# The International Lp(a) Policy project

## Facts about Lp(a)<sup>[1]</sup>

- Lp(a) concentration is determined by genetics (>90%).
- Elevated concentration of Lp(a) is recognised as an independent cardiovascular disease (CVD) risk factor.
- The higher the Lp(a) concentration, the higher the cardiovascular risk. If Lp(a) concentration is not considered for risk estimation, the risk might be underestimated substantially.
- 1 in 5 people worldwide are affected by elevated concentration of Lp(a).
- Healthy lifestyle changes and medications can help manage the global CVD risk, especially in case of high Lp(a).
- Specific Lp(a)-lowering therapies are in phase II/III trials.
- Lp(a) should be measured at least once in adults.

### **Key challenges**

- Despite affecting ≈1.4 billion people worldwide, the contribution of elevated Lp(a) concentration to CVD risk remains underappreciated.
- Lack of awareness amongst the public and HCPs, in particular family doctors.
- Lp(a) is invisible in the global health policy discourse.
- Although medical guidelines exist, there are no policy instruments at international level and very few at national level to support these.
- The cost benefit of Lp(a) measuring is still largely unknown.

### **Key opportunities**

- Global shift towards personalised prevention and cardiovascular health (CVH), rather than cardiovascular disease (CVD).
- 4P Medicine (predictive, preventative, personalised, and participatory) offers a new framework to achieve it.
- Digital transformation in health can support a move towards systematic
  Lp(a) measuring.

FH Europe Foundation is leading an International Task Force to develop an ambitious 5-year strategy and roadmap to help Lp(a) measurement become the norm across the globe, and elevated Lp(a) is managed equitably, to contribute towards the prevention of CVD and related deaths.





## Lp(a) International Task Force **Members and Observers**

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