

# FH Canada: Increasing Awareness, Targeted Screening, Empowering Patients, Saving Lives

IAS - Pfizer IGLC Grant # 24038231 - **FINAL PROGRESS REPORT**

## **Principal investigator:**

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## **Collaborators:**

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**Dr Gordon Francis**, Healthy Heart Program Prevention Clinic, University of British Columbia, Vancouver, BC, Canada  
**Dr Brian McCrindle**, The Hospital for Sick Children, University of Toronto, Toronto, ON, Canada  
**Dr James Brophy**, Epidemiology and Biostatistics, McGill University, Montreal, QC, Canada

## Purpose

The overall goal of the project was to increase awareness of Familial Hypercholesterolemia (FH) among health care professionals (HCP), their patients and family members through the creation of educational resources and web-based applications to simplify FH diagnosis and treatment.

The **3 principal objectives** of the proposal were to:

- 1- Increase awareness of FH among HCP in Canada;
- 2- Increase ease of diagnosis for family physicians and cascade screening through simplified Canada FH definition and apps;
- 3- Increase awareness of FH for Canadian patients and their family members.

## Methods/Results

We leveraged the FH Canada registry and its website ([www.FHCanada.net](http://www.FHCanada.net)) to participate in the:

1) Creation of educational resources for HCP across Canada:

- Accredited teaching slide kits including the latest knowledge on FH, bilingual and free on the FH Canada website;
- Peer-reviewed papers:
  - 2018 Update of the CCS Position Statement on FH to be published in the *Canadian Journal of Cardiology* Fall 2018;
  - New simplified Canadian definition of FH (submitted to the *Canadian Medical Association Journal*);
  - Summary paper on the Canadian experience with FH (submitted to *Atherosclerosis*).
- FH Network annual meetings: Montreal in 2016; Vancouver in 2017.

