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The Lipidology Essentials: Making of a Specialty's Annual Summary

Narrator:

Welcome to ReachMD. You are listening to Lipid Luminations, produced in partnership with the National Lipid Association and supported by an educational grant from AstraZeneca. Your host is Dr. Alan Brown, Director of the Division of Cardiology at Advocate Lutheran General Hospital and Director of Midwest Heart Disease Prevention Center at Midwest Heart Specialists at Advocate Healthcare.

Dr. Brown:

You're listening to ReachMD and this is Lipid Luminations, sponsored by the National Lipid Association. I'm your host, Dr. Alan Brown, and with me today is my good friend, Dr. Harold Bays, President of the Southeast Lipid Association and President of the Louisville Metabolic and Atherosclerotic Research Center in Louisville, Kentucky. Today our discussion is going to focus on an idea that Harold had several years ago and he finally brought to fruition, which I think is fantastic, which is an *Annual Summary of Clinical Lipidology* that is being published in the *Journal of Clinical Lipidology*. So, Harold thanks for being here first of all and second of all, thank you for this amazing endeavor.

Dr. Bays:

Well, thank you, Alan.

Dr. Brown:

I think for our listeners, some of which who are not lipidologists, they might really find this very valuable to have one place to look at what's the critical information that we need to know this year. So, why don't you tell us a little bit about how you had the idea for this and if you were going to give a couple of sentences to describe what is the *Annual Summary* to our listeners, we'd like to hear it.

Dr. Bays:

Okay. Well, first of all, thanks for having me here today, Alan. I think most clinicians often look for a resource of some kind that summarizes much of a particular discipline or topic or whatever, and you might think lipidology, well, how complicated can that be? Well, the fact is, it's like any other discipline, it is very complicated and there's just so much that's going on and so much that needs to be updated so, several years ago, and this was long before we had the recent guidelines and recommendations and things that subsequently came out, we had an idea, you know, what if we were to summarize the essential topics of lipidology. And so that, as you know, was the genesis behind the *National Lipid Association Annual Summary*.

Dr. Brown:

So, I think, even when you first proposed this a lot of people didn't quite get the broader scope...

Dr. Bays:

Yes, that was you. (Laughter)

Dr. Brown:

It actually wasn't me at all!

Dr. Bays:

That was you. You said, "I didn't think you could do it."

Dr. Brown:

Well, in retrospect I didn't think you could do it with the completeness that you've done, but I think a lot of people are trying to get their arms around, how could you summarize lipidology and what should be in an annual summary?

Dr. Bays:

That's right.

Dr. Brown:

So, maybe you can give us a little of your background thinking of your vision for this and doing it on an annual basis, what kind of things you would want to update and include and then who's the audience for the piece?

Dr. Bays:

Well, I can start off with the last thing first and that is, the audience is everybody. The beauty of it is that it is indeed a summary, so what you'll see is a topic listed and then you'll see bullet points. So, every topic is just, I mean, it's very short, and so that's, I think that's very good for the busy clinician who just wants, just give me the facts, give me what I need to know in order to appropriately treat my patients. As far as the genesis, I would like to say that I had this vision of about exactly how it was going to be but that's just not truthful. I mean, what ended up happening was, I wrote an initial draft of what I thought, just like every other kind of summary, or every other kind of document, and then our good friend, Virgil Brown, Editor of the *Journal of Lipidology*, looked at it, and I think it was, I don't know, 7, 800 pages or something. I forgot what it was and it had tables and figures and charts and all these types of things and he goes, "I can't print this. This is just way too much." And so, what we said is, "Okay fine." Instead of putting tables and charts and figures and images and those types of things, we're going to revolutionize the way that we provide information to clinicians and we're going to make the liberal use of hyperlinks and instead of putting it actually in the document, we're just going to put a link to it. And so, essentially that's what ended up happening.

Dr. Brown:

So, I think that's something I want to delve into a little more because our listeners probably are thinking, *Annual Summary of Lipidology*, that would take 800 pages, even if we're only updating what's new in the last year. And what you've done with the very quick and dirty summary is give people a teaser, give them the basic information they need to know.

