

MÉDECINE VASCULAIRE
SOCIÉTÉ ALGÉRIENNE

SAMEV

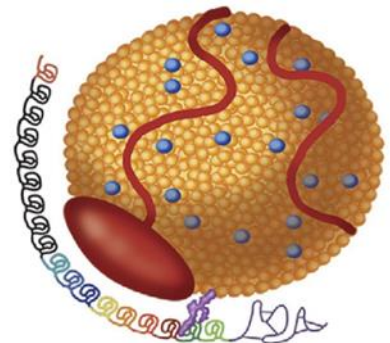
**Avancées
thérapeutiques
dans les
maladies
vasculaires**

06 et 07 juin 2024
Hôtel Mercure , Alger

Jean Pierre Laroche
CHU Montpellier/Avignon, Médipôle
Médecine Vasculaire @Echoraljpangio

La Lipoprotéine(a)
1963/ génétiquement déterminée
Se dose 1 fois dans la vie !

**EN 180
SECONDES**





2020/2024 : 2100 publications Lp(a)

2000/2024 : 7467 publications Lp(a)

2020/2024 : 2185 publications (DOAC)





HDL-C

LDL-C

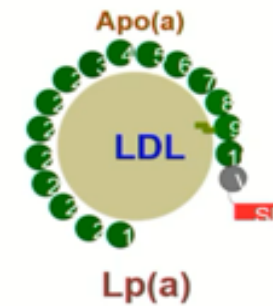
TG



HDL-C

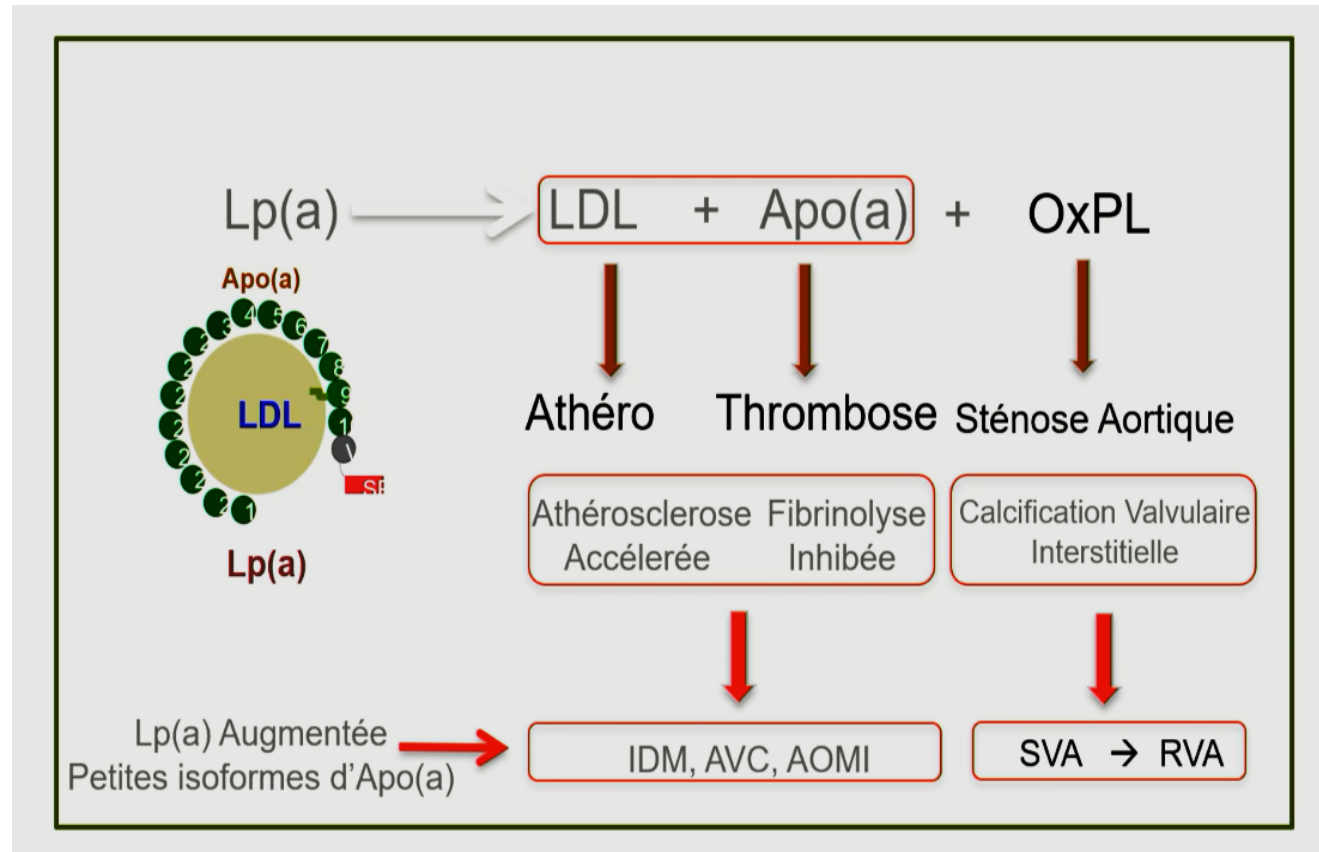


The very BAD:
Lp(a)



