



Memo No. 2022-020
Date: 19-July-2022
Memo To: Clients
Re: *Test Revision – Lipoprotein (a), Serum/Plasma*

[Lipoprotein \(a\), Serum/Plasma](#)

Revised Reference Interval: < 100 nmol/L

(A communication from St. Michael's Hospital's Biochemistry Laboratory is attached to this ICL memo)

Effective July 21st, 2022, there will be a change in methodology (new: Particle enhanced immunoturbidimetry) for Lipoprotein (a), Serum/Plasma at St. Michael's Hospital's Biochemistry Laboratory.

Canadian Cardiovascular Society (CCS) guidelines emphasize on the importance of Lp(a) analysis and recommends measuring it once in an individual's lifespan to enhance CVD risk assessment in all patients over 40 years of age, along with screening for lipids.

Reference intervals and reporting units will be revised.

Any specimens received at ICL on or after July 21st, 2022, will reflect these reporting changes. Interface HL7 codes will remain unchanged.

If you have further questions, please contact Client Care at (416) 422-3000 Ext. 300 or info@iclabs.ca

Dr. Shashank Tilak, Ph.D., DCC
Laboratory Director
(416) 422-3000 Ext. 221
shashtilak@iclabs.ca

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MEMO

Memo to: Unity Health Toronto Staff and referral sites

From: Dr. Daniel Beriault, Head of Biochemistry, Laboratory Medicine

Date: July 21, 2022

Re: Important updates to Lipoprotein(a) testing

Effective July 21, 2022, the biochemistry lab at St Michael's will be updating to an **improved Lipoprotein(a) methodology**.

Lipoprotein(a) (Lp(a)) levels are associated with an increased risk of cardiovascular disease (CVD)^{1,2}. The increased risk correlates with increasing Lp(a) levels, and is independent of other established CVD risk factors³. Lp(a) concentrations > 100 nmol/L are associated with an increased risk of myocardial infarction, in a dose dependent fashion.

The 2021 Canadian Cardiovascular Society (CCS) Guidelines highlight the importance of Lp(a) testing, and recommend measuring it once in a person's lifetime to improve CVD risk assessment in all patients over 40 years of age (as part of a lipids screen)³. The Canadian Society of Clinical Chemists (CSCC) have developed recommendations pertaining to lipid reporting, and indicate measuring Lp(a) in molar units (nmol/L), and to discontinue using mass units (mg/dL)⁴.

- Specimen: Serum
- Reporting units: nmol/L
- Reference interval: < 100 nmol/L

Sincerely,

Dr. Sarah Delaney, Clinical Biochemist
Sarah.Delaney@UnityHealth.to

Dr. Daniel Beriault, Head of Biochemistry
Daniel.Beriault@UnityHealth.to

References:

1. Clarke, R. et al. Genetic variants associated with Lp(a) lipoprotein level and coronary disease. *N. Engl. J. Med.* 361, 2518–2528 (2009).
2. Kamstrup, P. R., Tybjaerg-Hansen, A., Steffensen, R. & Nordestgaard, B. G. Genetically elevated lipoprotein(a) and increased risk of myocardial infarction. *JAMA* 301, 2331–2339 (2009).
3. Pearson, G. J. et al. 2021 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in Adults. *Can. J. Cardiol.* 37, 1129–1150 (2021).
4. White-Al Habeeb, N., Higgins, V. et al. Canadian Society of Clinical Chemists (CSCC) harmonized clinical laboratory lipid reporting recommendations based on 2021 Canadian Cardiovascular Society lipid guidelines. *Canadian Journal Cardiology*. 2022: doi: 10.1016/j.cjca.2022.03.019