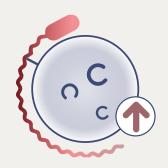
Talking with your patients about **elevated Lp(a)***



The role of Lp(a) testing in cardiovascular (CV) care is emerging as an important 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 CV health with your patients.¹⁻⁴

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 molecule in your blood. It is made up of both fat (lipo) and protein. Its main job is to help transport fats through your bloodstream.⁵

? Is Lp(a) bad?

Lp(a) itself isn't bad, but if there is too much Lp(a) in your blood, it can attach to your artery walls and cause **harmful blockages**. This can increase your risk of having **an early**[†] **heart attack or stroke**, as well as future CV events.⁵⁻¹²

? What causes high Lp(a)?

Your Lp(a) levels are ~90% inherited and are minimally impacted by lifestyle factors like diet and exercise. **About 1 in 5 people have high Lp(a)**, and it's even more common in Black and South Asian individuals. Your Lp(a) level is usually set around age 5 and typically stays the same throughout life. ^{6,13-19}

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

High Lp(a) is an emerging indicator of heart risk that may help explain a heart attack or stroke earlier in life. **Testing Lp(a) levels is not often performed. That's why we added it to your blood work.** 1,20-23

^{*}Elevated Lp(a) levels defined as ≥50 mg/dL or ≥125 nmol/L.1

[†]Age <55 years in men, <65 years in women. ^{1,6}

A conversation with your patients about elevated Lp(a) can help inform next steps, not just for them but for their family members, too.¹⁻⁴

Currently, there are no FDA-approved pharmacotherapies to decrease Lp(a) levels. But if your patient has elevated Lp(a), even if they have already had a heart attack or stroke, there are steps you can take today.^{1,13}



For patients with elevated Lp(a), optimizing management of other modifiable risk factors takes on heightened importance to reduce overall CV risk. Patients with elevated Lp(a) may be at increased risk for a first—or recurrent—CV event. Elevated Lp(a) should be considered with the patients' other CV risk factors in designing risk reduction strategies. 1,3,4,6,9-13,24



Understanding elevated Lp(a) may help your patients take a more active role in their CV care. Patients should grasp the importance of adhering to a management plan and making changes to their lifestyle behaviors. 1,3,4,13,24



Patients with elevated Lp(a) should know that this condition may run within their family. Testing first-degree family members can help uncover those who may also be at increased risk for heart disease. 1,14,15,25



For more Lp(a) information and support: Family Heart Foundation (familyheart.org)

For tips on heart-healthy living: American Heart Association (heart.org/en/healthy-living)

For more information on Lp(a): What Is Lp(a)? (WhatIsLpa.com)

References: 1. Koschinsky ML, Bajaj A, Boffa MB, et al. A focused update to the 2019 NLA scientific statement on use of lipoprotein(a) in clinical practice. J Clin Lipidol. 2024;18(3):e308-e319. 2. 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(25):e1082-e1143. 3. 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. 4. Thanassoulis G. Screening for high lipoprotein(a). Circulation. 2019;139(12):1493-1496. 5. Lipoprotein(a) blood test. MedlinePlus. National Institutes of Health. Accessed April 25, 2025. https://medlineplus.gov/lab-tests/lipoproteina-blood-test 6. 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. 7. Rallidis LS, Pavlakis G, Foscolou A, et al. High levels of lipoprotein (a) and premature acute coronary syndrome. Atherosclerosis. 2018;269:29-34. 8. Tian X, Zhang N, Tse G, et al. Association between lipoprotein(a) and premature atherosclerotic cardiovascular disease: a systematic review and meta-analysis. Eur Heart J Open. 2024;4(3):oeae031. 9. Xu N, Yao Y, Xu J, et al. Lipoprotein(a) predicts recurrent cardiovascular events in patients with prior cardiovascular events post-PCI: five-year findings from a large single center cohort study. Thromb J. 2022;20(1):69. 10. Welsh P, Zabiby AA, Byrne H, et al. Elevated lipoprotein(a) increases risk of subsequent major adverse cardiovascular events (MACE) and coronary revascularisation in incident ASCVD patients: a cohort study from the UK Biobank. Atherosclerosis. 2024;389:1-8. 11. Madsen CM, Kamstrup PR, Langsted A, et al. Lipoprotein(a)-lowering by 50 mg/dL (105 nmol/L) may be needed to reduce cardiovascular disease 20% in secondary prevention: a population-based study. Arterioscler Thromb Vasc Biol. 2020;40(1):255-266. 12. Berman AN, Biery DW, Besser SA, et al. Lipoprotein(a) and major adverse cardiovascular events in patients with or without baseline atherosclerotic cardiovascular disease. J Am Coll Cardiol. 2024;83(9):873-886. 13. Kronenberg F, Mora S, Stroes ESG, et al. Lipoproteín(a) in atherosclerotic cardiovascular disease and aortic stenosis: a European Atherosclerosis Society consensus statement. Eur Heart J. 2022;43(39):3925-3946. 14. Tsimikas S. A test in context: lipoprotein(a): diagnosis, prognosis, controversies, and emerging therapies. J Am Coll Cardiol. 2017;69(6):692-711. 15. Reyes-Soffer G, Ginsburg HN, Berglund L, et al. Lipoprotein(a): a genetically determined, causal, and prevalent risk factor for atherosclerotic cardiovascular disease: a scientific statement from the American Heart Association. Arterioscler Thromb Vasc Biol. 2022;42(1):e48-e60. 16. Tsimikas S, Fazio S, Ferdinand K, 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. 17. United States Census Bureau. U.S. and World Population Clock. Accessed May 15, 2025. https://www.census.gov/popclock 18. Enas EA,Varkey B, Dharmarajan TS, et al. Lipoprotein(a): an underrecognized genetic risk factor for malignant coronary artery disease in young Indians. *Indian Heart J.* 2019;71(2):184-198. 19. Mehta A, Jain V, Saeed A, et al. Lipoprotein(a) and ethnicities. *Atherosclerosis*. 2022;349:42-52. 20. Bhatia HS, Hurst S, Desai P, et al. Lipoprotein(a) testing trends in a large academic health system in the United States. J Am Heart Assoc. 2023;12(18):e031255. 21. Nissen SE, Wolski K, Cho L, et al. Lipoprotein(a) levels in a global population with established atherosclerotic cardiovascular disease. Open Heart. 2022;9:1-8. 22. Rendler J, Murphy M, Yeang C. Lipoprotein(a) is a prevalent yet vastly underrecognized risk factor for cardiovascular disease. Health Care Curr Rev. 2024;12(2):1-9. 23. Farzam K, Senthilkumaran S. Lipoprotein a. In: StatPearls. StatPearls Publishing; 2022. 24. 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. 25. Chakraborty A, Chan D, Ellis K, et al. Cascade testing for elevated lipoprotein(a) in relatives of probands with familial hypercholesterolaemia and elevated lipoprotein(a). Atherosclerosis. 2022;349:219-226.





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