Overview

Useful For
Cardiovascular disease (CVD) risk refinement in patients with moderate or high risk based on conventional risk factors

This test is not recommended as a screening test in the healthy population.

Method Name
Immunoturbidimetric Assay

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required

Patient Preparation: Fasting-overnight (12-14 hours)

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial. Send refrigerated.

Forms
If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form (T724) with the specimen.

Specimen Minimum Volume
0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>Reject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>Reject</td>
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</tbody>
</table>

Specimen Stability Information
Test Definition: LIPA
Lipoprotein (a), S

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Serum</td>
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<td>7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
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**Clinical and Interpretive**

**Clinical Information**

Lipoprotein (a) (Lp[a]) consists of an LDL particle that is covalently bound to an additional protein, apolipoprotein (a) (Apo[a]). Apo(a) has high-sequence homology with the coagulation factor plasminogen and, like LDL, Lp(a) contains apolipoprotein B100 (ApoB). Thus, Lp(a) is both proatherogenic and prothrombotic. Lp(a) is an independent risk factor for coronary heart disease (CHD), ischemic stroke, and aortic valve stenosis. Lp(a) has been referred to as "the most atherogenic lipoprotein." The mechanism of increased risk is unclear but, most likely, involves progression of atherosclerotic stenosis via intimal deposition of cholesterol and promotion of thrombosis via homology to plasminogen.

Concentrations of Lp(a) particles in the blood can be expressed readily by 2 methods: as concentrations of Lp(a) protein or as Lp(a) cholesterol. Mayo's Cardiovascular Laboratory Medicine measures and reports Lp(a) cholesterol individually (LPAWS / Lipoprotein [a] Cholesterol, Serum) and as a part of the lipoprotein profile (LMPP / Lipoprotein Metabolism Profile). The cholesterol content of Lp(a) particles varies little, and Lp(a) can contain significant proportions of the serum cholesterol.

Unlike Lp(a) cholesterol, accurate immunochemical measurement of Lp(a)-specific protein is complicated by the heterogeneity of Lp(a) molecular size. Due to the large number of genetic alterations in the population, any given individual can have an Apo(a) protein between 240 to 800 kDa. This heterogeneity leads to inaccuracies when results are expressed in terms of mg/dL of protein. In addition, the degree of atherogenicity of the Lp(a) particle may depend on the molecular size of the Lp(a)-specific protein.

Serum concentrations of Lp(a) are related to genetic factors and are largely unaffected by diet, exercise, and lipid-lowering pharmaceuticals. However, in a patient with additional modifiable CHD risk factors, more aggressive therapy to normalize these factors may be indicated if the Lp(a) value is also increased.

**Reference Values**

< or =30 mg/dL

Values >30 mg/dL may suggest increased risk of coronary heart disease.

**Interpretation**

The frequency distribution of serum lipoprotein (a) (Lp[a]) concentrations is markedly skewed toward the low end, with approximately 85% of the population having concentrations below 30 mg/dL.

Lp(a) concentrations above 30 mg/dL are associated with 2- to 3-fold increased risk of cardiovascular events independent of conventional risk markers.

**Cautions**

Epidemiologic studies have shown Lp(a) concentrations are lowest in non-Hispanic Caucasians, Chinese, and Japanese. Hispanics have slightly higher median Lp(a) concentrations and in African Americans, the median Lp(a) serum concentration is approximately 2 times higher than in Caucasians. In most cases, the preferred test for
quantifying Lp(a) is LPAWS / Lipoprotein (a) Cholesterol, Serum.

In very rare cases, gammopathy, in particular type IgM (Waldenstrom macroglobulinemia), may cause unreliable results.

**Clinical Reference**


**Performance**

**Method Description**

This test is a particle enhanced immunoturbidimetric assay. Human lipoprotein (a)(Lp[a]) agglutinates with the latex particles coated with anti-Lp(a) antibodies.(Package insert: Roche Lipoprotein (a) Gen.2 reagent. Roche Diagnostic Corp; V2.0 01/2015)

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Saturday; Continuously

**Analytic Time**

Same day/1 day

**Maximum Laboratory Time**

1 day

**Specimen Retention Time**

7 days

**Performing Laboratory Location**

Rochester

**Fees and Codes**

**Fees**

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.
Test Classification
This test has been cleared, approved or is exempt by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
83695

LOINC® Information

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<th>Order LOINC Value</th>
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<td>Lipoprotein (a), S</td>
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