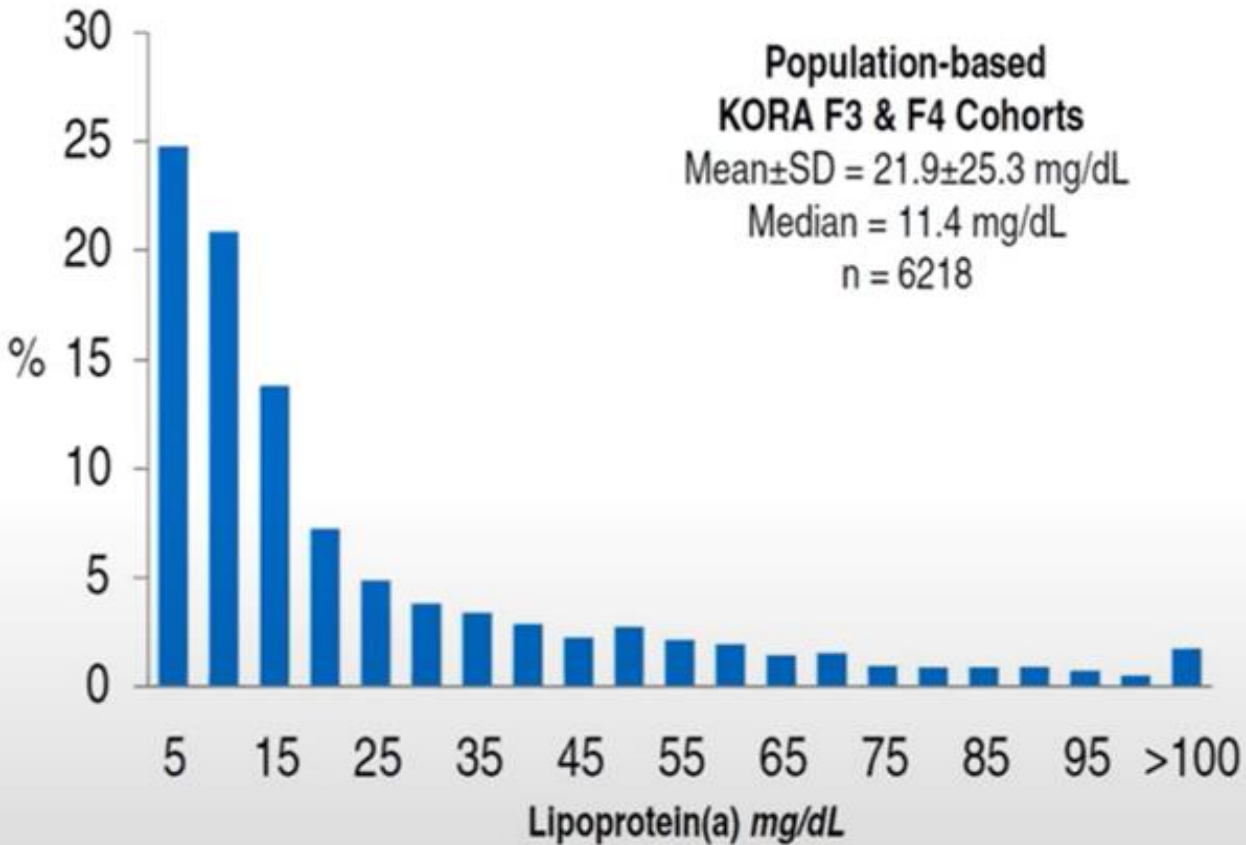
TG

Lp(a) ?



