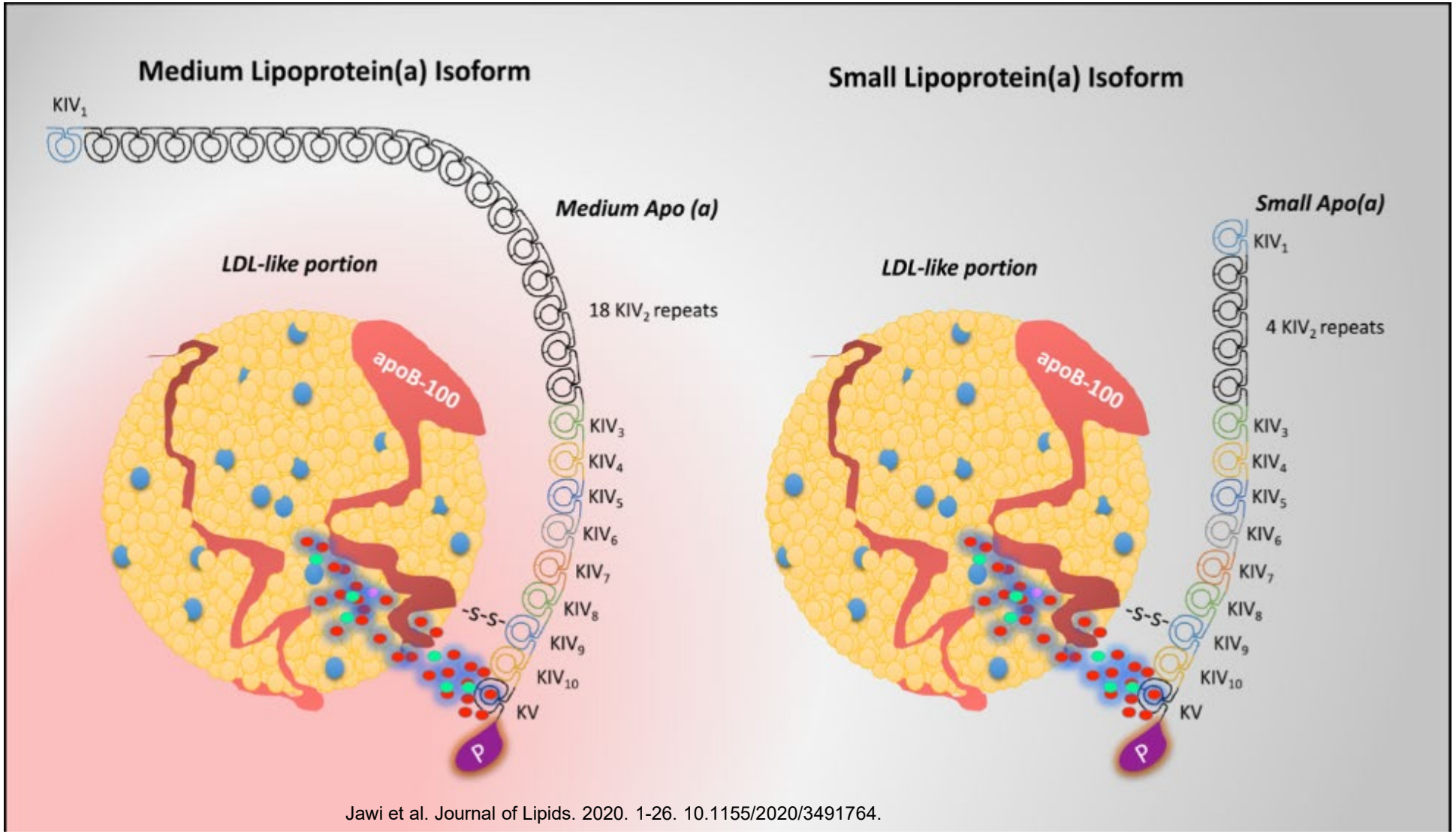
Lipoprotein(a) Particle

- ApoB100 containing Lipoprotein, covalently bound to apolipoprotein (a).
- LPA gene is one of the most potent monogenetic risk factors for CAD regardless of race and aortic stenosis
- Autosomal co-dominant inheritance, phenotype of both alleles is expressed.



Boffa MB, Koschinsky ML. Nat Rev Cardiol 2019;16:305

Lipoprotein(a) Isoforms



Jawi et al. Journal of Lipids. 2020. 1-26. 10.1155/2020/3491764.

BOSTON UNIVERSITY

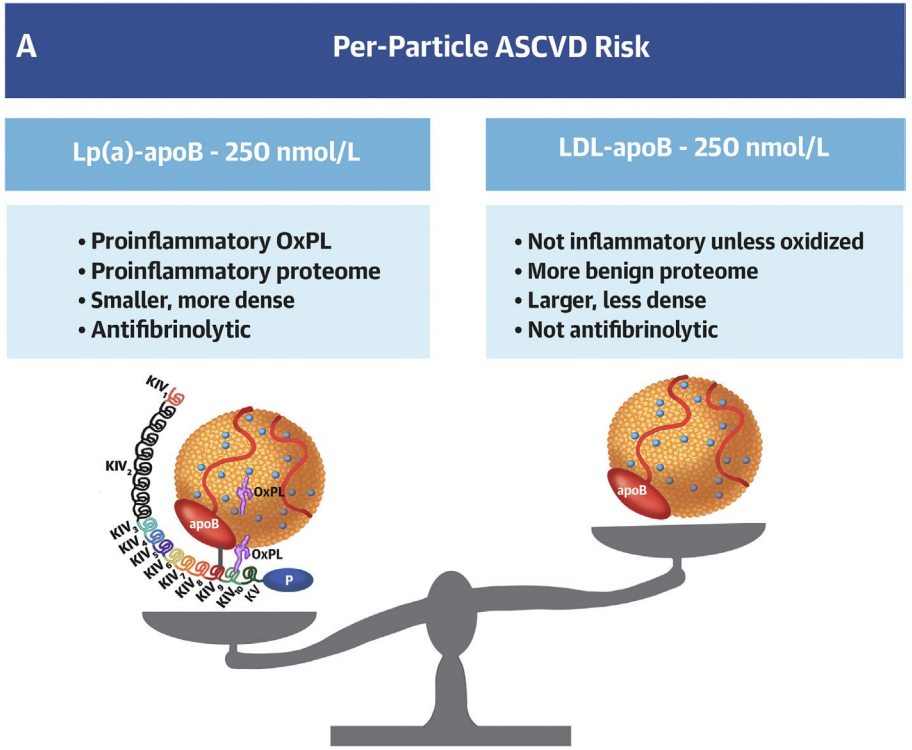
Key Characteristics of KIV-2 Repeats

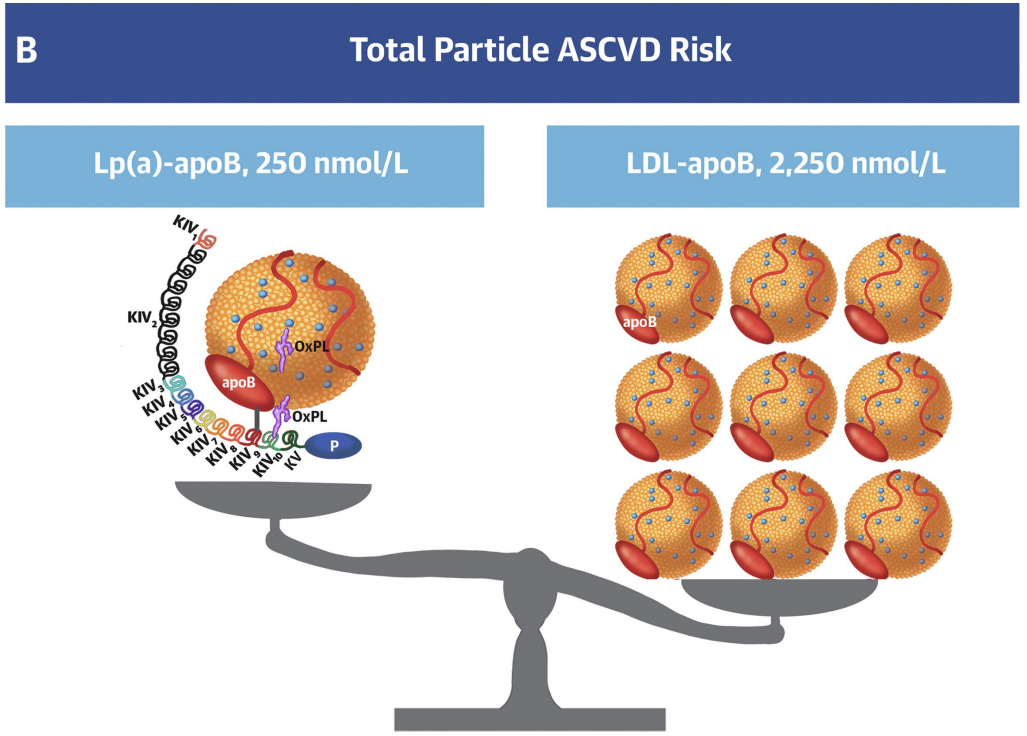
- **Copy Number Variation (CNV):** KIV-2 segment can repeat anywhere from **1 to over 40 times**
- **Inverse Relationship:** Strong inverse correlation between the number of KIV-2 repeats and plasma Lp(a) levels
  - **Small Isoforms (Fewer KIV-2 repeats): Higher** circulating Lp(a) concentration and increased risk of heart attack, stroke, and aortic stenosis
  - **Large Isoforms (More KIV-2 repeats): Lower** Lp(a) levels and more **neutral** for cardiovascular risk.
- **Inheritance:** Individuals inherit two different-sized isoforms (one from each parent), and their total Lp(a) level is often dominated by the smaller isoform

Measurement of Lp(a)

- Older assays measured concentrations in **mg/dL**
  - Tells you about the total mass of Lp(a) protein but not informative about isoforms (which is the important info!)
- Newer assays measure molar concentration (protein particles) in **nmol/L**
  - Increasingly standardized
  - Preferred for reliability of measurement and indication of risk
- Conversion possible but not reliable for individuals

Lp(a) and ASCVD Risk





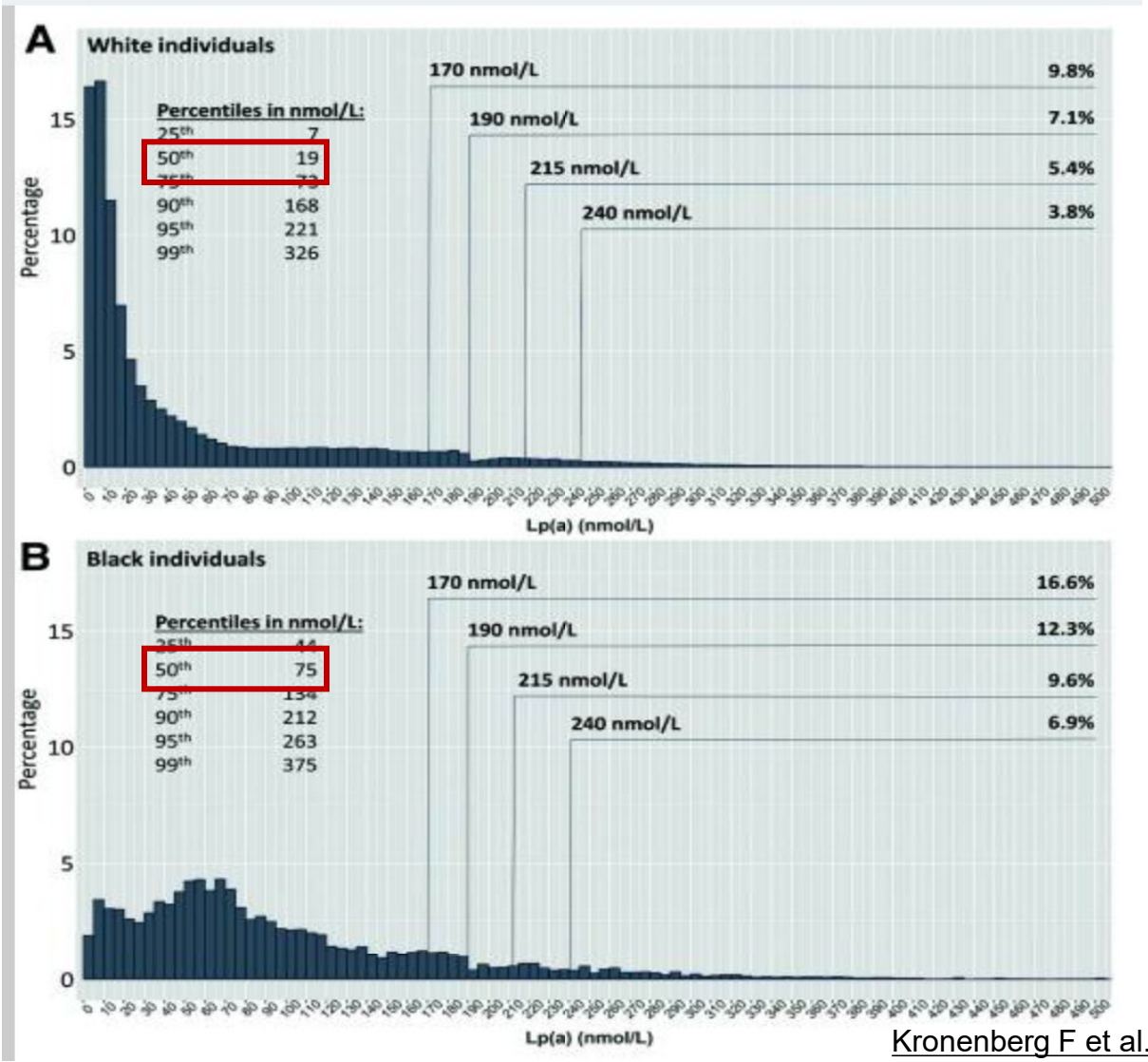
Tsimikas and Bittner. J Am Coll Cardiol. 2024;83(3):396-400.

