FH Patient's Journey:

Exploring Treatment Options



A patient or patient's close relative (parents, siblings, grandparents) has had:

- a documented CAD or PAD with an LDL-C ≥ 70 mg/dL or an Lp(a) ≥ 60 mg/dL (130 nmol/L)
- a heart attack or stroke before the age of 50 and want to take steps to find out why this happened.

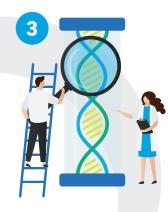
FAMILY HEALTH ASSESSMENT



The patient goes to their physician, who will likely check their risk factors, including cholesterol levels and current medical therapies and lifestyle, with the goal of improving the patient's health status.

Since high LDL-C and Lp(a) are genetically passed down, it is important for the patient to have all their close relatives tested, especially their children.







DRUG THERAPY & LIFESTYLE CHANGES



MANAGING LDL & LP(a)

The physician recommends that the patient implement lipid-lowering strategies (drug therapy, diet and lifestyle changes).

In cases where the patient has CAD or PAD and their LDL-C and/or Lp(a) does not meet treatment goals (LDL-C less than 70 mg/dL, Lp(a) less than 60 mg/dL), the physician may determine that **lipoprotein apheresis** (LA) may be the best treatment option and connects the patient with nearest center.





The patient will meet with the LA team to see what they need to do before the first treatment (such as a switch or addition of medication, vascular access discussion, etc.).



The patient starts treatment and should expect to be there for **2-4 hours**, per session. The physician will check patient's cholesterol each session to ensure the levels are lowering and meeting treatment goals. Studies show that meeting LDL-C and Lp(a) targets help **reduce the risk of future heart attacks/strokes.***



The patient should expect to have **treatments 2-4 times per month** (depending on cholesterol levels). Since LIPOSORBER® is a lifelong therapy, it is important that the patient follow their doctor's recommendation.



