### Case 1
- **CVD Risk**: High-risk
- **GLOM**: <70 mg/dL

<table>
<thead>
<tr>
<th>Age</th>
<th>55 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>28.2 kg/m²</td>
</tr>
<tr>
<td>Diabetic</td>
<td>No</td>
</tr>
<tr>
<td>Smoker</td>
<td>No</td>
</tr>
<tr>
<td>Family History</td>
<td>Brother with FH and recent MI</td>
</tr>
</tbody>
</table>

**Lipid profile and current treatments**
- **Jun 2019**: LDL-C 197, TG 197 no Rx
- **Dec 2019**: LDL-C 174 dietary changes only
- **Mar 2020**: LDL-C 81 on rosuvastatin 20 mg

**Therapeutic options**
- Increase statin to 40 mg/day
  - Predicted 6% drop to achieved LDL-C of 73; >50% LDL-C reduction from baseline
- Add ezetimibe to statin
  - Predicted 20% drop to achieved LDL-C of 68

### Case 2
- **CVD Risk**: Very high-risk
- **GLOM**: <55 mg/dL

<table>
<thead>
<tr>
<th>Age</th>
<th>58 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>33.8 kg/m²</td>
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<tr>
<td>Diabetic</td>
<td>Yes, type 2</td>
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<tr>
<td>Smoker</td>
<td>No</td>
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</tbody>
</table>

**Hypertensive before ACEi treatment**
- Yes, BP 138/94

**Lipid profile and current treatments**
- **Predicted baseline**: LDL-C 155
  - **Jan 2019**: LDL-C 93, TG 177 on atorvastatin 20 mg
  - **Mar 2020**: LDL-C 85, TG 168 on atorvastatin 40 mg (intolerant of higher dose)

**Therapeutic options**
- Add ezetimibe to statin
  - Predicted 20% reduction to achieved LDL-C of 70; >50% LDL-C reduction from baseline
- Add PCSK9i to statin
  - Predicted 60% drop to achieved LDL-C of 35

### Case 3
- **CVD Risk**: Very high-risk
- **GLOM**: <40 mg/dL

<table>
<thead>
<tr>
<th>Age</th>
<th>62 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>29.5 kg/m²</td>
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<tr>
<td>Diabetic</td>
<td>No</td>
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</table>

**Hypertensive before ACEi treatment**
- Yes, BP 138/87

**Lipid profile and current treatments**
- **Predicted baseline**: LDL-C 190
  - **Mar 2017**: LDL-C 116, TG 213 on atorvastatin 20 mg
  - **Jul 2019**: LDL-C 73, TG 151 on atorvastatin 80 mg

**Therapeutic options**
- Add ezetimibe to statin
  - Predicted 20% reduction to achieved LDL-C of 58; >50% LDL-C reduction from baseline
- Add PCSK9i to statin
  - Predicted 60% drop to achieved LDL-C of 35