" LDL particles are significantly more prevalent in most patients than Lp(a) particles. These observations put into clinical context the risk of ASCVD mediated by Lp(a) and LDL-C and suggest particle characteristics and particle number are both important variables in predicting ASCVD risk."

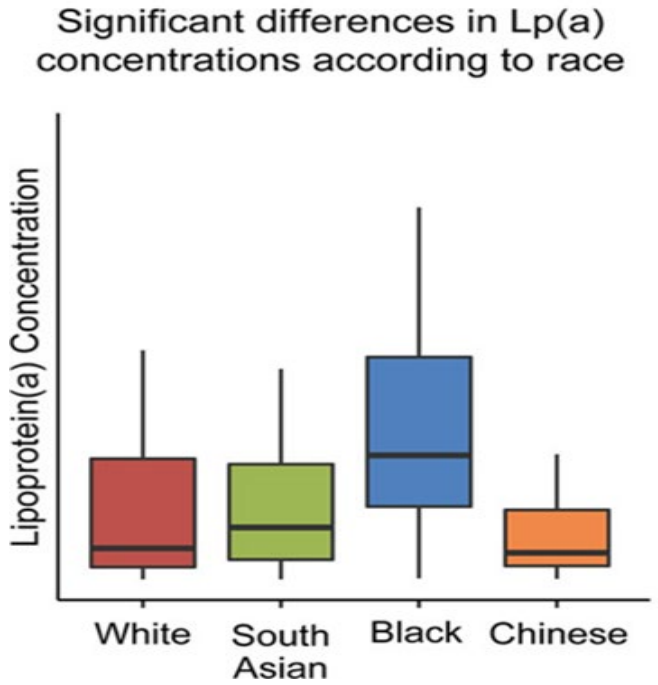
BOSTON UNIVERSITY

Lipoprotein(a) by Ancestry: UK Biobank

460,506 Adults in UK Biobank

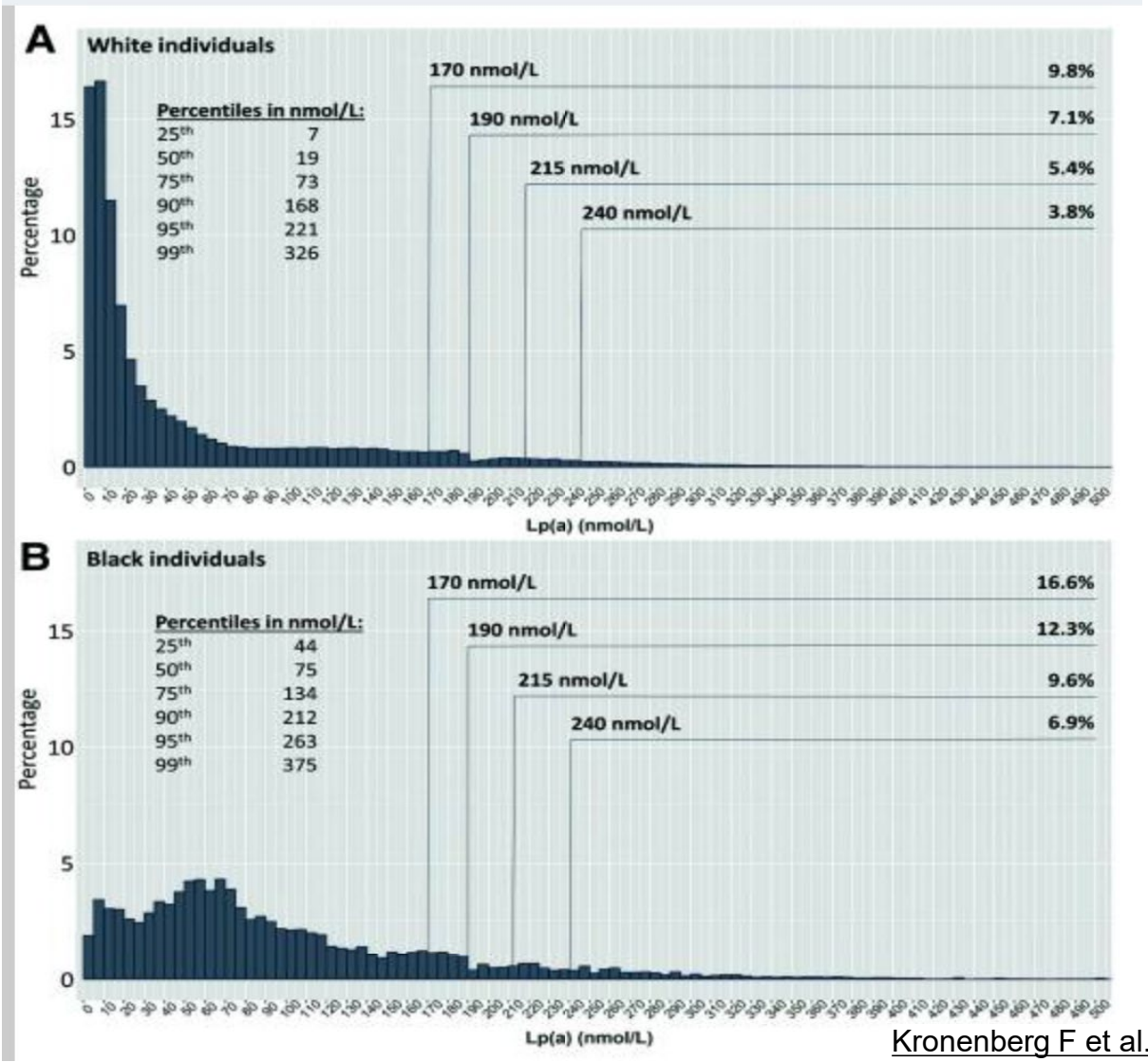


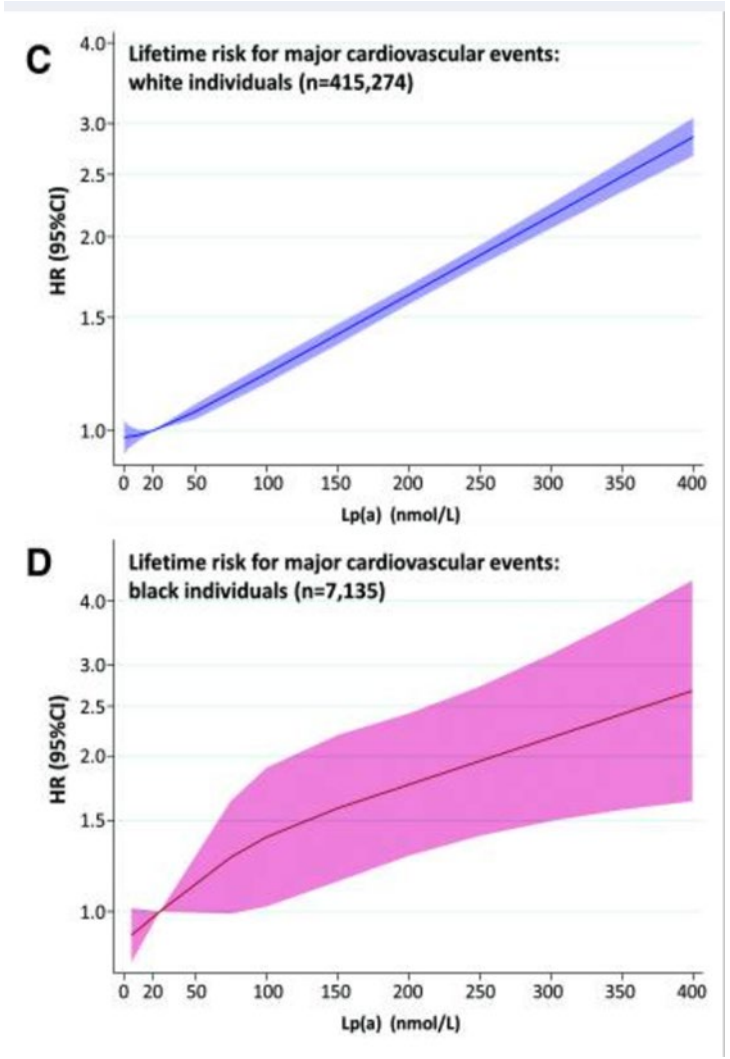
Kronenberg F et al. Eur Heart J. 2022 Oct 14; 43(39): 3925–3946.



Patel et al. Arteriosclerosis, Thrombosis, and Vascular Biology. 2021;41:465–474

Lipoprotein(a) by Ancestry: UK Biobank



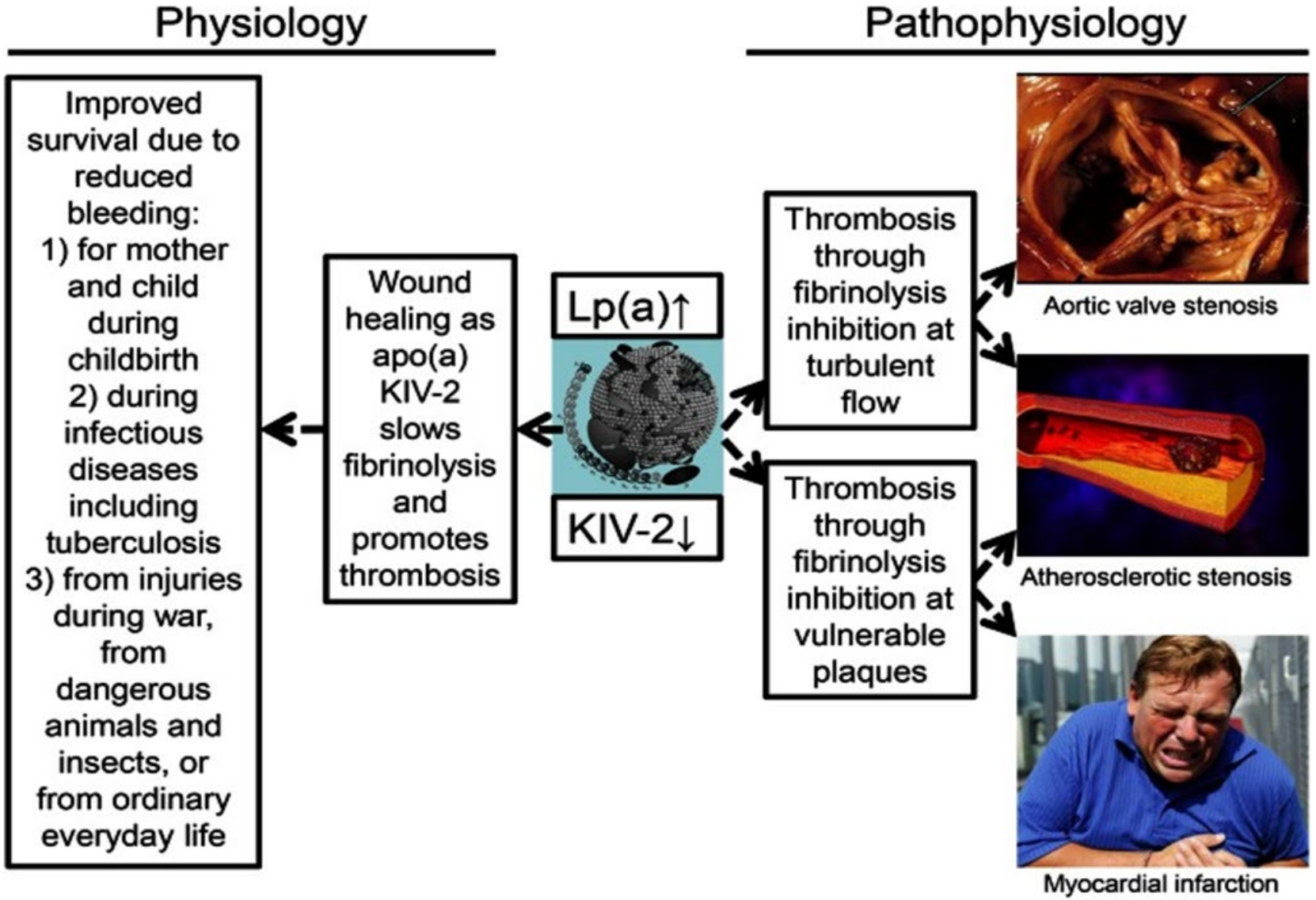


Kronenberg F et al. Eur Heart J. 2022 Oct 14; 43(39): 3925–3946.

