

Homozygous Familial Hypercholesterolemia (HoFH): The Impact of the Patient Voice in Continuing Medical Education (CME) to Enhance HoFH Diagnosis and Management

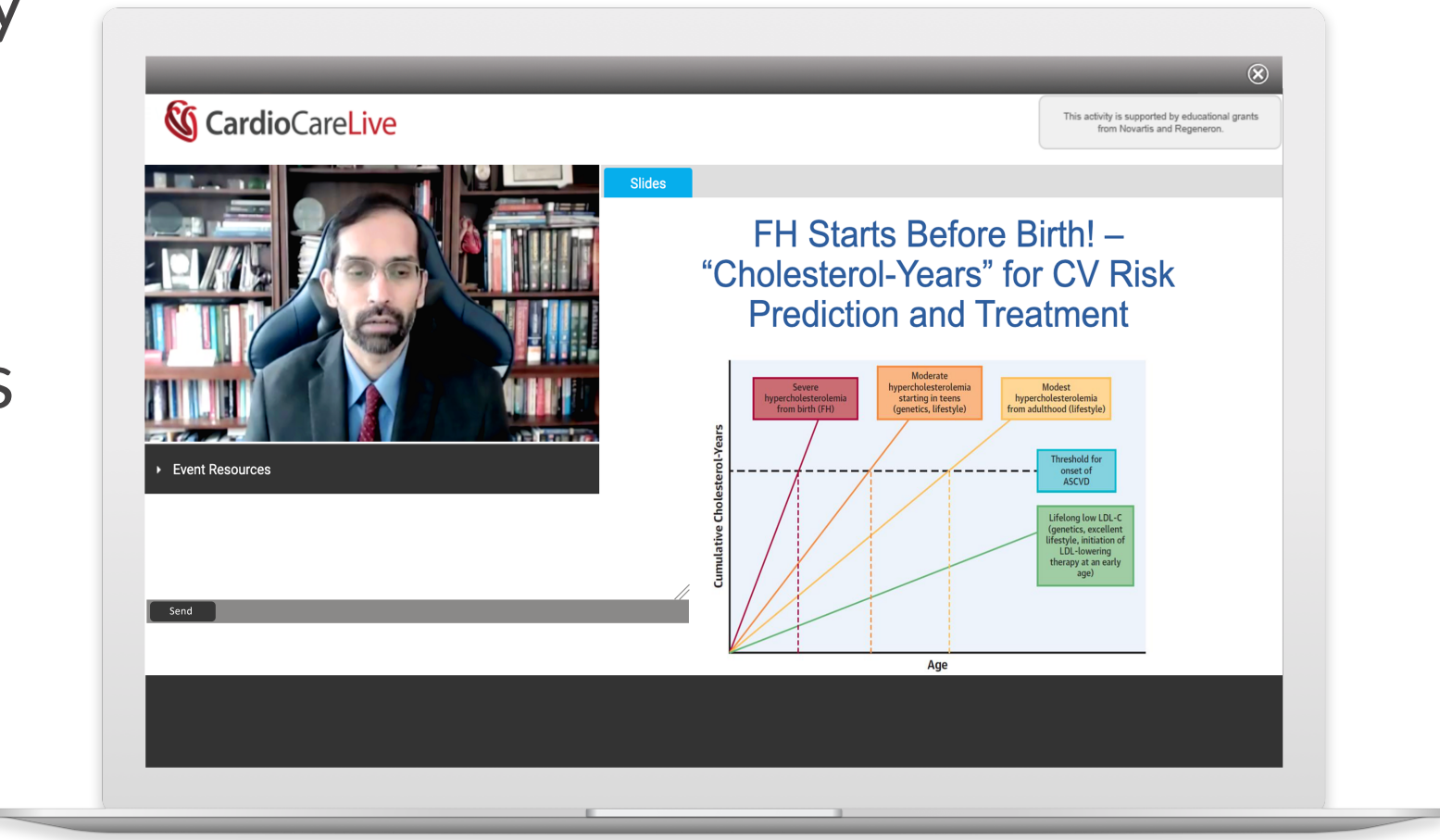
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INTRODUCTION

Early diagnosis and management of HoFH are key to achieving CV risk reduction. However, barriers to identifying probable cases, low awareness of current guidelines, and a lack of knowledge of treatment options continue to present challenges to health care practitioners (HCPs). We evaluated the impacts of CME that includes the voice of the patient on addressing the barriers faced by HCPs in the diagnosis and management of HoFH.



