



PHYSICIAN GUIDE

The most comprehensive cholesterol test for at-risk patients.

- Patients with Established Atherosclerosis or Vascular Disease
- Type II Diabetes
- Framingham Risk Score > 5%
- An Elevated Inflammatory Biomarker
- NCEP ATP III Risk Factors:
 - Cigarette Smoking
 - Hypertension
 - Low HDL-C (<40 mg/dL)
 - Family History of Premature CHD
 - Men \geq 45 Years
 - Women \geq 55 Years



WHY SHOULD YOU CONSIDER THE VAP TEST?

The VAP Cholesterol Test® meets current guidelines

✓ ATP III Compliant

1. Direct LDL Measurement
2. Secondary Targets of Therapy
 - Non-HDL
 - Metabolic Syndrome
3. Emerging Risk Factors
 - Lp(a)
 - Small LDL Pattern
 - Remnants
 - HDL subclasses
 - ApoB

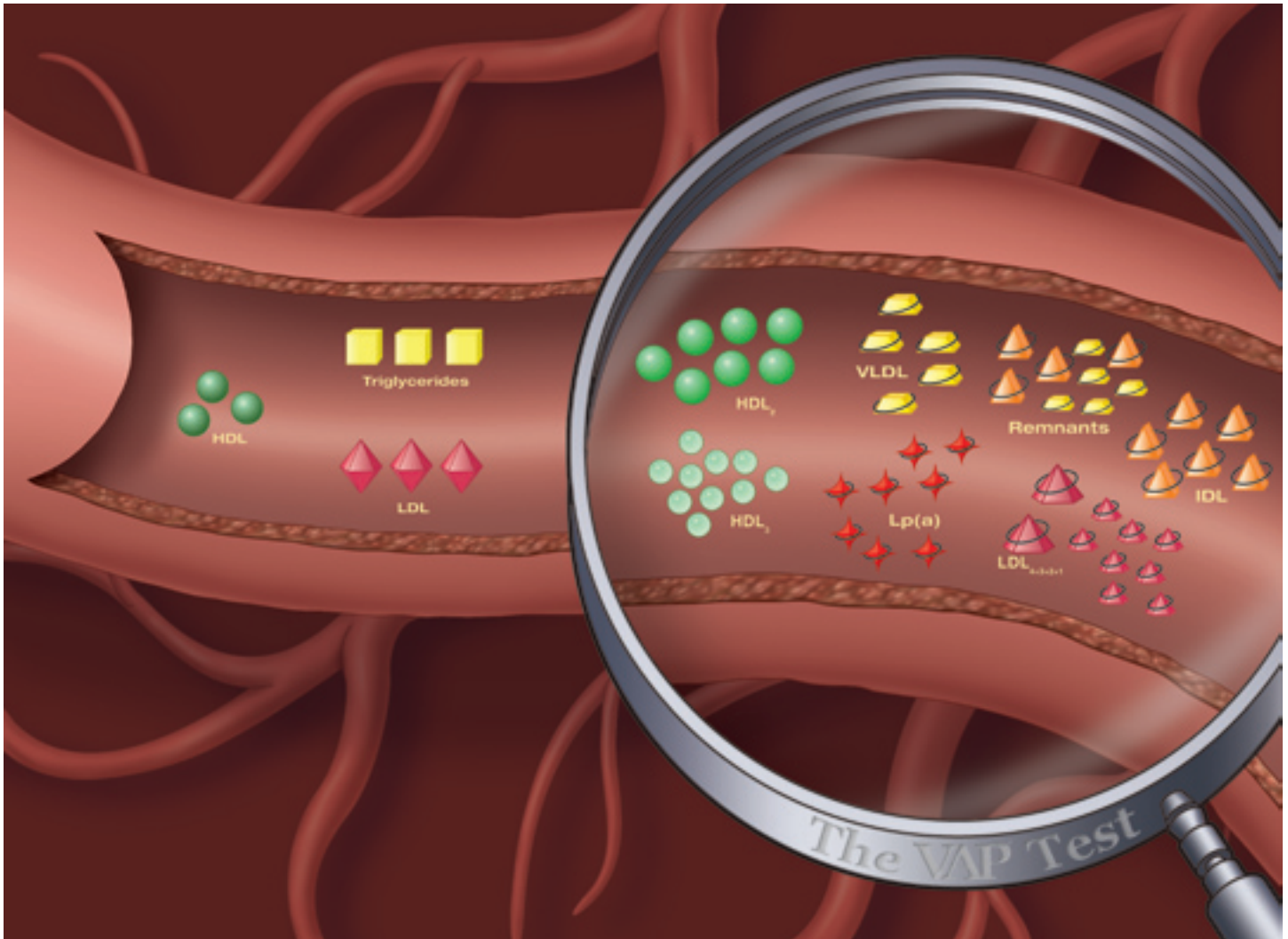
✓ ADA/ACC Compliant

	Goals		
	LDL	Non-HDL	ApoB
Highest Risk	<70	<100	<80
High Risk	<100	<130	<90

The VAP Test is the only single cholesterol profile to comply with updated National Cholesterol Education Program ATP III recommendations for direct LDL measurement and secondary and emerging risk factors. It is the only commercially available single test that routinely reports all three lipoprotein parameters considered necessary by the American Diabetes Association and American College of Cardiology guidelines.

