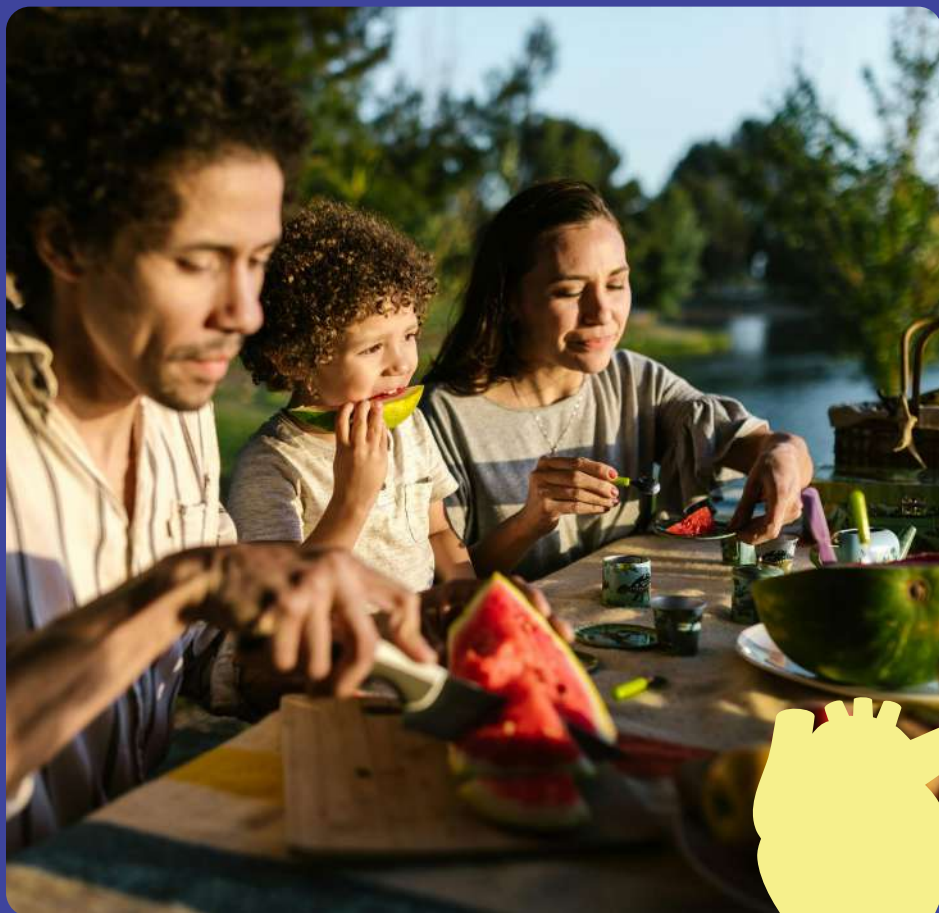




HEARTLIFE PATIENT TOOLKIT

Understanding Lipoprotein(a) (Lp(a))

About HeartLife

It's about Life

Not Failure

HeartLife Foundation is Canada's leading patient-led cardiovascular organization. We work with patients, families, and healthcare professionals to improve education, diagnosis, and care. This toolkit was co-developed with patients and experts to support individuals and families living with high Lp(a).



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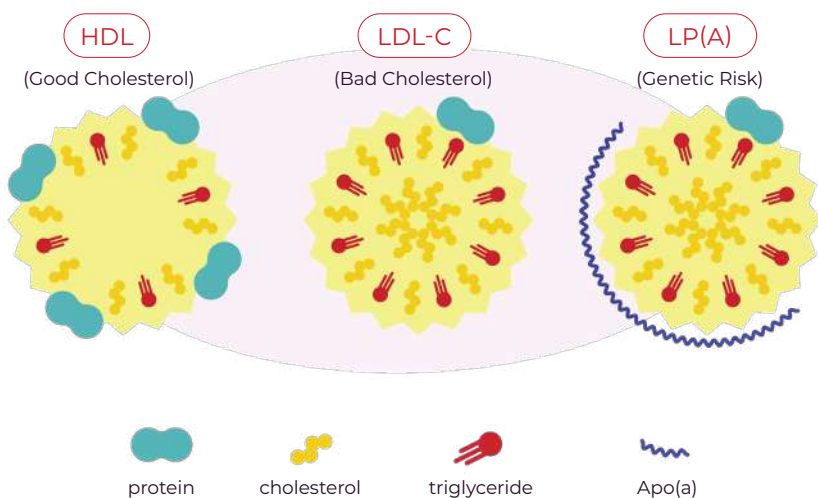
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Understanding Lp(a)

What It Is and Why It Matters

Get the basics — what Lp(a) is, how it affects the heart, and why it's important to know your number.