METHODOLOGY

Educational Program and Evaluation Details

Partners

Advocacy groups: The American Society for Preventive Cardiology, Mended Hearts, Mended Little Hearts, National Lipid Association

Education: PlatformQ Health, Postgraduate Institute for Medicine (PIM)

Data Collected

Changes in knowledge, competence, reported behavior, engagement, and identification of continuing gaps

Interventions

A 60-minute CME activity that included segments of an interview with an HoFH patient was launched live-online 7/20/21 and was available on-demand for 1 year. CME also included downloadable resources, live polling, and audience real-time Q&A.

Measurements

Questions asked before, immediately post, and 2 months after activity. Chi Square tests were used for statistical analysis.

Title:

Homozygous Familial Hypercholesterolemia: A Call to Action to Improve Diagnosis and Management

Learning Objectives:

- Recognize the signs and symptoms of HoFH based on examination findings, LDL-C levels, and information from clinical and family histories
- Apply current guidelines for the management of HoFH, in terms of LDL-C targets and therapeutic approaches to LDL-C reduction
- Explain how, when added to conventional therapies, investigational agents with novel mechanisms of action or formulations can help reach LDL-C target goals and reduce non-LDL particles, while reducing the need for apheresis in adults and children

METHODOLOGY

Faculty

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Executive Director of Interventional Cardiovascular Programs
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Professor of Clinical Family and Community Medicine
University of Illinois School of Medicine
Professor of Clinical Medicine
Michigan State University, College of Osteopathic Medicine
Adjunct Associate Professor
Division of Cardiology, Johns Hopkins University School of Medicine

Patient Vignette Speaker

Chelsea Reimer

Discussed her diagnosis at a young age, the genetic testing she received, and her family's history with HoFH. She also explained the different procedures and treatments she's had throughout her life to manage her condition. She expressed her concerns about the disease, her hopes for future treatments, and some advice for others with the same condition.

RESULTS

Learner Demographics

1,923
total learners

74%
target audience learners*

1,423
identified themselves as treaters

Learner Engagement

1,129
certificates awarded

247
total polling responses

89
slide downloads

36:20
average time in session

*Target Audience: Cardiologists, PCPs, Lipidologists, and Endocrinologists

Social Media Engagement

43,137
impressions

29,224
reach

18,817
views

Positive Impact on Clinical Practice and Expected Patient Outcomes

89%
of learners reported the activity had a positive impact on patient experiences or outcomes
n=36

100%
of learners reported the activity had a positive impact on their clinical practice
n=40

My patients have better cardiovascular outcomes because of my instructions.

We are screening patients more frequently as we have clearer guidelines.

Patients were more aware of lifestyle modifications and risk factors leading to cardiovascular mortality.

Implementing genetic testing to assist HoFH clinical diagnosis.

Recommended PCSK9 inhibitor to the patient if LDL still elevated despite max dose of statin and other therapy in post MI patients.