Lp(a) and Disease

- Pro-atherogenic effects:
  - Lp(a) can promote atherosclerosis by depositing in arterial walls
- Pro-thrombotic effects:
  - Lp(a) contains kringle IV and plasminogen-like domains, which can interfere with fibrinolysis, enhancing clot formation
- Clearance and degradation:
  - Lp(a) is cleared by the liver and possibly other tissues through mechanisms involving lipoprotein receptors

Why do we have Lp(a)?



BOSTON UNIVERSITY

J Lipid Res. 2016 Nov; 57(11): 1953–1975

Why measure Lp(a) if no current therapies?

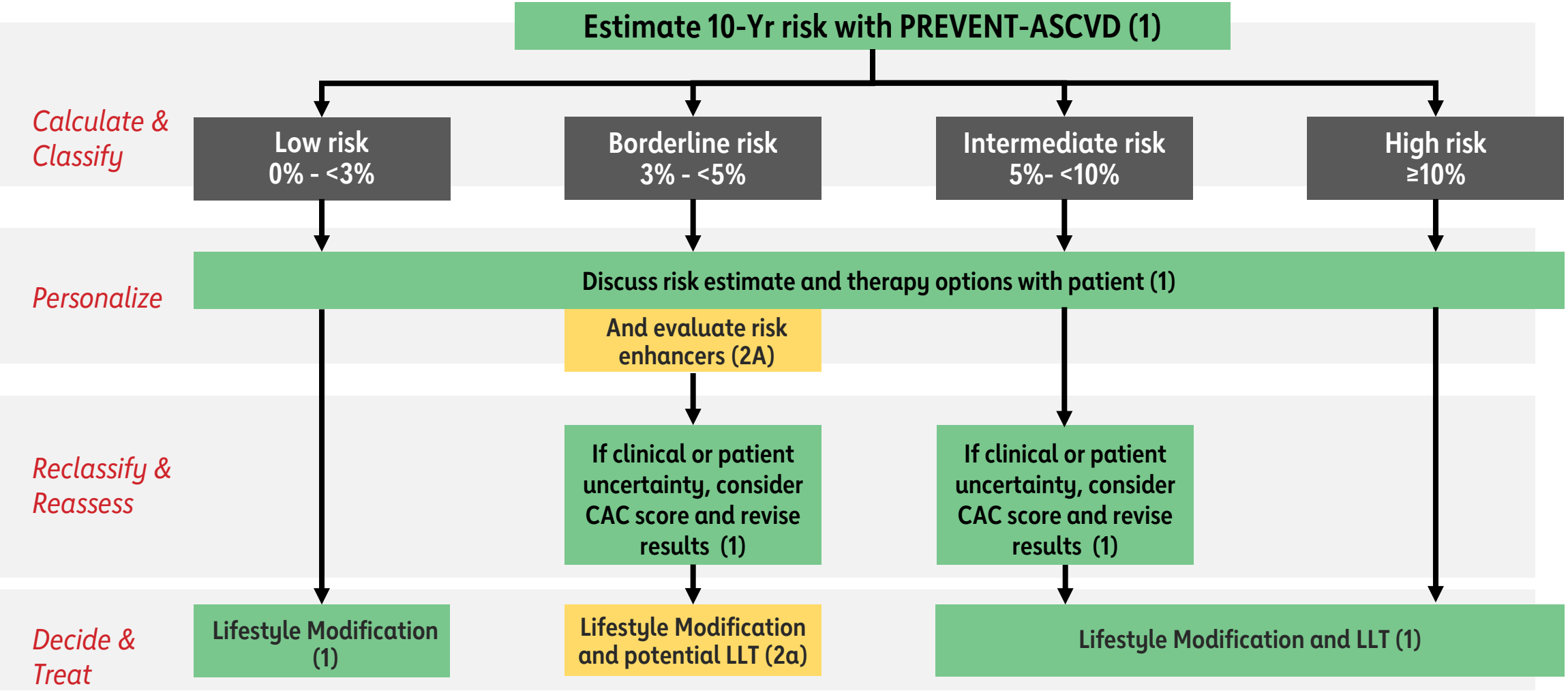
- **Causality of Lp(a) in ASCVD has (largely) been established**
  - Mendelian randomization studies
  - Epidemiological studies
  - Clinical studies
- **Clinical presentations show strong associations of high Lp(a) and low isoform size with:**
  - Aortic valve stenosis
  - Peripheral vascular disease and venous thrombosis
  - Stroke
  - Myocardial infarction

Preventing CVD with Elevated Lp(a): 2026 ACC/AAHA/Multi-Specialty Guideline

Boston University Chobanian & Avedisian School of Medicine

BOSTON UNIVERSITY

Calculate, Personalize, Reclassify (CPR) Framework



Abbreviations: ASCVD indicates atherosclerotic cardiovascular disease; CAC, coronary artery calcium; LLT, lipid-lowering therapy; and PREVENT, Predicting Risk of cardiovascular disease EVENTS.

American Heart Association.

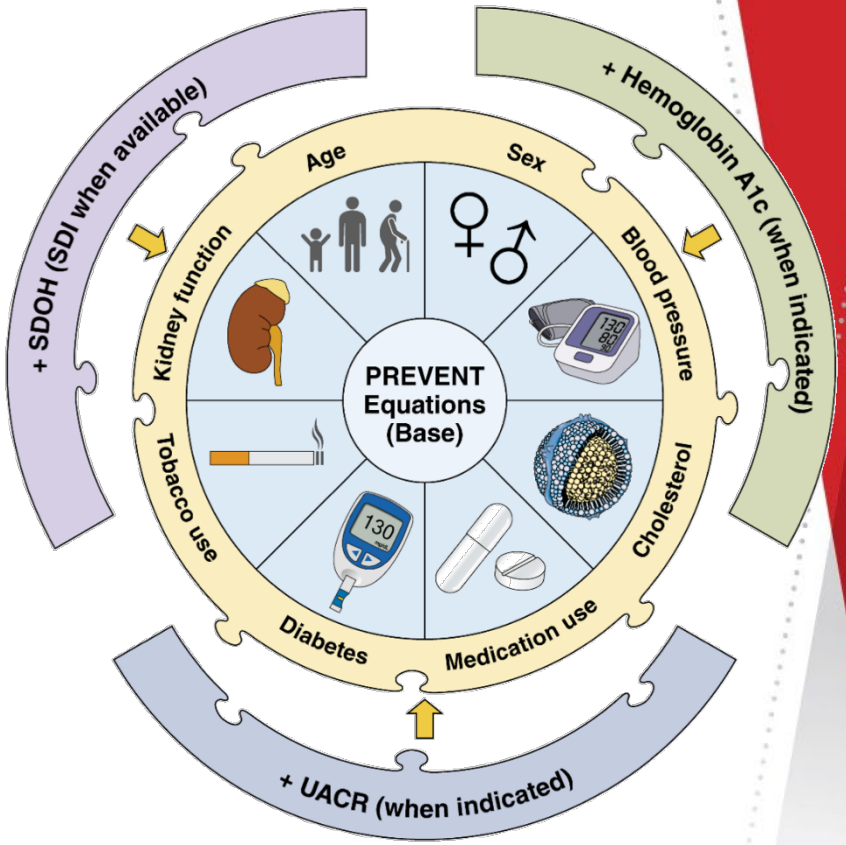
Blumenthal, R.S., Morris, P.B., et al. 2026 ACC/AHA Guideline on the Management of Dyslipidemia. *Circulation*.

PREVENT-ASCVD Risk Calculator

COR	RECOMMENDATIONS
1	PREVENT-ASCVD equations should be used for risk assessment in adults aged 30-79 years without ASCVD or subclinical atherosclerosis, with LDL-C 70-189 mg/dL.

Approximate Equivalent Ranges of 10-yr ASCVD Risk Estimates

RISK	POOLED COHORT EQUATIONS	PREVENT-ASCVD
Low	<5%	<3%
Borderline	5 - <7.5%	3 to <5%
Intermediate	7.5 - <20%	5 to <10%
High	≥20%	≥10%



Abbreviations: ASCVD indicates atherosclerotic cardiovascular disease; LDL-C, low-density lipoprotein cholesterol; PREVENT, Predicting Risk of cardiovascular disease EVENTS; SDI, social deprivation index; SDOH, social determinants of health; and UACR, urine albumin-to-creatinine ratio.

American Heart Association.

Role of Individualized Benefit-Risk Discussion

Information

Clinician provides the best available evidence for treatment options, including the risks & benefits of each option

Patient-Centered Care

Treatment & care options take into consideration individual values & preferences

Shared Decision-Making

A collaborative decision about treatment or care is documented and shared with relevant stakeholders

COR	RECOMMENDATIONS
1	In individuals with dyslipidemia, clinicians and their patients should engage in a discussion of the patient's ASCVD risk, healthy lifestyle as the foundation of risk reduction, expected risk reduction benefits from LLT, possible harms and DDI, costs, and patient preferences to make individualized treatment decisions and/or consider additional options for evaluation to aid in decision-making.

Discussion should emphasize

- Patient's ASCVD risk
- Consideration of additional options for evaluation
- Healthy lifestyle as the foundation of risk reduction
- Expected risk reduction benefits from lipid-lowering therapies
- Possible harms and drug-drug interactions
- Costs
- Administration frequency
- Patient preferences

Abbreviations: ASCVD indicates atherosclerotic cardiovascular disease; DDI, drug-drug interaction; and LLT, lipid-lowering therapy.

Blumenthal, R.S., Morris, P.B., et al. 2026 ACC/AHA Guideline on the Management of Dyslipidemia. *Circulation*.

Risk Enhancers

- History of premature ASCVD in a parent or sibling (onset age <55 y for men, <65 y for women)
- Higher risk ancestry (eg, South Asian, Filipino)
- High polygenic risk (if measured)
- Chronic inflammatory diseases (eg, systemic lupus, rheumatoid arthritis, advanced psoriasis, inflammatory arthritis)
- Lp(a) ≥125 nmol/L or ≥50 mg/dL
- hsCRP ≥2 mg/L on >1 occasion (if measured)
- TG persistently ≥175 mg/dL (2 mmol/L) (if nonfasting) and ≥150 mg/dL (1.7 mmol/L) (if fasting)
- CKM syndrome
- LDL-C persistently ≥160-189 mg/dL (4.1-4.9 mmol/L), non–HDL-C≥190-219 mg/dL or apoB ≥120 mg/dL
- Reproductive risk markers (premature menopause, preeclampsia, gestational diabetes, gestational hypertension, preterm delivery)

COR	RECOMMENDATIONS
2a	In adults without ASCVD with a borderline 10-year ASCVD risk estimate (3% to <5%) by the PREVENT-ASCVD equations, consideration of risk-enhancers is reasonable to personalize risk assessment and the potential benefit of initiating LLT as an adjunct to lifestyle management to reduce ASCVD risk.