WHAT IS LP(A)?

- Lipoprotein(a), or Lp(a), is a type of cholesterol particle that carries fats in your blood.
- It is a genetic factor that influences your cholesterol. Unlike “bad cholesterol” (LDL-C), which can be improved with diet, exercise, or medication, levels of Lp(a) are determined by your genes.
- Elevated Lp(a) increases the risk of heart attack, stroke, and aortic valve disease.

Understanding Lp(a)



WHY IT MATTERS:

- About **1 in 5 Canadians** have high Lp(a).
- Most people don't know they have high levels until something serious happens, like a heart attack.
- The good news: a single blood test can measure Lp(a) and give you lifelong information about your risk. This test is recommended by the Canadian Cardiovascular Society and may be covered through your public health plan.

MYTH VS. FACT



"I eat healthy and exercise, so my Lp(a) must be fine."



Lp(a) is genetic. Even marathon runners can have high Lp(a).



Tip for patients:

Think of Lp(a) as "hidden cholesterol." Just because your regular cholesterol numbers look good doesn't mean Lp(a) isn't playing a role in your heart health.



TAKE ACTION TODAY!

Write down your Lp(a) level if you've been tested, just like you track blood pressure or blood sugar. [See My Tracking Page \[page 26\]](#)

Genetics and Cardiovascular Risk

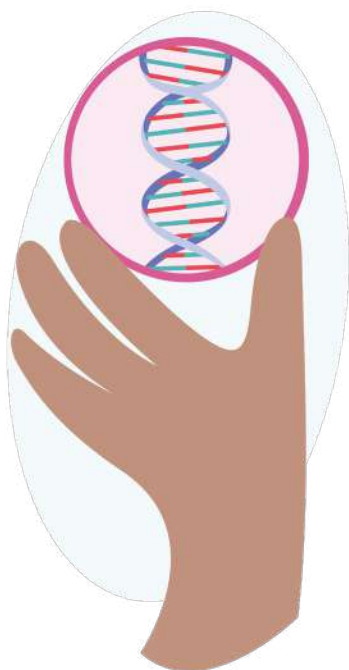
Lp(a) is passed down in families — your genes, not your lifestyle, largely determine your level.



WHY GENES MATTERS:

- Lp(a) levels are almost entirely determined by your DNA.
- If one parent has high Lp(a), their children may have higher levels of Lp(a) as well.

Understanding Lp(a)



IMPACT ON CARDIOVASCULAR DISEASE

- Elevated Lp(a) promotes plaque buildup in arteries.
- It can cause earlier and more aggressive cardiovascular disease, even in people with no other risk factors.

FAMILY IMPLICATIONS

Families with documented high Lp(a) and families with a history of early heart disease should receive comprehensive cardiovascular risk assessments, including **cascade screening** and measurement of Lp(a).



Cultural Inclusivity Note

In some cultures, family health history may be under-recognized or incomplete. Testing provides clarity where stories or records are unavailable, helping you understand your personal risk regardless of what you know about your family's past.



TALK TO YOUR FAMILY!

If you have high Lp(a), your siblings and children may too. Encourage them to get tested — early knowledge can prevent future heart events. [See Questions to Ask your Doctor \[page 22\]](#)

Who Should Get Tested and How to Ask for It

While everyone should be tested for Lp(a) at least once, screening is especially important for certain high-risk individuals.



EVERYONE SHOULD BE TESTED AT LEAST ONCE, PARTICULARLY INDIVIDUALS WHO:

- People with a family history of premature heart disease.
- People with high cholesterol that doesn't respond to treatment.
- Individuals who have had repeat heart attacks or strokes despite good LDL control.
- High-risk groups such as South Asian, African, or Indigenous communities.
- Postmenopausal women, as Lp(a) levels can increase significantly after menopause.



HOW TO ASK YOUR DOCTOR

- "I have a family history of early heart disease. Should I be tested for high Lp(a)?"
- "Can you add Lp(a) to my next blood test?"
- "If my Lp(a) is high, what would the next steps be?"

CHALLENGES TO TESTING

- Not all providers are familiar with Lp(a).
- Coverage may vary across provinces.
- Results may be reported in different units (nmol/L vs mg/dL).



