

Familial hypercholesterolemia, PCSK9 inhibition, and other lipid biomarkers of cardiovascular risk

Daniel J Rader, MD

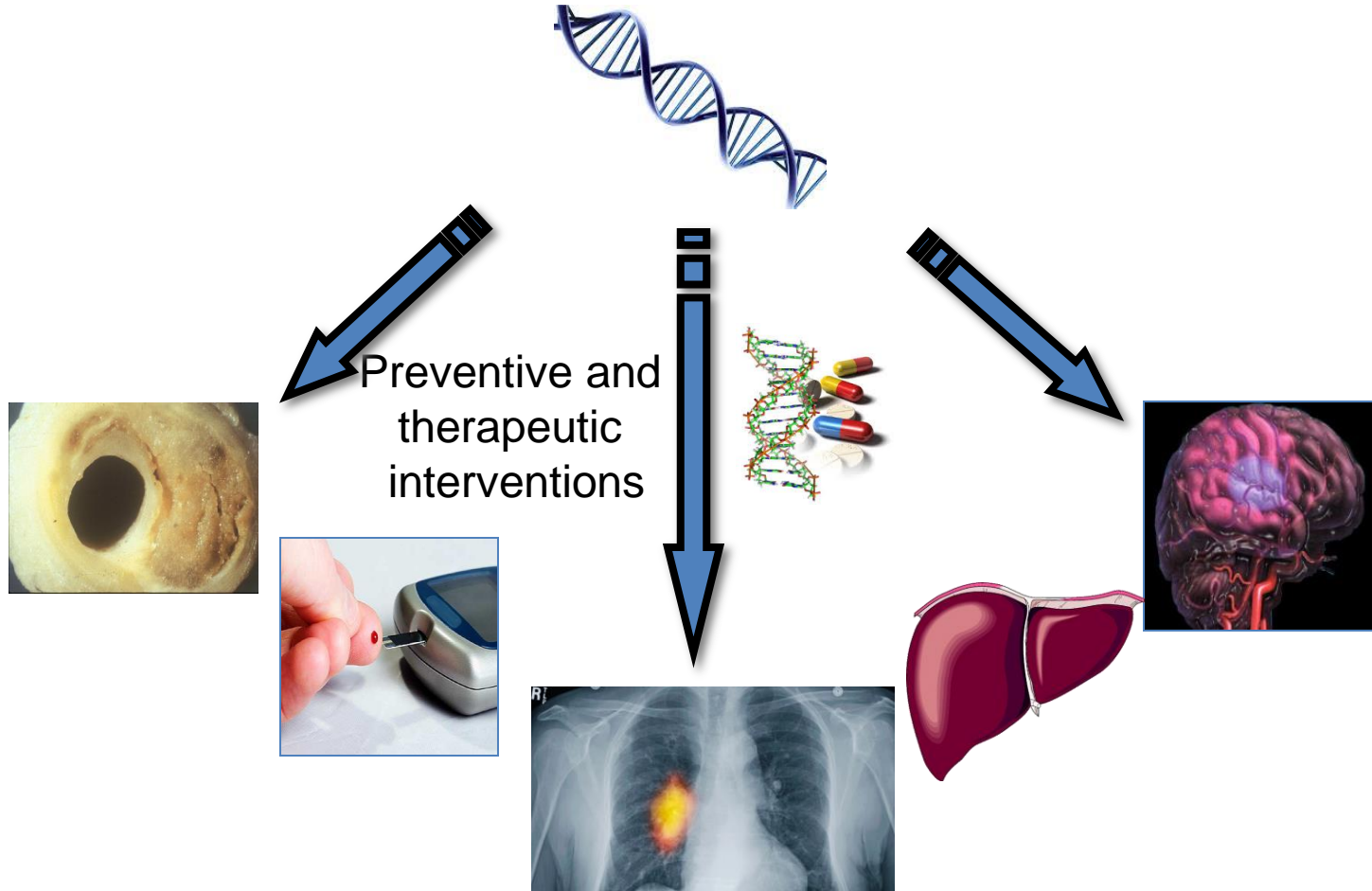
Perelman School of Medicine

University of Pennsylvania



AMERICAN
COLLEGE of
CARDIOLOGY

Genomic and Precision Medicine in Prevention



Linking genomic and phenomic data at scale

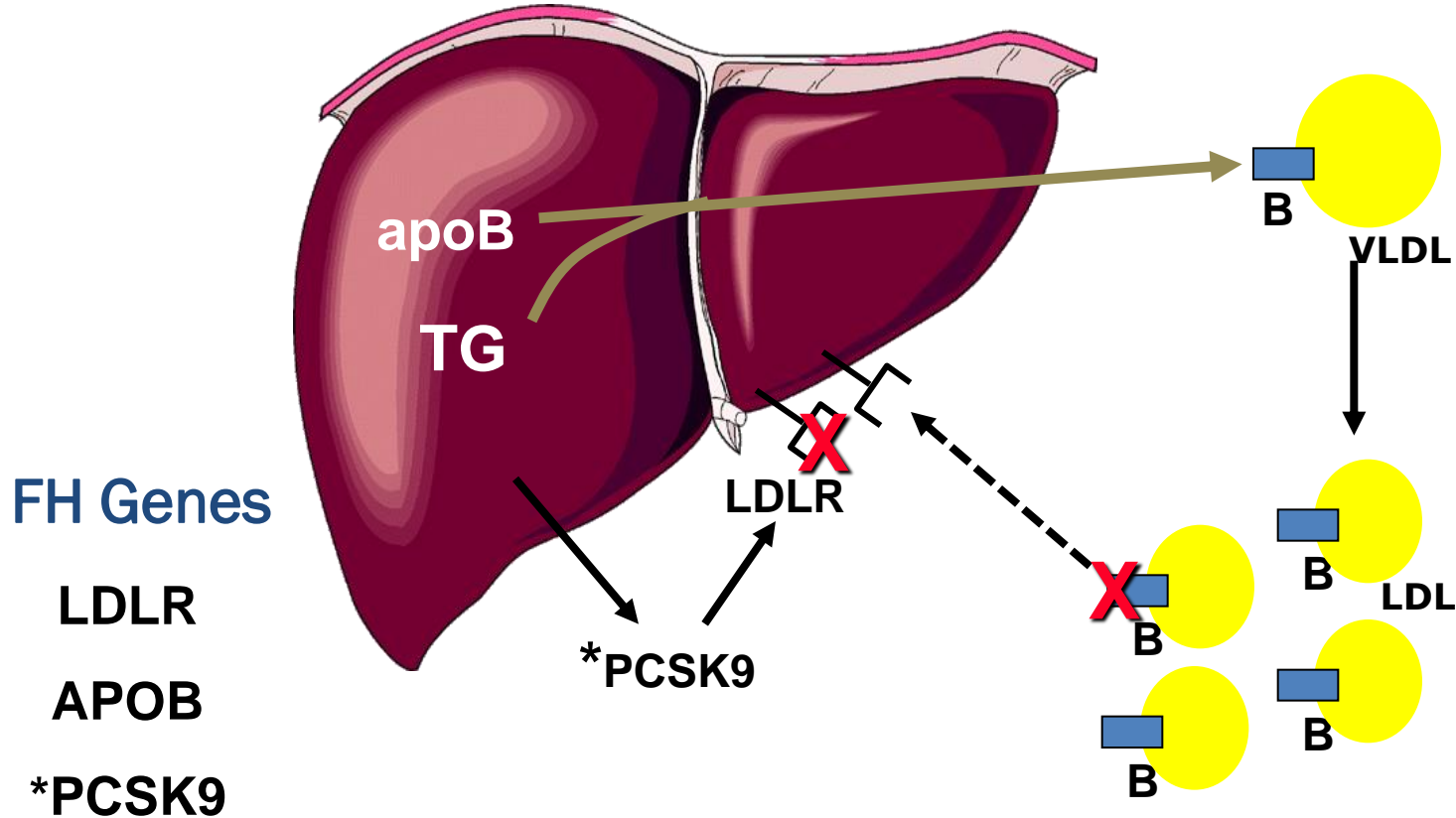


Genotyping and sequencing

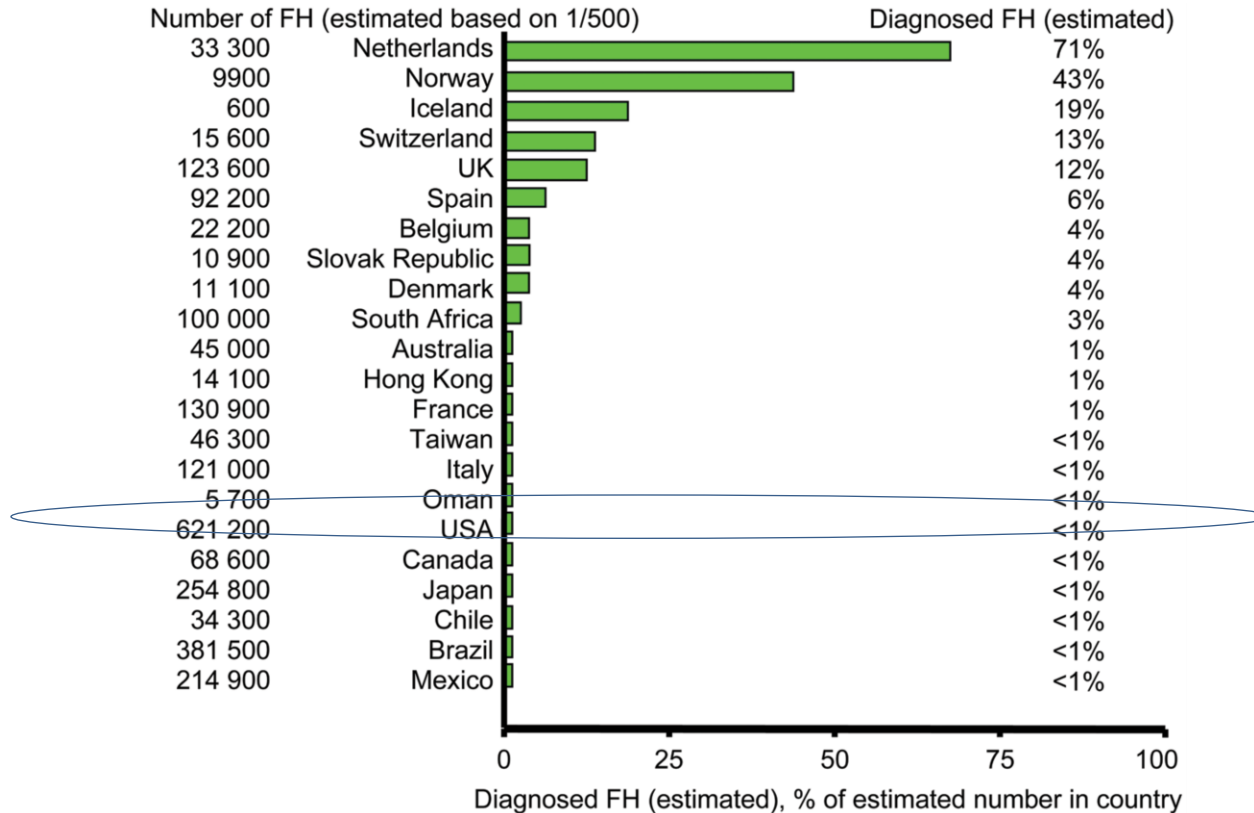


Electronic health records
Deep phenotyping

Familial hypercholesterolemia: mutations in genes that impair LDL receptor function



FH is grossly underdiagnosed in the US and most of the world



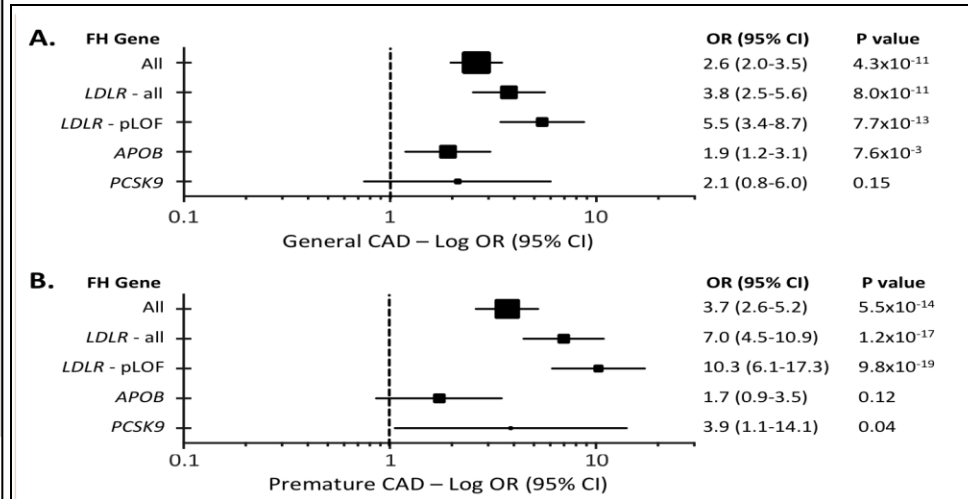
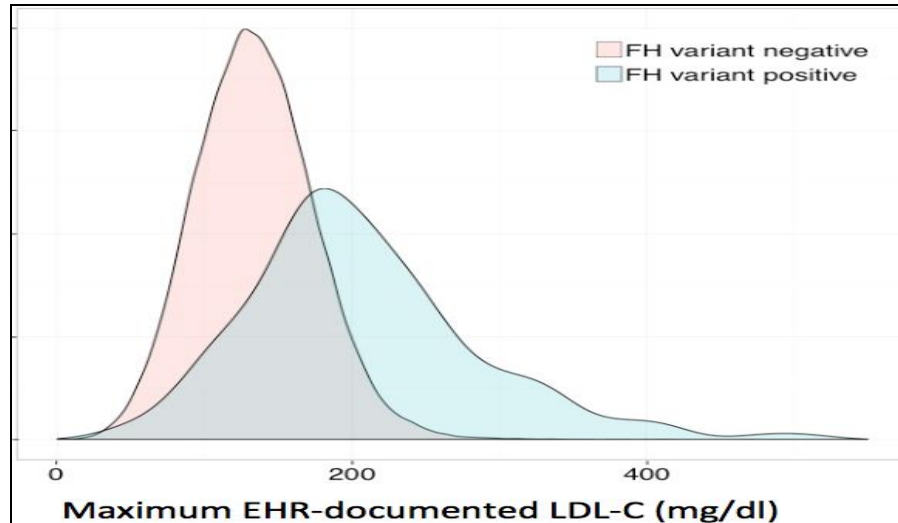
A 'Genome-first' approach to finding undiagnosed patients with Familial Hypercholesterolemia

RESEARCH ARTICLE

HUMAN GENETICS

Genetic identification of familial hypercholesterolemia within a single U.S. health care system

FH prevalence:
~ 1 in 250



FH is a CDC-designated 'Tier 1' genetic health condition

CDC has designated three 'Tier 1' genetic health conditions for application of genomic medicine to public health:

1. Hereditary Breast and Ovarian Cancer (HBOC) Syndrome
2. Lynch Syndrome (colon cancer and other cancers)
3. Familial Hypercholesterolemia (FH)

- ➔ Significant public health concerns
- ➔ Effective preventive therapies
- ➔ Autosomal dominant conditions



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Family screening for FH saves lives

