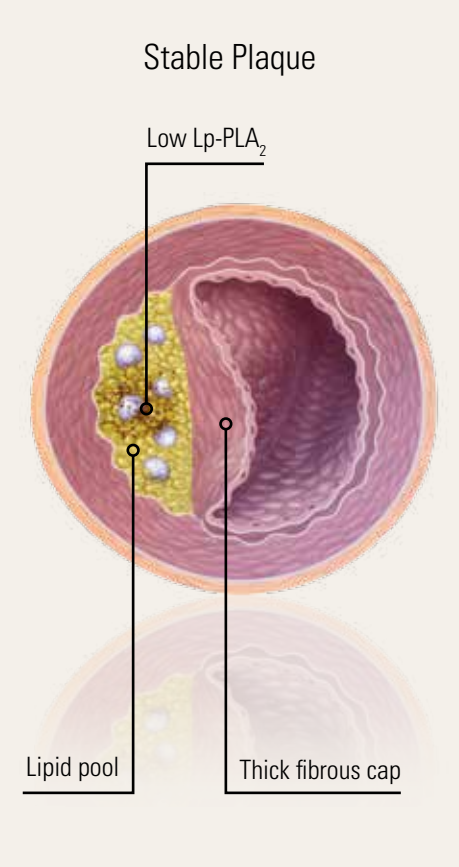
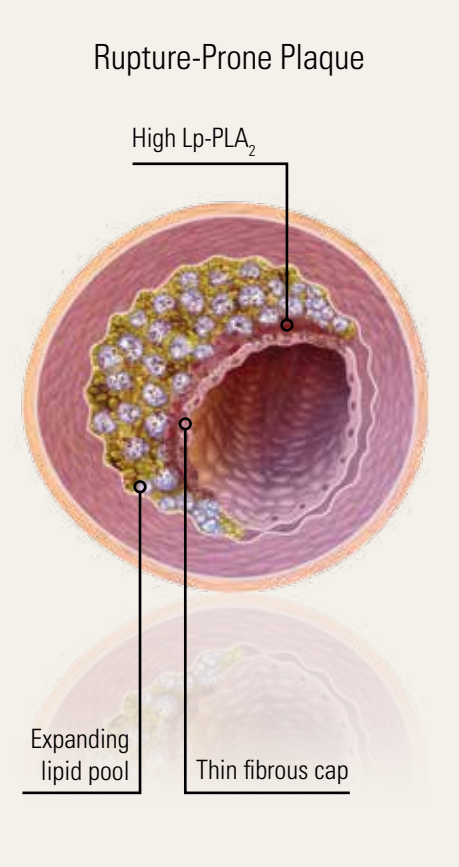
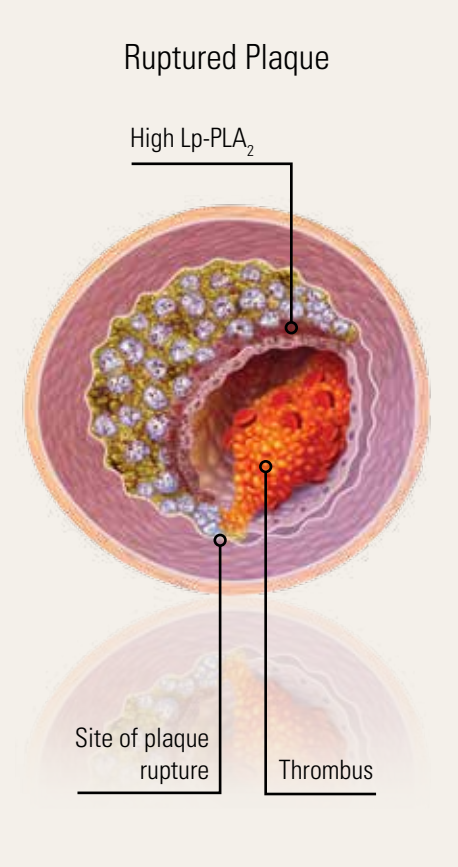
PLAC® Test for Lp-PLA$_2$

The PLAC® Test clearly identifies active cardiovascular inflammatory disease

The PLAC® Test is the only blood test that measures Lp-PLA$_2$—a vascular-specific inflammatory marker critical in the formation of rupture-prone plaque.[1]







- Cholesterol causes a fatty deposit called plaque that builds up inside the walls of the arteries
- When arterial walls become inflamed, the enzyme Lp-PLA$_2$ is produced within the plaque
- If the amount of Lp-PLA$_2$ is high, this may indicate that 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]

PLAC® Test for Lp-PLA$_2$

Most cardiovascular events are due to plaque rupture[2–4]

"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]

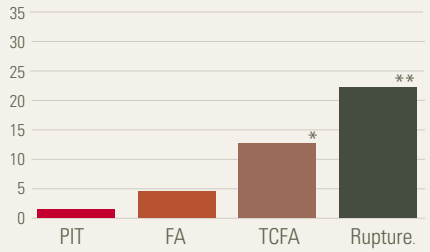
"The reduction of Lp-PLA$_2$ with statin therapy, independent of baseline Lp-PLA$_2$ levels, can help predict the reduction in Cardiovascular Disease events."[3]

Lp-PLA$_2$ included in four major guidelines[5–8]

- American Heart Association/American Stroke Association Guidelines for the Primary Prevention of Stroke[5]
- American College of Cardiology Foundation/American Heart Association Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults[6]
- American Association of Clinical Endocrinologists Guidelines for Management of Dyslipidemia and Prevention of Atherosclerosis[7]
- European Guidelines on Cardiovascular Disease Prevention in Clinical Practice[8]

Lp-PLA$_2$ levels increase with plaque progression[1]

% Lp-PLA$_2$ staining in varying coronary plaque morphologies

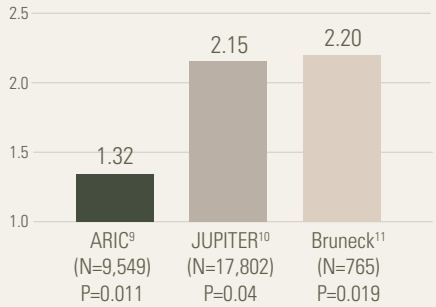


PIT = pathologic intimal thickening
FA = fibroatheroma
TCFA = thin-cap fibroatheroma

*P<0.05 vs FA or PIT
**P<0.05 vs TCFA, FA and PIT

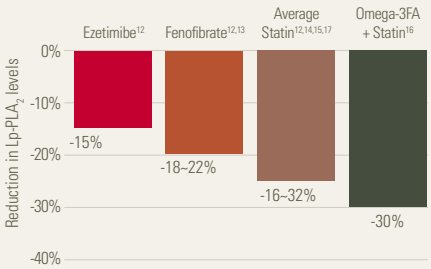
The higher the level of Lp-PLA$_2$, the higher the risk for a CV event—even with normal LDL

Coronary and CV event hazard ratios



Fully adjusted for traditional risk factors

Lipid-modifying medications shown to lower Lp-PLA$_2$[12–17]



Lp-PLA$_2$ measurement before and during statin treatment. Tracking the reduction of Lp-PLA$_2$ in response to therapy is a better indicator of future CVD events than the reduction of LDL-C levels alone[15]

For more information, visit www.plactest.com, or call diaDexus at 1.650.246.6400 or your laboratory representative.

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