Abbreviations: ApoB indicates apolipoprotein B; ASCVD, atherosclerotic cardiovascular disease; HDL-C, high-density-lipoprotein cholesterol; hsCRP, high-sensitivity C-reactive protein, LDL-C, low-density lipoprotein cholesterol; LLT, lipid-lowering therapy; and PREVENT, Predicting Risk of CVD Events.

American Heart Association.

Lp(a) as a risk-enhancing factor: How to quantify?

- Log-linear relationship of Lp(a) level with risk

- Approximate updated 10-y risk estimate:

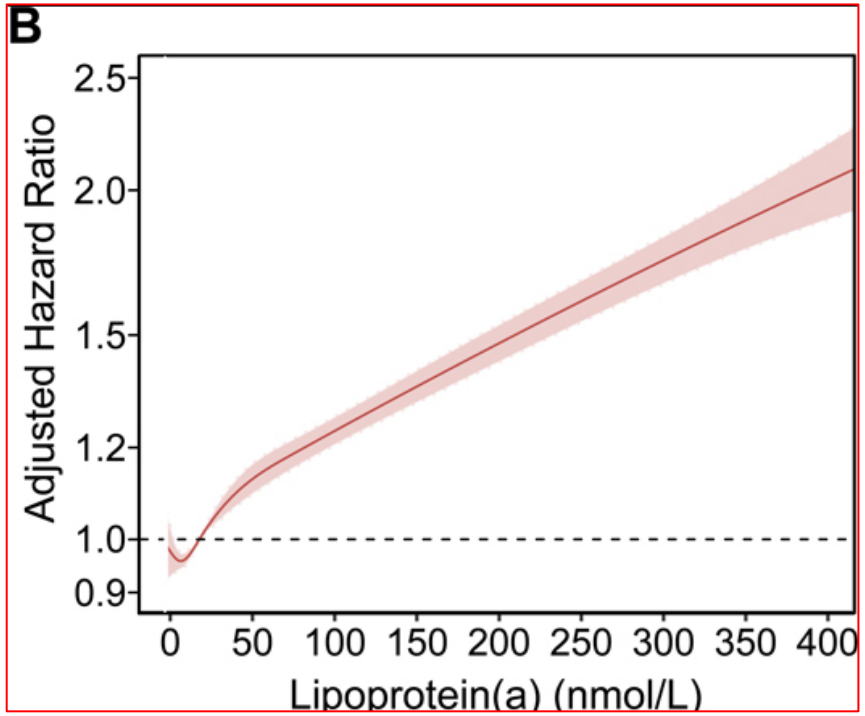
Predicted 10-y risk×[$1.11^{(\text{patient's Lp(a) level in nmol/L}/50)}$]

Example: Patient with 10-yr risk of 10% and

Lp(a) = 250 nmol/L

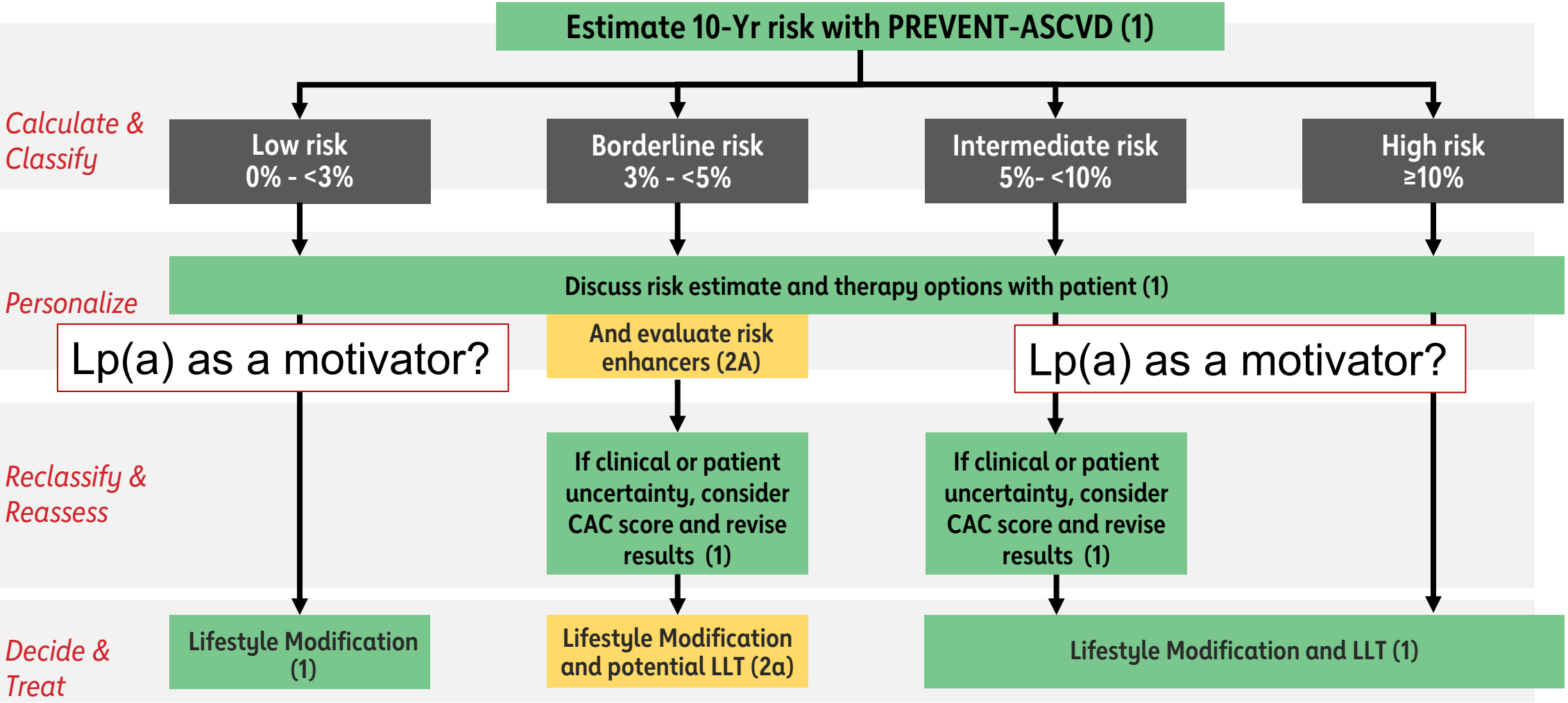
$10.0\% \times 1.11^{(250/50)} = 10.0\% \times 1.11^{5} = 10.0\% \times 1.69$

$=16.9\%$



Finneran P et al. JAHA. 2021;10(1). doi:10.1161/JAHA.120.017470

Calculate, Personalize, Reclassify (CPR) Framework

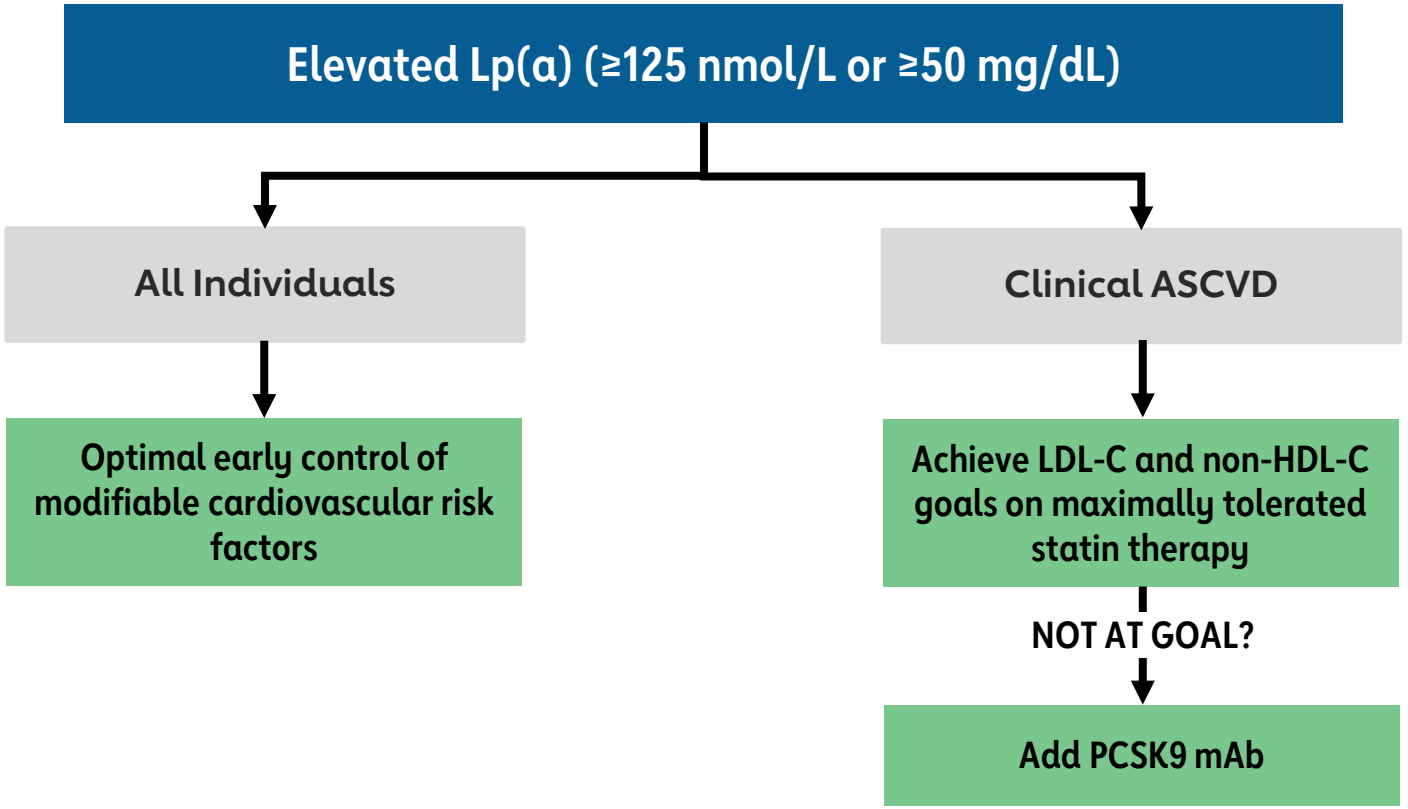


Abbreviations: ASCVD indicates atherosclerotic cardiovascular disease; CAC, coronary artery calcium; LLT, lipid-lowering therapy; and PREVENT, Predicting Risk of cardiovascular disease EVENTS.

American Heart Association.

Blumenthal, R.S., Morris, P.B., et al. 2026 ACC/AHA Guideline on the Management of Dyslipidemia. *Circulation*.

Approach to Patients with Elevated Lp(a)



Abbreviations: ASCVD indicates atherosclerotic cardiovascular disease; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein-cholesterol; Lp(a), lipoprotein(a); mAb, monoclonal antibody; and PCSK9, Proprotein Convertase Subtilisin/Kexin type 9.

American Heart Association.

Blumenthal, R.S., Morris, P.B., et al. 2026 ACC/AHA Guideline on the Management of Dyslipidemia. *Circulation*.

Lifestyle for All!

