THE NATIONAL LIPID ASSOCIATION

2002 X 2012

COMMEMORATIVE ISSUE

LipidSpin

2002

Committed, as ever, to creating healthier lives through research and education, the NLA celebrates our first decade as we look to a future where specialized lipid management continues to improve outcomes through a cohesive, multidisciplinary approach.

NATIONAL LIPID ASSOCIATION
10 Years
2002–2012

2012

LipidSpin

The *Lipid Spin* has chronicled important achievements throughout the history of the NLA and even those that predate our incorporation. Take a peek at some of our major milestones on these pages and scattered throughout this commemorative issue.

Southeast Lipid Association

1929
HDL first isolated from horse serum

1948
Framingham Heart Study starts

1950
LDL first isolated

1974
Drs. Joseph Goldstein and Michael Brown discover the LDL-Receptor and later receive the 1985 Nobel Prize for their research

1987
First statin (Lovastatin) released to consumers

1992
Florida Lipid Associates forms

1997
Group of pioneering lipid researchers and clinicians form the Southeast Lipid Association (SELA) in Lake Lanier, Georgia

Western Lipid Association forms

2000
First SELA Meeting in Amelia Island, Florida

SELA Board of Directors votes to form a national association

First Edition of the *Lipid Spin* quarterly member newsletter

HISTORICAL BACKGROUND

NATIONAL LIPID ASSOCIATION

American Board of Clinical Lipidology

ACCL Accreditation Council for Clinical Lipidology

2002

The National Lipid Association (NLA) officially incorporates in Florida with 457 members

2003

Lipid Clinic Training Program launches (now known as Lipid Academy)

NLA publishes its first Self-Assessment Program

2004

NLA helps establish the American Board of Clinical Lipid Specialists, later renamed American Board of Clinical Lipidology

NLA membership surpasses 1,000 members

Midwest Lipid Association forms

SELA hosts inaugural NLA Scientific Sessions in Orlando, Florida

2005

Northeast Lipid Association forms

Masters in Lipidology Course launches

2006

NLA helps establish the Accreditation Council for Clinical Lipidology

Southwest Lipid Association forms

NLA membership exceeds 2,000 members

Distinguished Achievement Award

2009 W. Virgil Brown, MD, FNLA
2010 Scott M. Grundy, MD, FNLA
2011 Antonio M. Gotto, Jr., MD, DPhil, FNLA
2012 Avedis K. Khachadurian, MD, FNLA

Honorary Lifetime Membership Award

2007 John W. Gofman, MD, PhD
2009 Darwin LaBarthe, MD
2010 John A. Glomset, MD
2011 B. Greg Brown, MD, PhD, FNLA
2011 Rodolfo Paoletti, MD, PhD
2012 William Boden, MD

President's Service Award

2010 Dante S. LaRocca, PhD
2011 Thomas D. Dayspring, MD, FNLA
2012 Anne C. Goldberg, MD, FNLA
2012 Ralph La Forge, MSc, FNLA

RECOGNITION

FOUNDATION
of the National Lipid Association

NATIONAL LIPID ASSOCIATION 10 Years 2002–2012

2007

- Pacific Lipid Association forms
- *Journal of Clinical Lipidology* publishes its first issue

2008

- Foundation of the National Lipid Association forms

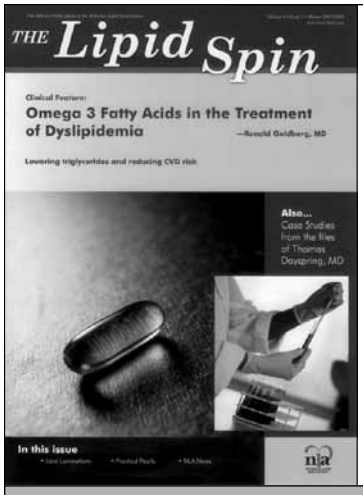
2010

- *Journal of Clinical Lipidology* accepted into U.S. Library of Medicine and receives first impact factor
- NLA goes global through developing partnerships with international lipid groups