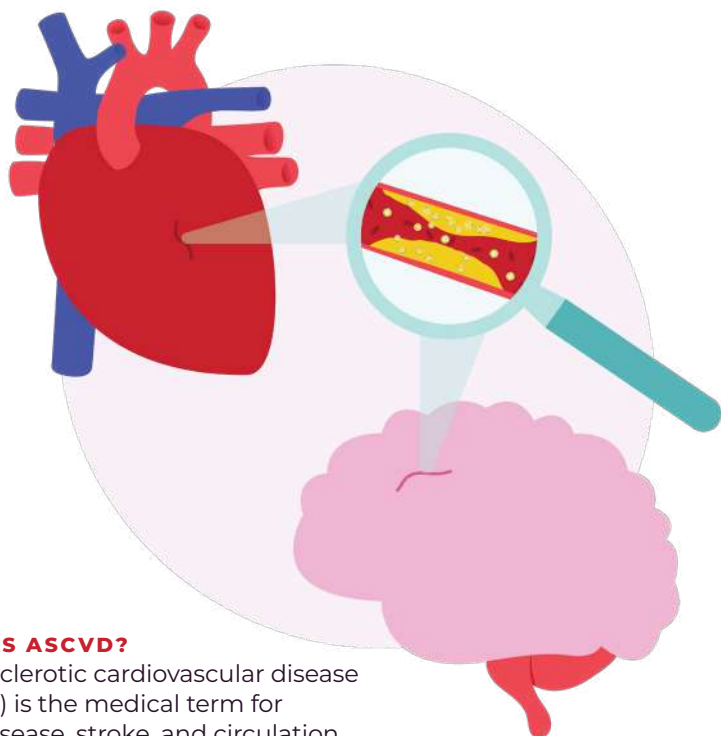
YOU HAVE THE RIGHT TO ASK!

Testing is a simple blood test, but it can reveal lifelong information about your cardiovascular risk. Don't wait — advocate for yourself. [Print Questions to Ask your Doctor](#) [page 22]



How Lp(a) and ASCVD Are Connected

Lp(a) raises the risk of heart disease and stroke even if other numbers look normal.



WHAT IS ASCVD?

Atherosclerotic cardiovascular disease (ASCVD) is the medical term for heart disease, stroke, and circulation problems caused by plaque buildup in the arteries.

WHERE LP(A) FITS IN

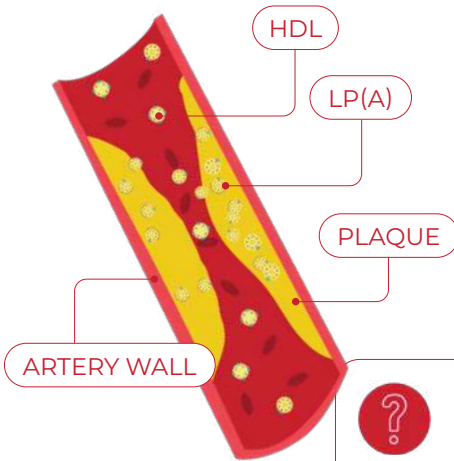
- Lp(a) is one of the strongest independent risk factors for ASCVD.
- Elevated Lp(a) makes artery plaque more sticky and inflammatory.
- This increases the risk of artery narrowing, blood clots, and heart attacks.



Metaphor for Patients

Imagine Lp(a) as glue in your arteries. It makes cholesterol and inflammation stick more tightly, which makes blockages harder to clear.

Understanding Lp(a)



WHY THIS MATTERS TO PATIENTS

- Even if your LDL cholesterol is normal, high Lp(a) can still drive plaque buildup.
- This explains why some “healthy” people experience sudden heart events.
- When high Lp(a) is combined with smoking, diabetes, or high blood pressure, risk multiplies.



Some patients may be dismissed if their cholesterol looks “normal.” Knowing about Lp(a) helps explain why heart disease happens in people who appear otherwise healthy. You deserve answers.



CONTROL WHAT YOU CAN!

You can't currently lower Lp(a) with medications, but you CAN manage other risk factors to protect your heart. Every healthy choice matters.

[See Lifestyle Tips \[page 15\]](#)

What Your Results Mean and Next Steps

Interpreting your number is key — here's what high or normal levels mean and what to do about them.



HOW TO READ YOUR LP(A) RESULTS*



< 30 nmol/L

→ considered low risk



< 30 to 99 nmol/L → considered intermediate risk



≥ 100 nmol/L

→ considered high risk
(roughly equivalent to 50 mg/dL)

*Canadian Cardiovascular Society Guidelines

Ask your doctor about guidelines in your country.

