



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/medical-industry-feature/letters-from-the-heart-people-should-know-about-lpa/15036/

ReachMD

www.reachmd.com info@reachmd.com (866) 423-7849

Letters From the Heart: People Should Know About Lp(a)

Announcer:

Welcome to ReachMD.

This medical industry feature, titled "Letters From the Heart: People Should Know About Lp(a)," is sponsored by Novartis Pharmaceuticals Corporation.

Misty:

I had never heard of LP little a before I was diagnosed.

David:

When I found out that I had high LP little a, I really didn't know what it meant and what the consequences of it were.

Shamone:

I don't know if the physicians around the world know about this. Even your cardiovascular physicians, I don't know how much they know about this.

David:

About 20% of the population has high LP little a, and most don't know it.

Shamone:

We need to have more information about LP little a in order to really push the education and find ways to do something about it.

Misty:

I want people to have LP little a in conversations. I feel like everyone knows that they need to be looking for symptoms of diabetes they know that they need to get mammograms, they need to, you know, have cancer screenings if you have a family history. I feel like that's a conversation that people are having about a lot of other diseases, and this is just something that no one even knows about.

Shamone:

I hope people first of all learn about LP little a, and insist on getting theirs' checked. I hope that physicians decide that it's important enough to check. And, that research moves forward to find ways to lower it.

Misty:

I also have a lot of hope for you know some of the medications that are currently in trials. I'm really hoping that will be something that's a game changer for myself, more so for my daughters, who both also have elevated LP little a. I hope that they can benefit from that at a younger age, so that they won't have you know the years of, of having that extra cholesterol building up in their bodies that I have had, but otherwise just kind of trucking along until more medications are available.

David:

My desire is to take a drug that lowers LP little a. There are new tools that are so specific they can target production of LP little a in the liver in a way that will have a significant biological impact and hopefully equally meaningful clinical impact. As we learn more and the drugs are tested effectively with randomized trials, the prospects for terrific new therapies make me very hopeful. And make me hopeful for my family and for those that have elevated LP little a.

Misty:

I want people to know that it's just such a simple thing to pay attention to, or to be tested, or to just advocate for yourself.



Shamone:

I absolutely think it's important to let people know that it's just a blood test.

David:

It's ironic that you can live a life in which you modify all the modifiable risk factors that you can think about and then find out well there's one that you didn't know about or didn't think about and actually might be more important than the sum of the other risk factors.

Misty:

I would love to see LP little a be something that we talk about in our yearly visits with our physicians, just like your blood sugar levels. Have you, you know had your mammogram? Have you had your colonoscopy? All of the things that we're conditioned to know about, and that we are supposed to be taking care of, I would like, for that to be included in that conversation. There are too many people affected by it, for it not to be something that everyone knows about.

Announcer:

This program was brought to you by Novartis Pharmaceuticals Corporation. If you missed any part of this discussion, visit ReachMD.com/industryfeature. This is ReachMD. Be Part of the Knowledge.

References:

- 1. Afshar M, Kamstrup PR, Williams K, et al. Estimating the population impact of Lp(a) lowering on the incidence of myocardial infarction and aortic stenosis-brief report. *Arterioscler Thromb Vasc Biol.* 2016;36(12):2421-2423.
- 2. Afshar M, Pilote L, Dufresne L, Engert JC, Thanassoulis G. Lipoprotein(a) interactions with low-density lipoprotein cholesterol and other cardiovascular risk factors in premature acute coronary syndrome (ACS). *J Am Heart Assoc.* 2016;5(4):e003012.
- 3. Bennet A, Di Angelantonio E, Erqou S, et al. Lipoprotein(a) levels and risk of future coronary heart disease: large-scale prospective data. *Arch Intern Med.* 2008;168(6):598-608.
- 4. Clarke R, Peden JF, Hopewell JC, et al; PROCARDIS Consortium. Genetic variants associated with Lp(a) lipoprotein level and coronary disease. *N Engl J Med.* 2009;361(26):2518-2528.
- 5. Erqou S, Kaptoge S, Perry PL, et al. Lipoprotein(a) concentration and the risk of coronary heart disease, stroke, and nonvascular mortality. *JAMA*. 2009;302(4):412-423.
- Madsen CM, Kamstrup PR, Langsted A, Varbo A, Nordestgaard BG. 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.
- 7. Nordestgaard BG, Chapman MJ, Ray K, et al; European Atherosclerosis Society Consensus Panel. Lipoprotein(a) as a cardiovascular risk factor: current status. *Eur Heart J.* 2010;31(23):2844-2853.
- 8. Paré G, Çaku A, McQueen M, et al; INTERHEART investigators. Lipoprotein(a) levels and the risk of myocardial infarction among 7 ethnic groups. *Circulation*. 2019;139(12):1472-1482.
- Patel AP, Wang M, Pirruccello JP, et al. Lp(a) (lipoprotein[a]) concentrations and incident atherosclerotic cardiovascular disease: new insights from a large national biobank. *Arterioscler Thromb Vasc Biol.* 2021;41(1):465-474.
- 10. Reyes-Soffer G, Ginsberg HN, Berglund L, et al; American Heart Association Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular Radiology and Intervention; and Council on Peripheral Vascular Disease. 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.
- 11. Rizos CV, Florentin M, Skoumas I, et al. Achieving low-density lipoprotein cholesterol targets as assessed by different methods in patients with familial hypercholesterolemia: an analysis from the HELLAS-FH registry. *Lipids Health Dis.* 2020;19(1):114.
- 12. Saleheen D, Haycock PC, Zhao W, et al. Apolipoprotein(a) isoform size, lipoprotein(a) concentration, and coronary artery disease: a Mendelian randomisation analysis. *Lancet Diabetes Endocrinol.* 2017;5(7):524-533.
- 13. Tsimikas S, Fazio S, Ferdinand KC, 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.
- 14. Varvel S, McConnell JP, Tsimikas S. Prevalence of elevated Lp(a) mass levels and patient thresholds in 532 359





patients in the United States. Arterioscler Thromb Vasc Biol. 2016;36(11):2239-2245.

15. 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.