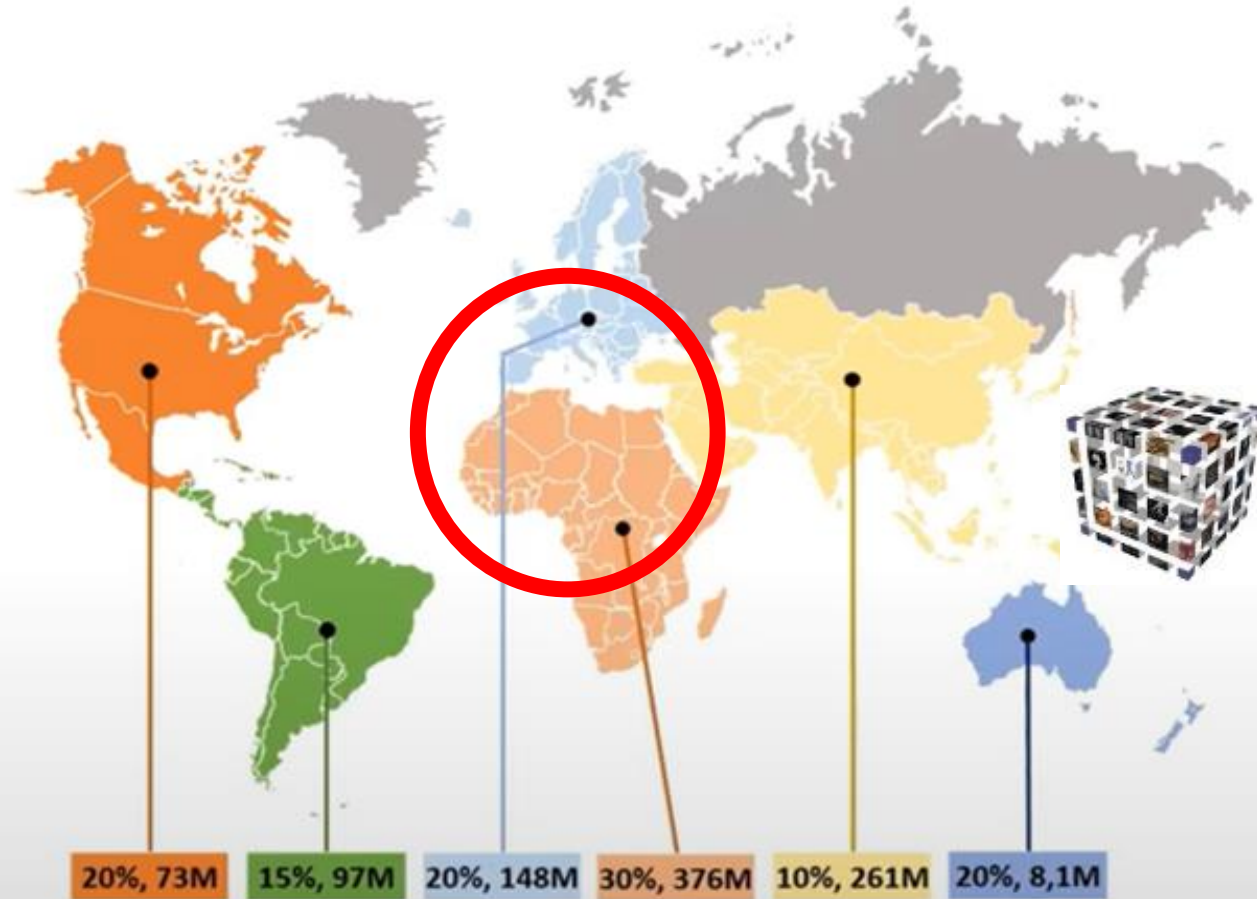
Lp(a) Epidémiologie

Distribution des valeurs de Lp(a)



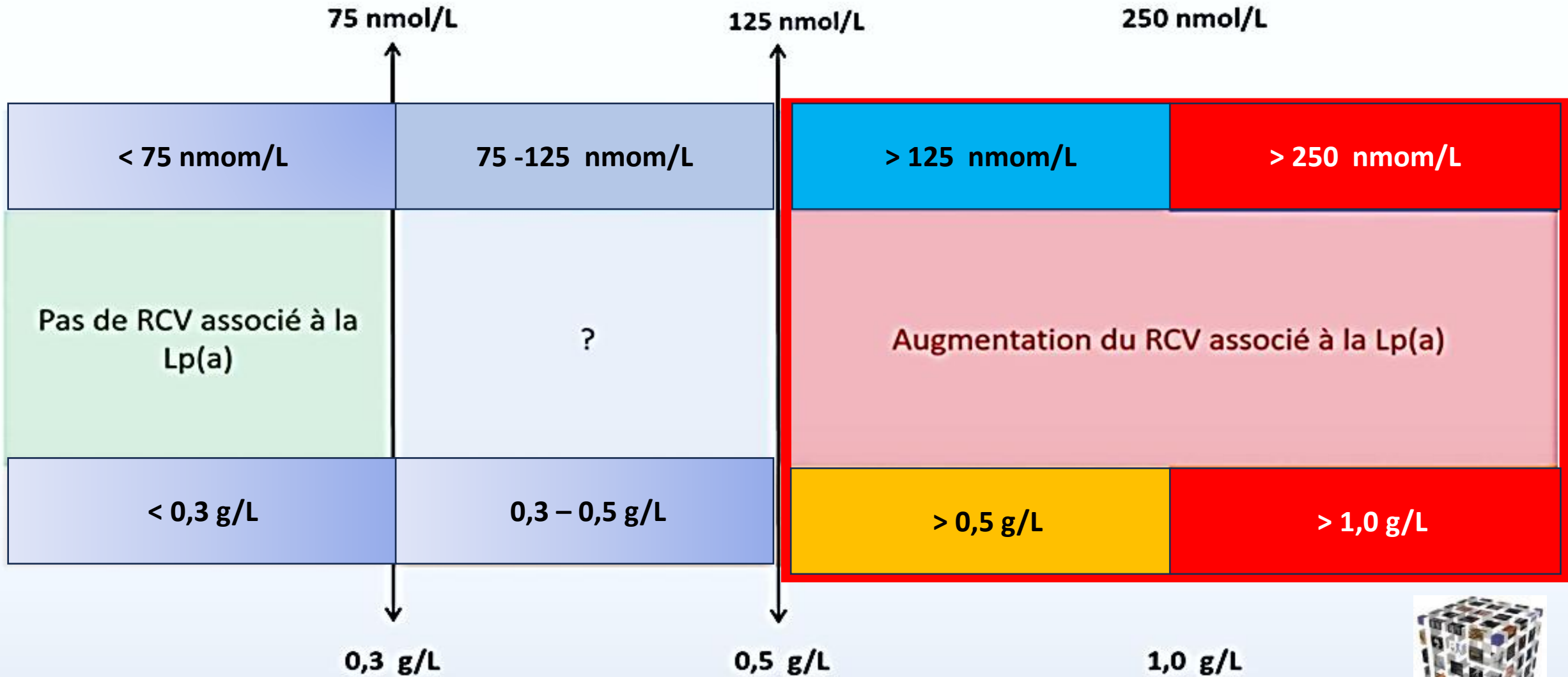
Kronenberg et al. *Cardiovasc Drugs Ther.* 2016

Prévalence des niveaux de Lp(a) élevés (> 50 mg/dL) dans le monde



Tsimikas et al. *J Am Coll Cardiol.* 2018

Quelles normes ?

