

# COULD IT BE LAL-D? THESE SIGNS AND LAB VALUES SHOULD RAISE SUSPICION FOR LAL-D<sup>1-6</sup>

Patients who have LAL-D may present with **any** of the following:

- LDL-c (mmol/L):  $\geq 3.4$ <sup>1,2,a,b</sup> or HDL-c (mmol/L):  $\leq 1.2$ <sup>1,2,a,c</sup> with
  - Persistently elevated ALT<sup>1,3,a,d</sup>
- Suspected FCH with any of the following<sup>3</sup>:
  - Persistently elevated ALT<sup>1,3,a,d</sup>
  - No family history<sup>3</sup>
- Suspected HeFH with any of the following<sup>3</sup>:
  - No confirmed mutation<sup>3</sup>
  - Persistently elevated ALT<sup>1,3,a,d</sup>
  - No family history<sup>3</sup>
- Suspected metabolic syndrome with any of the following<sup>3,4</sup>:
  - Persistently elevated ALT<sup>1,3,a,d</sup> and
    - LDL-c (mmol/L):  $\geq 3.4$ <sup>1,2,a,b</sup> or
    - HDL-c (mmol/L):  $\leq 1.2$ <sup>1,2,a,c</sup>
  - BMI  $\leq 95$ th percentile<sup>3,5,e</sup>
  - Normal fasting glucose/blood pressure<sup>3,5</sup>

## TEST FOR LAL-D IF YOU RECOGNIZE ANY OF THESE SIGNS OR LAB VALUES IN YOUR PATIENTS<sup>1-6</sup>

<sup>a</sup>At baseline, patients in a clinical trial evaluating a potential treatment for LAL-D had a mean LDL-c of 5.4 mmol/L and a mean HDL-c of 0.8 mmol/L; 73% (48/66) of patients had ALT  $\geq 1.5$  x ULN and  $< 3$  x ULN, and 27% (18/66) of patients had ALT  $\geq 3$  x ULN. An ALT  $\geq 1.5$  x ULN according to specified gender-specific normal ranges was one of the eligibility criteria for enrollment.<sup>1,5</sup>

<sup>b</sup>In adult patients (mmol/L): LDL-c  $\approx 4.1$  ( $\approx 3.4$  in patients on LLMs).<sup>1,3,6</sup>

<sup>c</sup>In adult patients (mmol/L): HDL-c  $\approx 1.0$  (males)/ $\approx 1.3$  (females).<sup>1,3,6</sup>

<sup>d</sup>Above age- and gender-specific ULN.<sup>3</sup>

<sup>e</sup>BMI  $\leq 95$ th percentile for age and gender.<sup>3,5</sup>

Abbreviations: ALT, alanine aminotransferase; BMI, body mass index; FCH, familial combined hyperlipidemia; HDL-c, high-density lipoprotein cholesterol; HeFH, heterozygous familial hypercholesterolemia; LAL-D, Lysosomal Acid Lipase Deficiency; LDL-c, low-density lipoprotein cholesterol; LLM, lipid-lowering medication; ULN, upper limit of normal.

# AN ENZYMATIC DBS TEST CAN HELP DIAGNOSE LAL-D<sup>3,7</sup>

The DBS test is highly accurate and easy to prepare, transport, and interpret for testing in high-risk populations<sup>7,8</sup>

## PREPARATION



A blood sample is spotted onto the DBS card; once completely dry, LAL activity is measured using a specific LAL inhibitor<sup>7</sup>

## STORAGE



DBS can be stored at room temperature for short periods or at -20°C for longer periods<sup>7</sup>

## TRANSPORT



DBS can be easily shipped via regular mail<sup>8</sup>

## INTERPRETATION OF LAL ENZYME DBS RESULTS<sup>5</sup>

RESULTS	CLINICAL INTERPRETATIONS
Affected	LAL-D confirmed by reduced LAL activity
Indeterminate <sup>a</sup>	Repeat with fresh sample
Not affected	Rules out LAL-D

<sup>a</sup>LAL above cutoff for affected, but below the normal reference range.

- Measurement of LAL activity in leukocyte and fibroblast samples can also be used to test for LAL-D<sup>2</sup>
- Testing for LAL-D may be simplified through the use of an EMR system
  - » If the LAL-D DBS test is available through your EMR system, create a preference list that includes LAL-D among the tests that you typically order for a liver or lipid diagnostic workup
- Family screening of identified patients is also critical<sup>2</sup>

## TEST FOR LAL-D WITH AN ENZYMATIC DBS TEST<sup>3,7</sup>

Abbreviations: DBS, dried blood spot; EMR, electronic medical record; LAL, lysosomal acid lipase.

**References:** 1. Burton BK, et al. *N Engl J Med*. 2015;373:1010-20. doi:10.1056/NEJMoa1501365. 2. Bernstein DL, et al. *J Hepatol*. 2013;58:1230-43. doi:10.1016/j.jhep.2013.02.014. 3. Reiner Z, et al. *Atherosclerosis*. 2014;235:21-30. doi:10.1016/j.atherosclerosis.2014.04.003. 4. Grundy SM, et al. *Circulation*. 2004;109:433-8. doi:10.1161/01.CIR.0000111245.75752.C6. 5. Data on file, Alexion Pharmaceuticals. 6. Daniels SR, et al. *Pediatrics*. 2008;122:198-208. doi:10.1542/peds.2008-1349. 7. Hamilton J, et al. *Clin Chim Acta*. 2012;413:1207-10. doi:10.1016/j.cca.2012.03.019. 8. Grüner N, et al. *J Vis Exp*. 2015;97:e52619. doi:10.3791/52619.

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