

# Consensus Panel Recommendation for Incorporating Lipoprotein-Associated Phospholipase A<sub>2</sub> Testing into Cardiovascular Disease Risk Assessment Guidelines

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**A consensus panel was formed to review the rapidly emerging literature on the vascular-specific inflammatory marker lipoprotein-associated phospholipase A<sub>2</sub> (Lp-PLA<sub>2</sub>) and to update recommendations for the appropriate use of this novel biomarker in clinical practice. The recommendations of the panel build on guidelines of the Adult Treatment Panel III (ATP III) and the American Heart Association/Centers for Disease Control (AHA/CDC) for cardiovascular risk assessment. Consistent with the ATP III guideline recommendations for the use of inflammatory markers, Lp-PLA<sub>2</sub> is recommended as an adjunct to traditional risk assessment in patients at moderate and high 10-year risk. A simplified framework for traditional Framingham risk factor assessment is proposed. As a highly specific biomarker for vascular inflammation, elevated Lp-PLA<sub>2</sub> levels should prompt consideration of increasing the cardiovascular risk category from moderate to high or high to very high risk, respectively. Because intensification of lifestyle changes and low-density lipoprotein (LDL) cholesterol lowering is beneficial in high-risk patients, regardless of baseline LDL cholesterol levels, consideration should be given to lowering the LDL cholesterol target by 30 mg/dL (1 mg/dL = 0.02586 mmol/L) in patients with high levels of Lp-PLA<sub>2</sub>. Lp-PLA<sub>2</sub> is recommended as a diagnostic test for vascular inflammation to better identify patients at high or very high risk who will benefit from intensification of lipid-modifying therapies. However, at this time Lp-PLA<sub>2</sub> cannot be recommended as a target of therapy. © 2008 Elsevier Inc. All rights reserved. (Am J Cardiol 2008; 101[suppl]:51F-57F)**

The investigators met as a consensus panel to consider how lipoprotein-associated phospholipase A<sub>2</sub> (Lp-PLA<sub>2</sub>) testing might be used in conjunction with guideline-endorsed cardiovascular disease (CVD) risk assessment

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to identify which intermediate- and high-risk patients may be at even higher CVD risk, thereby justifying more aggressive risk-reducing strategies. The consensus panel endorses the testing of Lp-PLA<sub>2</sub> as an adjunct to traditional risk factor assessment to determine optimal lipid treatment goals commensurate with absolute risk. The consensus panel does not recommend measurement of Lp-PLA<sub>2</sub> a screening test in the general population or measurement in the low CVD risk population, but rather it recommends testing the estimated one third of adults classified as moderate risk based on Framingham risk criteria and the additional one quarter of adults classified as high CVD risk, based on objective measures of clinically manifest and sub/preclinical atherosclerotic CVD. The proposed framework is consistent with and builds on the Adult Treatment Panel III (ATP III) 2001 and 2004 guidelines, the 2003 American Heart Association/Centers for Disease Control (AHA/CDC) scientific statement on markers of inflammation and cardiovascular disease, and the AHA/American College of Cardiology (ACC) guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease.<sup>1-4</sup>