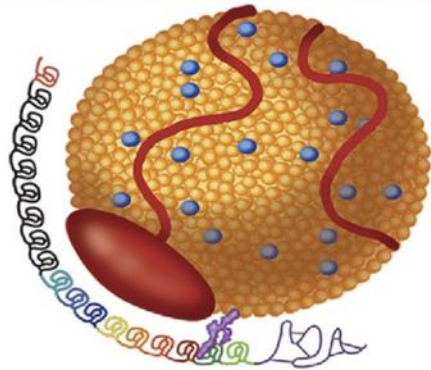


CENTRAL ILLUSTRATION: Lipoprotein(a) and Risks of Peripheral Artery Disease, Abdominal Aortic Aneurysm, and Major Adverse Limb Events



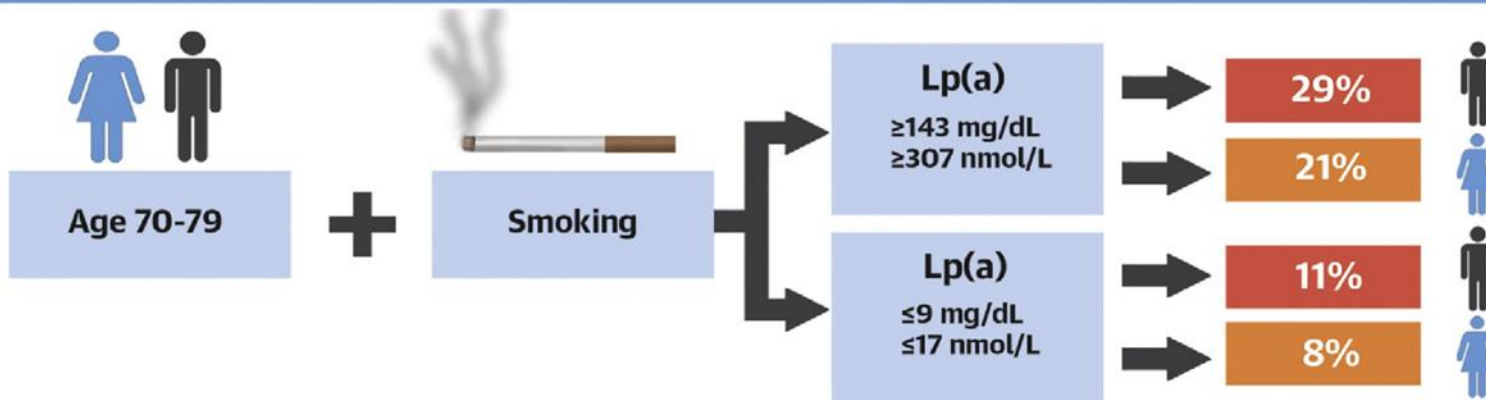
Copenhagen General Population Study (108,146 Individuals)

Relative Risk (95% CI) of Peripheral Artery Disease, Abdominal Aortic Aneurysms, and Major Adverse Limb Events



Lp(a) ≥99th percentile ≥143 mg/dL ≥307 nmol/L VS <50th percentile ≤9 mg/dL ≤17 nmol/L	→	2.99 (2.09-4.30)	Peripheral artery disease
	→	2.22 (1.21-4.07)	Abdominal aortic aneurysm
	→	3.04 (1.55-5.98)	Major adverse limb event

Absolute 10-Year Risk of Peripheral Artery Disease



Thomas PE, et al. J Am Coll Cardiol. 2023;82(24):2265-2276.

