Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/heart-matters/targeting-lipoproteina-a-new-frontier-in-heart-disease/57043/

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Targeting Lipoprotein(a): A New Frontier in Heart Disease

Announcer:
You're listening to *Heart Matters* on ReachMD. On this episode, Dr. M. Melih Dogan will discuss lipoprotein(a) as a cardiovascular risk factor and how new drugs are targeting it. Dr. Dogan is a Postdoctoral Researcher at East Carolina University Heart Institute. Let's hear from him now.

Dr. Dogan:
Let me start with what Lp(a) actually is. It's essentially LDL cholesterol particle with an extra protein wrapped around it. That extra protein is called apolipoprotein(a). It's a small structural difference, but it gives the particle three important properties: it drives plaque buildup in the arteries the way LDL does, it carries the inflammatory molecules, and it interferes with body's ability to break down the clots. So you get an atherogenic, inflammatory, and prothrombotic particle in one.

Now, here's what makes it genuinely interesting. First, it's common. Roughly one in five people worldwide has an elevated level. That's not a rare disease. That's a substantial fraction of every clinic's waiting room. Second, it's inherited. Your Lp(a) level is set largely by your genes. It's established early in life, and it stays remarkably stable. It doesn't meaningfully respond to diet, exercise, or even statins. And even sometimes statins may nudge it slightly upward. Third, and this is a key point, the evidence that it causes cardiovascular disease is unusually strong. This is not just an association picked up in observational studies. Human genetics show that people who inherit genetically higher LpA have more heart attacks, more strokes, and more calcific aortic valve disease. The genetics points consistently in one direction.

When we put those three things together, you get a frustrating situation for a clinician. Here is a common, casual, measurable risk factor, and for decades, we had almost nothing specific to offer. What changed is a new generation of drugs. These are injectable therapies that work at the RNA level in the liver. They target the messenger RNA that codes for apolipoprotein(a), so the liver simply makes less of it. There are four in this class that we studied: pelacarsen, olpasiran, leporisiran, and zerlasiran. So, for the first time, we can turn this dial, and that's exactly why the field is so interested.

Announcer:
That was Dr. M. Melih Dogan talking about lowering lipoprotein(a) with new RNA-based therapies. To access this and other episodes in this series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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