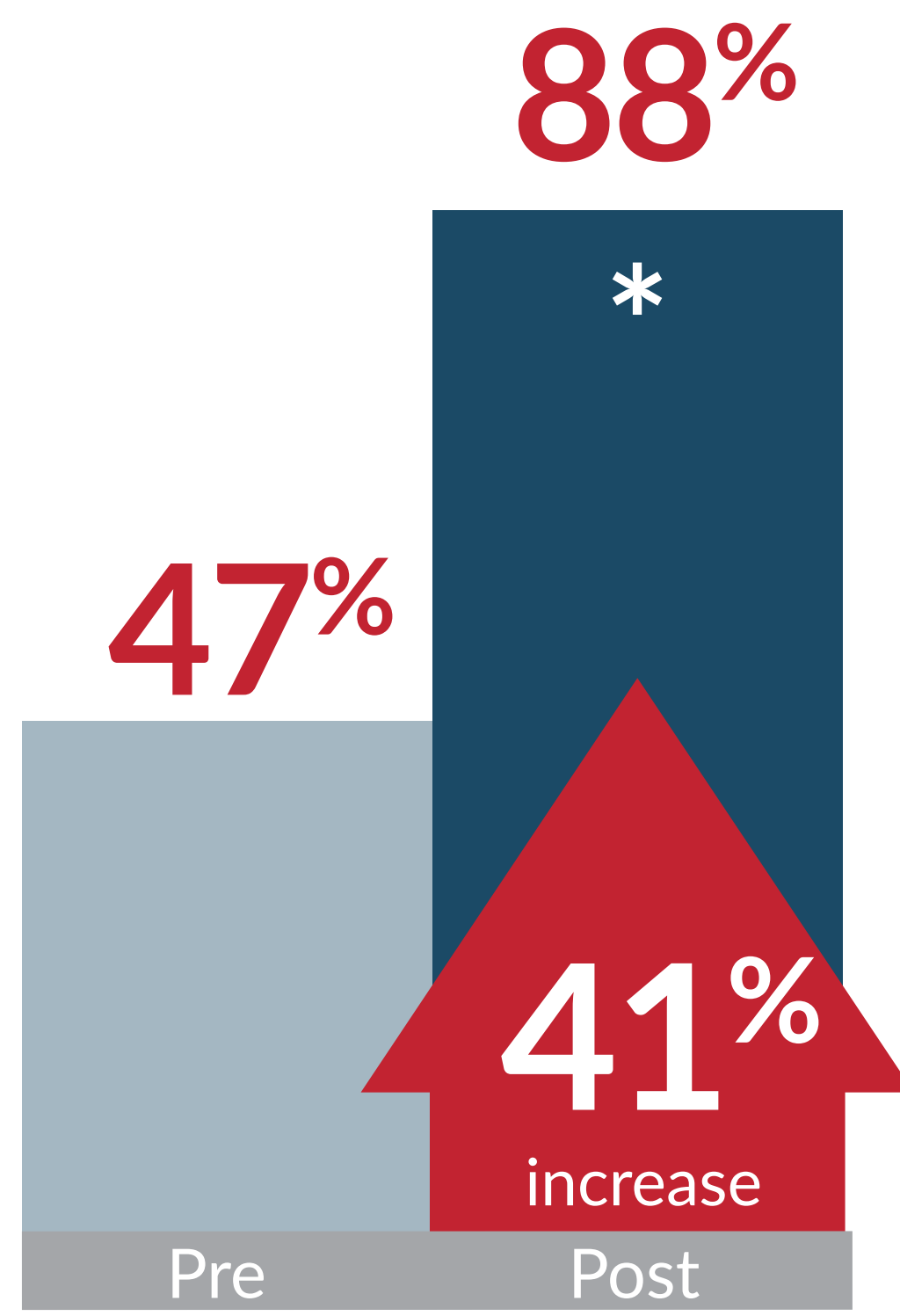
RESULTS

Changes in Knowledge/Competence

n = 1,923 pre-test; n = 1,385 post-test; *P <0.05

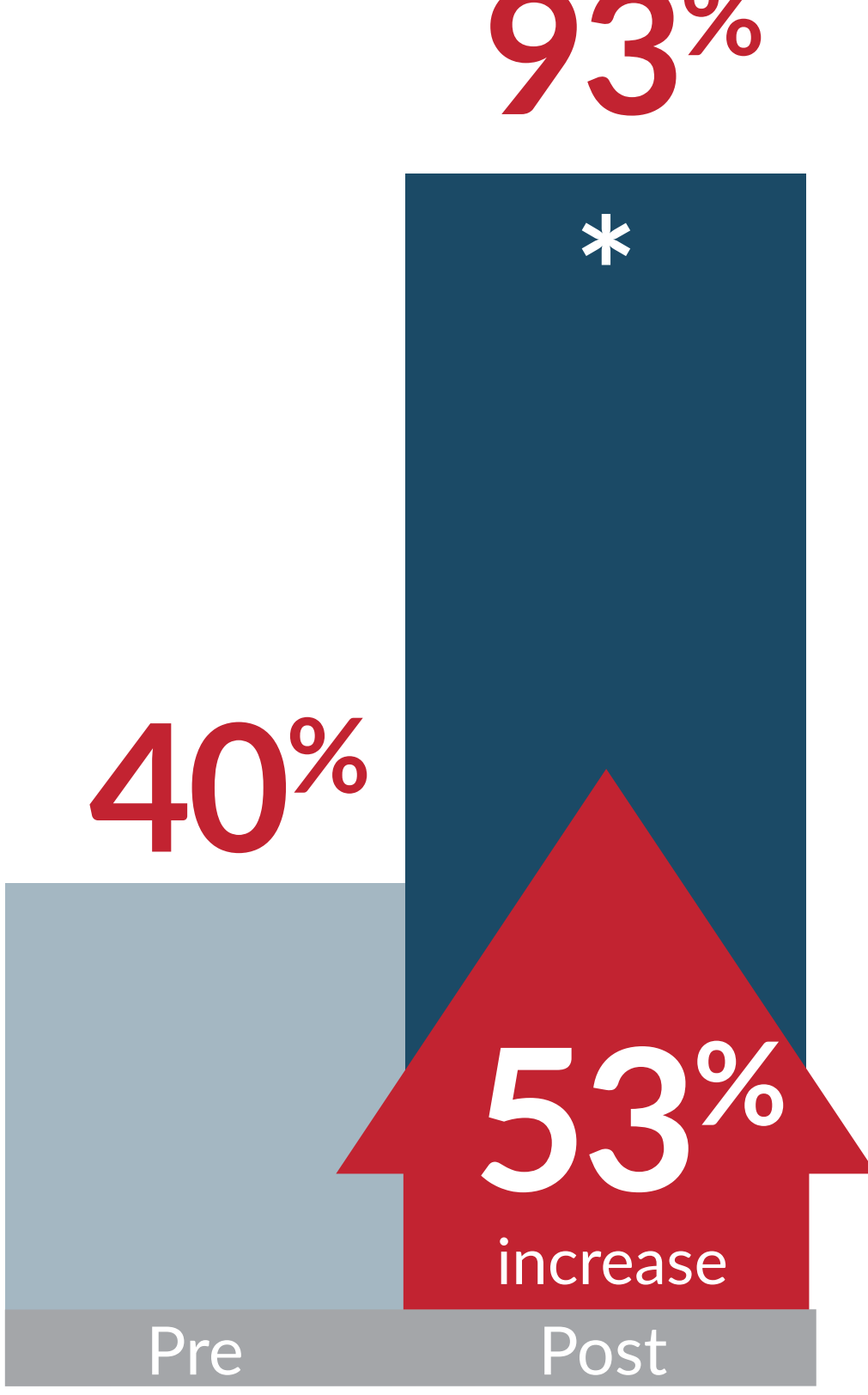
Susan is a 30-year-old woman with a history of coronary artery disease since age 8. She underwent CABG surgery at age 12. Her LDL-C is 500. You suspect a diagnosis of HoFH. In addition to her very elevated LDL-C levels, which of the following would you be looking for to help make a diagnosis?

(Answer: Xanthelasmas and xanthomas under the skin)