Figure. Process From Case Identification to Cascade Screening

Case identification

Ways to identify possible proband

Health care visit

Lipid screening

Database search (electronic health record, laboratory results, billing record)^a

Possible FH

Confirm diagnosis

Repeat lipid testing

Genotyping

Family history

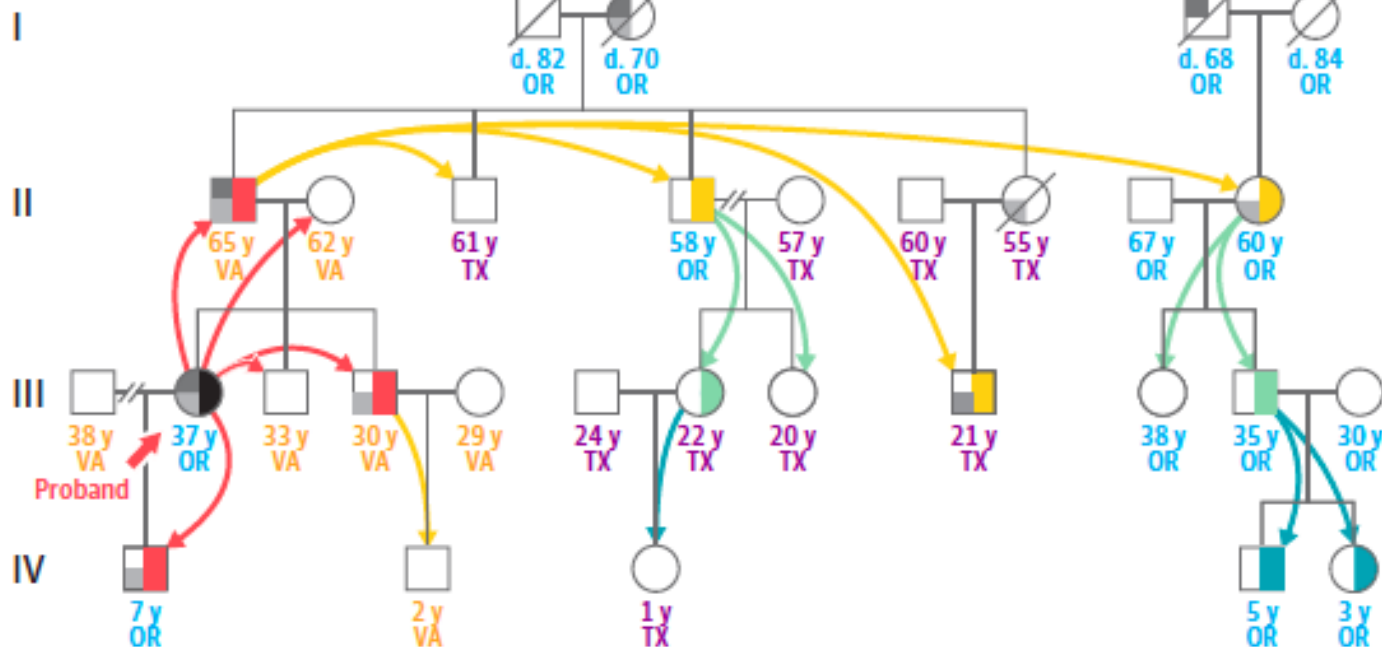
Physical examination

Diagnosis



Proband

Cascade screening



Early onset of ASCVD (men, age <50 y; women, age <60 y)

High cholesterol (LDL >190 mg/dL)

Proband

FH

Deceased

Divorced

Location

Oregon (OR)

Virginia (VA)

Texas (TX)

Cascade cycle (cumulative no. of identified cases)

1 (3)

2 (6)

3 (8)

4 (10)

Potential barriers to cascade screening

Family structure and dynamics

Geographic dispersion

Health care literacy

Access to care

Privacy concerns

Addressing barriers to care in FH



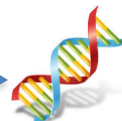
- Increase awareness of prevalence and severity
- New ICD10 code (**E78.01**)
- Promote systematic approach to cascade screening and genetic testing
- First FH disease registry
- Find all the undiagnosed cases



JAMA Insights

Cascade Screening for Familial Hypercholesterolemia and the Use of Genetic Testing

Joshua W. Knowles, MD, PhD; Daniel J. Rader, MD; Muin J. Khoury, MD, PhD



Reducing the burden of disease and death from familial hypercholesterolemia: A call to action

Joshua W. Knowles, MD, PhD,^{a,b} Emily C. O'Brien, PhD,^c Karen Greendale, MA, CGC,^b Katherine Wilemon, BS,^b Jacques Genest, MD,^d Laurence S. Sperling, MD,^e William A. Neal, MD,^f Daniel J. Rader, MD,^g and Muin J. Khoury, MD, PhD^h *Stanford, South Pasadena, CA; Durham, NC; Montreal, Canada; Atlanta, GA; Morgantown, WV; and Philadelphia, PA*

FIND FH Project

Flag, Identify, Network, Deliver

FH: Call to action

Make the diagnosis: FH Diagnosis app, ICD 10 **E78.01**

Educate the patient: thefhfoundation.org

Consider genetic testing

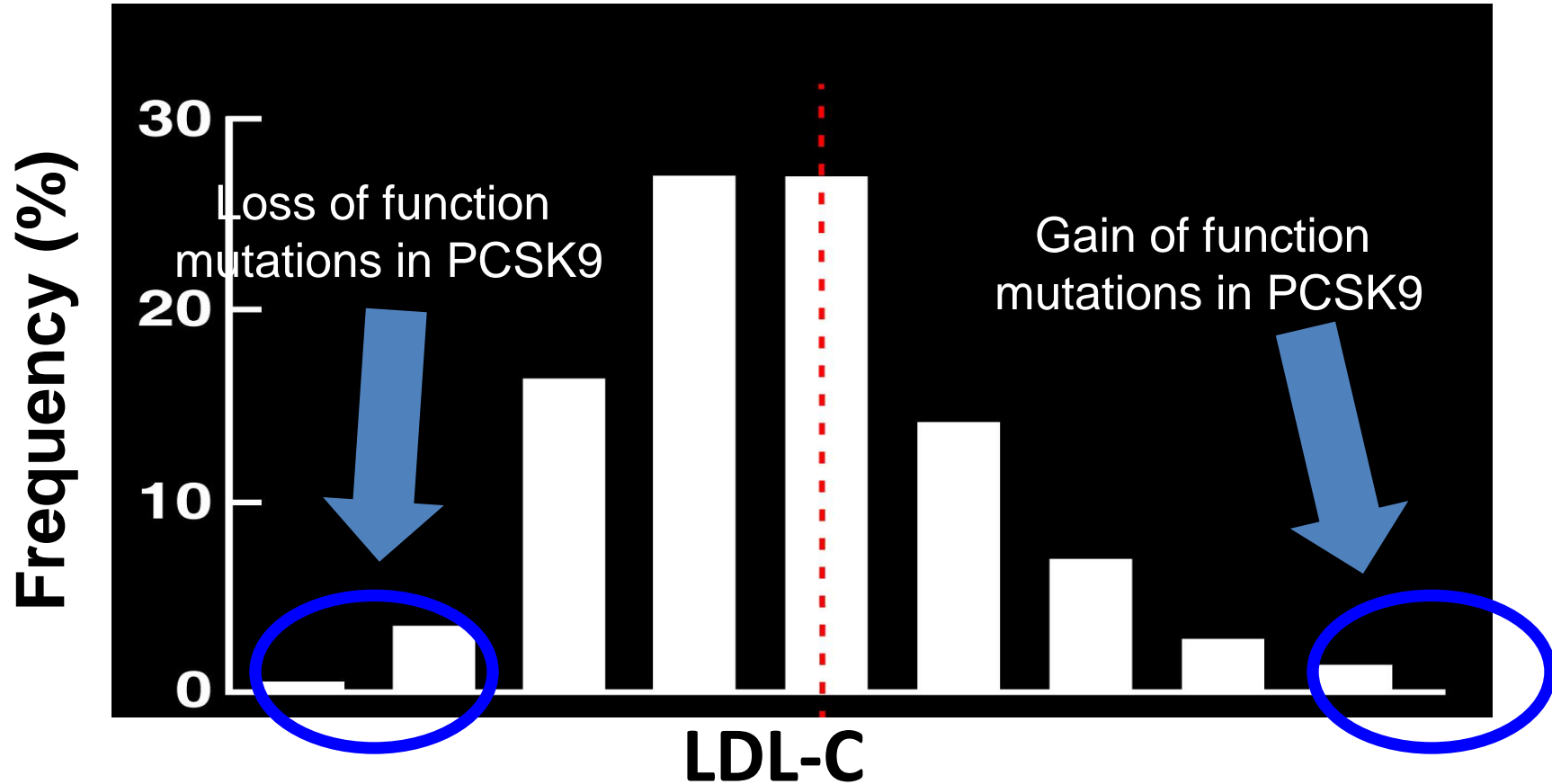
Actively promote family-based cascade screening

Evaluate other risk factors [ie Lp(a)]