# New simplified Canadian definition of FH

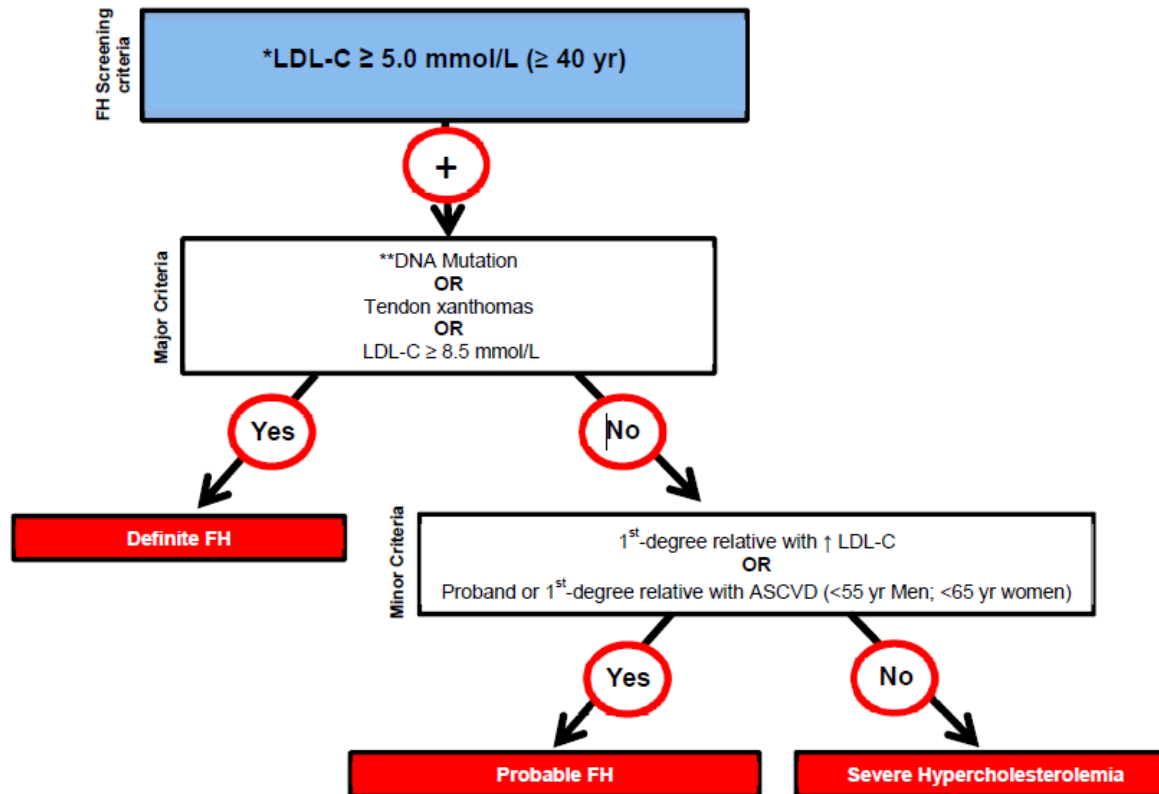


Figure 1. Canadian definition for the clinical diagnosis of FH.


\* Secondary causes of high LDL-C should be ruled out (severe or untreated hypothyroidism, nephrotic syndrome, hepatic disease (biliary cirrhosis), medication especially antiretroviral agents);

LDL-C ≥ 4.0 mmol/L for age < 18 yr;

LDL-C ≥ 4.5 mmol/L for age ≥ 18 yr and < 40 yr.


\*\* Causal DNA mutation refers to the presence of a known FH-causing variant in the *LDLR*, *APOB* or *PCSK9* gene based on presence of the variant in ClinVar, HGMD or WDLV databases, in the proband or a first-degree relative. FH diagnosis in a patient with a DNA mutation but normal LDL-C levels is unclear. Yearly follow-up of the proband is suggested and cascade screening of family members should be initiated. Note: In any case, cascade screening should be implemented; treatment decision should be at the discretion of the treating physician.


# Past Annual Meetings on FH


  
*FH Canada invites you to*
  
**Familial Hypercholesterolemia Canada Network**
  
 Conferences will be given in French; Q&A in French and English
   
**Friday, October 21<sup>st</sup>, 2016**

12:00-13:00	Registration	
13:00-13:40	Introduction, FH Canada Registry	<i>Dr Jacques Genest</i>
13:40-14:20	Definition of FH, Genetics of FH	<i>Dr Daniel Gaudet</i>
14:20-15:00	2016 Canadian Guidelines on CVD Prevention and Treatment of FH	<i>Dr Jean Brégoire</i>
15:00-15:40	Treatment of FH	<i>Dr Robert Dufour</i>
15:40-16:00	Discussion/Questions & Answers	
16:00-17:00	Break, Informal discussions, Booths	
17:00-19:00	Public Advocacy Forum <i>Patients' testimonies and discussions with GPs</i>	

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 Please R.S.V.P. ([www.fhcanada.net](http://www.fhcanada.net))


 Centre universitaire de santé McGill  
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 McGill University Health Centre  
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**Familial Hypercholesterolemia: How to Recognize and Manage Patients in Your Practice?**


