The Importance of Lp-PLA₂ as a CHD Risk Assessment Biomarker

The PLAC® Test Clearly Identifies Active Cardiovascular Inflammatory Disease

The PLAC® Test is the only blood test that measures Lp-PLA₂ – a vascular-specific inflammatory marker critical in the formation of rupture-prone plaque.¹

Stable Plaque
- Low Lp-PLA₂
- Thick fibrous cap
- Lipid pool

Cholesterol causes a fatty deposit called plaque that builds up inside the walls of the arteries.

Rupture-Prone Plaque
- High Lp-PLA₂
- Thin fibrous cap
- Expanding lipid pool

When arterial walls become inflamed, the enzyme Lp-PLA₂ is produced within the plaque.

Ruptured Plaque
- High Lp-PLA₂
- Site of plaque rupture
- Thrombus

If the amount of Lp-PLA₂ is high, the plaque is more likely to rupture through the inside lining of the artery into the bloodstream, leading to a dangerous blood clot that could result in heart attack or stroke.¹
ASSOCIATION OF LP-PLA₂ AND CARDIOVASCULAR EVENTS

Coronary atherosclerosis is by far the most frequent cause of ischemic heart disease, and plaque disruption with superimposed thrombosis is the main cause of the acute coronary syndromes of unstable angina, myocardial infarction and sudden death.²

In a large cohort of patients hospitalized with coronary artery disease events, nearly 50% had admission LDL levels less than 100 mg/dL.⁶

The PLAC® Test for Lp-PLA₂ Activity is a strong and independent risk factor.

The higher the level of Lp-PLA₂, the higher the risk for a CV event – even with normal LDL

Coronary and CV event hazard ratios

Fully adjusted for traditional risk factors


Ask your Diazyme Representative for information on the PLAC® Test for Lp-PLA₂ Activity for your practice.