Calc
valve
2.00 (1
2.90 (1
Myo
infa
1.85 (1.5
2.47 (1.5

sease

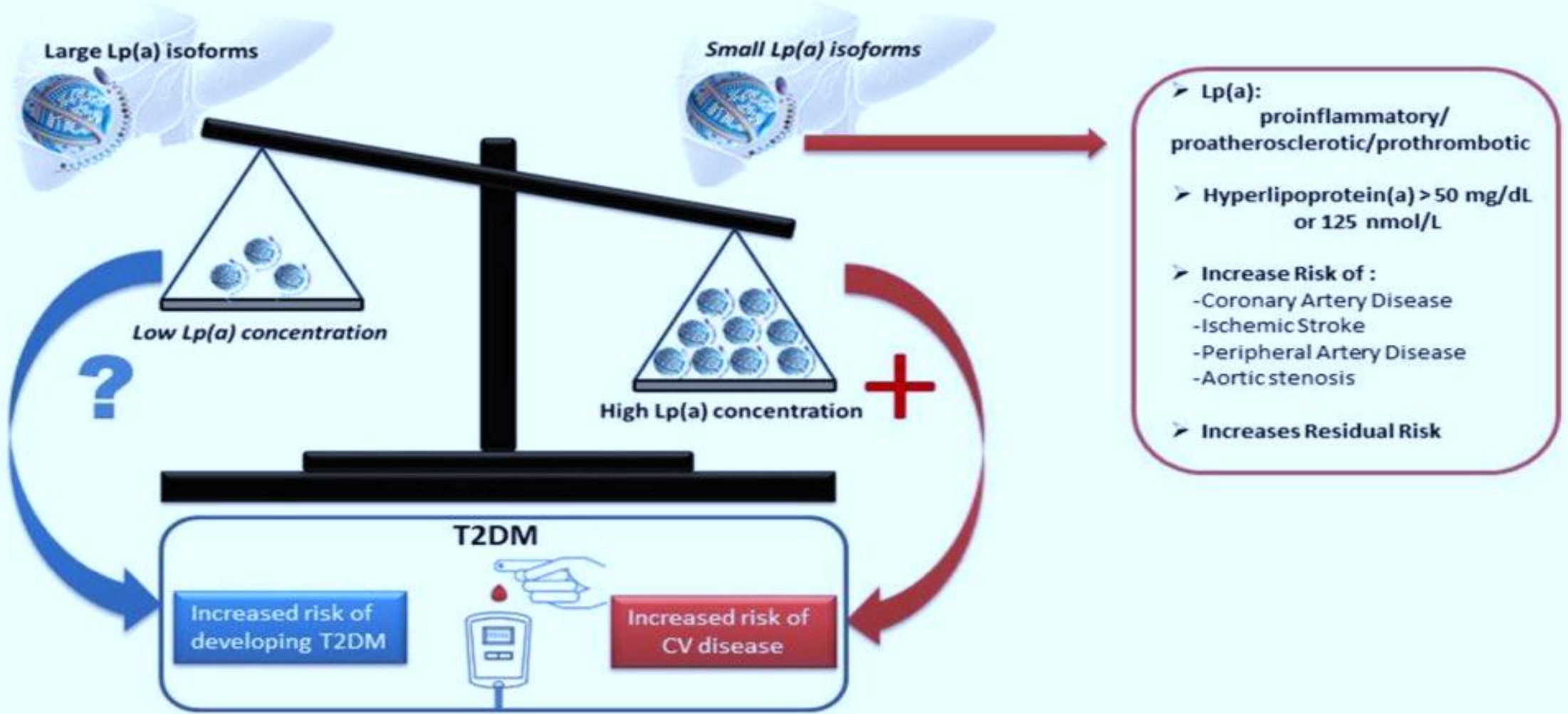
scular

3-1.76)

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.10-1.30)