The routine cholesterol test misses 50% of those at risk for heart disease.

TAKE A CLOSER LOOK AT CHOLESTEROL:



The standard lipid panel gives you an incomplete picture:

- HDL
- ◆ LDL = Estimated
- Triglycerides

The VAP Cholesterol Test gives you the most comprehensive view:

- HDL₂ = Larger, most protective
- HDL₃ = Smaller, least protective
- ▲ VLDL = Triglyceride rich lipids
- apoB = Total atherogenic count
- ◆ Lp(a) = 10x more atherogenic
- ▲ IDL = 2x more atherogenic
- ◆ LDL₄₊₃₊₂₊₁ = Real LDL
 - Pattern A = Large, buoyant, least dangerous
 - Pattern B = Small, dense, most dangerous
- Non-HDL = LDL₄₊₃₊₂₊₁ + IDL + Lp(a) + VLDL

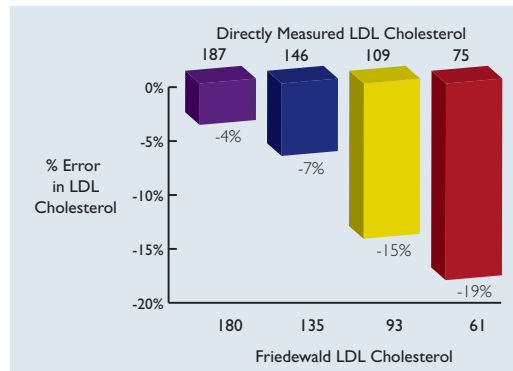
HOW TO PUT THE VAP TEST TO WORK:

1. Start with an Accurate Direct Measured LDL

“In an era of lower LDL goals for high-risk patients, the Friedewald equation is too inaccurate for use.”

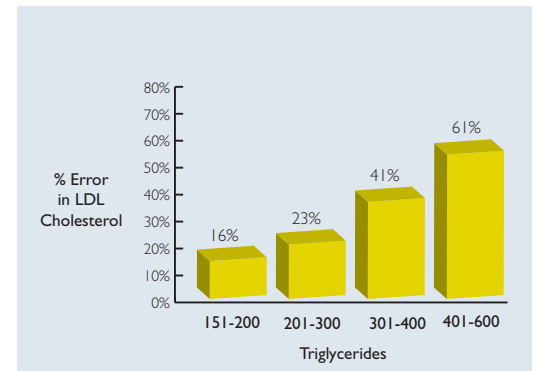
—Paul Ziajka, M.D., Ph.D.
Director, Florida Lipid Institute
Founder, Florida Lipid Associates

The Calculated Profile was Never Intended to Measure LDL-C at or < 100 mg/dL



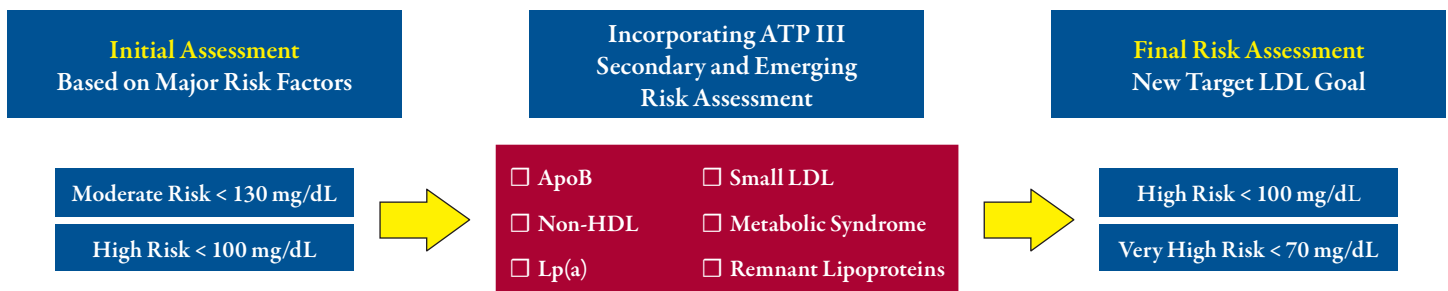
*SchamagI H et al. Clin Chem Lab Med 2001 May;39(5):426-31.

Percent Error in LDL-C Estimation



*Clin Chem 1990; 36:36-42.

2. Set a More Informed Target LDL-C Goal



Presence of Abnormal, Secondary or Emerging Factors Indicates Consideration for Lowering Target LDL Goal by 30 mg/dL. Ch. III Sec. 4/Ch 6 tables.

3. Therapy Options

	LDL	HDL/HDL ₂	VLDL/VLDL ₃ TRIGLYCERIDES	Lp(a)	SMALL LDL
Statins	•	Variable	•		Variable
Resins	•				
Nicotinic Acid	•	•	•	•	•
Chol. Abs. Inhib.	•				
Fibrates	•	•	•		•
Omega 3 FA		•	•	Variable	•
Exercise / Diet	•	•	•		•

Adapted from NCEP ATP III Guidelines and Contemporary Diagnosis and Management of Lipid Disorders, 3rd Edition