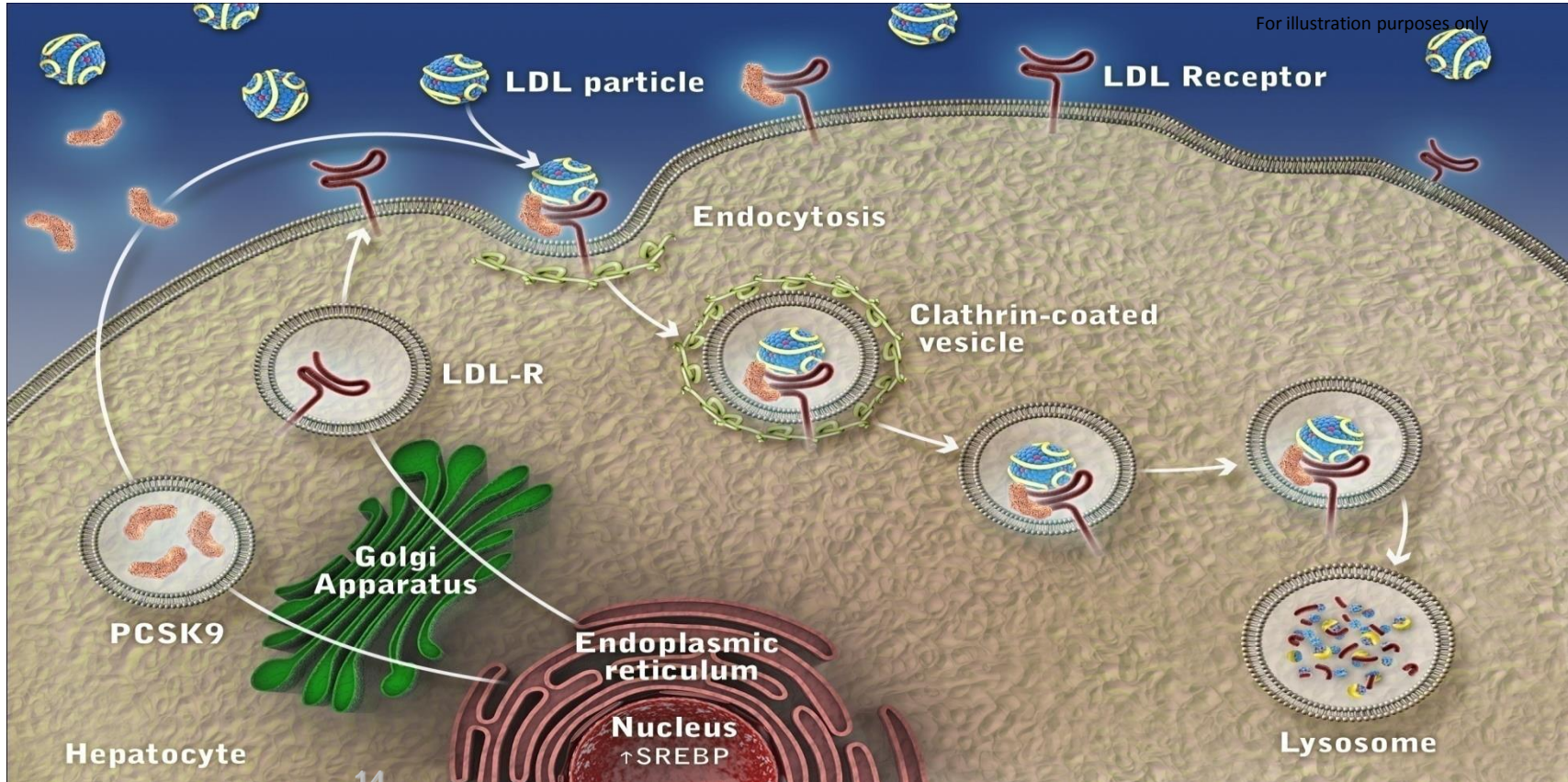
Aggressively treat LDL, including combination therapies

Refer for clinical trials where appropriate

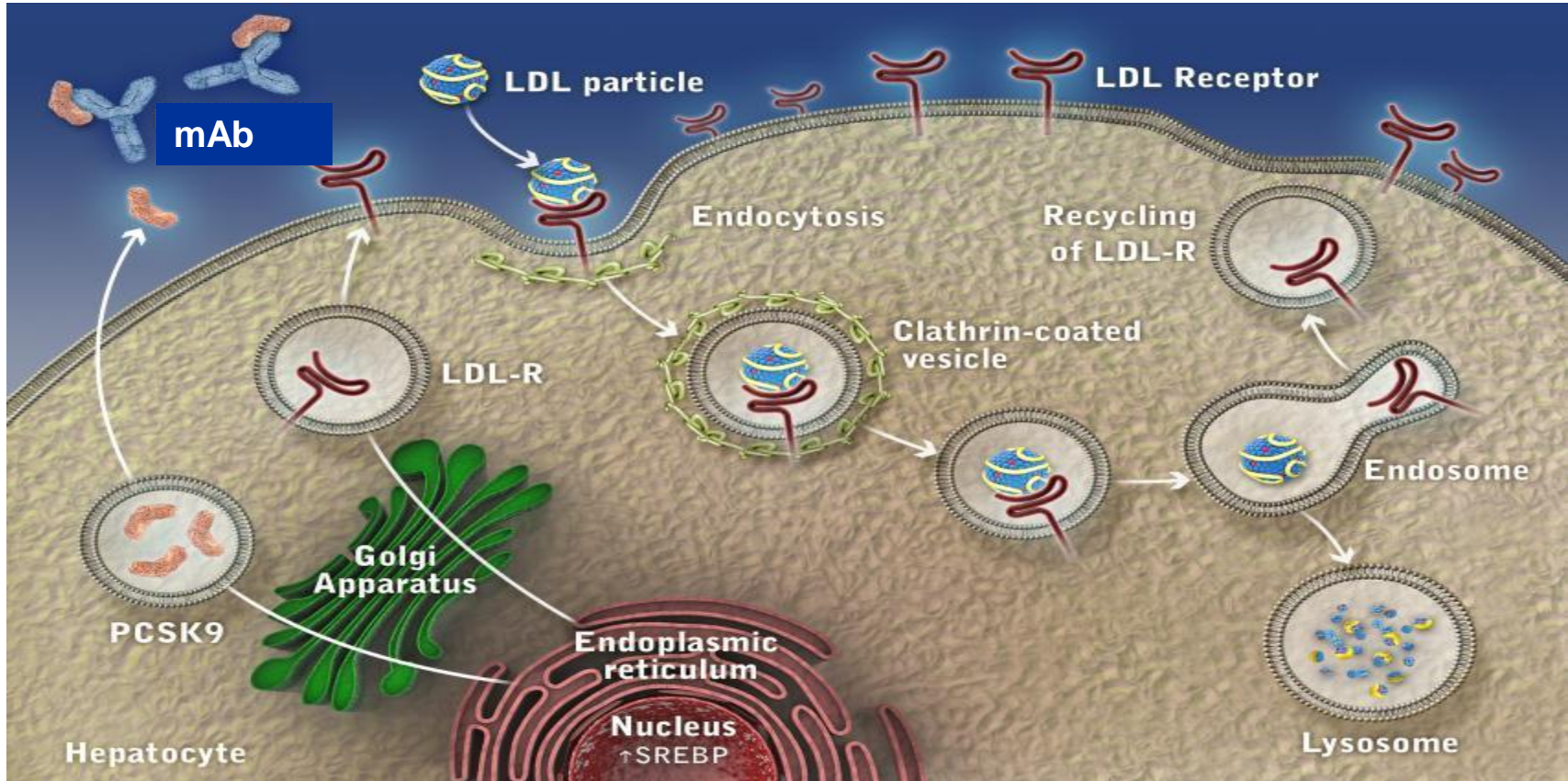
Inherited Syndromes of Extremes of LDL-C: Story of PCSK9



The Role of PCSK9 in the Regulation of LDL Receptor Expression



Impact of an PCSK9 mAb on LDL Receptor Expression

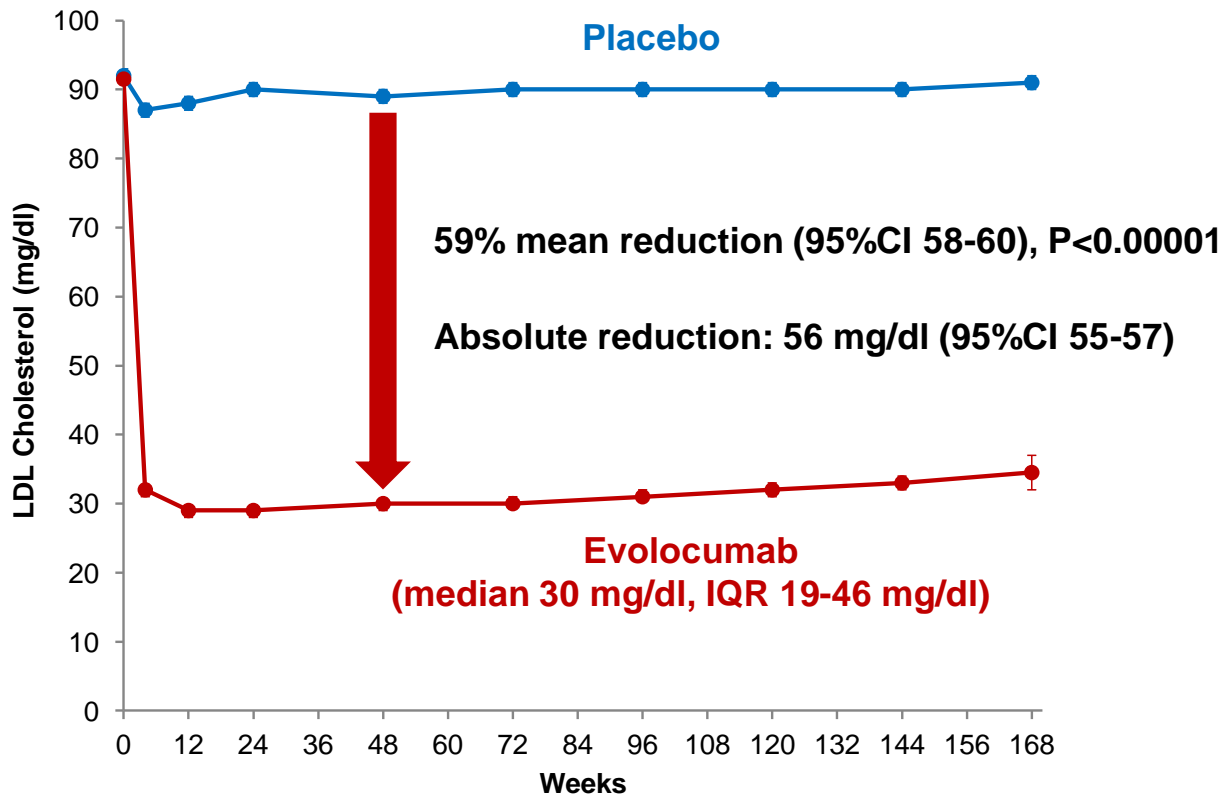


PCSK9 Inhibitors

- Alirocumab and Evolocumab
- SQ injection biweekly or monthly
- Indications:
 - Patients with heterozygous familial hypercholesterolemia on maximally tolerated statin therapy with inadequate plasma LDL levels
 - Patients with a history of CHD with inadequate plasma LDL levels
- Reduce cardiovascular outcomes (FOURIER)