<p><b>REGISTRATION</b>  <b>Early bird: \$50.00</b>          Valid until September 20 2017  <b>\$75 starting September 21</b>          Registration closes: October 18 2017.</p> <p style="background-color: #90EE90; padding: 5px; text-align: center;">Please R.S.V.P. at <a href="http://www.ccrnmd.com">www.ccrnmd.com</a></p> <p><b>CHAIR</b></p> <p> <b>Liam R. Brunham, MD, PhD, FRCP, FACP</b>          Assistant Professor of Medicine, University of British Columbia          Scientist, UBC Centre for Heart Lung Innovation          Physician, Healthy Heart Program          Prevention Clinic, St. Paul's Hospital          Vancouver, BC</p> <p><b>FACULTY</b></p> <p> <b>Jacques Genest, MD, CM, FRCP, FACC, FAMA</b>          Professor and Novartis Chair in Medicine, McGill University          Scientific Director, Center for Innovative Medicine, McGill University Health Center/          Royal Victoria Hospital          Montreal, QC</p> <p> <b>Milan Gupta, MD, FRCP, FACC</b>          Associate Clinical Professor of Medicine, McMaster University          Assistant Professor of Medicine, University of Toronto          Medical Director, Canadian Collaborative Research Network          Brampton, ON</p> <p> <b>Sanja Karalic, MSc, MD, CCP</b>          Clinical teaching instructor, Department of Family Medicine, University of British Columbia,          Vancouver, BC</p>	<p><b>Friday, October 20, 2017</b>  <b>12:00-6:30 pm</b></p> <p><b>St. Paul's Hospital,</b>          1081 Burrard Street, Vancouver, BC, V6Z 1Y6          The Cullen Family Lecture Theatre, Room 1477,          Providence, Level 1</p> <p><b>AGENDA</b></p> <p>12:00 p.m. <b>Registration / Lunch</b></p> <p>1:00 p.m. <b>Intro, Landscape of FH in Canada - role of FH registry</b> Dr. Liam R. Brunham</p> <p>1:20 p.m. <b>Genetics of FH and role of genetic testing</b> Dr. Jacques Genest</p> <p>1:40 p.m. <b>How to recognize and diagnose FH</b> Dr. Gordon Francis</p> <p>2:00 p.m. <b>Q&amp;A</b> All faculty</p> <p>2:20 p.m. <b>Break</b></p> <p>2:40 p.m. <b>Treatment of FH including new and emerging therapies</b> Dr. John Mancini</p> <p>3:00 p.m. <b>International Perspectives on FH</b> Dr. Joshua Knowles</p> <p>3:40 p.m. <b>Discussion/Questions &amp; Answers</b> All speakers</p> <p>4:00 p.m. <b>Break, Informal discussions, Booths, Nutrition</b></p> <p>4:30 p.m. <b>Patient Forum: Patients' stories and discussions with medical doctors</b></p> <p>6:30 p.m. <b>Close</b></p>
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## Methods/Results

### 2) Design of specific apps for a simplified FH diagnosis:

- We validated a simplified FH diagnosis based on the Simon-Broome criteria but adapted for Canada (paper submitted to *CMAJ*).
- We validated, in the Canadian population, an algorithm to impute baseline LDL-C from values obtained while on lipid-lowering therapy. This tool is useful for assessing the degree of severity of FH for new patients. Published in *Clinical Chemistry* 2017;64(2):355-362. PMID: 29038147.
- We participated in the creation of an app for the new Canadian definition of FH: The FH Calculator, including the imputation of baseline LDL-C. The app is bilingual, and freely downloadable (android or iPhone/iOS platforms), <http://www.circl.ubc.ca/cardiorisk-calculator.html>.

UBC CardioRisk Calculator (TM)



  
**FH Canada**  
 Familial Hypercholesterolemia

**Proband History**  
**Family History**

Gender: Male  
 Age: 55  
 CAD atherosclerosis: No  
 Non-CAD atherosclerosis: No  
 Drug Treatment for Elevated LDL-C: Yes  
 Current Statin: Atorvastatin  
 Avg Daily Statin Dosage: 40mg  
 Current Ezetimibe:   
 PCSK9i: EVO 140mg Q2W  
 Resin:   
 Niacin:   
 Tendinous xanthomata: No  
 Arcus cornealis below the age of 45yo: No  
 Bruits/AAA/Pulse Deficit: No  
 Known DNA mutation in FH related gene(s): No  
 Known Baseline/Untreated LDL-C:   
 Calculate Current LDL-C:  No  Yes  
 Current/Treated LDL-C: 3.4 mmol/L  
 Lp(a) if known:  mg/L  mg/dL

Previous Next  
 Calculate  
 Exit Reset

UBC CardioRisk Calculator (TM)


  
**FH Canada**  
 Familial Hypercholesterolemia

**Proband History**  
**Family History**

Family History of premature CVD: 1° Male relative <55 yc  
 History of Familial Dyslipidemia: Yes  
 1° relative w/ known DNA mutation in FH related gene(s): No  
 1° relative w/ Tendinous xanthomata: No  
 2° relative w/ Tendinous xanthomata: No  
 1° relative w/ Arcus cornealis below the age of 45yo: No  
 1° relative w/ LDL-C >95th %, >=5 mmol/L or treated: Yes  
 1° relative <18yo w/ LDL-C >95th %, >=4 mmol/L or treated: No  
 1° or 2° relative w/ TC >7.5 mmol/L: No  
 1° relative <16yo w/ TC >6.7 mmol/L: No  
 1° relative w/ elevated Lp(a): No

