

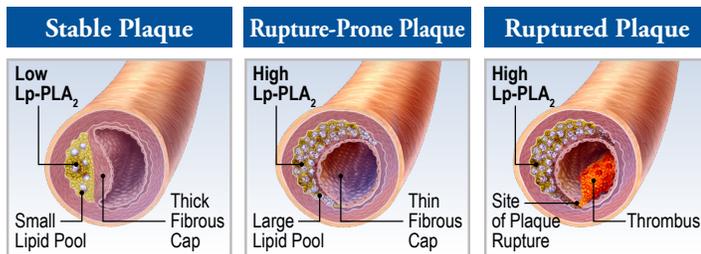
PLAC[®] Facts

Can a simple blood test help predict which patients are at a greater risk for heart attack or stroke? Yes. The PLAC Test can.

The PLAC[®] Test is the **only blood test cleared by the FDA** to aid in assessing risk of **both coronary heart disease and ischemic stroke** associated with atherosclerosis.

WHAT IS THE PLAC TEST?

The PLAC Test is a simple blood test that measures Lp-PLA₂, an enzyme highly specific to vascular inflammation and implicated in the formation of rupture-prone plaque.



75% of heart attacks and most strokes are caused by plaque rupture and thrombosis, not stenosis.

WHY IS THE PLAC TEST DIFFERENT FROM OTHER TESTS?

Lp-PLA₂ is independent of traditional cardiovascular risk factors.

- Lp-PLA₂ is a vascular specific inflammatory enzyme, therefore it is not as affected by systemic inflammation (infections, obesity, smoking) compared to other inflammatory markers such as hs-CRP.
- Because elevations in Lp-PLA₂ are independent of traditional risk factors, including obesity, the results of the PLAC Test provide valuable additive information to help determine the appropriate care for your patients.

WHO SHOULD BE TESTED?

The PLAC Test may be used as a management tool in patients at moderate to high risk for coronary heart disease or ischemic stroke events. Suitable patients may include patients with two or more risk factors, such as family history of cardiovascular disease or hypertension, even if their overall lipid profile looks normal.

WHAT DO PLAC TEST RESULTS MEAN?

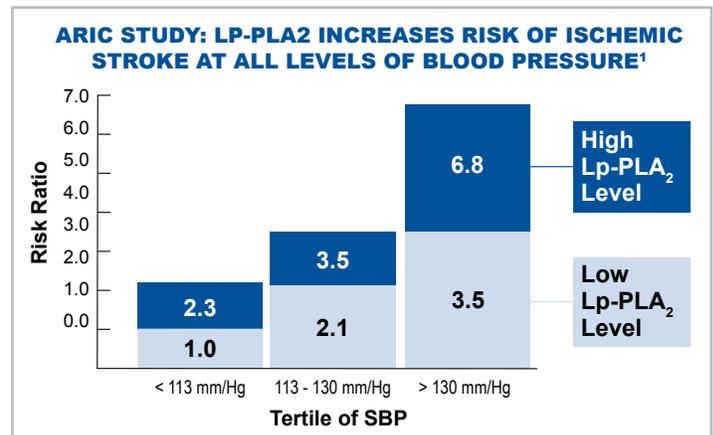
Low Risk	Medium Risk	High Risk
Lp-PLA ₂ ≤ 151 nmol/min/mL	Lp-PLA ₂ = 152 - 194 nmol/min/mL	Lp-PLA ₂ ≥ 195 nmol/min/mL

Published data suggests patients with higher values of Lp-PLA₂ have an increased risk for cardiovascular disease. In a meta-analysis, Lp-PLA₂ levels showed a continuous association with risk for VCD, in both primary and secondary prevention study populations. Lp-PLA₂ was consistently associated with a higher cardiovascular risk, and the risk estimate appears to be relatively unaffected by adjustment for traditional CVD risk factors.

HOW CAN THE PLAC TEST TELL WHICH OF MY PATIENTS ARE AT INCREASED RISK FOR STROKE?

Stroke is the number 3 killer in the United States and cholesterol is NOT a reliable predictor for stroke. Now there is a simple blood test that can help you uncover hidden risk for both heart attack and stroke.