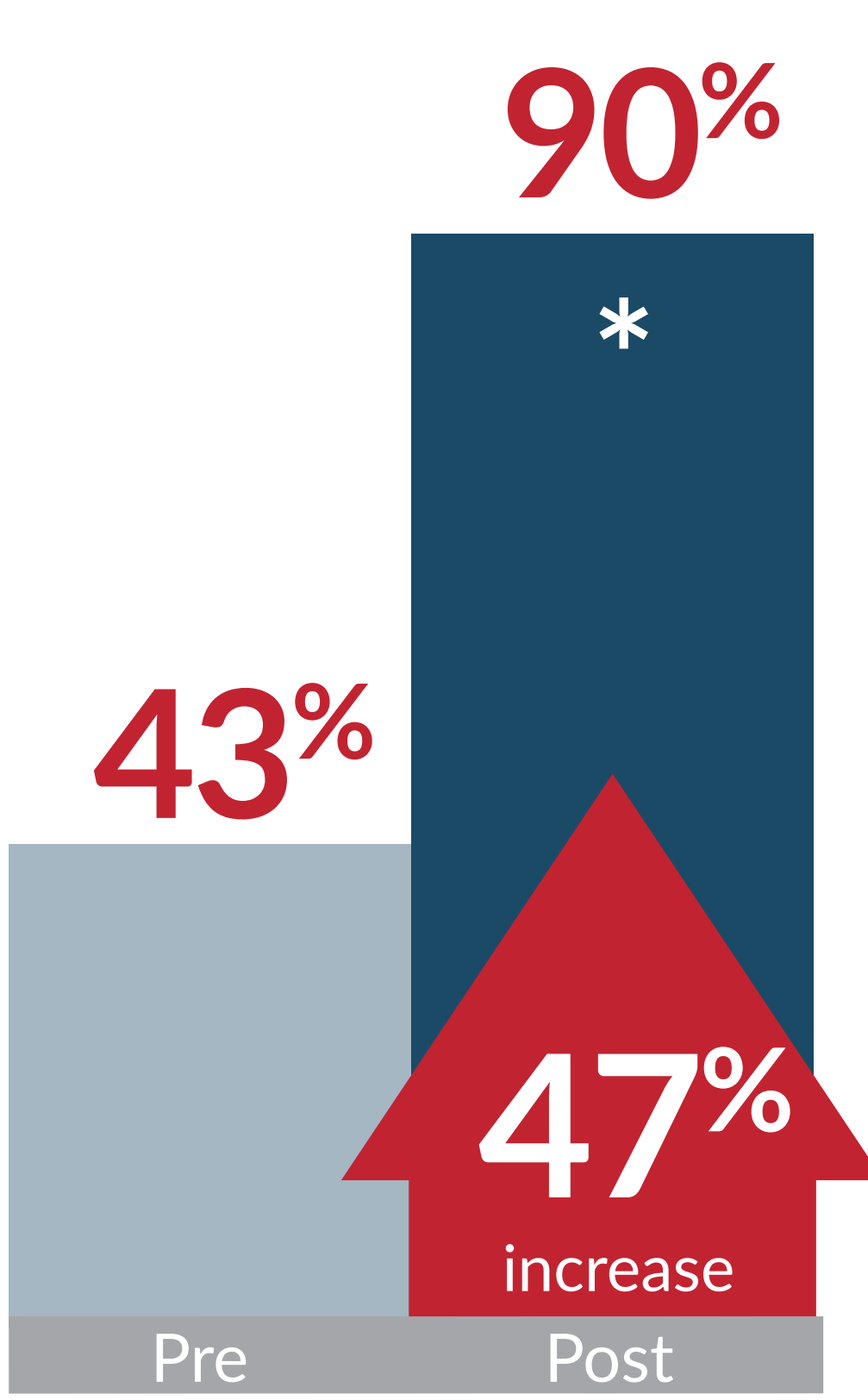
Lab results show that Susan's LDL-C is 500 mg/dL. You have initiated Susan on a statin and up-titrated to the maximally tolerated dose. At the next appointment, Susan's LDL-C is 350 mg/dL. According to ACC guidelines for management, which would be your next step?

