HCP EDUCATION

Universal Lp(a) Screening: CME-derived Insights into Present Gaps and Future Directions for Testing and Management

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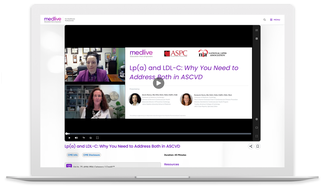
INTRODUCTION

Despite the recent inclusion of universal lipoprotein(a) [Lp(a)] screening in guidelines, real-world testing remains suboptimal. We leveraged outcomes from a multimodal patient-centered CME initiative to characterize awareness among healthcare professionals (HCPs) of Lp(a) guidelines and to identify persistent gaps in care.



METHODOLOGY

Educational Program

- Two CME-certified (1.5 credits total), on-demand, video-based activities (launched July 10, 2025)
- Targeted micro-learning videos via IQVIA/LinkedIn to NPI-verified cardiologists and primary care physicians
- Segments of an interview with a high-risk patient provided insights into experiences with HCPs, testing, and disease burden
- Learning objectives:
  - Describe the impact of long-term exposure to elevated LDL-C on ASCVD risk
  - Explain the role of Lp(a) as a risk enhancer for and pathophysiological driver of ASCVD
  - Summarize current recommendations and guidelines for LDL-C screening following an ASCVD-related event and universal screening for Lp(a)
  - Discuss the safety and efficacy of current and emerging therapies for the reduction of LDL-C and ASCVD risk
  - Identify the safety and efficacy of current and emerging therapies for the reduction of Lp(a) in patients with ASCVD

Faculty

Erin D. Michos, MD, MHS, FACC, FAHA, FASPC, FASE
Professor of Medicine (Cardiology)
Director of Women's Cardiovascular Health
Associate Director of Preventive Cardiology
Johns Hopkins University School of Medicine

Pamela B. Morris, MD, FACC, FAHA, FASPC, FESC, FNLA
Professor of Medicine, Cardiology
Paul V. Kramer Endowed Chair in Cardiovascular Disease Prevention
Director, Seinsheimer Cardiovascular Health Program
Trustee, American College of Cardiology

Data Collection

- Pre- and post-activity knowledge/competence questions (National Board of Medical Examiner guidelines[1])
- Post-activity evaluation: intended practice changes; open-ended
- Statistical tests of significance (chi-square) applied to comparisons of individual questions (pre- vs post-activity)

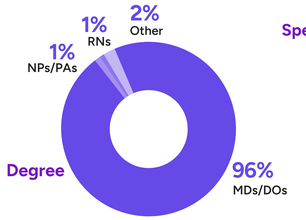
RESULTS

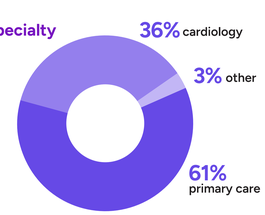
HCP Education

11,300 Total Participants
1,160 CME enduring + 10,140 micro-learning

20% participated in both CME activities

Micro-learning
10,140
6,459 NPI-verified primary care physicians and 3,681 cardiologist completions





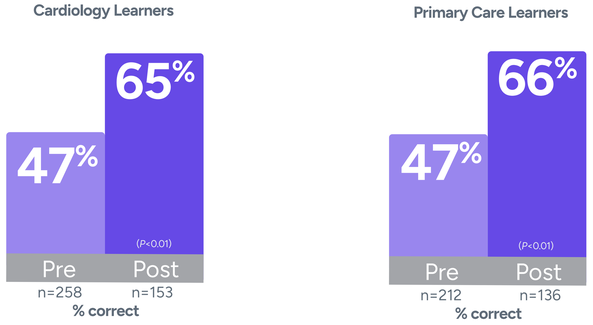
63% of CME learners completed their activity (692 learners, 438 completers)

77% of CME learners identified as treaters

who see an average of **23** patients with dyslipidemia each week

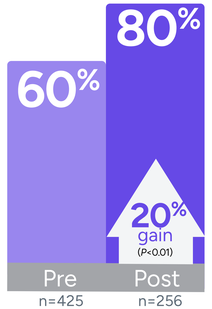
Learning Gains

Average score (% correct) on 6-item test linked to learning objectives



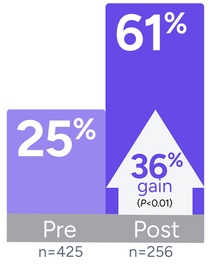
Guideline-based Lp(a) screening

In whom is Lp(a) screening recommended according to expert consensus and guideline recommendations?



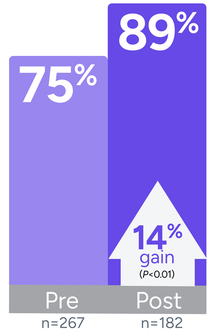
Risk stratification

What Lp(a) level is considered high risk based on National Lipid Association (NLA) guidance?



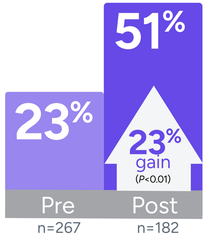
Current agents to lower Lp(a) levels

A 63-year-old man presents with a history of myocardial infarction and an LDL-C of 62 mg/dL on statin + ezetimibe. His recent Lp(a) test shows an elevated level of 205 nmol/L. Which of the following is the most appropriate next step to address this patient



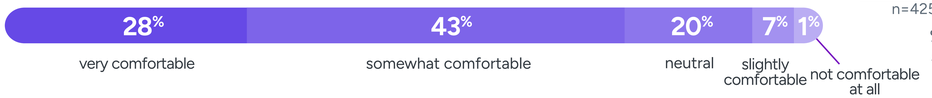
Awareness of emerging agents to lower Lp(a) levels

Which of the following best describes the effects of pelacarsen on Lp(a) levels in a clinical-trial setting?



Confidence/Barriers

Post-activity comfort levels of cardiology and primary care learners when managing patients with ASCVD and high Lp(a) (n=113):



Primary barrier to routine Lp(a) testing in clinical practice (n=425):

CONCLUSION

Expert-led discussions combined with patient perspectives effectively addressed key knowledge barriers and highlighted persistent, practical barriers to the adoption of Lp(a) testing. Additional education for both patients and HCPs around emerging Lp(a)-lowering agents would further facilitate the adoption of best practices.