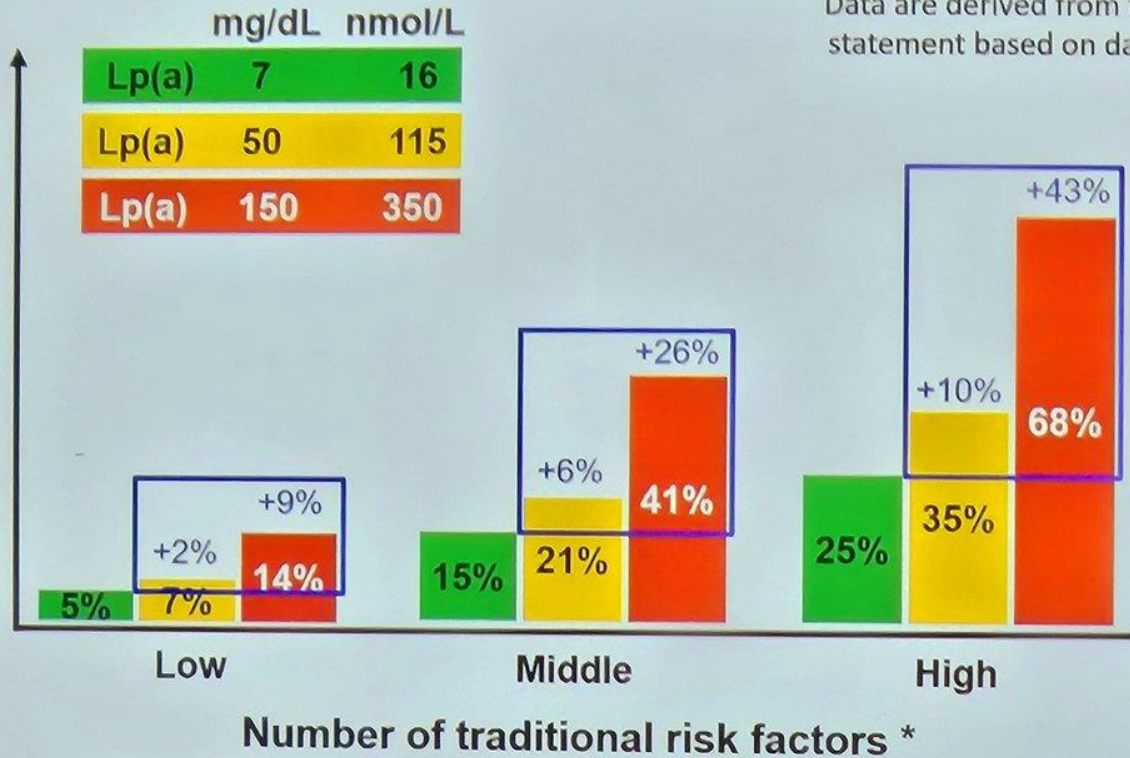
Pablo C, Matías A, Lavalle Cobo A, Sergio G, Federico RN. Exploring the Interplay between Diabetes and Lp(a): Implications for Cardiovascular Risk. Curr Diab Rep. 2024 May 28. doi: 10.1007/s11892-024-01543-5. Epub ahead of print. PMID: 38805111.



Lp(a) concentrations and cardiovascular risk

Data are derived from the EAS Lp(a) Consensus statement based on data from the UK Biobank

Absolute lifetime-risk for cardiovascular events (%)



Additional risk caused by Lp(a)

415 274 participants d'ascendance européenne dans la bio banque britannique.

RISQUE CV

* Traditional risk factors are: age, sex, blood cholesterol, blood pressure, smoking, diabetes, family history of heart attacks in early life, and body mass index

