



An **early diagnosis** can make
a lifetime of difference

Most FH goes undiagnosed. **Genetic testing** can change that.

9 in 10 familial hypercholesterolemia (FH) cases go undiagnosed¹



Diagnose today to treat tomorrow—and control risk long-term*

Early genetic testing can benefit affected patients and their families.

Genetic testing for FH from Quest examines 3 actionable²⁻⁶ FH genes: **LDLR**, **APOB**, and **PCSK9**, to enable a definitive diagnosis of FH.



Treatment: The consensus conclusion is that if diagnosed and treated early in childhood, individuals with FH can have normal life expectancy (Wiegman, *et al.*, 2015).⁷

FH testing from Quest Diagnostics provides actionable information that can lead to treatment and lower lifetime risk of cardiovascular disease.

“Early identification and control of dyslipidemia throughout youth and into adulthood will substantially reduce clinical CVD risk beginning in young adult life.”

— Expert panel, *Pediatrics*, 2011⁸



* These points are provided for informational purposes only and are not intended as medical advice. A physician's test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, and assessment of the patient.



FH testing can lead to knowing sooner so cardiovascular care can be optimized

Why family members of affected individuals should be tested:

- 50% of first-degree relatives of heterozygous FH index cases are affected⁹
- American Academy of Pediatrics (AAP) recommends screening affected children after age 2, but no later than age 10¹⁰

Earlier treatment may include pharmacologic intervention¹⁰

Guidelines state that statins should be considered for patients 8 years and older with:

An LDL-C of **≥ 190 mg/dL** OR An LDL-C of **≥ 160 mg/dL** with a family history of early heart disease OR ≥ 2 additional risk factors present or LDL-C **≥ 130 mg/dL** if diabetes mellitus is present

... if dietary and lifestyle modifications fail to achieve treatment goals.¹¹ Also, for patients who need additional LDL-C lowering after being on a controlled diet and maximally tolerated statin therapy, PCSK9 inhibitors should be considered.¹²

FH cascade screening is highly recommended by multiple evidence groups to enable earlier insight and intervention¹³

Cascade screening for FH:

- Can reduce the average age at which individuals with FH are diagnosed
- Can increase the percentage of individuals taking lipid-lowering therapies, potentially resulting in reductions in LDL-C and coronary heart disease

Early **FH testing** and cascade screening can give patients and their families a chance for healthier cardiovascular futures.

A diagnosis that may ensure a **long-term difference**

Make an early and definitive diagnosis of familial hypercholesterolemia to start therapy sooner.

Ordering information

Test Name	Test Code	CPT Code(s)*
Familial Hypercholesterolemia (FH) Panel	94877	81405, 81406(x2), 81479(x1)
FH Single Site	94878	81403

* The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.



For more information, including other cardiometabolic testing, contact your Quest Diagnostics representative or visit us at QuestDiagnostics.com/Education and 4myheart.com.

References

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