Previous Next  
 Calculate  
 Exit Reset

**Results**

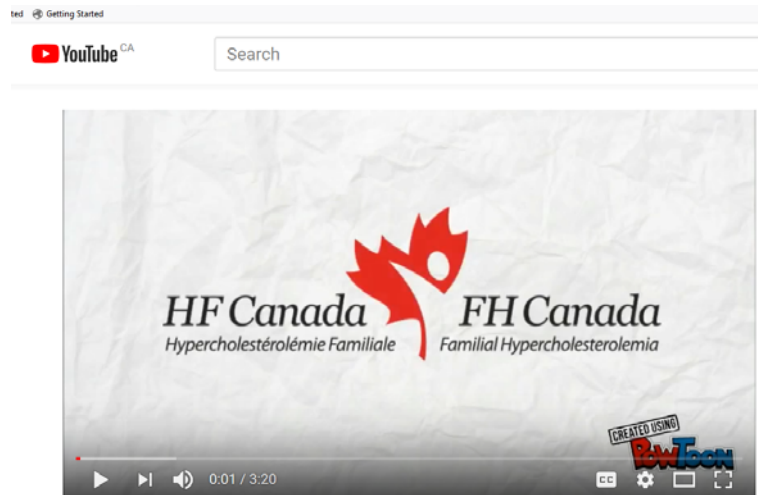
**ASSESSMENT**  
 Imputed Baseline/Untreated LDL-C: 13.08 mmol/L (abnormal) ←  
 Current Lipid Lowering Medication(s):  
 -Atorvastatin 40mg  
 -Evolocumab 140mg Q2W  
 Current Lipid Profile:  
 -Current LDL-C: 3.40 mmol/L  
 HeFH Diagnostic Information:  
 Canadian Criteria for HeFH: ←  
 -Definite Clinical Familial Hypercholesterolemia  
 -Imputed Baseline/Untreated LDL-C >= 8.5mmol/L  
 -Family History of premature CVD (1° Male relative <55 yo)  
 -1° relative w/ LDL-C >95th %, >=5 mmol/L or treated  
 Simon Broome Register criteria for HeFH:  
 -Possible Clinical Familial Hypercholesterolemia  
 -Imputed Baseline/Untreated LDL-C > 4.9 mmol/L  
 -Family History of premature CVD (1° Male relative <55 yo)  
 Dutch Lipid Clinic Network Criteria for HeFH:  
 -Definite Clinical Familial Hypercholesterolemia  
 -Imputed Baseline/Untreated LDL-C >= 8.50 mmol/L  
 -Family History of premature CVD (1° Male relative <55 yo)  
 -1° relative w/ LDL-C >95th %, >=5 mmol/L or treated

Save

# Methods/Results

## 3) Creation of educational FH Canada-based resources for patients:

- A patient brochure on FH and on the FH Canada registry.
- A presentation on how to easily draw a family tree (pedigree) and assess a pattern in high LDL-C and FH among family members.
- Educational videos on the genetic basis of FH and its clinical diagnosis, in lay language.
- Update of both versions of the FH Canada website i.e. patient and HCP, with new resources.



FH Canada - What is Familial Hypercholesterolemia?



[www.fhcanada.net](http://www.fhcanada.net)



## **Conclusion:**

We successfully created resources to improve the precision of FH diagnosis, increase the number of diagnosed FH patients and family members and provide them access to expert care, on-going clinical trials and novel therapies. Now implemented, these interventions will directly improve the care of Canadian FH patients, a population at high risk of cardiovascular events.

## **Acknowledgement:**

We would like to thank the International Atherosclerosis Society and Pfizer for the IAS – Pfizer Independent Grants for Learning & Change (IGLC) Grant in Lipid Management in High-Risk Patients, which has permitted the creation of clinical tools to improve the diagnosis of FH and increase awareness of this disease.