NEXT STEPS IF ELEVATED

- A high number does not guarantee a heart attack, but it increases your lifetime risk.
- Focus on what you can manage: cholesterol, blood pressure, diabetes, smoking, diet, and exercise.
- Stay connected with your healthcare team for ongoing monitoring.

EMERGING THERAPIES

- Clinical trials are underway for medications that specifically lower Lp(a), such as pelacarsen and olpasiran.
- These drugs are estimated to be available by 2027 in Canada.
- New treatments can lower Lp(a) levels by a large amount. Studies are now underway to confirm how much this will lower the risk of heart attack and stroke.

Understanding Lp(a)



♥ WRITE IT DOWN!

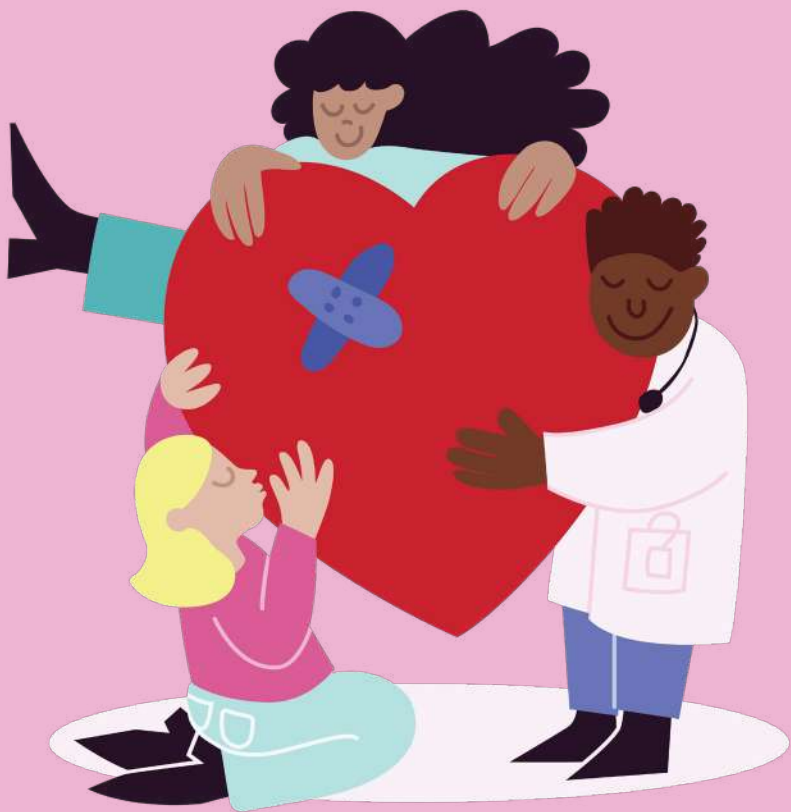


Record your Lp(a) result and test date. Bring it to all doctor's visits. Ask about new treatments regularly — science is moving fast. [See Tracking Page \[page 26\]](#)

A MESSAGE OF HOPE

Research is moving quickly — drugs are in late-stage trials, and you can ask about clinical trial opportunities in Canada. You are not alone; high Lp(a) affects millions worldwide, and advocacy is leading to changes in testing policies and therapies.

Remember: As guidelines and treatments evolve, remember to review your results and check in with your doctor.



Lifestyle and Diet: What You Can Do

Although Lp(a) itself cannot be lowered by lifestyle changes, everything else you do for your heart still matters. Lowering other risks helps balance out the impact of high Lp(a).



Small, consistent choices can make a big difference in protecting your heart—even if your Lp(a) is high.



NUTRITION

Choose a heart-healthy eating pattern like the Mediterranean or DASH diet. Fill most of your plate with vegetables, fruits, whole grains, beans, nuts, and fish. Limit red meat, processed foods, and sugary drinks.

Example: Swap fried chicken for grilled salmon, or soda for sparkling water with lemon.



LIMIT UNHEALTHY FATS

Cut down on fried foods, fast food, packaged snacks, and baked goods high in trans fats. Instead, use olive oil, avocado, or small amounts of nuts for healthy fats.



DON'T SMOKE

Smoking plus high Lp(a) multiplies your risk of heart attack and stroke. Quitting is the single most powerful change you can make. Ask your healthcare provider about support programs, nicotine replacement, or quit lines.



STAY ACTIVE

Aim for at least 150 minutes each week of moderate activity such as brisk walking, biking, or swimming. Break it into 30 minutes a day, 5 days a week. If new to exercise, start with short walks and build up.

