OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 12 – 2023

Introduced by: OSMA Medical Student Section

Subject: Support of Improving Cardiovascular Screenings by Including Lipoprotein(a) (Lp(a))

Referred to: Resolutions Committee No. 1

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WHEREAS, Lipoprotein A (Lp(a)), a variant of low-density lipoprotein (LDL) with apolipoprotein(a) covalently bound to apolipoprotein-B100, can accumulate, promoting atherosclerosis and thrombosis;[1-9] and

WHEREAS, Elevated Lp(a) is genetically inherited on the LPA gene locus and is relatively independent of age, gender, and diet;[1,7,9,10-13] and

WHEREAS, An estimated one in five people have elevated levels of Lp(a);[1,2,9,13-16] and

WHEREAS, Lp(a) is a direct, risk factor for cardiovascular disease, independent of total cholesterol, High Density Lipoprotein-Cholesterol (HDL-C), triglycerides, and Low Density Lipoprotein-Cholesterol (LDL-C);[7,9,13,15-17, 26] and

WHEREAS, if regularly screened, Lp(a) and its independent nature as a risk factor allows for identification and notification of a previously unrecognized group with significantly increased ASCVD risk;[7,9,13,15-17, 26] and

WHEREAS, Lp(a) is not traditionally included on lipid panel screening, as current guidelines suggest screening only in those with early atherosclerotic cardiovascular disease (ASCVD) or family history of early ASCVD;[9,18,19] and

WHEREAS, Adult levels of Lp(a) are reached by the age of two, therefore Lp(a) screening can begin as early as childhood;[20] and

WHEREAS, Serum concentration of Lp(a) can be measured through a simple blood draw;[1,8,21] and

WHEREAS, Lp(a) screening is a low cost test, ranging from $11-$179 before insurance;[22,23] and

WHEREAS, Elevated Lp(a) would only require a one-time screening test to detect;[1,9,24] and

WHEREAS, the American Heart Association (AHA) and American College of Cardiology (ACC) call for an increase in Lp(a) screening and research based on the link between Lp(a) and ASCVD;[2,25] and

WHEREAS, The European Society of Cardiology and European Atherosclerosis Society suggests measurement of Lp(a) levels at least once in each adult lifetime;[20] and

WHEREAS, Lp(a) screening is not currently covered by Medicare as a biomarker for cardiovascular risk assessment panel, which currently includes a basic lipid panel consisting of total cholesterol, HDL-C, triglycerides, and LDL-C;[26] and

WHEREAS, Testing of Lp(a) is more frequently conducted in non-Hispanic white patients and those with private insurance; indicating potential barriers in access;[27] and

WHEREAS,2018 AHA analysis found individuals of low socioeconomic status (SES), particularly those with low income, have a heavier CVD burden and are more likely to face increased cardiovascular event rates and poorer outcomes;[34] and

WHEREAS, Medicaid, by definition, provides health coverage to low-income families and individuals, and the most recent Medicare beneficiary enrollment trends indicate Medicare and Medicare Advantage enrollees are disproportionately lower-income;[35, 36] and

WHEREAS, ASCVD is a major cause of mortality, hence risk factors such as elevated Lp(a) should be detected early in order to initiate preventative care methodologies including lowering LDL levels via pharmacological intervention, lifestyle and diet changes;[1,2,8,9,28-30] and

WHEREAS, Recommendations have been made for the lab cut off values of Lp(a) which are considered "elevated" to be lower in the African American population in comparison to other groups due to direct correlation to ASCVD events, making accessible preventative screening an even greater priority in this specific community;[31,32] and

WHEREAS, No current FDA approved medications directly address Lp(a) levels, yet promising candidates are currently undergoing clinical trials, providing a potential for future direct Lp(a) pharmacological treatment options;[1,9] and

WHEREAS, Addition of Lp(a) to preventative screening panels will provide a more accurate estimation of Lp(a) prevalence and increase the number of potential participants in clinical trials evaluating potential treatments;[33] and

WHEREAS, By Lp(a) testing every patient enrolled in their cardiac prevention program for over 10 years, the Cleveland Clinic has built a sample of over 25,000

patients, from which they have corroborated the cardiovascular event and direct cardiovascular mortality rate increase associated with Lp(a);[33] and

WHEREAS, The Cleveland Clinic screening initiative may serve as an example of what nationwide efforts could resemble and provide in terms of predictive value and resource allocation;33,37 and NOW THEREFORE

BE IT RESOLVED, that our OSMA supports Research into Lp(a) for cardiovascular risk assessment.

Fiscal Note: $ (Sponsor)
$ 1,000 (Staff)

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