Particularly important for those with family history/genetic risk

Goals with lifestyle therapy

- Goal is to reduce underlying risk – not to reduce Lp(a) levels directly
- Diet, PA, etc. have minimal effects on Lp(a) levels *per se*
- But they can additively reduce risk for CVD events, reducing the background risk through direct effects and indirect effects on other RFs

Prevention with Elevated Lp(a)

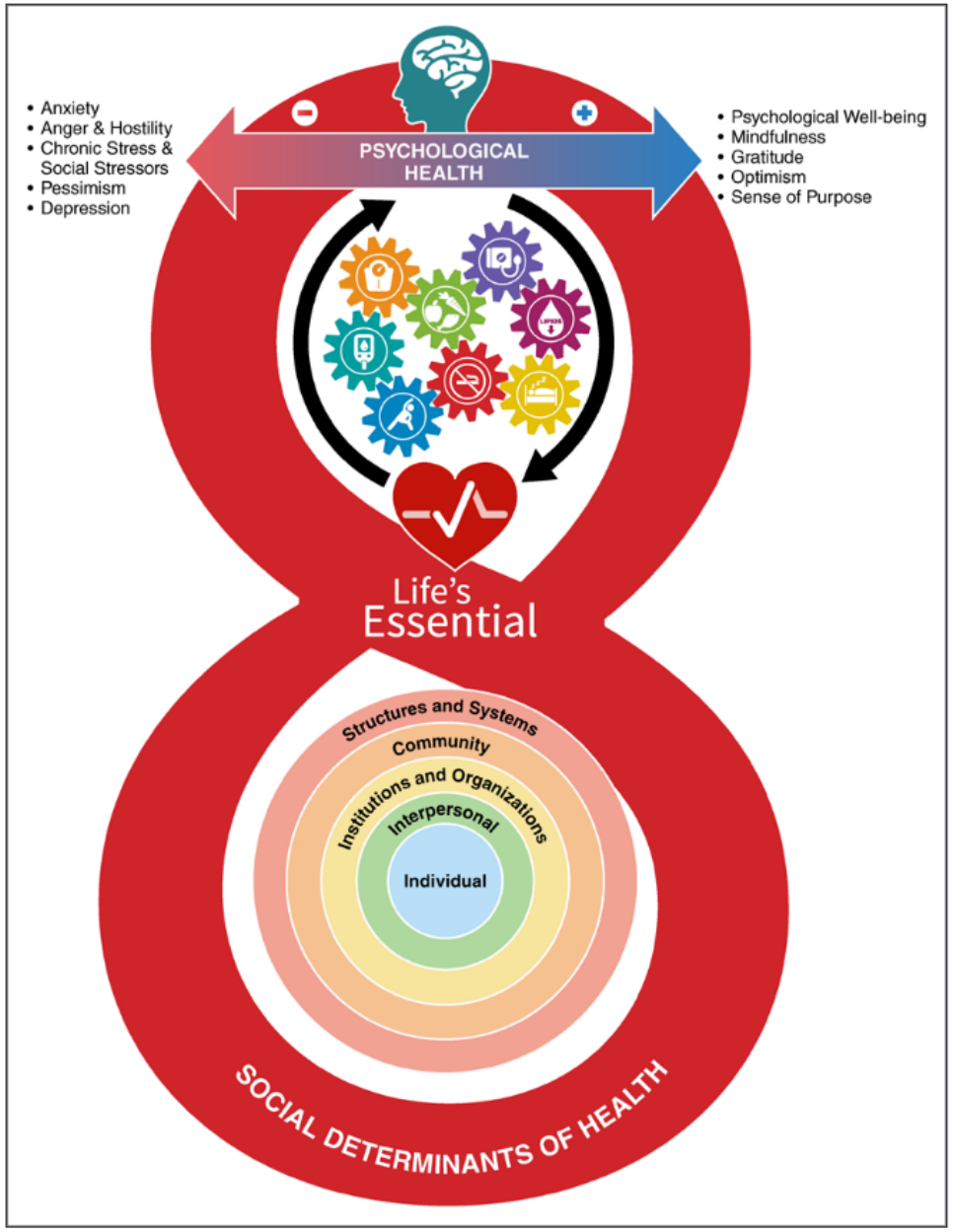
Circulation

AHA PRESIDENTIAL ADVISORY

Life's Essential 8: Updating and Enhancing the American Heart Association's Construct of Cardiovascular Health: A Presidential Advisory From the American Heart Association

Donald M. Lloyd-Jones, MD, ScM, FAHA, Chair; Norrina B. Allen, PhD, MPH, FAHA; Cheryl A.M. Anderson, PhD, MPH, MS, FAHA; Terrie Black, DNP, MBA, CRRN, FAHA; LaPrincess C. Brewer, MD, MPH; Randi E. Foraker, PhD, MA, FAHA; Michael A. Grandner, PhD, MTR, FAHA; Helen Lavretsky, MD, MS; Amanda Marma Perak, MD, MS, FAHA; Garima Sharma, MD; Wayne Rosamond, PhD, MS, FAHA; on behalf of the American Heart Association

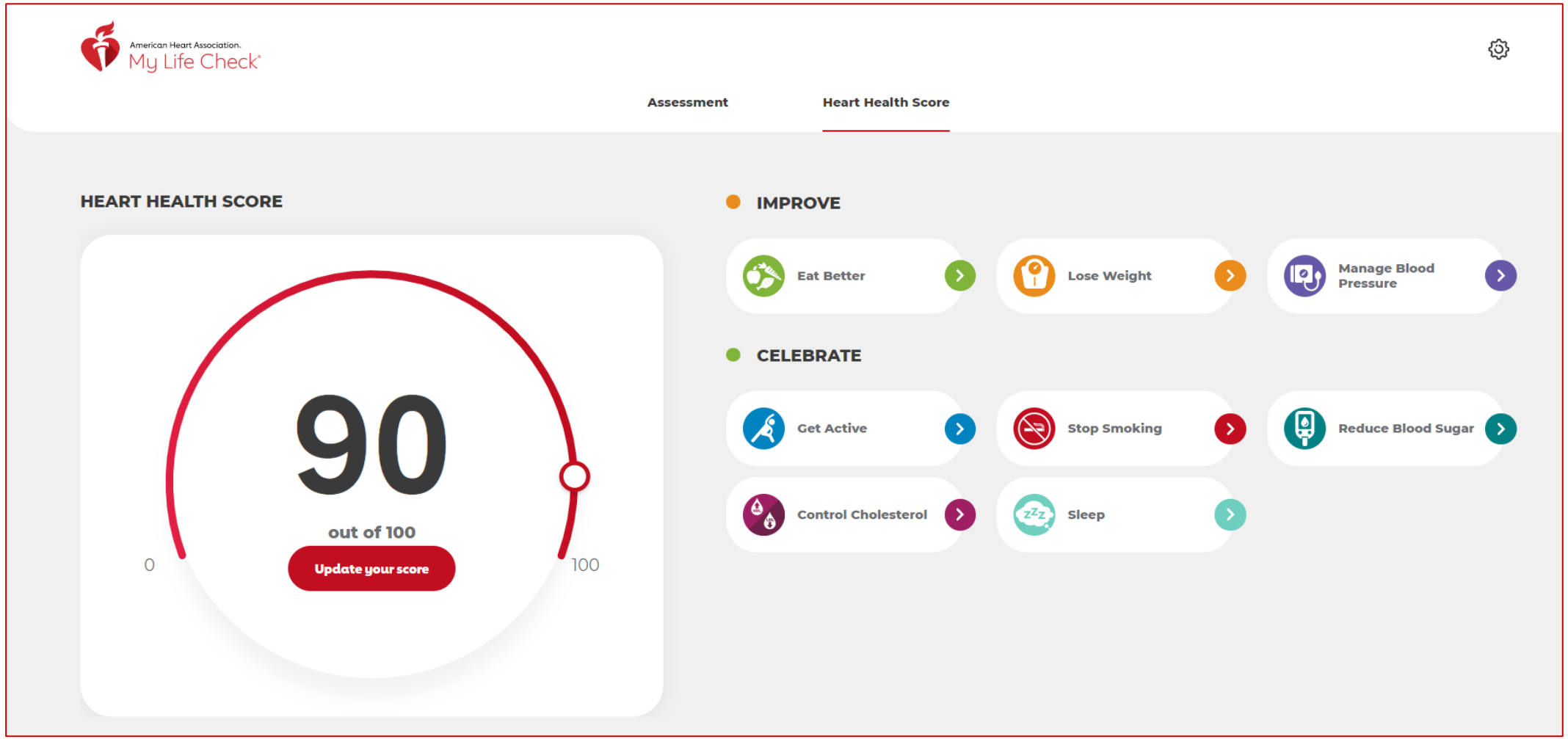
Medicine



Lloyd-Jones, D.M. *et al.* (2022) 'Life's essential 8: Updating and enhancing the American Heart Association's construct of Cardiovascular Health: A presidential advisory from the American Heart Association', *Circulation*, 146(5). doi:10.1161/cir.0000000000001078.