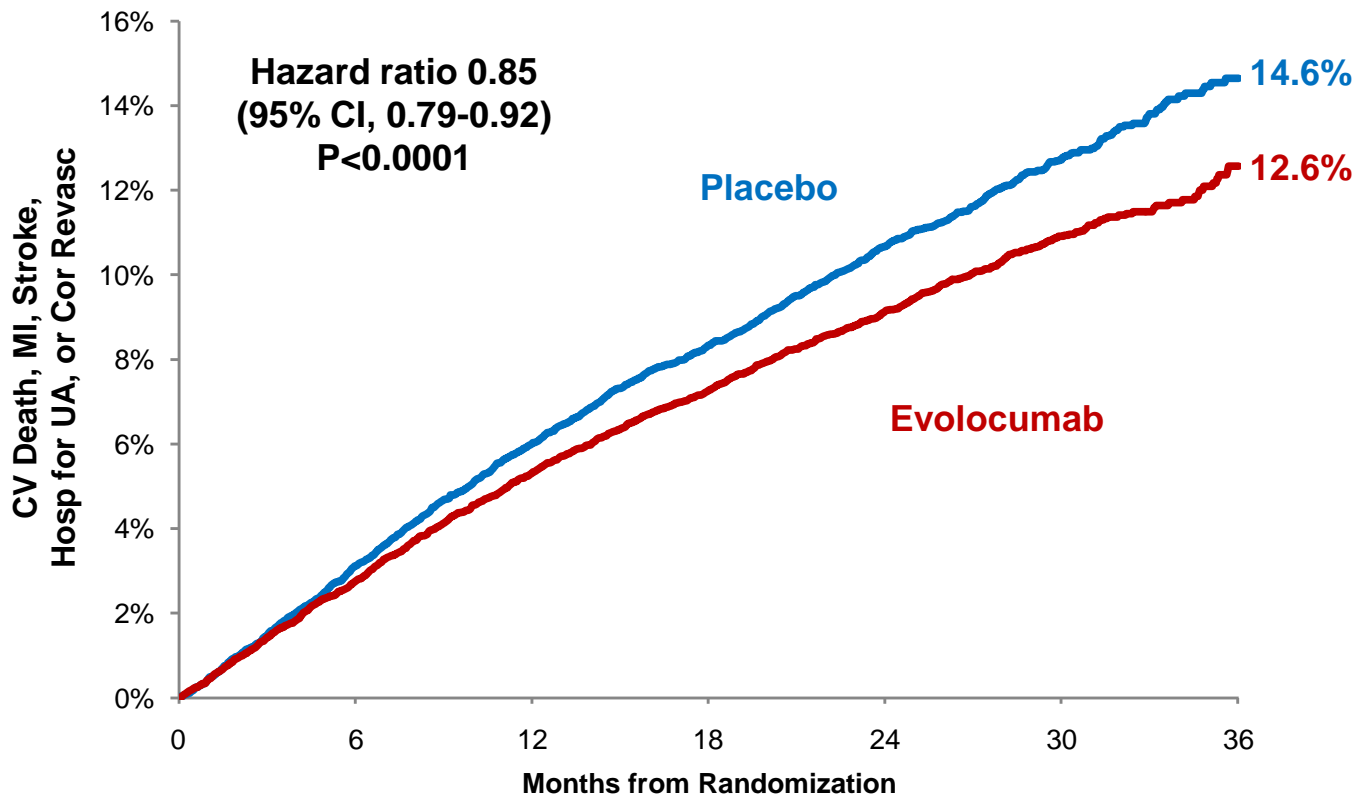


LDL Cholesterol





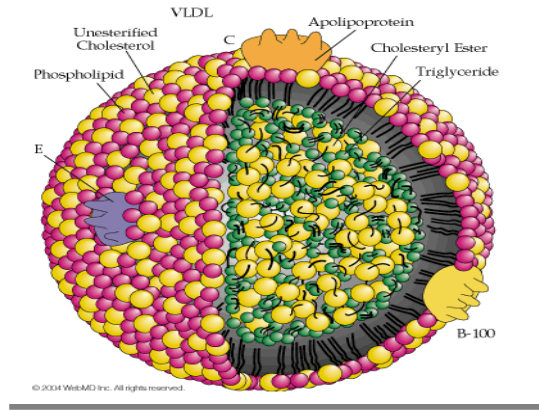
Primary Endpoint



**Substantial residual risk of CV events
remains even in patients treated to
very low levels of LDL-C**

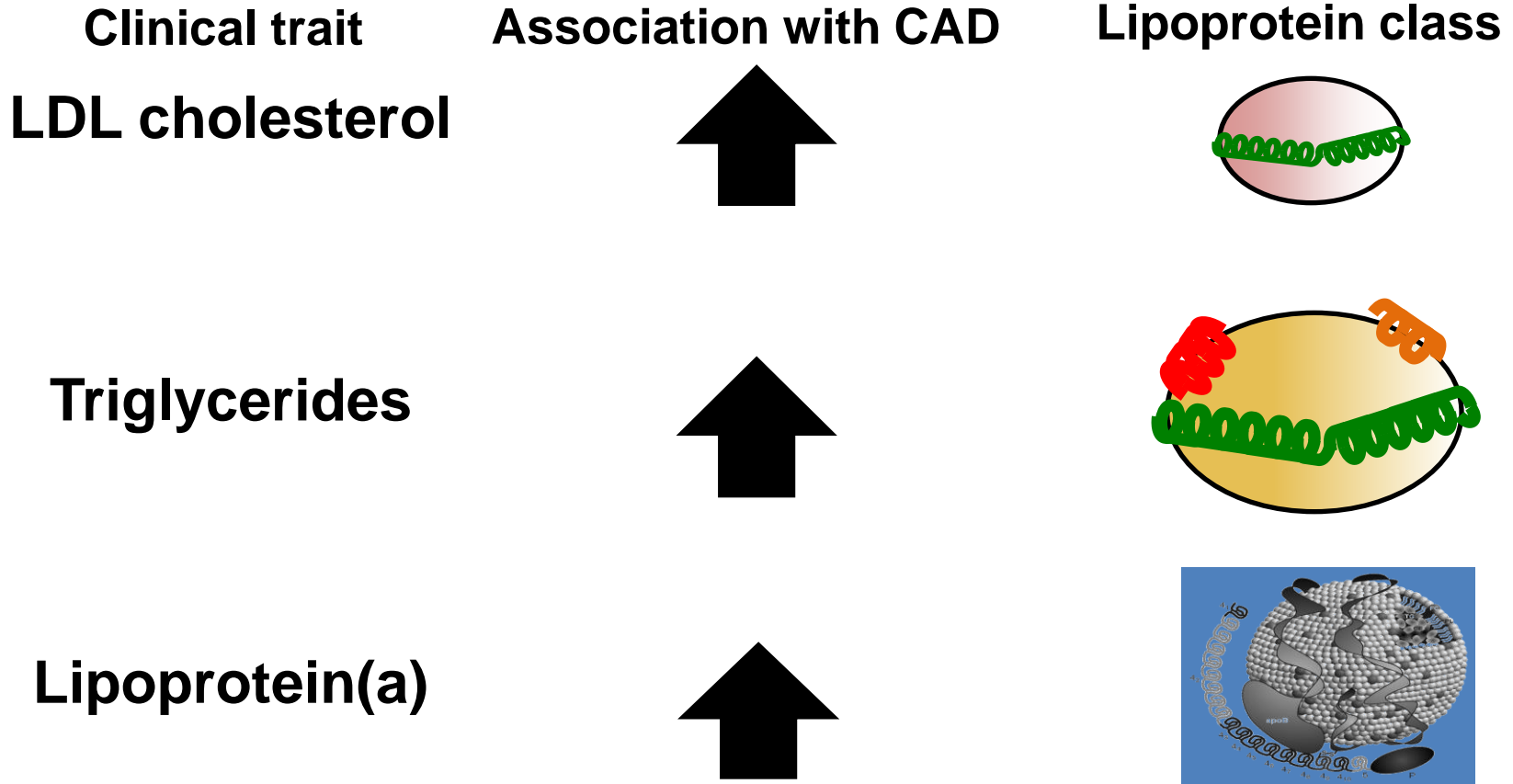