Treating Lp(a)



MANAGE BLOOD PRESSURE & DIABETES

High blood pressure and diabetes greatly increase risk when combined with elevated Lp(a). Regular checkups, medications (if prescribed), and lifestyle changes can keep these conditions well managed.



WEIGHT MANAGEMENT

Maintaining a healthy weight reduces strain on your heart and helps manage blood pressure, blood sugar, and cholesterol. Even losing 5–10% of your body weight can improve cardiovascular health.



REMEMBER

You can't change your genes, but you can change your environment and daily choices. Building small, sustainable habits will protect your heart and help offset the risks of high Lp(a).

♥ START TODAY!

Pick ONE habit to focus on this week. Small steps lead to big changes. Use the notes section [page 29] to [write down your goals](#).



Current and Emerging Therapies

Treatment for high Lp(a) is changing fast — here's what's available now and what's coming soon.



CURRENTLY AVAILABLE TREATMENTS

- **Statins**
Lower LDL-C, but do not lower Lp(a). Still important for overall risk.
- **Cholesterol absorption inhibitors**
Lowers LDL-C modestly, but has little effect on Lp(a).
- **PCSK9 inhibitors** (evolocumab, alirocumab, inclisiran)
Can reduce Lp(a) by about 20–30% in some patients, in addition to LDL-C lowering of about 50%.



THERAPIES IN DEVELOPMENT

- **Antisense oligonucleotides (pelacarsen):**
Targets the gene that makes Lp(a). Early studies show up to 80% reductions in Lp(a).
- **Small interfering RNA (siRNA) therapies (olpasiran, zerlasiran, lepodisiran):** Also block Lp(a) production in the liver. These are in large outcome trials now.
- **Other novel approaches:**
Gene-editing and advanced biologic therapies are under investigation.



WHAT THIS MEANS FOR PATIENTS

- No therapy is yet approved specifically for Lp(a), but clinical trials are underway worldwide, including in Canada.
- Patients with very high Lp(a) can ask their providers if they are eligible for a trial.
- Within the next few years, new options may be available.
- Despite no targeted therapies, carefully managing other risk factors (blood pressure, cholesterol, blood sugar, weight) remains crucial.

“Today is the day to start taking your heart health seriously and make it a priority!”

Lived Experiences



“I was training for a half marathon when I had my first heart attack. My cholesterol was normal, and I felt healthy. Later, I found out my Lp(a) was extremely high. Now my kids are getting tested too.”

ANNA'S STORY

(Age 42, Vancouver)

“My father and brother both had strokes before age 60. I pushed my doctor to test for Lp(a). Mine came back elevated, and now my family is aware. It gave me answers and a plan.”

MICHAEL'S STORY

(Age 58, Toronto)

“As an Indigenous woman, I've seen many relatives struggle with heart disease at young ages. I never thought it applied to me — until I asked about Lp(a). Getting tested helped me take control.”

SOFIA'S STORY

(Age 35, Calgary)

“I had a stent put in after my second heart attack. My doctor then checked my Lp(a). It was high. I finally understood why my heart problems kept coming back, and I joined a clinical trial for new treatments.”

DAVID'S STORY

(Age 50, Halifax)



Questions to Ask Your Doctor

Be prepared before your appointment — these questions can help guide your conversation and ensure you get the answers you need.



ABOUT TESTING

- Can I get my Lp(a) level checked?
- Is the test covered in my province, or would I need to pay out of pocket?
- Should my children or siblings also be tested?

UNDERSTANDING RESULTS

- What does my Lp(a) number mean for me personally?
- How does my result interact with my other cholesterol or risk factors?
- How often should I recheck my Lp(a) level?

TREATMENT AND MANAGEMENT

- What steps should I take to lower my overall cardiovascular risk?
- Should my treatment plan change if I have high Lp(a)?
- Am I a candidate for PCSK9 inhibitors or other advanced therapies?
- Are there any clinical trials I could join?

LIFESTYLE AND PREVENTION

- What diet and exercise habits are most important for someone with high Lp(a)?
- How can I protect my heart health if my genes put me at higher risk?

FOLLOW-UP

- How will you monitor my progress over time?
- Who else on my care team (pharmacist, dietitian, cardiologist) should I involve?

Treating $L_p(a)$

Write down answers or additional questions you might have:

Resources & Support

Visit heartlife.com to download free tools and resources, join the community, or contact the foundation directly for personalized support. Many resources are available in multiple languages to serve Canada's diverse communities.