My Life Check

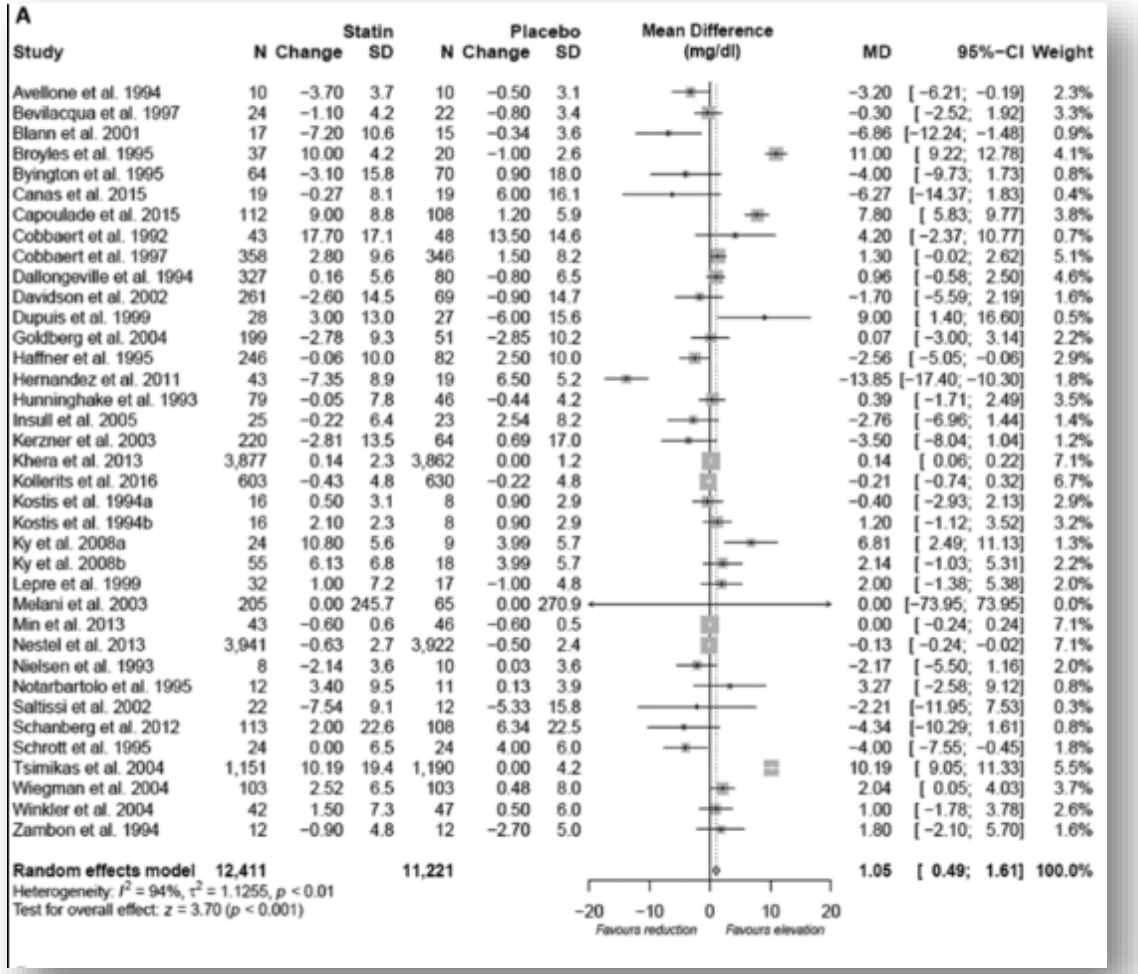
My Life Check – Improving LE8



Medical therapy

LDL-C reduction remains the cornerstone of therapy for now

Statins do not alter Lp(a) levels substantially



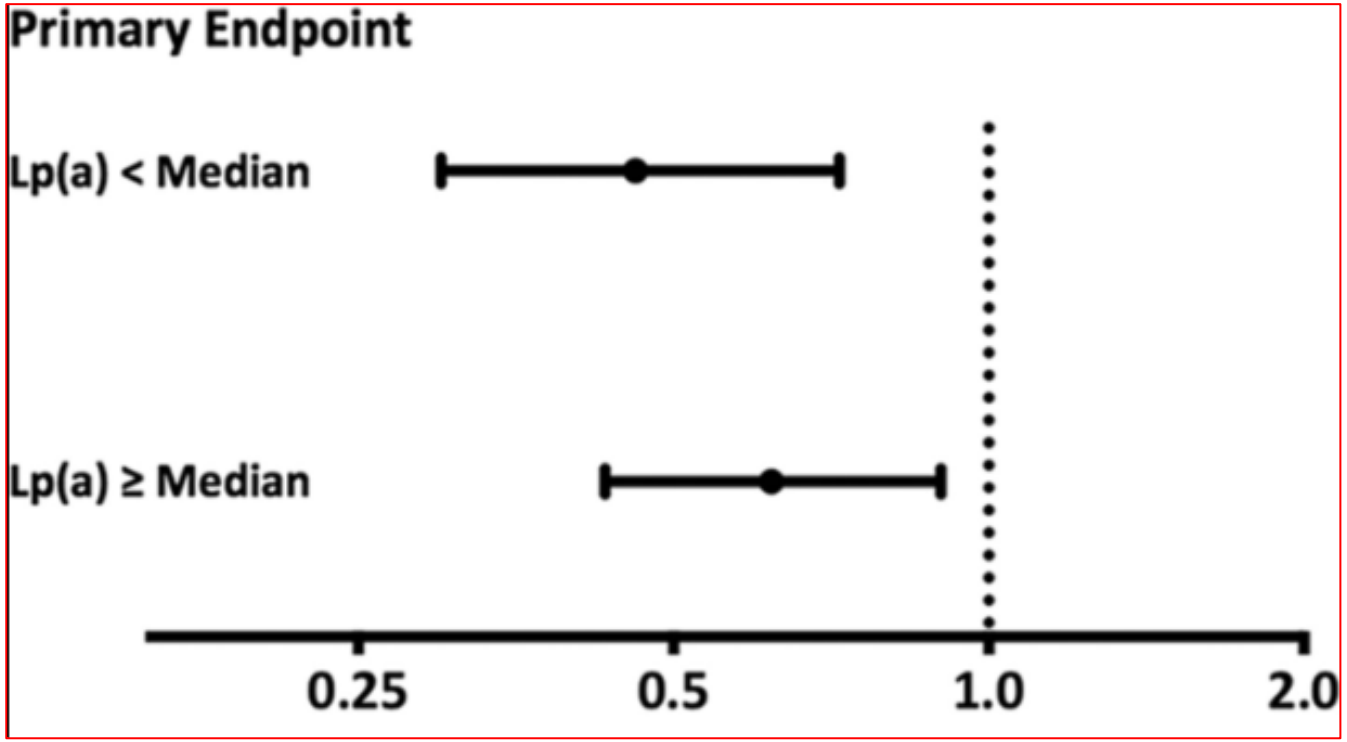
Boston University Chobanian & Avedisian School of Medicine

BOSTON UNIVERSITY

de Boer LM, Oorthuys AOJ, Wiegman A, et al. Statin therapy and lipoprotein(a) levels: a systematic review and meta-analysis. Eur J Prev Cardiol. 2022;29(5):779-792. doi:10.1093/eurjpc/zwab171

Statins reduce ASCVD events – even in people with Lp(a)

- JUPITER trial: Similar RRR, greater ARR with elevated Lp(a)



BOSTON UNIVERSITY

Khera, A.V. *et al.* (2014) 'Lipoprotein(a) concentrations, rosuvastatin therapy, and residual vascular risk', *Circulation*, 129(6), pp. 635–642. doi:10.1161/circulationaha.113.004406.

Personal approach to therapy in patients with elevated Lp(a)

- Remove the vector (LDL-C particles)
- NLA and ESC GL recommendations:
  - LDL-C <100 mg/dL for primary prevention (ApoB <90)
  - LDL-C <70 mg/dL for high-risk primary and secondary prevention (ApoB <70)
  - LDL-C <55 mg/dL for very high-risk secondary prevention (ApoB <55)
- Checking ApoB can help avoid residual risk related to LDL-C particles
- Consider aspirin in higher-risk patients (this appears to be one group with net benefit)

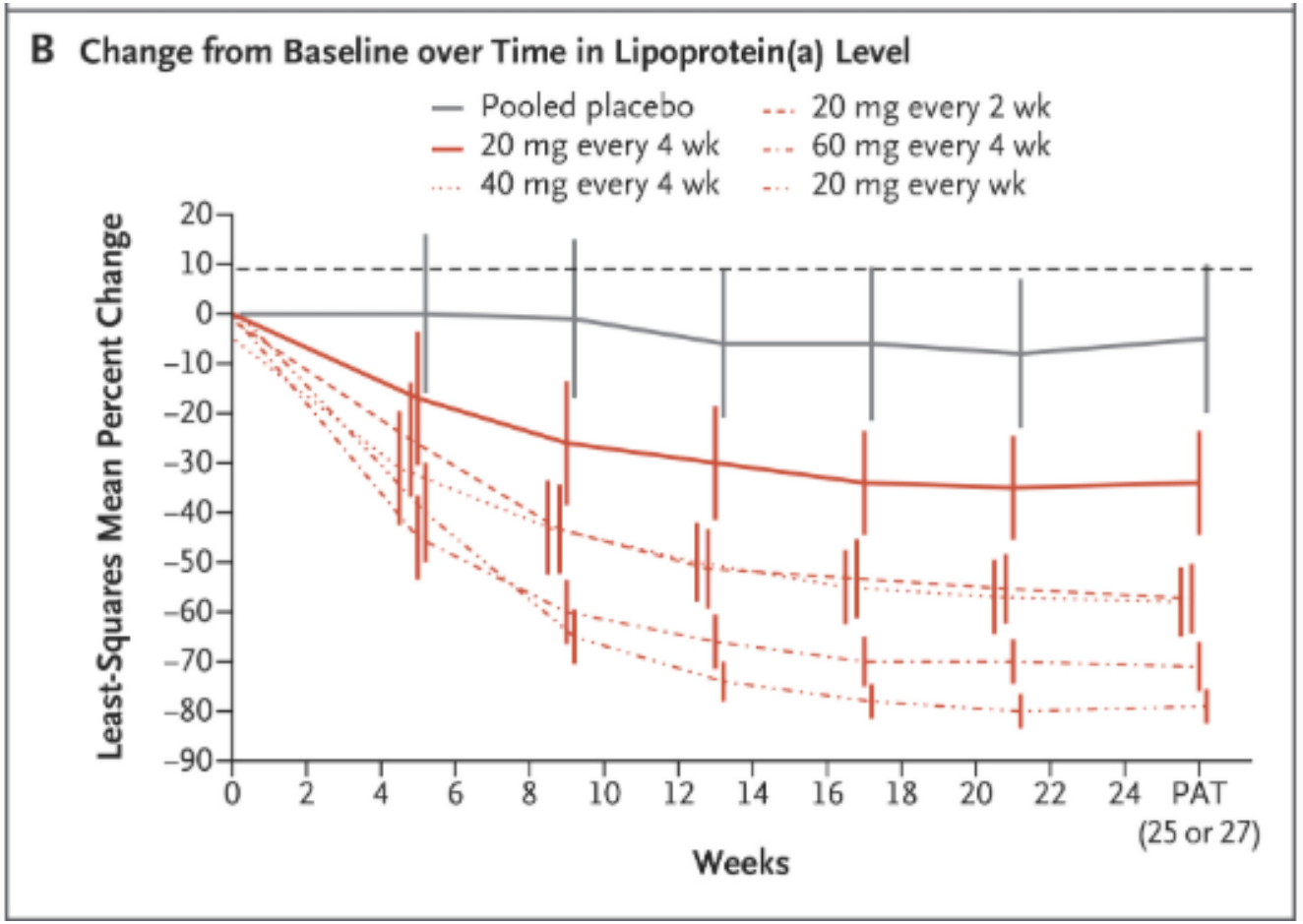
PCSK9 mAb and inclisiran reduce Lp(a) modestly; bempedoic acid does not

- Both evolocumab and alirocumab reduce Lp(a) levels modestly
  - Reduction of Lp(a) in those with elevated Lp(a) appears to provide greater benefit and explain some of the efficacy
- Inclisiran also associated with modest Lp(a) reduction – large outcomes trial awaited
- Bempedoic acid associated with no significant change in Lp(a)