Lipoproteins and Coronary Disease

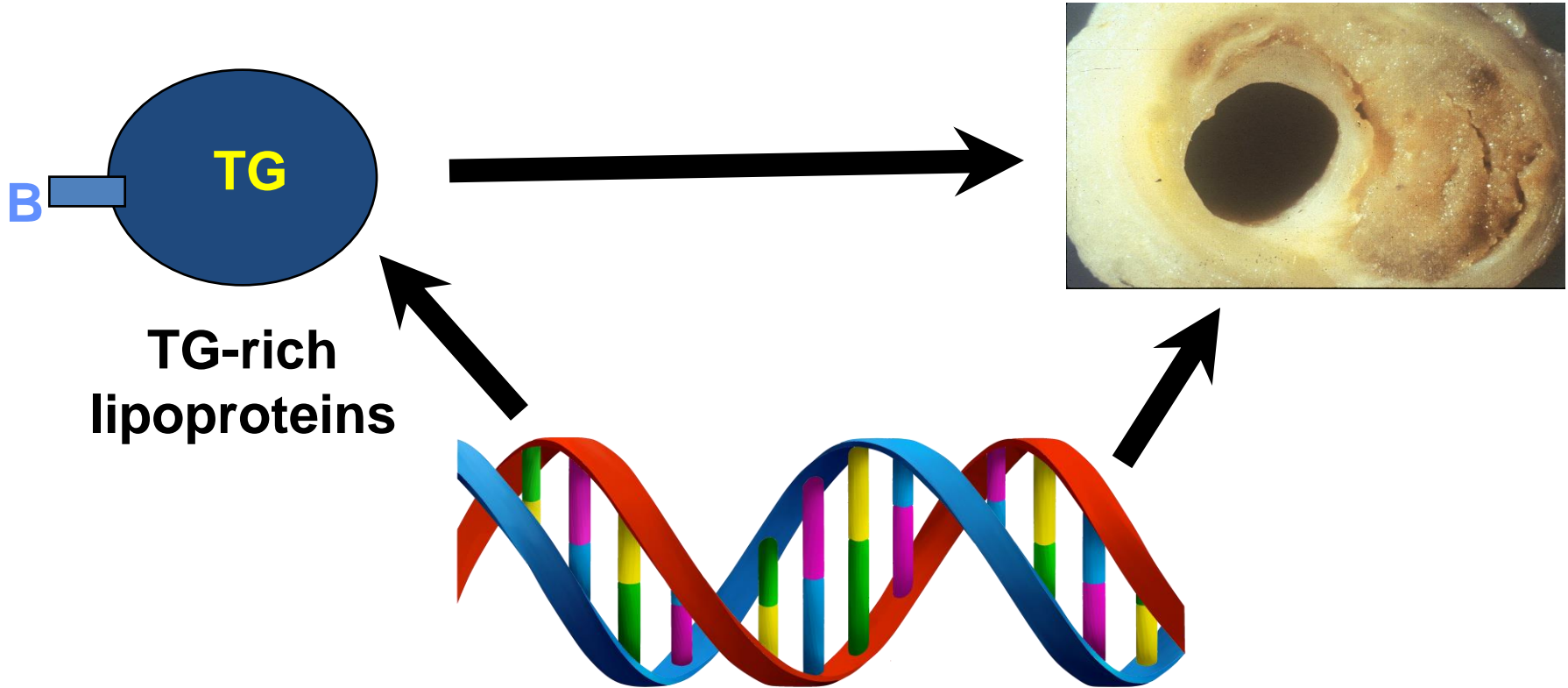


Remaining opportunities for reducing residual risk through lipid modulation

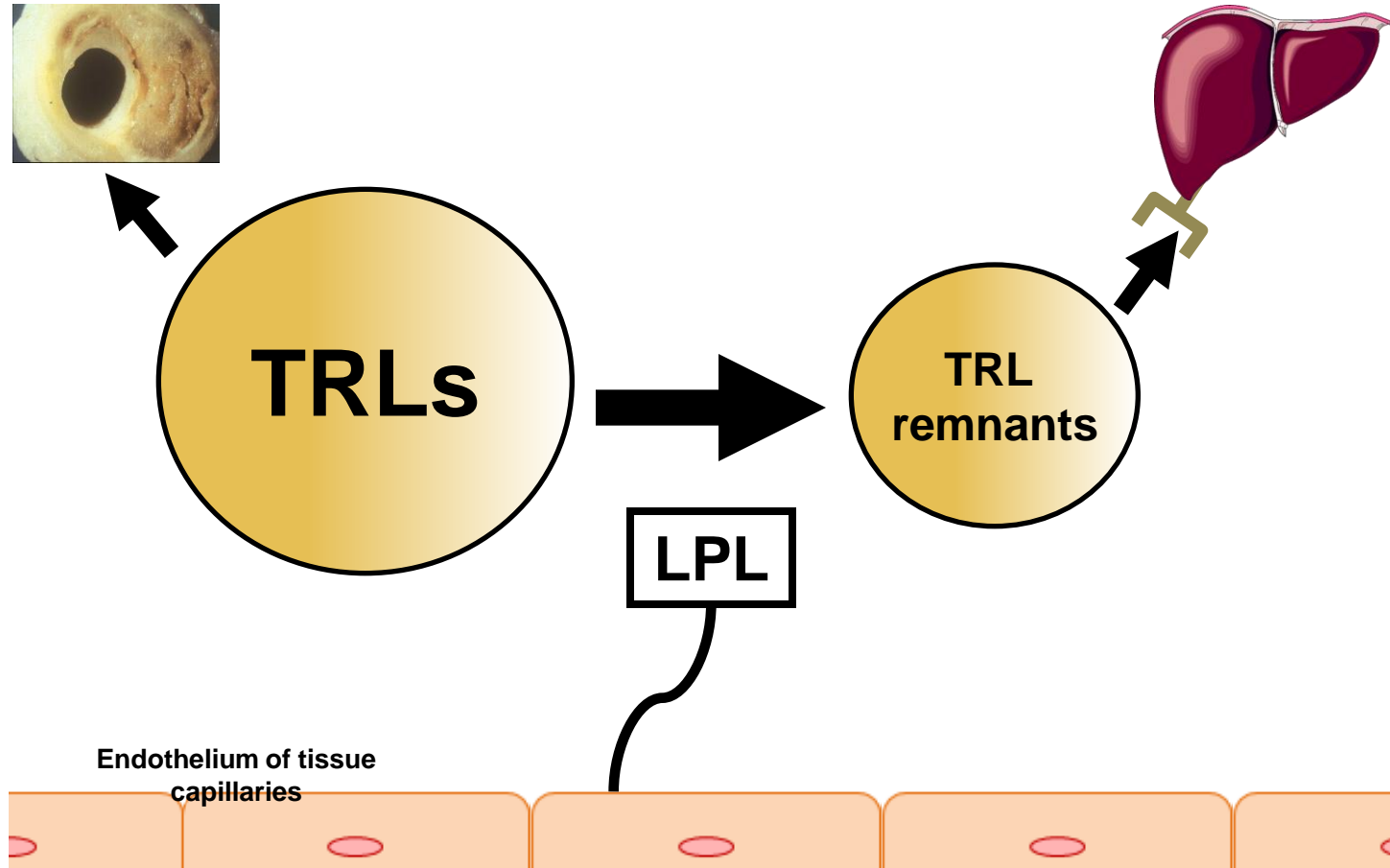
ApoB-lipoproteins are biomarkers of CAD risk



