Lipoprotein (a) or Lp (a):

a clinically useful risk factor for atherosclerotic cardiovascular disease

30% of mortality associated with cardiovascular disease (CVD) occurs in individuals without elevated conventional risk factors.[1] Therefore, there is a clinical need to expand the number of available diagnostic tools for evaluating an individual's risk to develop CVD.

Australian Atherosclerosis Society (AAS) Recommendations

In the latest guidance for cardiologists in Australia, testing for elevated Lp (a) is recommended in all patients with premature atherosclerotic cardiovascular disease (ASCVD) and those considered at intermediate-to-high risk of ASCVD[2].

In order to obtain the accurate values independent of the variations in the sizes of molecules measured, measuring the concentration of particles (nmol/L), rather than total weight (mg/dL) is also a recommendation[2].

Roche

To read the ***Australian Atherosclerosis Society Position Statement on Lipoprotein(a): Clinical and Implementation Recommendations*** scan here:

Roche Tina-quant® Lipoprotein (a) Gen. 2 reagent provides results in nmol/L as recommended by the AAS.

To enable you to provide a more accurate assessment of CVD risk for your patients, ask your pathology provider for Roche Lipoprotein (a).

To receive information to ***help you understand the importance of using an assay with nmol/L standardisation*** scan here:

Lipoprotein (a)

1. Beaglehole, R., Reddy, S., Leeder, S.R. (2007). Poverty and human development: the global implications of cardiovascular disease. Circulation 116, 1871–1873. 2. Natalie C. Ward et al. (2022): Heart, Lung, and Circulation: 1443-9506, "Australian Atherosclerosis Society Position Statement on Lipoprotein (a): Clinical and Implementation Recommendations".