Circ 2019; *JACC* 2020

The Future – Direct inhibition of apo(a) production

Pelacarsen – ASO dose-ranging study

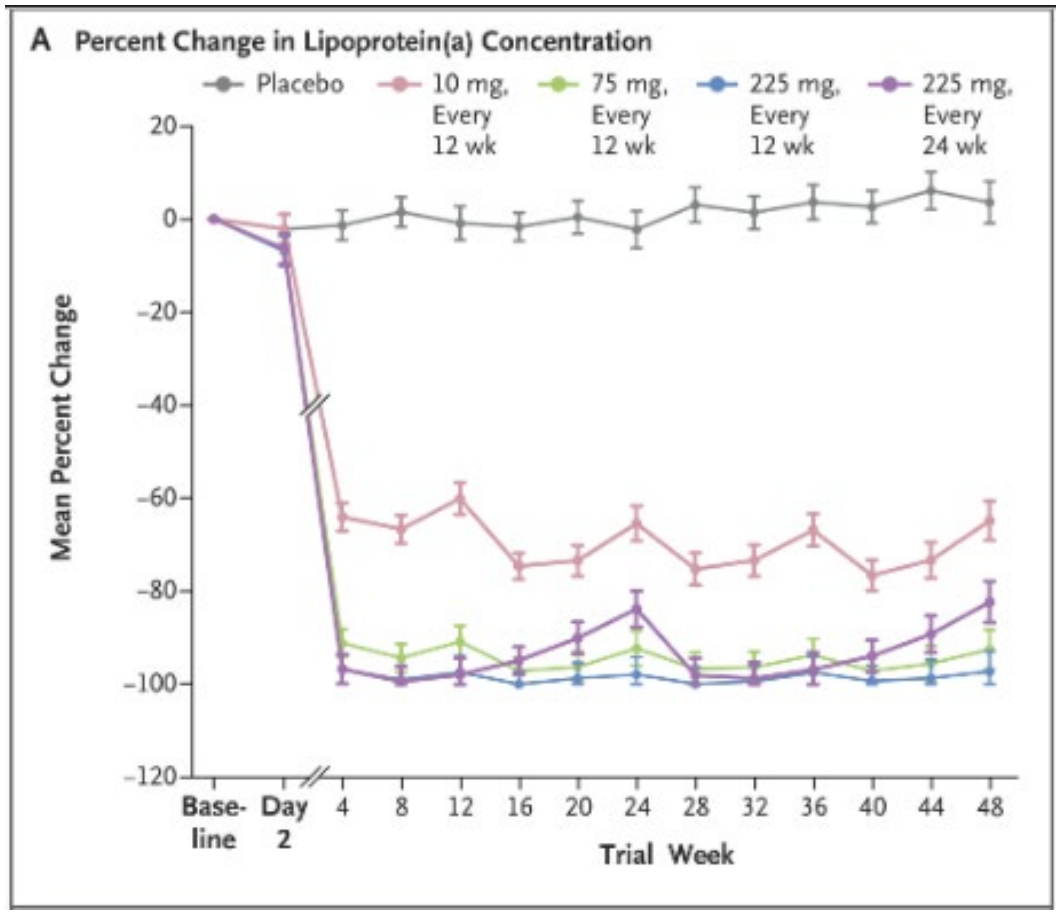


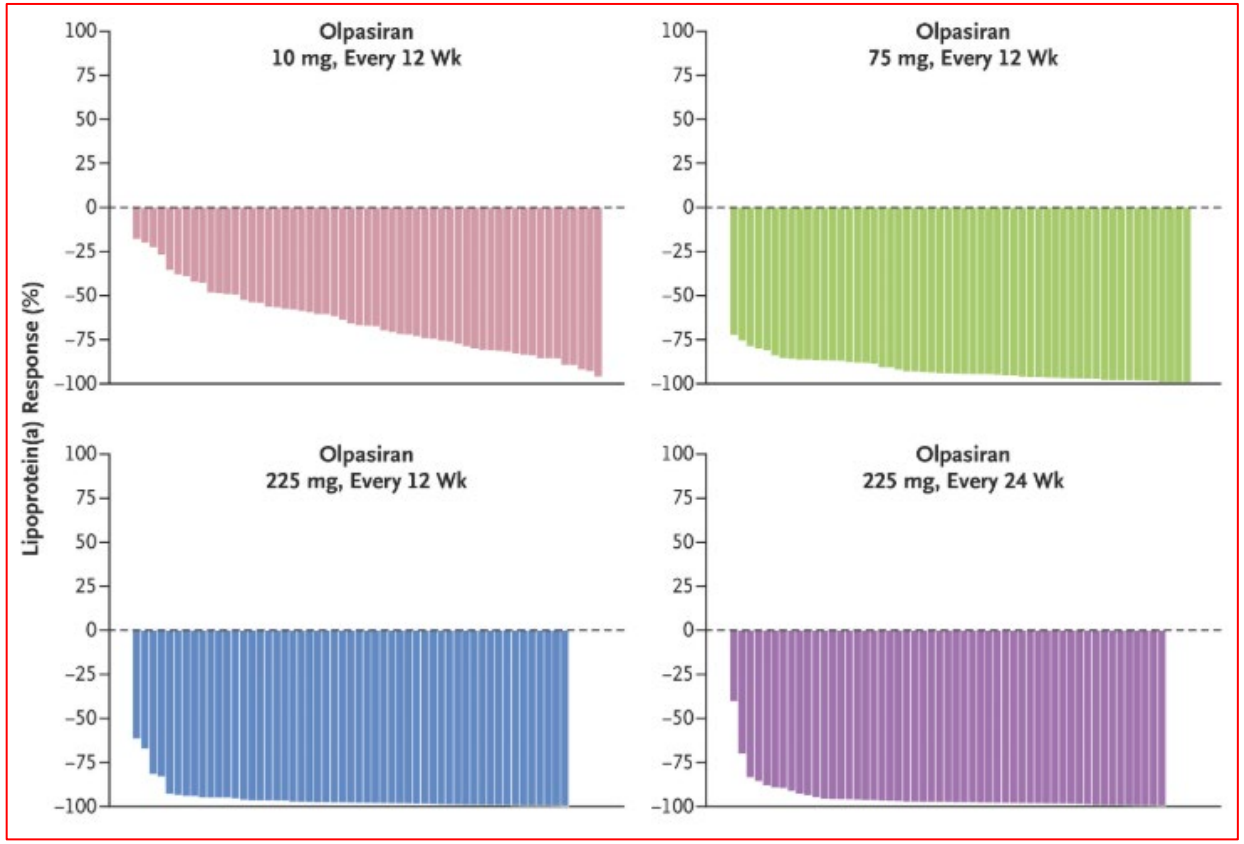
Boston University Chobanian & Avedisian School of Medicine

BOSTON UNIVERSITY

N Engl J Med 2020;382:244-55.
DOI: 10.1056/NEJMoa1905239

Olpasiran – siRNA dose-ranging trial



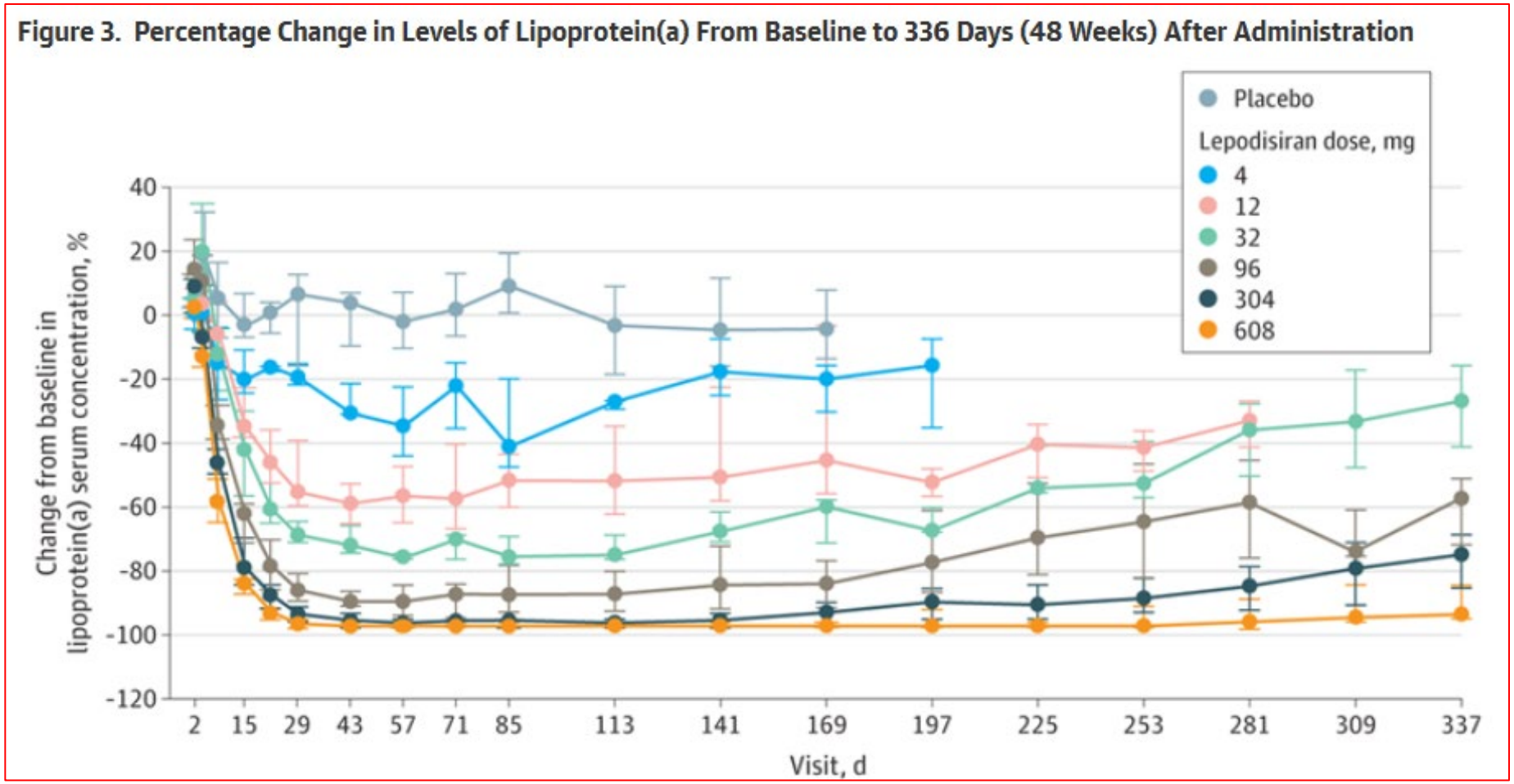


BOSTON UNIVERSITY

O'Donoghue, M.L. *et al.* (2022) 'Small interfering RNA to reduce lipoprotein(a) in cardiovascular disease', *New England Journal of Medicine*, 387(20), pp. 1855–1864. doi:10.1056/nejmoa2211023.

Lepodisiran – siRNA dose-ranging trial

Figure 3. Percentage Change in Levels of Lipoprotein(a) From Baseline to 336 Days (48 Weeks) After Administration

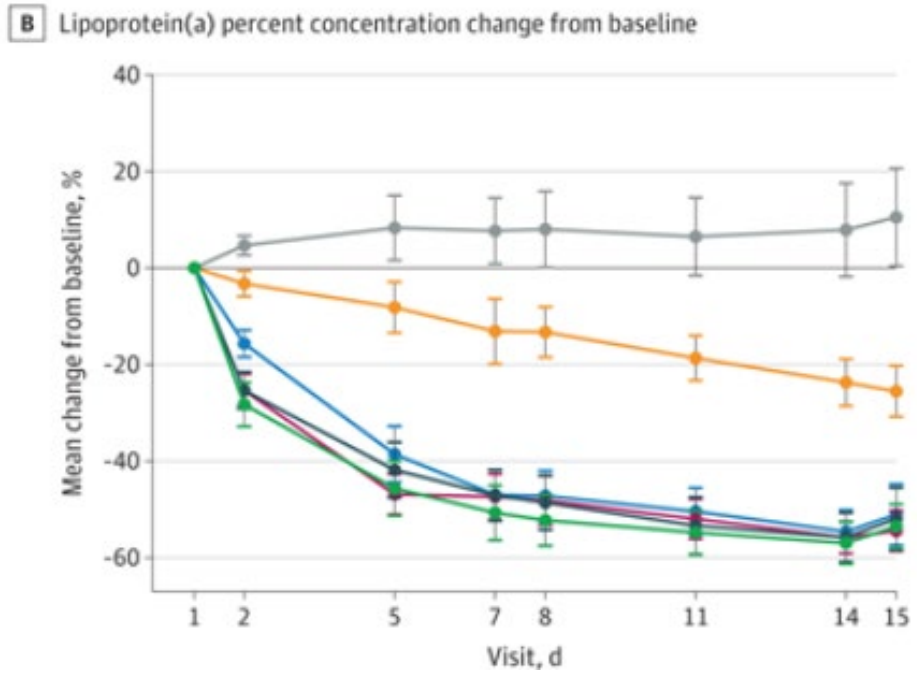


BOSTON UNIVERSITY

Nissen SE, Linnebjerg H, Shen X, et al. Lepodisiran, an Extended-Duration Short Interfering RNA Targeting Lipoprotein(a): A Randomized Dose-Ascending Clinical Trial. *JAMA.* 2023;330(21):2075–2083. doi:10.1001/jama.2023.21835

Muvalaplin – oral agent

- Blocks covalent binding of apo(a) with apoB-100



BOSTON UNIVERSITY

Nicholls SJ, Nissen SE, Fleming C, et al. Muvalaplin, an Oral Small Molecule Inhibitor of Lipoprotein(a) Formation: A Randomized Clinical Trial. *JAMA.* 2023;330(11):1042–1053. doi:10.1001/jama.2023.16503

Take Home Points

- Lp(a) is likely a causal risk factor for ASCVD, enhances risk for ASCVD, and context of Lp(a) matters
- Managing traditional risk factors with lifestyle and medication remains paramount
- Statins, ezetimibe, and PCSK9mAb can reduce risk with variable effects on Lp(a) itself
- The future of direct Lp(a) therapy looks bright
  - We will answer the “causal question”
  - Direct Lp(a) inhibition may become an important adjunct to LDL-C lowering therapy, if compounds prove safe and efficacious in larger trials (ongoing)

Learn More About Lp(a)

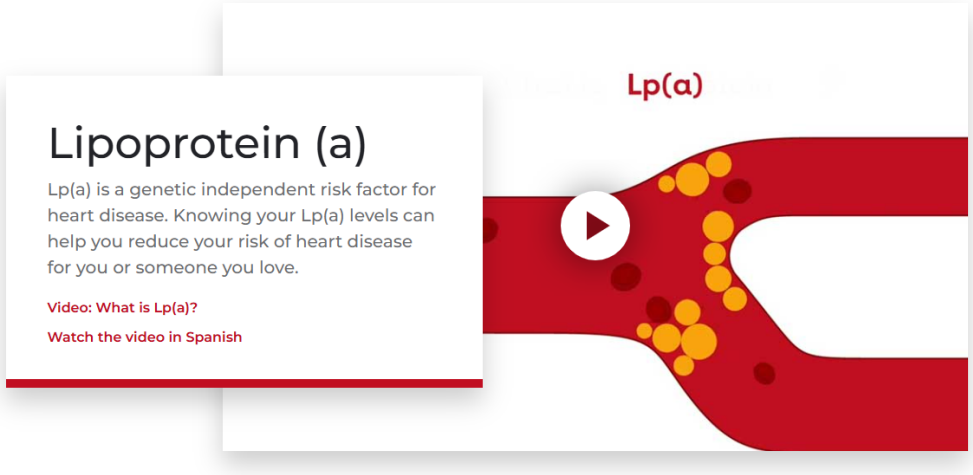
Heart Attack and Stroke Symptoms Volunteer Learn CPR ShopHeart

American Heart Association.

