

Almost **50%** of MIs in the US occur in patients with normal or only moderately increased cholesterol<sup>1</sup>

## The value of hsCRP



- In one study of 502 patients, it was shown that patients with the highest reductions in CRP levels had regression of atheroma.<sup>3</sup>
- Elevated CRP levels can be a risk marker for CHD that is independent of the patient's LDL value.<sup>2</sup>
- Strategies that aggressively lower cardiovascular risk by means of statin therapy may need to include monitoring of the levels of inflammation as well as cholesterol.<sup>4</sup>

### CRP level is a strong indicator of future cardiovascular events<sup>2</sup>

#### Rate Of Recurrent Heart Attack Or Death By Coronary Causes

		LDL mg/dL	
		≥ 70	< 70
CRP mg/L	< 2	3.2%	2.4% <sup>†</sup>
	≥ 2	4.6%	3.1% <sup>†</sup>

\* Age - Adjusted

† P=0.001

n=3745

Data contained in chart adapted from: Ridker PM, Cannon CP, Morrow D, et al. C-reactive protein levels and outcomes after statin therapy. *N Engl J Med.* 2005;352:20-28.

# hsCRP

(high sensitivity C-Reactive Protein)

testing helps identify risk and even more.<sup>1</sup>

Elevated CRP levels can be a risk marker for CHD that is independent of the patient's LDL value.<sup>2</sup>

- Numerous epidemiologic studies have shown an association between CRP levels and cardiovascular events in certain populations.<sup>2</sup>
- A study of 502 patients concluded there may be benefit to monitoring both inflammation and cholesterol.<sup>3</sup>

**AHA/CDC recognizes high sensitivity CRP as the "Analyte of Choice" for measuring inflammation in CHD patients already classified as intermediate risk<sup>5</sup>**

hsCRP Value (mg/L)	CVD Risk Level
<1	Low
1-3	Average
>3*	High

\* A hsCRP level of >10 mg/L should be discarded and repeated in 2 weeks.

#### REFERENCES

1. Rifai N, Ridker PM. High-sensitivity C-reactive protein: A novel and promising marker of coronary heart disease. *Clin Chem*. 2001;47(3):403-411.
2. Ridker PM. High-Sensitivity C-reactive protein and cardiovascular risk: rationale for screening and primary prevention. *Am J Cardiol*. 2003;92(suppl):17K-22K.
3. Nissen SE, Tuzcu EM, Schoenhagen P, et al. Statin therapy, LDL cholesterol, C-reactive protein, and coronary artery disease. *N Engl J Med*. 2005;352:29-38.
4. Ridker PM, Cannon CP, Morrow D, et al. C-reactive protein levels and outcomes after statin therapy. *N Engl J Med*. 2005;352:20-28.
5. Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease. Application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. *Circulation*. 2003;107:499-511.

Patients with elevated CRP levels may have greater benefit in risk reduction with statin therapy than those with lower CRP levels independent of LDL cholesterol level.<sup>2</sup>

Test Code: 90045

Specimen Requirements:  
1 mL refrigerated serum

For more information on hsCRP (high sensitivity C-Reactive Protein), please contact your Sonora Quest Laboratories Account Manager or visit us at [www.sonoraquest.com](http://www.sonoraquest.com).

