

A Focused Update to the 2019 NLA Scientific Statement on Use of Lipoprotein(a) in Clinical Practice



Overview: The lipoprotein(a) [Lp(a)] field is rapidly evolving on many fronts, including understanding of the association between Lp(a) levels and cardiovascular disease (CVD) risk in different contexts, and how best to manage other CVD risk factors in patients with elevated Lp(a). Considering new insights into the clinical management of these patients, and in the absence of FDA-approved therapies to specifically lower Lp(a) levels, the question of in whom Lp(a) should be measured has become an increasingly important issue in clinical practice.

This scientific statement updates previous recommendations of the National Lipid Association (NLA) Scientific Statement on the clinical use of Lp(a) measurement. The NLA now recommends that Lp(a) levels should be measured at least once in every adult, and this statement expands on new and emerging evidence supporting this recommendation.

New Evidence

- Data continue to accumulate from large, population-based studies indicating that elevated plasma Lp(a) is an important risk factor for atherosclerotic CVD and calcific aortic valve disease
- The available clinical evidence allows for a more precise model of how to incorporate Lp(a) levels into clinical decision-making
- There have been important advances in understanding of the genetic basis for variation in Lp(a) levels, and with them has come further evidence for the causality of elevated Lp(a) in CVD

Candidates for Lp(a) Screening

1. The adult population
2. The pediatric population (specifically, high-risk children and youth)
 - Clinically suspected or genetically confirmed familial hypercholesterolemia
 - First-degree relatives with a history of premature ASCVD
 - Ischemic stroke or unknown cause
 - First-degree relatives with elevated Lp(a)

Recommendations to Consider Offering to Patients

1. Lifestyle modification
2. Statins
3. Ezetimibe
4. PCSK9-directed therapies
5. Aspirin
6. Lipoprotein apheresis

Measure Lp(a) at least Once in all Adults and Selected High-risk Children



Action Items to Consider if High Risk:

- More intensive risk factor management, including LDL-C (Lp(a) is a risk-enhancing factor)
- Cascade screening
- Lifestyle modifications
- Therapies such as statin, PCSK9 inhibitor, aspirin; apheresis if severe

Conclusion

While specific Lp(a)-lowering therapies are not currently available, elevated Lp(a) is actionable now. Early and intensive risk factor management can be implemented in patients with elevated Lp(a) while considering their absolute global lifetime CVD risk and their magnitude of Lp(a) elevation. As such, Lp(a) level should be measured at least once in all adults to identify individuals with high Lp(a) levels.

Read the National Lipid Association's Scientific Statement in the *Journal of Clinical Lipidology*.

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