Dr. Bays:

That's right.

Dr. Brown:

And then you've used this sort of new technique of being able to click on a link that's in the document that takes you to further information; something that a lot of organizations have dreamt about but never really...

Dr. Bays:

Never did it.

Dr. Brown:

Accomplished and frankly, I think nobody has done it as well as you've done it. So, maybe explain to our listeners a little bit more about how that exactly works and what you mean by being able to click on a hyperlink. Maybe give us an example of a topic.

Dr. Bays:

So, there is value to having the printed document and then we heard from many of our members that they wanted something that they could have in their hand. And so, for those folks, yes there is a printed, but its real utility is when you pull up the, what's called a PDF file. Okay, so you pull up this PDF document and within the PDF document there are these areas of what we call hyperlinks. And those are those, you often see the blue text within something that you read online and when you click on that blue text, it takes you to some other place in the internet. And where it takes you here, for example we have various tables and various sections specifically dedicated to these hyperlink sections and you click on them. So, there might be something that says, "Here's what a picture of eruptive xanthomas might look like." All right? So, you're on the table and you say, "Yes, I'd like to see what that looks like." So, rather than having a figure within the document, you just click on it and it takes you, preferably, to a free online access to an article where it takes you directly to where that figure is and then you could pull up the actual picture of the eruptive xanthomas. And we do that for referencing guidelines, we do that for referencing tables and charts and all of those things, but it's mainly within the context of hyperlinks to information you can find elsewhere. The document itself is indeed a summary with essential bullet points.

Dr. Brown:

Yes, I think that's so important. When we get guideline documents that are 300 pages long, we all know that only the people who write them actually read the whole document, unfortunately...

Dr. Bays:

Maybe. Maybe the people who wrote them read them. Yes, that's **(inaudible cross talk)\*6:29**.

Dr. Brown:

And in fact, if you're trying to get specific detailed information on one topic in the guideline, it requires a lot of searching.

Dr. Bays:

Searching.

Dr. Brown:

So, what you've done is fantastic in that if you have a particular area of interest you can see the statement regarding it and then click to more in-depth information, and basically you've already done the work for the reader by tagging that piece of information to the most appropriate reference material. Correct?

Dr. Bays:

And look, I'm not, I want to make sure people understand, we're not devaluing content because originally when we did, we first did this in 2015, we had a number of people that served as reviewers and we have a core group of authors, and that's true, but we also had a group of reviewers and they went through it and we had them assigned to different sections and whatever, but down when it came to 2016 and people got to see what this was really about, many people, participators, reviewers, you're were a reviewer, you helped with the review, of I think it was the genetic section, and so now we have this last version, close to 40 reviewers, core authors, 40 reviewers, so what we're trying to do is to have the latest and greatest and the best charts and the best figures and the best tables that are available and I don't have to ask permissions for reprinting them because I'm not reprinting them. Instead, I'm just hyperlink to where you can find these things and that gets updated every year, so we can stay current.

Dr. Brown:

Well, I want to ask you a little bit about the authors and how this came about. It seems like an amazing endeavor, and then I want to talk to you a little bit about what topics are actually covered in this document so if our listeners are interested in looking at it, and then the last thing that I want to cover with you is, since we all would like evergreen documents in terms of giving us up-to-date information, does the fact that you're linking through hyperlinks to other materials give you a better opportunity to keep up-to-date, because you don't have to re-write the whole document every time you want to add some new information? So, maybe you could talk to us first about who the authors are and how you made those decisions in order to put a summary article together. I'd like you to give us a few statements on the topics covered and then we'll address how it's an evergreen document.

Dr. Bays:

Okay. Well, the core authors were, I think for the, for the first efforts and such it would be who you might expect, Terry Jacobson who, at the time, was President of the National Lipid Association, Dr. Carl Orringer, who is current President of the National Lipid Association, as we're speaking here today, then you have Peter Jones who is the Scientific Officer of the National Lipid Association, and you have Dr. Virgil Brown who is the Editor of the *Journal of Clinical Lipidology*. So, that just seems like a pretty logical group of individuals to have as your core authors.