PATIENT RESOURCES

HEARTLIFE ACADEMY

Free online learning for patients and caregivers.

→ heartlife.academy

FH CANADA

Familial hypercholesterolemia resources.

→ fhcanada.net

CANADIAN CARDIOVASCULAR SOCIETY (CCS)

Cholesterol management guidelines.

→ ccs.ca

HEARTLIFE FOUNDATION

Support groups, webinars, and downloadable materials

→ heartlife.com

Glossary

Use this section as a quick reference to better understand medical words your healthcare team may use.

Lp(a) / Lipoprotein(a)

A type of cholesterol particle that increases heart and stroke risk. It's mostly inherited and does not change with lifestyle.

Cholesterol

A fatty substance in the blood. Too much can build up in arteries and cause blockages.

LDL-C ("bad" cholesterol)

The type of cholesterol that clogs arteries.

HDL-C ("good" cholesterol)

The type of cholesterol that helps clear fat from the blood.

ASCVD (Atherosclerotic Cardiovascular Disease)

A group of diseases caused by plaque buildup in arteries, including heart attacks, strokes, and peripheral artery disease.

Familial Hypercholesterolemia (FH)

A genetic condition that causes very high cholesterol from birth.

Cascade screening

Testing family members when someone is found to have high cholesterol or Lp(a).

Statins

Medications that lower LDL-C and reduce cardiovascular risk, but do not lower Lp(a).

PCSK9 inhibitors

Injectable medicines that lower LDL-C and can reduce Lp(a) by 20–30%.

Antisense oligonucleotides (ASOs)

Experimental drugs that block the gene responsible for Lp(a), now in clinical trials.

iRNA therapies

New medicines in research that silence Lp(a) production in the liver.

Plaque

A mix of cholesterol, calcium, and fat that sticks to artery walls.

Aortic stenosis

A type of heart valve disease where the valve narrows, often linked with high Lp(a).

Risk factor

Anything that raises the chance of developing heart disease, such as smoking, diabetes, high blood pressure, or high Lp(a).

Monitoring My Health

Monitoring your Lp(a) levels is essential for understanding your cardiovascular risk and can help you and your doctor make informed decisions about prevention and treatment strategies.

ONE-TIME LP(A) TEST RESULT

Lp(a) is genetically fixed and only needs to be tested once unless guidelines change.

My Lp(a) result: _____ nmol/L

Risk category

Canadian Cardiovascular Society Guidance

< 30 nmol/L Considered low risk

30 to 99 nmol/L Considered intermediate risk

≥ 100 nmol/L Considered high risk
(roughly equivalent to 50 mg/dL)

Patient Note: Lp(a) is inherited and not due to diet or lifestyle. This number does not change over time.

MY FAMILY HISTORY CHECKLIST

- ☐ Premature heart attack or stroke in the family
- ☐ Known familial hypercholesterolemia
- ☐ South Asian or African ancestry
- ☐ History of early calcific aortic stenosis
- ☐ Multiple cardiovascular events despite low LDL-C

OTHER THINGS TO TRACK

These biomarkers matter more when Lp(a) is high, because risk multiplies.

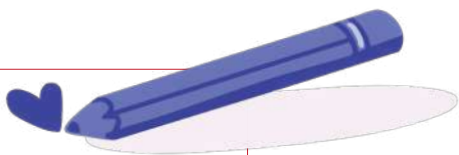
Cholesterol & Lipids

LDL-C Target: _____ Actual: _____

HDL-C Target: _____ Actual: _____

Triglycerides Target: _____ Actual: _____

Non-HDL-C: _____ (optional)



Health Tracker

Monitoring My Health

Keeping track of your health status is important to maintain a healthy heart and can help guide changes to your lifestyle or care plan.

 BLOOD PRESSURE My normal blood pressure is between _____ / _____ and _____ / _____ mmHG If your blood pressure is consistently higher than _____ mmHg* or lower than _____ mmHg*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.	 HEART RATE My normal heart rate is between _____ and _____ beats/min If your heart rate is consistently higher than _____ beats/min* or lower than _____ beats/min*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.	 WEIGHT My normal weight is between _____ and _____ lbs If your weight increases more than _____ lbs* in a day or _____ lbs* in a week then contact our doctor.
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ADDITIONAL NOTES:

Health Tracker

My Medication

Keep track of all the medications you are taking (prescription and over the counter), as well as vitamins and other herbal remedies. Make sure to show your doctor at your next appointment.

[illegible]

Notes



