Supplementary Table 1. Conceptions and misconceptions surrounding lipoprotein(a) (Lp(a)).

Conceptions and misconceptions	comments
Is Lp(a) a cardiovascular disease (CVD) risk factor only in patients with elevated LDL-cholesterol?	Elevated levels of Lp(a) represent a CVD risk factor independently of high levels of LDL- or non-HDL-cholesterol, and equally of any other cardiovascular risk factors(1,2).
Can Lp(a) measurement significantly influence risk evaluation in patients at intermediate risk?	Yes: an Lp(a) level >80th percentile can move a patient with intermediate risk to a higher risk category(2).
Can very high levels of Lp(a) >80th percentile alone cause CVD (without other risk factors, except age) in some families?	Yes: occasionally families present very high Lp(a) levels together with accelerated atherosclerosis and premature CVD.
Is Lp(a) a risk factor for venous thrombosis (in people other than newborns)?	The evidence to date does not allow a firm answer to this question.
Do Lp(a) levels increase significantly in postmenopausal women in association with estrogen deficiency?	The evidence to date does not allow a firm answer to this question.
Can Lp(a) levels be reduced by estrogen only in postmenopasaul women, or can such levels also be modified in younger patients?	The evidence to date does not allow a firm answer to this question.
Is Lp(a) responsible for the high incidence of stroke in Black people?	The evidence to date does not allow a firm answer to this question.
Are Lp(a) levels influenced by inflammation?	The evidence to date does not allow a firm answer to this question.
Is the CVD risk associated with elevated Lp(a) levels influenced by inflammatory markers such as CRP and fibrinogen?	No: the CVD risk associated with Lp(a) does not depend on high levels of inflammatory markers (C-reactive protein and fibrinogen), nor on those of traditional cardiovascular risk factors(1,2).
Is there any effective treatment for elevated Lp(a) concentrations in subjects at high CVD risk?	Yes: niacin 1-3g/day can lower Lp(a) levels by up to 30-40%(3); importantly, CVD risk is equally lowered by up to 25%(4).

References

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