(Answer: Add ezetimibe)



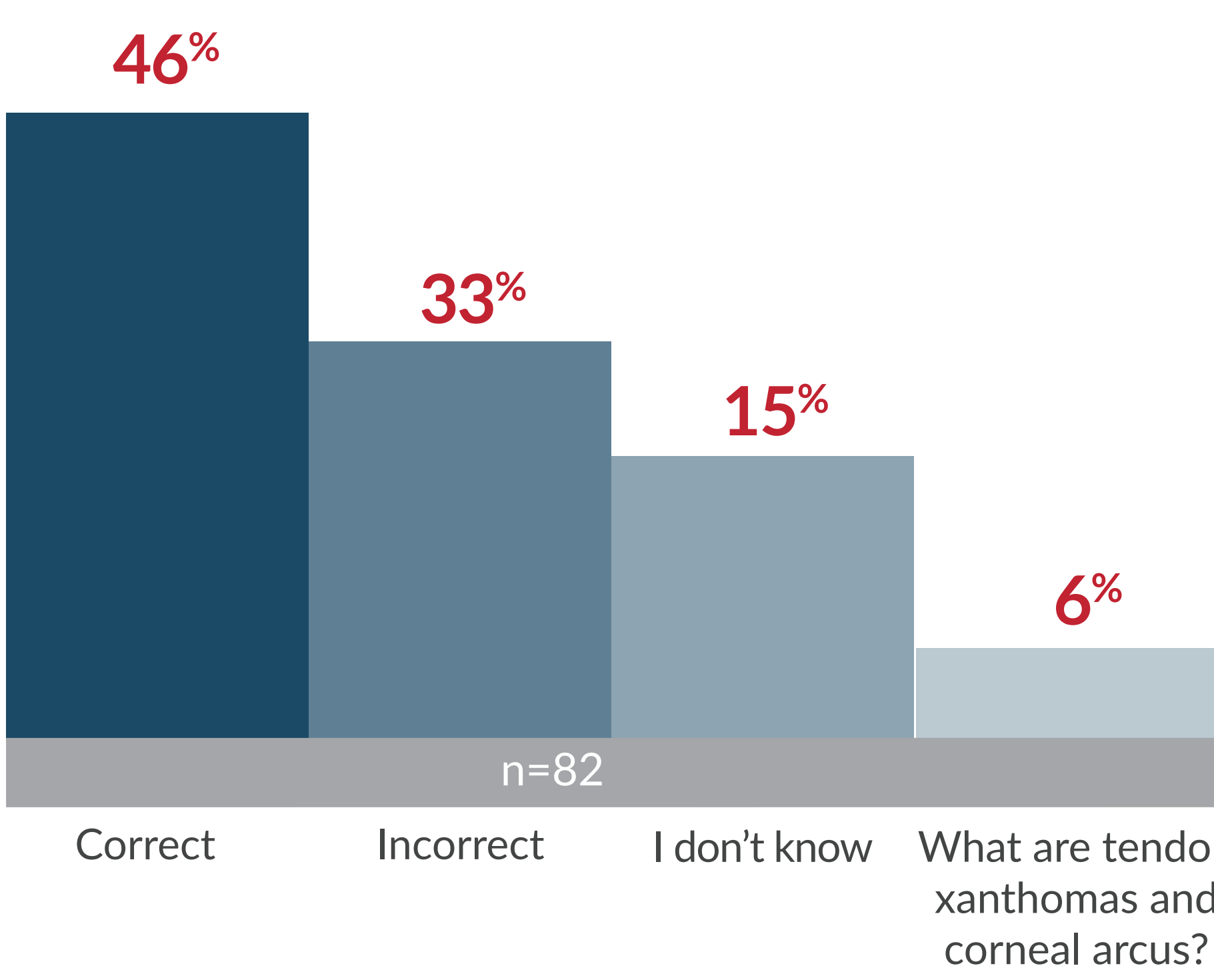
Which characterizes the mechanism of action of or expected results with evinacumab, a new agent for LDL-C reduction in patients with HoFH, as add-on to standard therapy?

(Answer: It reduces LDL-C levels by more than 40%)