Type to search... Donate Once Donate Monthly

Healthy Living Health Topics Professionals Get Involved Ways to Give About Us Learn CPR In Your Community

Home / Health Topics / Cholesterol / Genetic Conditions / **Lipoprotein (a)**



Learn about Lp(a)

Many people don't have symptoms. You could have a high Lp(a) even if you have a healthy lifestyle and all other heart disease risk factors are controlled. Talk with your health care professional about screening if you have:

- Known family history of high Lp(a)
- Family or personal history of heart disease or premature cardiovascular disease
- Diagnosis of familial hypercholesterolemia (FH), an inherited condition that causes the body to poorly recycle LDL or bad cholesterol

American Heart Association. Professional Education Hub®

Search Sign in | Sign up

All Content Portfolios Premium Content Professional Certification Additional Content Centers of Excellence

Home / Lp(a) in Focus: Breakthrough Therapies and Clinical Implications

Lp(a) in Focus: Breakthrough Therapies and Clinical Implications

Elevated Lipoprotein(a) or Lp(a) is increasingly recognized as a significant, independent risk enhancer for cardiovascular disease (CVD). This course explores the evolving landscape of Lp(a) in clinical practice, emphasizing the importance of Lp(a) testing in comprehensive cardiovascular risk assessment. The safety and efficacy of current and emerging lipid-lowering therapies, with a focus on novel agents targeting Lp(a) reduction will be examined.

Complimentary Training Program

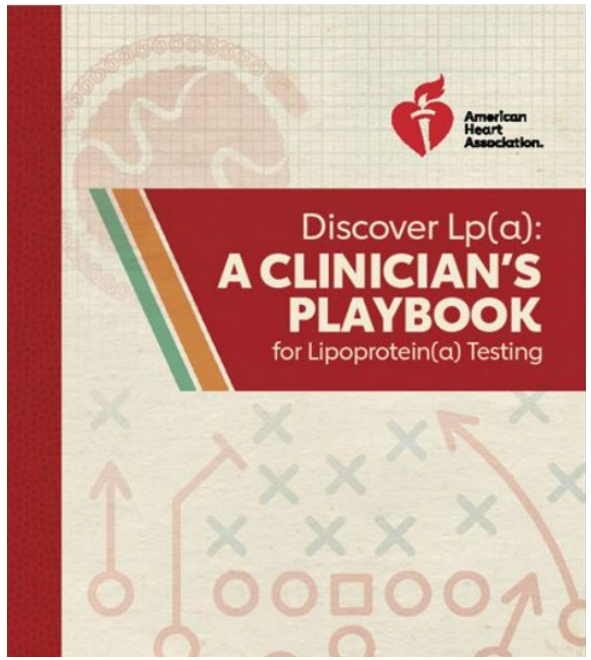
Access Now

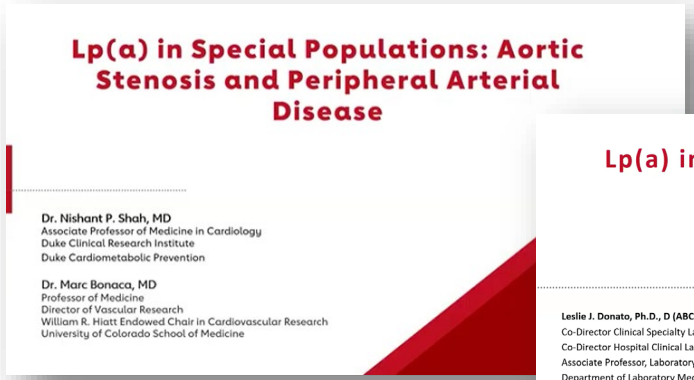
Activity Summary

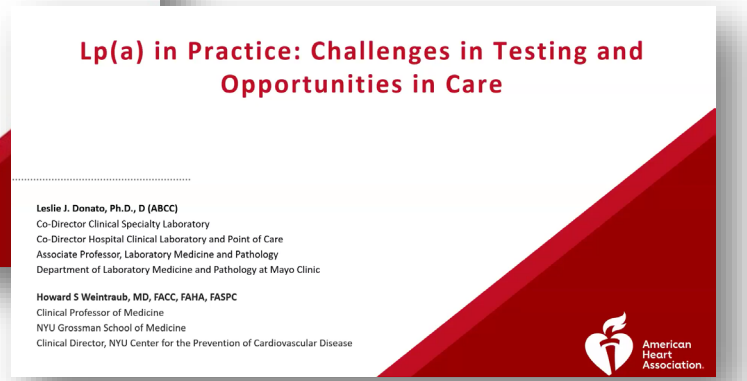
Product Number	28-1957
Expiration Date	Nov 14, 2028

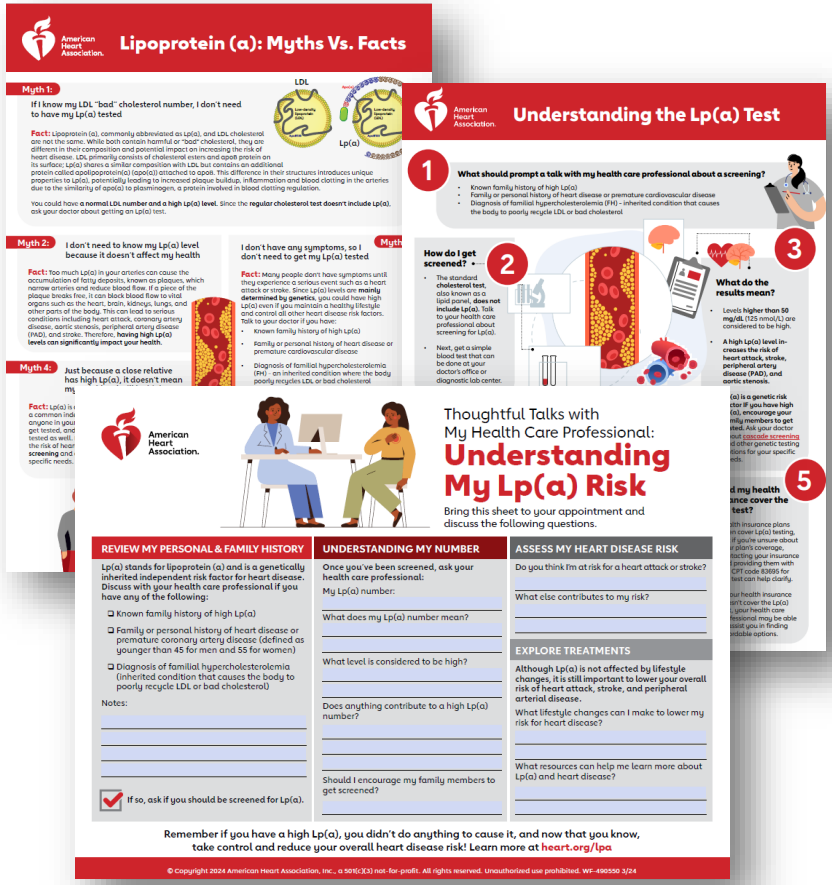
BOSTON UNIVERSITY

Lp(a) Resources









Lipoprotein(a) Awareness Day Webinar Case Discussion

American Heart Association

March 24th, 2026

Donald M. Lloyd-Jones, MD, ScM and Frank Qian, MD, MPH

BOSTON MEDICAL CENTER

BOSTON UNIVERSITY

Department of Medicine

Boston University Chobanian & Avedisian School of Medicine

Disclosures

Donald M. Lloyd-Jones, MD, ScM

FINANCIAL DISCLOSURE:
No relationship with industry. Part-time employee of AHA

UNLABELED/UNAPPROVED USES DISCLOSURE:
None

Frank Qian, MD, MPH

FINANCIAL DISCLOSURE:
None

UNLABELED/UNAPPROVED USES DISCLOSURE:
None

Case 1

- Ms. L is a 65-year-old woman who presents to clinic after a **recent hospitalization for acute stroke**
- She developed sudden-onset right arm weakness and expressive aphasia while eating dinner with her family, which prompted her to call for an ambulance. Symptoms resolved shortly before her arrival in the emergency room.
- MRI brain showed a focal **acute left MCA territory infarct** without hemorrhagic conversion
- CTA head and neck showed **an 80% stenosis of the left internal carotid artery**, and she underwent an uncomplicated carotid endarterectomy
- Transthoracic echocardiogram showed mild left ventricular hypertrophy and mild aortic valve calcification without stenosis
- In-hospital and post-discharge cardiac monitoring did not demonstrate evidence of atrial fibrillation

Case 1 (cont.)

- **Past Medical History:**
  - Hypertension, treated
  - Hyperlipidemia, treated
  - Former smoker (20 pack-years, quit 10 years ago)
  - Family history of heart attack and stroke on her father's side (all after the age of 65)

- **Home Medications:**
  - Aspirin 81 mg daily
  - Atorvastatin 10 mg daily (myalgias with higher doses)
  - Lisinopril 20 mg daily

- **Physical Exam:**
  - BP: 135/85
  - BMI: 29 kg/m^2

- **Laboratory Values:**
  - HbA1c: 5.3%

- **Lipid panel:**
  - Total cholesterol: 194 mg/dL
  - LDL cholesterol (calculated): 128 mg/dL
  - HDL cholesterol: 50 mg/dL
  - Triglyceride: 80 mg/dL
  - **Lp(a): 299 nmol/L**

Case 1 Management Discussion

- At hospital discharge, in addition to aspirin, she was initiated on clopidogrel 75 mg daily and atorvastatin was switched to rosuvastatin 40 mg daily
- At the 3-month follow-up, her LDL cholesterol is now 65 mg/dL
- What would you recommend for her lipid-lowering strategy given her elevated Lp(a)?
- What other therapies would you consider?
- What would you do about her aortic valve calcification?

Case 2

- Mr. P is a 40-year-old man who is referred to lipid clinic for an elevated Lp(a)
- He was recommended for testing after his brother had a MI at the age of 45 years
- He exercises 3-4 times/week (running and stationary bike) with no exertional symptoms
- He is interested in learning about ways to reduce his cardiovascular disease risk

Case 2 (cont.)

- **Past Medical History:**
  - Seasonal allergies
  - Never smoker
- **Home Medications:**
  - No regular medications
- **Physical Exam:**
  - BP: 122/76
  - BMI: 27 kg/m^2
- **Laboratory Values:**
  - HbA1c: 4.7%
  - Cr 1.01 (eGFR: 96 ml/min/1.73 m^2)
- **Lipid panel:**
  - Total cholesterol: 201 mg/dL
  - LDL cholesterol (calculated): 120 mg/dL
  - HDL cholesterol: 59 mg/dL
  - Triglyceride: 110 mg/dL
  - **Lp(a): 193 nmol/L**
- **PREVENT:**
  - 10-year total CVD: 1.1%
  - 10-year ASCVD: 0.8%
  - 30-year total CVD: 8.3%
  - 30-year ASCVD: 5.3%

Case 2 Management Discussion

- Given his low 10 and 30-year CVD risk, would you consider any other testing to aid in risk stratification?
- What should his LDL goal be and would you consider initiating statin therapy now, particularly given his strong family history?
- Would you recommend cascade testing for his children?

Case 3

- Ms. A is a 25-year-old woman who presents to primary care clinic to establish care
- She inquires about cardiovascular risk assessment as she has had multiple family members on her father's side who had cardiovascular events in their early 50s
- She exercises 5 times/week (swimming and light weights) with no exertional symptoms
- She inquired about Lp(a) testing, as she read in an online article about its ability to help predict who will develop cardiovascular disease

Case 3 (cont.)

- **Past Medical History:**
  - Never smoker
- **Home Medications:**
  - No regular medications
- **Physical Exam:**
  - BP: 110/70
  - BMI: 23 kg/m^2
- **Laboratory Values:**
  - HbA1c: 4.8%
  - Cr 0.75 (eGFR: 113 ml/min/1.73 m²)
- **Lipid panel:**
  - Total cholesterol: 185 mg/dL
  - LDL cholesterol (calculated): 107 mg/dL
  - HDL cholesterol: 62 mg/dL
  - Triglyceride: 80 mg/dL
- **PREVENT:**
  - 10-year total CVD: 0.3%
  - 10-year ASCVD: 0.3%
  - 30-year total CVD: 2.2%
  - 30-year ASCVD: 1.5%

Case 3 Management Discussion

- Would you recommend Lp(a) testing for her and how should you counsel her on the results?
- If her Lp(a) was found to be elevated, what should her LDL goal be and would you consider any preventative therapies now, particularly given her strong family history?
- What if her LDL was elevated to 170 mg/dL?
- Would you consider other risk assessment approaches?

Thank you for joining American Heart Association's Lipoprotein(a) Awareness Day Webinar!

Boston Medical Center

Boston University

Department of Medicine

Boston University Chobanian & Avedisian School of Medicine

Questions and Discussion