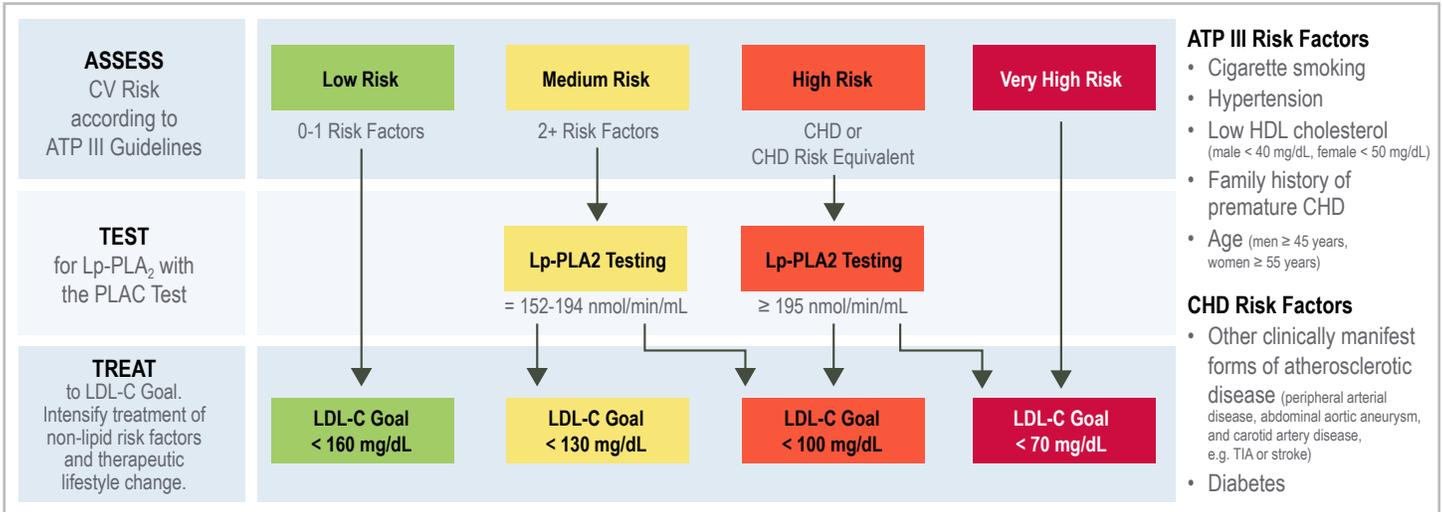
A patient with normal systolic blood pressure and elevated Lp-PLA₂ levels is over 2 times more likely to have a stroke while a patient with both elevated systolic blood pressure and elevated Lp-PLA₂ levels is almost 7 times more likely to have a stroke.



1. Gorelick PB, et al. *AM J Card Suppl* 2008.

For more information on the PLAC[®] Test, please visit www.diazyme.com or call 1-888-DIAZYME.

RECOMMENDATION FOR USE OF LP-PLA₂ TESTING¹



HOW WILL THE PLAC TEST HELP IMPROVE PATIENT MANAGEMENT?

The PLAC Test helps identify patients who have “hidden” cardiovascular risk due to the formation of rupture-prone plaque.

- 1/2 of all heart attacks occur in patients with low to moderate cholesterol levels.
- While cholesterol is a useful tool in coronary heart disease, it is not a reliable predictor of stroke.
- 1/3 of all strokes affect individuals between 45 and 65 years of age.
- The PLAC Test enables you to gain additional information to identify patients in need of more aggressive treatment. High Lp-PLA₂ can be a wake-up call to your patients to help improve compliance to therapy.

HOW DOES THE PATIENT PREPARE FOR THE PLAC TEST?

There is no preparation required; it requires a simple venous blood draw. The patient does not have to be fasting and can be on medications. The test results are highly specific for inflammation associated with atherosclerosis, and are not likely to be falsely elevated from infections, rheumatologic disorders or obesity.

PAYMENT FOR THE PLAC TEST

- Medicare currently reimburses \$47.77* for the PLAC Test when medically necessary.
- CPT Code: 83698.
- Many health plans reimburse for the PLAC Test. However, some insurance companies may deny payment because the test is fairly new.

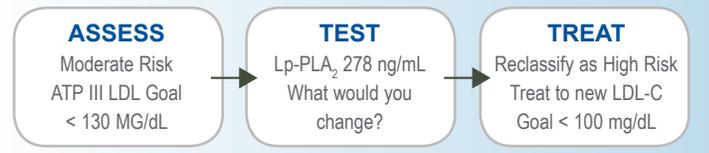
CONSIDER THIS CASE STUDY



Miranda
Age 45

Clinical Information

- Smoker
- Total Cholesterol 200 mg/dL
- HDL Cholesterol 49 mg/dL
- Systolic BP 138 mm/Hg
- On blood pressure medications
- Family history of premature CVD
- LDL 121 mg/dL
- BMI 31 kg/m², waist 40 in.
- Triglycerides 150 mg/dL
- Fasting Blood Glucose 98 mg/dL



References

1. Davidson, MH, et al. *Am J Card Suppl* 2008
- * In most states, please visit www.plactest.com for a complete list.

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