Dr. Brown:

Yes, and especially since they all reviewed virtually every piece of material in *Lipidology*, as did you, as you guys published Part 1 and Part 2 of the recommendations.

Dr. Bays:

Well, let's be clear about that. So, as we're waiting to, these things, you propose these things and sometimes it takes a year or two, or sometimes three, to get them through Board of Directors and these things, and as we are waiting, it's so very interesting that we already had plans, long before there was the 2013 ACC AHA guidelines, we had this in the works, but once that came out and once there was a priority of coming out with the National Lipid Association 2014, 2015, Part 1 recommendations, Part 2 recommendations, we were then just right in the midst of putting this thing together. So, the *2015 Annual Summary* had Part 1, and then 2016 had incorporation of the Part 2. So, you're exactly right on that.

Dr. Brown:

If you're just tuning in, you're listening to ReachMD. I'm Dr. Alan Brown and I'm here with Dr. Harold Bays. Dr. Harold Bays is President of the Louisville Metabolic and Atherosclerotic Research Center in Louisville, Kentucky.

So, let's talk a little bit then about, since you alluded to Part 1 was sort of being completed and Part 2 was in the midst at the time that the *Annual Summary* was being developed, maybe you can tell us a little bit about some of the topics that are covered in the *Annual Summary* and why should somebody go look at this document?

Dr. Bays:

Again, I think the main reason would want to look at this document is, if you want to go to a one-stop shopping and find a reasonably brief summary of all things lipidology, I think it's a good place to start, right? And I'm even going, as you correctly stated, you can't get everything out of a short summary. You just can't, okay? But, I think there's a real need amongst clinicians that say, "Well, give me a starting point. Give me some place I can go to." But, if you want to get into it further there are hyperlinks that can take you to multiple different directions where you can get that additional information. As far as content, and Part 1 was just, I think I would characterize that as a general overview of some of the basic principles of lipidology. You would agree with that, right? With Part 1?

Dr. Brown:

Yes, absolutely.

Dr. Bays:

Yes. Then Part 2 mainly dealt with special patient populations. That's the way I would characterize it and also things like nutrition, physical activity, but also, as I mentioned, things like racial aspects of dyslipidemia, or gender aspects of dyslipidemia, or older folks versus younger folks. All of these things. So, there were a number of things that were addressed in Part 2 that went above and beyond just the general aspects of dyslipidemia and we were able to summarize Part 1 and summarize Part 2 with links to all of those things that were in Part 1 and Part 2, including the charts and the tables and the text, and all of those things.

Dr. Brown:

Yes, so I was struck when I looked at the final publication, *A Supplement of the Annual Summary*, it's only about 37 pages. It's not 800 pages, and yet, Part 1 and Part 2 were huge documents.

Dr. Bays:

Massive documents. Massive documents.

Dr. Brown:

So huge that I think somebody would pick them up and say this is too heavy for me to go through...

Dr. Bays:

A little daunting.

Dr. Brown:

So, I was really thrilled, as I looked through some of the subtopics, because one of the things that was so great about Part 2 was the different racial and ethnic groups, issues with pregnancy, things that are often what we'll get called to consult on that are not in the typical general information about lipidology, but yet you've summarized them in the supplement and you can get into the data from Part 2 which was one of the major contributions of Part 2, through the hyperlinks.

Dr. Bays:

Yes. And I want to add something to what you said earlier. You said, “Well, okay, so what’s the advantage of having it on a yearly basis?” Well, if you look at the *2016 NLA Annual Summary* you will find, throughout the document, extensive discussion of not just PCSK9, but PCSK9 inhibitors. Well, I mean, those just got approved just several months ago. I mean people already think that they’re mainstream lipidology, but they’re not, they just got approved just several months ago. And the fact that all of that now is incorporated within this document, I think, just shows you the potential that you have when you’re having an annually updated project like this. And I might add there is only one table. Now, there are all sorts of appendices and such that are in there, maybe we can talk about that, but the main thing is there is just one table and the only table in there that’s novel is lipid-altering drugs in development. So, if a person wants to give a talk on lipid-altering drugs that are in development, it very briefly describes each one, but also has hyperlinks to either the [clinicaltrials.gov](#), or an abstract, or an actual publication for each of those lipid-altering drugs in development.

