AXINON® lipoFIT®*

Advanced Lipoprotein Testing for Cardiovascular Risk Assessment



AXINON® lipoFIT® – NMR Lipoprotein Analysis for CVD Risk Management

Determination of lipoprotein particle numbers & sizes for advanced cardiovascular risk assessment in a single measurement

Standardized on-site NMR system

Easy usability and automated platform with QC standards for reliable, high-throughput results

Cardiovascular disease (CVD) is the number one cause of death worldwide [1]. Clinical CV risk factors include hypertension, diabetes mellitus, chronic kidney disease, obesity, cigarette smoking and family history. The most important biomarkers for CV risk determination are lipids including total cholesterol, triglycerides, LDL and HDL cholesterol. However, about 50% of patients hospitalized for coronary artery disease (CAD) have LDL cholesterol (LDL-C) levels within the normal range [2].



Particle Number and Size Matter

Considerable discordance between LDL-C and the number of LDL particles (LDL-p) has been observed, especially in those individuals with other comorbid conditions such as diabetes mellitus [3-5]. Despite having the same level of LDL-C, patients can have different concentrations of LDL-p (Fig. 1). Small, dense LDL particles are described to be more atherogenic than large ones [6-9].

Multiple studies have shown that CV risk is more closely associated with LDL particle concentration rather than cholesterol content $^{[4, 5, 10\text{-}12]}$. Recent studies demonstrated the cost-effectiveness of LDL-p guided therapy $^{[13\text{-}16]}$.

Furthermore, lower concentrations of high-density lipoprotein particles (HDL-p) are associated with

increased risk of CVD [17], while large HDL particles (LHDL-p) seem to have a protective effect [18, 19]. Thus, the determination of lipoprotein parameters beyond the conventional lipid panel can offer a more accurate risk assessment.

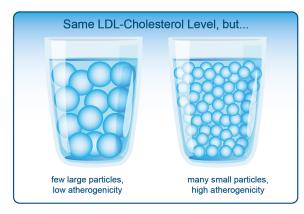


Fig. 1: Different LDL-p can sum up to the same LDL-C.

AXINON® lipoFIT® provides a detailed analysis of lipoprotein subclasses allowing further CV risk stratification. In addition to the standard lipid panel, the test measures concentration and size of lipoprotein particles.

Standard lipid panel +	Particle concentrations	+	Particle sizes
Total cholesterol	LDL-p		VLDL-s
LDL cholesterol	HDL-p		LDL-s
HDL cholesterol	LVLDL-p		HDL-s
Triglycerides	SLDL-p		
	LHDL-p		

In particular, AXINON® lipoFIT® parameters include

■ LDL-p: Concentration of LDL particles.

Strong cardiovascular risk marker beyond LDL cholesterol [4.5].

■ Small LDL-p: Concentration of small LDL particles. Elevated concentrations are associated with increased risk for coronary heart disease [11].

■ HDL-p: Concentration of HDL particles.

Reduced levels are strongly and independently linked to atherosclerotic risk [17].

^{*} Available as a CE-labeled in vitro diagnostic product in the European Union and as Research-Use-Only product in the United States. numares' products have not yet been approved or cleared by the U.S. Food and Drug Administration.

Expert Panels Recommend LDL-P

AXINON® lipoFIT® can help to identify those at increased risk despite normal LDL-C levels. Several expert panels recommend use of LDL-p to optimize treatment of intermediate and high risk patients [20-25].

Year	Expert Panel	
2020	AACE/ACE Diabetes Management Algorithm [20] American Association of Clinical Endocrinologists/ American College of Endocrinology' Comprehensive Diabetes Management Algorithm	
2017	AACE/ACE Guidelines [21] American Association of Clinical Endocrinologists' and American College of Endocrinology Guidelines for Management of Dyslipidemia and Prevention of Cardiovascular Disease	
2015	NLA Recommendations [22] National Lipid Association recommendations for patient-centered management of dyslipidemia	
2013	AACC Assessment [23] Association of apolipoprotein B and nuclear magnetic resonance spectroscopy-derived LDL particle number with outcomes in 25 clinical studies: assessment by the AACC Lipoprotein and Vascular Diseases Division Working Group on Best Practices	
2011	National Lipid Association (NLA) [24] Clinical utility of inflammatory markers and advanced lipoprotein testing: advice from an expert panel of lipid specialists	

AXINON® lipoFIT® Workflow







2) Automated processing - 24/7

How to Use the Test

The combination of *Magnetic Group Signaling (MGS®)* and the *AXINON®* System allows for spectral analysis with highly-reproducible results. The system is fast and efficient with automation capabilities allowing short hands-on-time, minimal operator interaction and high walk-away capability.