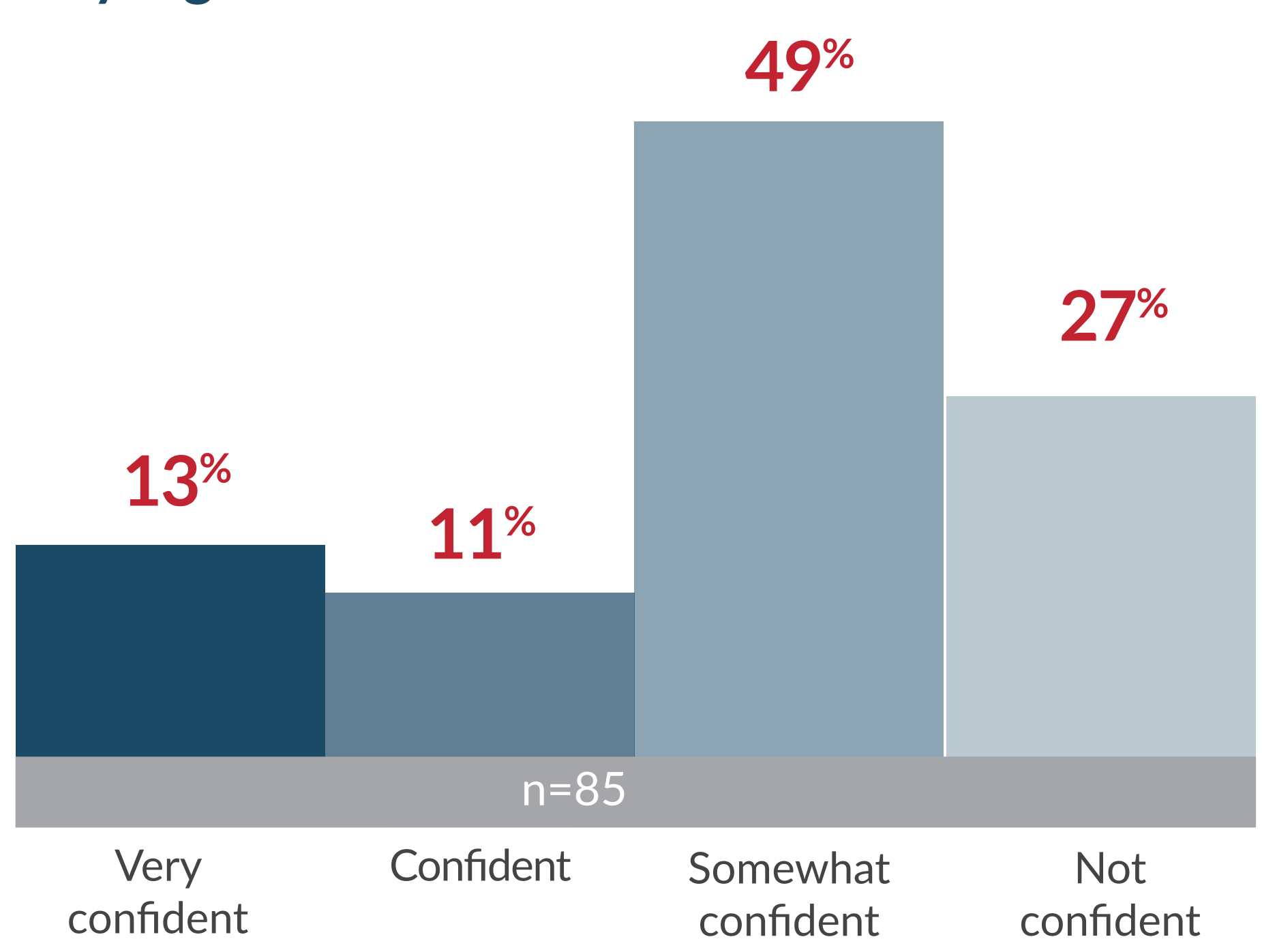
Additional Findings

Tendon xanthomas and corneal arcus are characteristics that every patient with HoFH presents with:



Despite a low level of knowledge about symptoms of HoFH, 73% of learners were at least "somewhat confident" in their ability to manage the condition.

Rate your level of confidence in managing people with very high LDL-c levels such as those in HoFH:



Which is a promising new or emerging agent for the management of HoFH?



CONCLUSION

Live and on-demand CME including the voice of the patient successfully highlighted HoFH patients' expectations of care and enhanced HCPs' ability to adapt to the changing HoFH landscape. Additional education on this evolving landscape and associated guidelines can further enhance quality of care for HoFH patients and help prompt adoption of best practices and new agents for this condition.