Dr. Brown:

Yes, I think it’s terrific and I remember many years ago, maybe 9 years ago, discussing this kind of thing at the ACC, about the time from when new information arrives and a new set of guidelines is actually published and incorporates that, and by the time, that process could be 5 years at best.

Dr. Bays:

Or more.

Dr. Brown:

And by the time that document is out, it’s already obsolete. So, I want to spend the last few minutes asking you about, and we dreamt at the time of an electronic format where we could update the document without having to re-write it, so when new material came out you could sort of have the document current almost immediately. I just want to get your thoughts about this because I think you’ve done it better than anybody else in terms of the hyperlinks. How are you going to deal with updates without re-writing the whole document, and does the hyperlink option give you a chance to do updates midyear, for example?

Dr. Bays:

Well, not necessarily midyear but here’s what I would say. So, there’s two aspects to that. One, people think updates mainly have to do with brand new science that’s introduced. I will tell you what we’ve already found is that many times some of the biggest updates are just different nuanced ways of saying the same thing. So, I think now, if you were to look at the Part 1 and you were to look at the *Annual Summary*, people that probably wrote Part 1 would look at the summary and go, “Wait a minute, this Part 1 you’ve given me. There must have been some typos.” And it’s just, an intrinsic evolution of the way that you describe things. You’ve been influenced by new science, new ways of thinking, or whatever, and even though it’s reflective of Part 1 and Part 2, whenever you look at a document repeatedly and over a passage of time, you’re going to word it in a different way. So, even though it many not seem like it’s a breakthrough clinical trial, the update in thinking is reflected in the nuance and the way that the text is constructed, okay? But, you’re also right that new data comes out and new concepts come out, and the really big things also are able to be easily incorporated within an update of the annual summary. And finally, I would add, that when you look at the appendices, in addition to just data, it also has hyperlinks to things like podcasts, like this, okay? There’s hyperlinks to ReachMD.

Dr. Brown:

Of course.

Dr. Bays:

Yes and you click on it and you’re going to see a listing of ReachMD programs. It’s got a link to CME programs. It’s got a link to

applications. It's got a link to all sorts...tear sheets, practical patient information, all of these kind of practical things that lipidologists can use in their clinical practice. It's one link away and it's organized...it's even got things like if you want to click on a specific risk calculator, the ACC calculator, the Reynolds Risk, or whatever, you just click on it, it takes you to the website. Or you want to know what they, not just what the ACC guidelines are, or the National Lipid Association recommendations are, what if you want to know what the Japanese think about it or the Europeans think about it. It's there in the summary. You just click on it and it takes you there. So, it's just, it's a worldwide document, it's a summary document, it's one-stop shopping for all things lipidology.

Dr. Brown:

Yes, well I think our audience will note your enthusiasm and I think everyone of us who's looked at the final product shares that tremendous enthusiasm. So, in the last few seconds that we have, I guess the obvious question that will be in our listener's mind is, how do I get to this document? So, how would they find it if they went online, because obviously, the most robust version would be the online version rather than the printed version?

Dr. Bays:

Right, and so to get either one, to get to the printed version or to get to the online version you can go to the National Lipid Association website, or you can just punch in my last name and put NLA Annual Summary, and you pull it up and it's free online and you just pull it up and it will have all the operational hyperlinks and you're ready to go.

Dr. Brown:

And for those of you who don't know, the National Lipid Association website is [Lipid.org](http://Lipid.org) and there is a link to our documents on that website. Also, in February 2016, the printed document was published as a supplement to the *Journal of Clinical of Lipidology*, Volume 10, Number 15.

So Harold, thank you so much for being with us today. I'm disappointed that we've run out of time.

I'm Dr. Alan Brown. You've been listening to Lipid Luminations, sponsored by the National Lipid Association on ReachMD. Visit [ReachMD.com/lipids](http://ReachMD.com/lipids) where you can listen to this podcast as well as others in this series, and please make sure to leave your comments and share. We welcome your feedback and, I'm your host, Dr. Alan Brown. Thank you very much for listening.

Narrator:

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