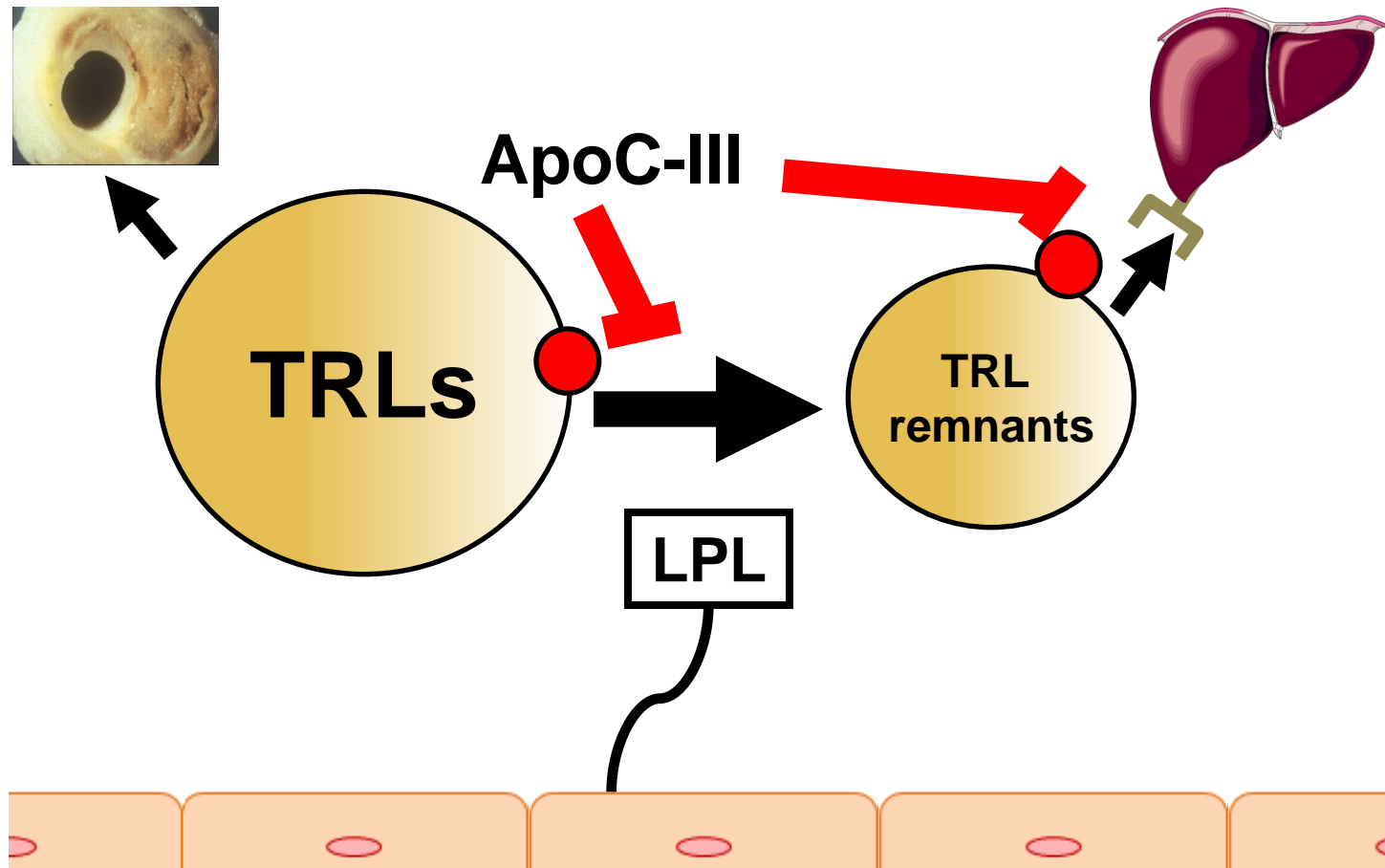
TG-rich lipoproteins are causally related to coronary disease



Lipoprotein lipase is a critical regulator of TG-rich lipoprotein metabolism



ApoC3 inhibits metabolism of TG-rich lipoproteins and is a genetically validated therapeutic target



Volanesorsen (ASO to *APOC3*) reduces apoC-III and TGs

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Antisense Inhibition of Apolipoprotein C-III in Patients with Hypertriglyceridemia

Daniel Gaudet, M.D., Ph.D., Veronica J. Alexander, Ph.D., Brenda F. Baker, Ph.D., Diane Brisson, Ph.D., Karine Tremblay, Ph.D., Walter Singleton, M.D., Richard S. Geary, Ph.D., Steven G. Hughes, M.B., B.S., Nicholas J. Viney, B.Sc., Mark J. Graham, M.S., Rosanne M. Crooke, Ph.D., Joseph L. Witztum, M.D., John D. Brunzell, M.D.,* and John J.P. Kastelein, M.D., Ph.D.

BRIEF REPORT

Targeting APOC3 in the Familial Chylomicronemia Syndrome

Daniel Gaudet, M.D., Ph.D., Diane Brisson, Ph.D., Karine Tremblay, Ph.D., Veronica J. Alexander, Ph.D., Walter Singleton, M.D., Steven G. Hughes, M.B., B.S., Richard S. Geary, Ph.D., Brenda F. Baker, Ph.D., Mark J. Graham, M.S., Rosanne M. Crooke, Ph.D., and Joseph L. Witztum, M.D.



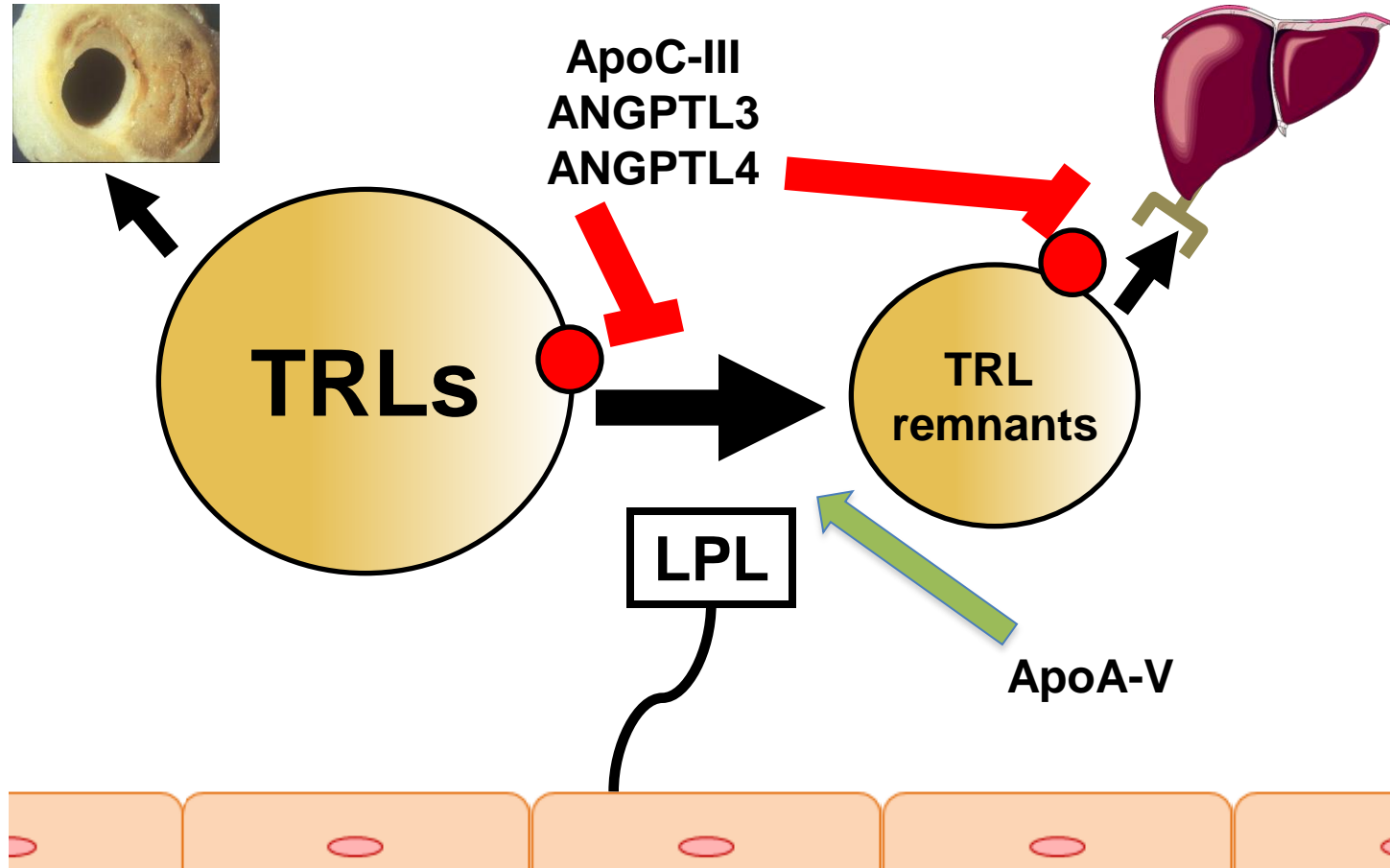
Antisense-Mediated Lowering of Plasma Apolipoprotein C-III by Volanesorsen Improves Dyslipidemia and Insulin Sensitivity in Type 2 Diabetes