Kronenberg F: Curr. Atheroscler. Rep. 26:75-82, 2024



F. Kronenberg
Austria

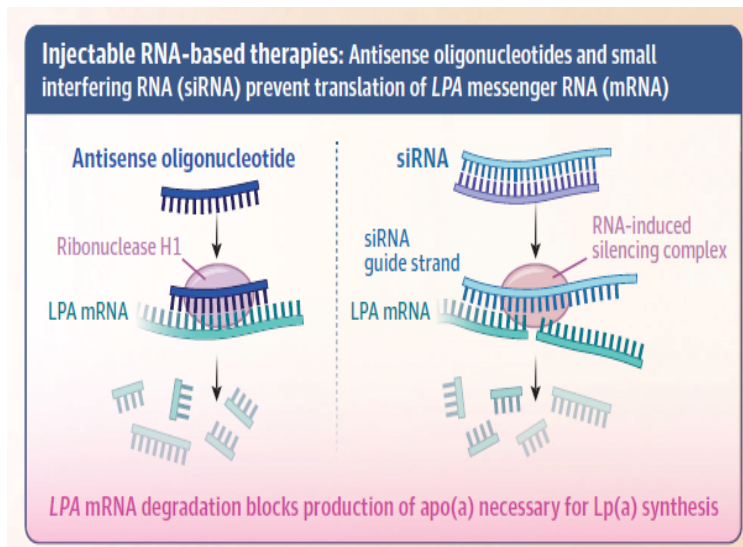
Kronenberg F. Lipoprotein(a): from Causality to Treatment. Curr Atheroscler Rep. 2024 Mar;26(3):75-82. doi: 10.1007/s11883-024-01187-6. Epub 2024 Jan 22. PMID: 38252372; PMCID: PMC10881767.



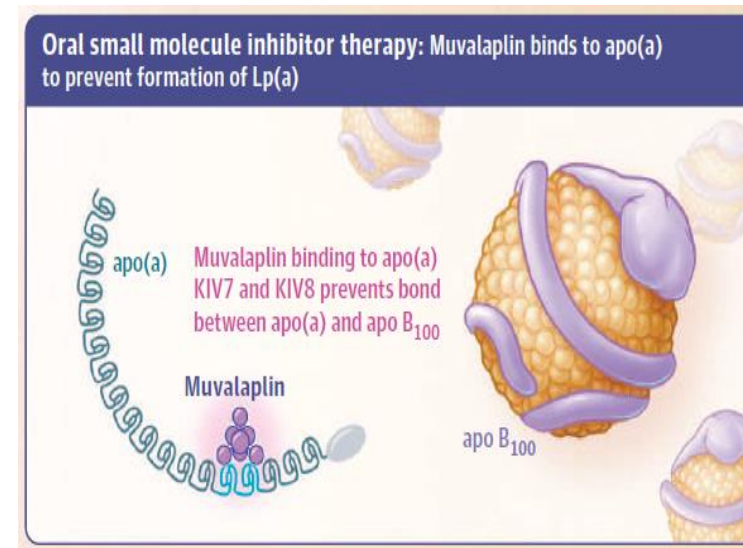
Les traitements

- Lp(a) aphérèse: baisse 60-75% (disponible CHU Nord, discussion collégiale, RCP Lyon)
- Anti-PCSK9: baisse 20-30% (non remboursée dans cette indication)
- A venir: OAS anti-apo(a): pelacarsen (phase 3)
- A venir Si.rna olpasiran (phase 2) et SN 360 (-80-90%)
- A venir Muvalaplin (phase 1)

Consensus NFSA Durlach V et al. 2022



Pr Estelle Nobécourt-Dupuy
CHU de La Réunion / VASCO2023



Nicholls SJ, JAMA, 08/2023

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Take Home Message

- La Lp(a) est très importante pour mieux stratifier le risque CV, surtout chez les sujets à risque intermédiaire, elle permet un reclassement si elle est augmentée en sur risque CV et donc des conséquences thérapeutiques en rapport.

STRATIFICATION



e n'est

- Il faut donc intégrer la Lp(a) à la décision médicale lorsqu'il s'agit de prévention CV primaire essentiellement.

23^E CONGRÈS
DE LA SOCIÉTÉ FRANÇAISE DE MÉDECINE VASCULAIRE

DU 25 AU 27
SEPTEMBRE 2024

DIJON



MÉDECINE
VASCULAIRE &
SANTÉ ENVIRONNEMENTALE

وسط انتباهكم