Test Features

<u>Capacity</u>: Five racks hold positions for up to 93 analytical samples each. Samples are processed in batches. The test system can be continuously loaded over just a few minutes.

Throughput: ~ 450 samples/24 h.

 $\underline{\text{Walk-away}}$ operation: $AXINON^{\circ}$ supports the fully-automated measurement of up to 465 samples.

 $\underline{\text{Hands-on Time:}} \sim 1 \text{ min. per sample (shorter when an automatic pipetting system is used)}$

Specimen collection, storage and transport

AXINON® lipoFIT® is performed on human serum samples collected according to standard techniques for laboratory testing. Appropriate tubes without anti-coagulation additives must be used. Standard serum tubes without gel separation have been tested to be suitable for use. Specimens can be stored at 2-10°C for up to one week.

Test Principle

Samples are prepared with the AXINON® serum kit and measured using a qualified AXINON® 600 MHz NMR system. The high magnetic field strength of 600 MHz enhances signal resolution and sensitivity. The test parameters are calculated by fitting the broad methyl group signals of lipoproteins using mathematical functions.



3) Output into LIS

Literature

- 1. WHO. Cardiovascular diseases (CVDs) fact sheet. 2017.
- 2. Sachdeva, A., et al., Am Heart J, 2009. 157(1): pp. 111-117 e2.
- 3. Cromwell, W.C. and Otvos, J.D., Am J Cardiol, 2006. 98: pp. 1599-1602.
- 4. Cromwell, W.C., et al., J Clin Lipidol, 2007. 1(6): pp. 583-92.
- 5. Mora, S., Buring, J.E., and Ridker, P.M., Circulation, 2014. 129(5): pp. 553-61.
- 6. Mackey, R.H., et al., Am J Cardiol, 2002. 90: pp. 71i-76i.
- 7. Mora, S., et al., Circulation, 2015. 132(23): pp. 2220-9.
- 8. Otvos, J.D., et al., Circulation, 2006. 113: pp. 1556-1563.
- Mora, S., et al., Atherosclerosis, 2007. 192: pp. 211-217.
 El Harchaoui, K., et al., J Am Coll Cardiol, 2007. 49(5): pp. 547-53.
- 11. Mora, S., et al., Circulation, 2009. 119(7): pp. 931-9.
- 12. Otvos, J.D., et al., J Clin Lipidol, 2011. 5(2): pp. 105-13.

- 13. Folse, H.J., et al., Atherosclerosis, 2014. 236(1): pp. 154-61.
- 14. Grabner, M., et al., Am J Cardiol, 2017. 119(3): pp. 404-409.
- 15. Rizzo, J.A., et al., J Clin Lipidol, 2013. 7(6): pp. 642-52.
- 16. Shiffman, D., et al., BMC Cardiovasc Disord, 2016. 16(1): p. 251.
- 17. Mora, S., et al., Circulation, 2013. 128(11): pp. 1189-97.
- 18. Kontush, A., Front Pharmacol, 2015. 6: p. 218.
- 19. Superko, H.R., et al., J Clin Lipidol, 2012. 6(6): pp. 496-523.
- 20. Garber, A.J., et al., Endocr Pract. 2020; 26 (No. 1) 139.
- 21. Jellinger, P.S., et al., Endocr Pract, 2017. 23(4): pp. 479-497.
- 22. Jacobson, T.A., et al., J Clin Lipidol, 2015. 9(2): pp. 129-69.
- 23. Cole, T.G., et al., Clin Chem, 2013. 59(5): pp. 752-70.
- 24. Davidson, M.H., et al., J Clin Lipidol, 2011. 5(5): pp. 338-67.