

Meet Mr. J: A Patient with No Options Left



At 64 years old, Mr. J has lived with **peripheral artery disease (PAD)** for years. Despite following every recommendation—medications, exercise, wound care—his condition has progressed to a point where revascularization is no longer possible.

Mr. J's Medical History:

- **Long-standing PAD** with Rutherford class 4–5 symptoms:
 - Rest pain and lifestyle-limiting claudication
- **Non-healing ulcers** on dorsal foot and great toe (>3 months despite wound care)
- **Comorbidities:** Type 2 diabetes, Chronic Kidney Disease (stage 3)

References:

1. Kaneka Medical America LLC., 2025 LIPOSORBER LA-15 Instructions for use in Familial Hypercholesterolemia (FH).
2. Ueda, Eiko et al. "Lipoprotein Apheresis Alleviates Treatment-Resistant Peripheral Artery Disease Despite the Normal Range of Atherogenic Lipoproteins: The LETS-PAD Study." *Journal of atherosclerosis and thrombosis* vol. 31,10 (2024): 1370-1385. doi:10.5551/jat.64639
3. Bhatia HS, Dalal S, Ross E. Peripheral arterial disease associated with elevated lipoprotein(a): a review of the evidence and treatment approaches. *Curr Opin Lipidol.* 2025 Oct 1;36(5):238-250. doi: 10.1097/MOL.0000000000000999.
4. Schatz U, et al. Lipoprotein apheresis reduces CV events in patients with high Lp(a): multicenter observational study. *Atheroscler Suppl.* 2017;30:246–252.



For complete Indications for Use and important safety information, please visit: liposorber.com/liposorber-safety-info

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LIPOSORBER®

Provides Hope When Drug Therapy Fails™



PAD PATIENT PROFILE

A Case on a "No-Option" PAD Patient

PAD = Peripheral Artery Disease

His Daily Reality:

- **Constant Pain:** Rest pain wakes him multiple times each night.
- **Limited Mobility:** Walking even one block is impossible.
- **Non-Healing Wounds:** Ulcers on his foot and toe have persisted for over three months despite aggressive wound care.
- **Emotional Toll:** Anxiety about losing his leg overshadows every aspect of life. He can't work, and his independence is slipping away.

The Clinical Challenge:

Mr. J is on **maximum guideline-directed therapy:**

- Antiplatelet therapy
- High-intensity statin + ezetimibe + PCSK9 inhibitor
- Diabetes and blood pressure management
- Local wound care and off-loading

Yet...

his **LDL-C remains at 120 mg/dL**, and his **Lp(a) is markedly elevated at 150 mg/dL**. With no surgical or endovascular options left, the risk of amputation looms large.

What Can Be Done?

Patients like Mr. J represent the **highest-risk PAD subgroup** - those with **critical limb ischemia** and no revascularization options. Current guidelines emphasize wound care and risk factor optimization, but what happens when that's not enough?

A Potential Lifeline:

LIPOSORBER[®]

Liposorber (lipoprotein apheresis) is **FDA-approved*** for patients whose LDL-C or Lp(a) remains high despite maximal therapy.¹ Evidence from the LETS-PAD Study (2024) shows:

- Improved ABI & pain-free walking distance
- Better vascular quality of life²

With lipoprotein apheresis therapy: Lp(a) can be acutely reduced by >70% per treatment session.³

These benefits go beyond cholesterol lowering - potential to improve micro-circulation, reduce fibrinogen, and enhance wound healing.

✓ LIPOSORBER for PAD

FDA-approved in high-risk PAD patients whose LDL-C or Lp(a) remains above thresholds despite maximal therapy:

- HeFH with LDL-C ≥ 70 mg/dL OR Lp(a) ≥ 60 mg/dL (130 nmol/L)

HeFH = Heterozygotes Familial Hypercholesterolemia

⚙️ How LIPOSORBER Works

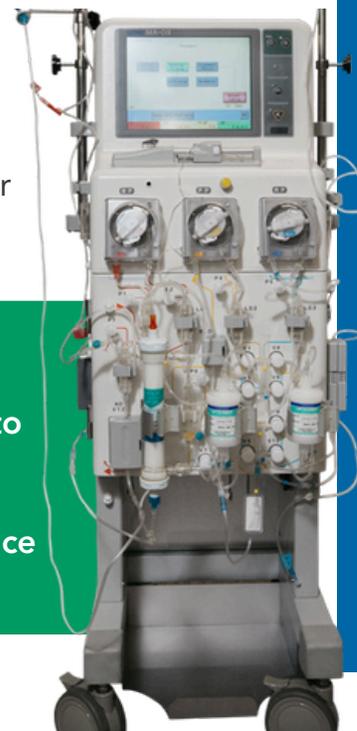
The heart of the LIPOSORBER system is its highly efficient, selective removal process. The adsorbent columns are engineered with dextran sulfate cellulose beads, which provide specific binding to lipoproteins that contain Apo-B, such as LDL-C, Lp(a), and VLDL.

⊕ Clinical Outcomes

2-year lipoprotein apheresis treatment in 113 patients with elevated Lp(a) reduced cardiovascular events across all vessel beds—coronary by 75%, peripheral by 71%, and cerebrovascular by 60%.⁴

Physician Key Takeaways:

If you see patients like Mr. J (those with severe PAD, non-healing wounds, and no revascularization options), **screen for Lp(a) and consider referral for apheresis**. It could mean the difference between limb salvage and amputation.



*For LIPOSORBER Indications for Use and other safety information, visit: [liposorber.com/liposorber-safety-info](https://www.liposorber.com/liposorber-safety-info)