RESOURCES



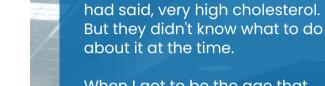
Care Navigation Center: The Family Heart Foundation has experts to help you on your journey and can connect you with other people living with FH.



FH/Lp(a) Patient Guide: This guide is designed to help patients better understand FH, elevated Lp(a), disease management and treatment options.



Stay Connected: Follow LIPOSORBER for updates, videos and educational content delivered directly to your social media channels.



When I got to be the age that my father died, I thought, "Gee, how much longer do I have?" It just haunts you. And in some ways that can be scary, but on the other hand, it can be very motivating too.

My father died at a very early

age (41 years old), and I knew

it was from all that my mother

I will tell you, without any hesitation - because of lipoprotein apheresis, that's why I'm here talking to you. I truly believe that without having these treatments, I wouldn't be here today.



MARY NAMETKA

FH & elevated Lp(a) Patient,
10+ years treating with



TAKING CHARGE

OF YOUR FH:

Understanding and Adhering to Lipoprotein Apheresis

By prioritizing adherence to treatment, patients can take control of their FH and reduce the risk of cardiovascular events.

liposorber.com

References:

1. Gianos et al. "Lipoprotein Apheresis: Utility, Outcomes, and Implementation in Clinical Practice: A Scientific Statement From the American Heart Association." AHA Journal, 2024, doi:10.1161/ATV.000000000000177. Accessed 21 Oct. 2024

2. E. Roeseler et al., 2016, Arteriosclerosis Thromb Vasc. Biol.; 36:2019-2027

3. J. Leebman et al., 2013, Circulation;128: 2567-2576)

4. Kaneka Medical America LLC., 2025, LIPOSORBER®LA-15 SYSTEM Operator's Manual.

5. Mabuchi, H et al. "Long-term efficacy of low-density lipoprotein apheresis on coronary heart disease in familial hypercholesterolemia." Hokuriku-FH-LDL-Apheresis Study Group. The American journal of cardiology vol. 82,12 (1998): 1489-9 doi:10.1016/s0002-9149(98)00692-4

6. Gordon et al., 1998, American Journal of Cardiology, 81(4): 407-411; Parker, 1994, Chem Phys Lipids; 67-68, 331-338; Yokoyama S. et al. Arteriosclerosis. 1985 Nov-Dec; 5(6):613-22.

LIPOSORBER

UNDERSTANDING LIPOPROTEIN APHERESIS

for the Treatment of Familial Hypercholesterolemia (FH)^{1,4}

Lipoprotein apheresis (LIPOSORBER®) is a specialized treatment that can effectively lower cholesterol levels in FH patients who have not responded to other cholesterollowering therapies.





FH is a genetic condition that causes unusually high levels of cholesterol in the blood, increasing the risk of heart disease and stroke.



LIPOSORBER works by removing LDL cholesterol (LDL-C) and lipoprotein(a) [Lp(a)] from the blood, reducing the patients' risk of cardiovascular events.

LIPOSORBER Safety Information: 4

ADVERSE EVENTS: The most common adverse events are hypotension (0.8%), nausea/vomiting (0.5%), and flushing/blotching (0.4%). Other adverse reactions include angina/chest pain, shortness of breath, fainting, lightheadedness and anemia.

CONTRAINDICATION: Angiotensin converting enzyme [ACEI(s)] inhibitors are contraindicated with LIPOSORBER due to possible bradykinin reaction. ACEI(s) should be replaced with angiotensin II receptor blockers (ARBs) or any other antihypertensive agent as determined by the prescribing physician.

For more information on risks and indications, please visit: bit.ly/liposorbersafety



IMPORTANCE OF ADHERING TO TREATMENT

Improving Outcomes

Regular lipoprotein apheresis sessions can help prevent the progression of heart disease and improve overall health outcomes.

In a study of 170 patients, it was demonstrated that after 2 years of lipoprotein apheresis treatment, Lp(a) was significantly reduced by $68.8 \pm 9.5\%$ and LDL-C by $67.2 \pm 10.2\%^{2.3}$

Reducing Risk

Adherence to lipoprotein apheresis treatment is essential for achieving optimal cholesterol levels per professional guidelines to help reduce the risk of cardiovascular events. LIPOSORBER has been shown to reduce LDL-C by 73-83% and Lp(a) by 53-76% after a single treatment.4

Following a Treatment Plan

It is important to attend all scheduled treatments and follow your doctor's recommendations for diet and lifestyle modifications to maximize the benefits of lipoprotein apheresis. By working closely with your healthcare team, you can develop a treatment plan that works for you.

Treatment Frequency Guide 5,6

Each treatment lasts 2-4 hours on average

Patient Levels

Regimen

LDL-C ≥300 mg/dL 1 Session p/week LDL-C 70-200 mg/dL*... 1 Session p/2 weeks Lp(a) ≥60 mg/dL (130 nmol/L)* ...1 Session p/2 weeks

Taking Control

By prioritizing adherence to your treatment plan, you can take control of your disease and help to reduce the risk of cardiovascular complications. Talk to your doctor about the benefits of lipoprotein apheresis and how it can help manage your FH effectively.



Risks of Missing Treatment

- Increased risk of heart disease: Patients with FH already have a significantly higher risk of developing heart disease. Skipping treatment can further increase this risk, leading to potentially life-threatening complications, such as heart attacks and strokes.1
- · Elevated cholesterol levels and formation of atherosclerosis: FH patients have abnormally high levels of cholesterol, which can lead to the development of plaques in the arteries (atherosclerosis). Skipping treatment can result in even higher cholesterol levels, exacerbating the risk of cardiovascular issues and accelerate the formation of atherosclerosis.1
- Impact on mental health: Living with a chronic condition like FH can already be challenging, and skipping treatment can add to the emotional burden. Patients may experience increased anxiety, stress, and depression as a result of not managing their condition effectively.
- Reduced life expectancy: FH patients who consistently skip treatment are at a higher risk of premature death compared to those who adhere to their treatment plans. Without proper management, the progression of cardiovascular disease can significantly reduce life expectancy.1

^{*}With either documented coronary artery disease or documented peripheral artery disease (Groups C & D in LIPOSORBER Indications For Use)