Diabetes Care 2016;39:1408–1415 | DOI: 10.2337/dc16-0126



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Veronica J. Alexander,³
Marcus Hompesch,⁴ Linda Morrow,⁴
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Steven G. Hughes,⁶ Rosie Yu,³
Walter Singleton,¹ Brenda F. Baker,⁷
Sanjay Bhanot,³ and Rosanne M. Crooke⁸

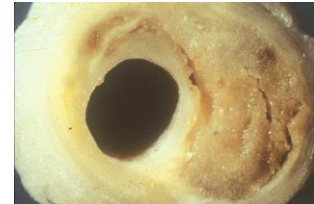
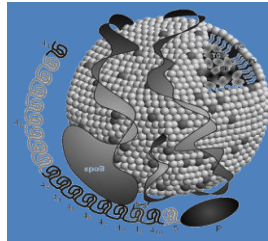
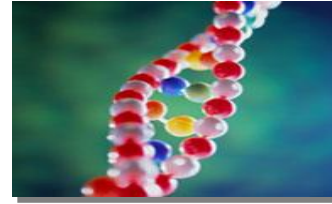
Other proteins influencing the LPL pathway are genetically validated targets



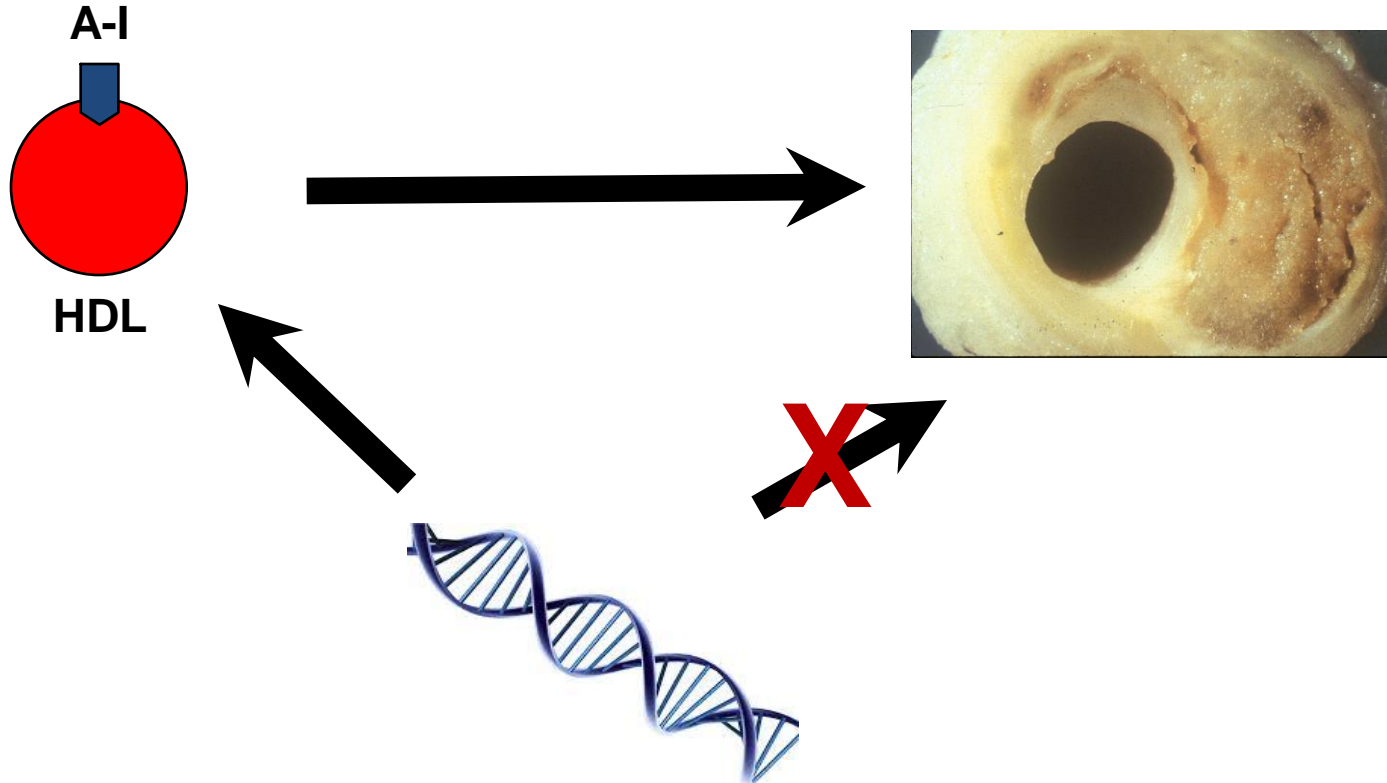
Blood biomarkers that predict risk of and are causal for cardiovascular disease



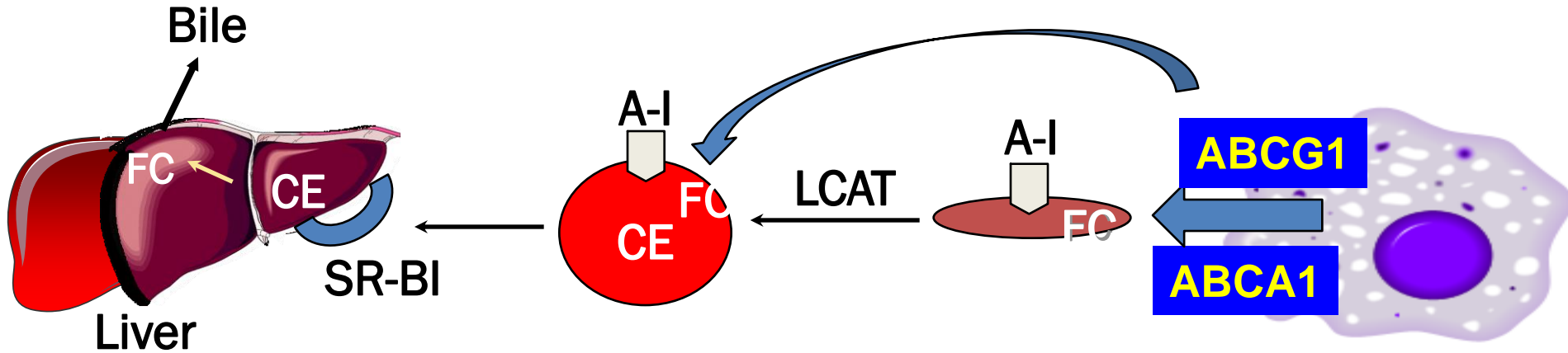
- Lipoprotein(a) [Lp(a)]



HDL-C is a strong inverse predictor of CAD risk
but is NOT causally associated with CAD

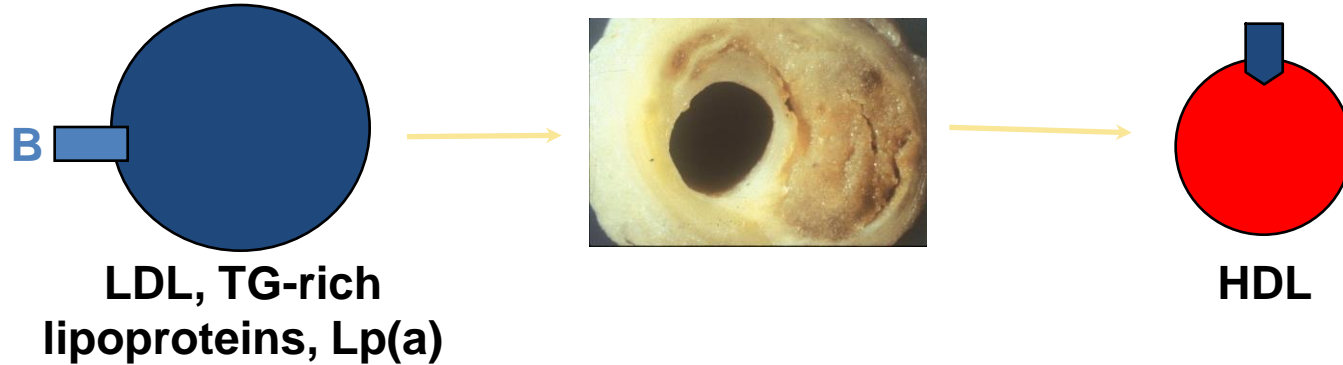


ApoA-I promotes macrophage cholesterol efflux and reverse cholesterol transport



“Cholesterol efflux capacity” of HDL is predictive of cardiovascular events

Lipid management in high-risk patients



- High-intensity statin therapy
- Target LDL-C aggressively, using combinations as needed
- Non-HDL-C and possibly TG-rich lipoproteins as secondary targets
- Enroll in clinical trials of new lipid-lowering therapies

If HDL-C is low:

Lifestyle intervention

High-intensity statin therapy

Consider TG reduction if TGs are elevated