HeartLife FOUNDATION

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Lp(a) Screening and Understanding

QUICK REFERENCE FOR HEALTH CARE PROFESSIONALS

ESSENTIAL GUIDANCE TO SUPPORT TIMELY IDENTIFICATION AND MANAGEMENT OF ELEVATED LP(A).

This resource provides a concise framework for when to screen, how to interpret results, and practical steps for managing patients with high Lp(a). By standardizing testing and interpretation, healthcare providers can help reduce preventable ASCVD events and ensure that high-risk patients receive the right interventions earlier.

Lp(a) Clinical Workflow:

Screen → Test → Interpret → Manage

01 IDENTIFY PATIENTS FOR SCREENING

- Family history of premature ASCVD (heart attack, stroke, PAD <55 men, <65 women)
- Recurrent ASCVD events despite controlled LDL-C
- Suspected or confirmed familial hypercholesterolemia (FH)
- High-risk ethnic populations (South Asian, African descent)
- Unexplained early or severe cardiovascular disease
- Individuals with calcific aortic stenosis or unexplained early cardiovascular events

02 ORDER THE TEST

- Sample: Blood draw (standard serum lipid test, add-on for Lp(a))
- Preferred unit: nmol/L (standardized). Avoid mg/dL where possible
- Repeat testing: Not required. Lp(a) is genetically fixed and stable over life

03 INTERPRET RESULTS

- Preferred unit: nmol/L (standardized; mg/dL is less reliable)
- High-risk threshold: >125 nmol/L (~50 mg/dL)
- Normal: <75 nmol/L (<30 mg/dL)
- Borderline/Moderate risk: 75–124 nmol/L (30–49 mg/dL)
- High risk: ≥125 nmol/L (≥50 mg/dL)
- Very high risk: ≥180 nmol/L (≥70 mg/dL) – comparable to FH-level risk
- Stable biomarker: Lp(a) remains constant throughout life; one test is usually
- sufficient

  Context matters: Elevated Lp(a) amplifies risk when combined with other factors (LDL-C, diabetes, hypertension)

INTERPRET IN THE CONTEXT OF OTHER RISK FACTORS AND ASCVD SCORES.

04 MANAGE THE RISKS

What to do when patients present with high Lp(a):

- Optimize LDL-C lowering: statins, ezetimibe, and
- PCSK9 inhibitors
  Lifestyle and secondary prevention: diet, exercise, smoking cessation, weight management
- Blood pressure and diabetes control: crucial to reduce compounded risk

EMERGING THERAPIES

- siRNA therapies (inclisiran, pelacarsen) and antisense oligonucleotides are in development, targeting
- Lp(a) reduction specifically Clinical trials suggest 50–90% reductions in Lp(a) levels with these agents

NO LP(A)-SPECIFIC THERAPY YET APPROVED, BUT:

- Intensify LDL-C lowering (statins, ezetimibe, PCSK9 inhibitors)
- Optimize blood pressure, diabetes, and smoking cessation
- Counsel on diet, exercise, weight management

05 COMMUNICATE WITH PATIENTS

- Explain Lp(a) is inherited, not lifestyle-driven
- Emphasize one-time test can uncover hidden risk
- Reassure that risk can still be managed through aggressive LDL-C lowering and lifestyle interventions

EARLY DETECTION OF LP(A) PROVIDES AN OPPORTUNITY TO PREVENT LIFE-ALTERING CARDIOVASCULAR EVENTS AND IMPROVE LONG-TERM OUTCOMES.

Take Action Today!

Screen for Lp(a) at least once in adulthood. Identify patients at higher risk and interpret results using standardized nmol/L units. Act early—optimize LDL-C, manage lifestyle factors, and refer complex cases to a lipid specialist. Early detection saves lives and prevents avoidable cardiovascular events.

HEARTLIFE ACADEMY

For more information and education on Lp(a) please visit us at heartlife.com/academy/

HeartLife FOUNDATION
Canada's patient-led heart disease charity
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Our Mission

The HeartLife Foundation is a patient-driven charity whose mission is to transform the quality of life for people living with cardiovascular diseases by engaging, educating, and empowering a global community. We aim to create lasting solutions, drive innovation, and build healthier lives for patients, caregivers, and families worldwide.

Charitable Registration No. 76199 7493 RR0001