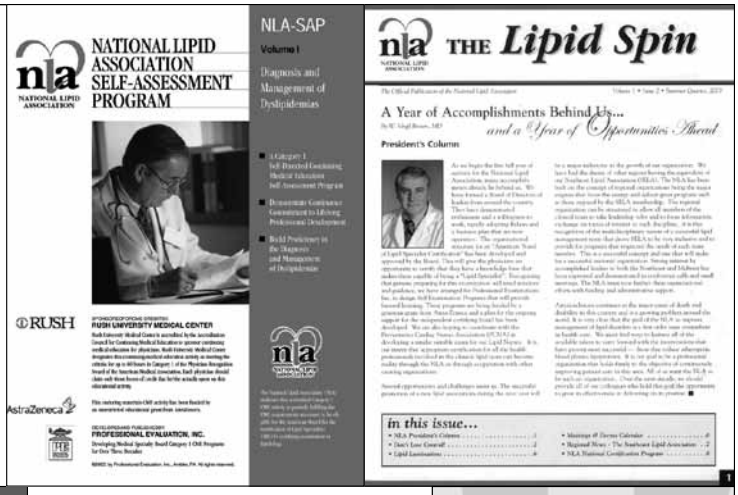
2012

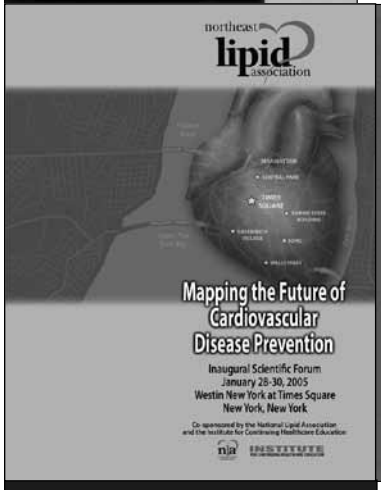
- NLA launches Lipid Academy; first comprehensive online training program in lipid management available worldwide
- NLA accepted for representation in the American Medical Association Specialty and Service Society Caucus
- NLA celebrates its 10th anniversary at Annual Scientific Sessions in Scottsdale, Arizona

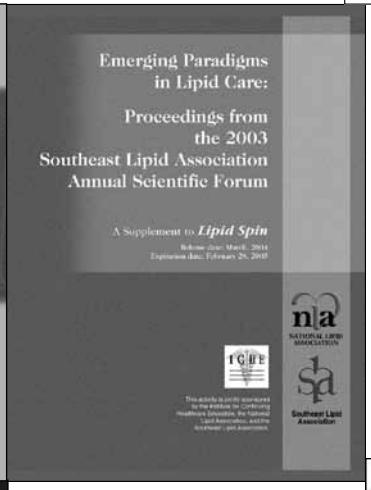
2002 2012

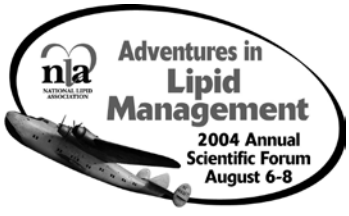

THE Lipid Spin
Clinical Feature:
Omega 3 Fatty Acids in the Treatment of Dyslipidemia
—Ronald Goldberg, MD
Lowering triglycerides and reducing CVD risk
Also...
Case Studies from the files of Thomas Dayspring, MD
In this issue

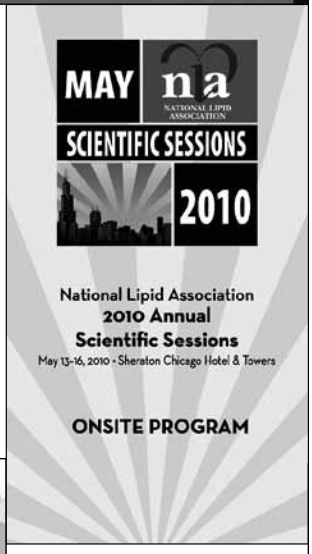

NELA
2008
SCIENTIFIC
FORUM

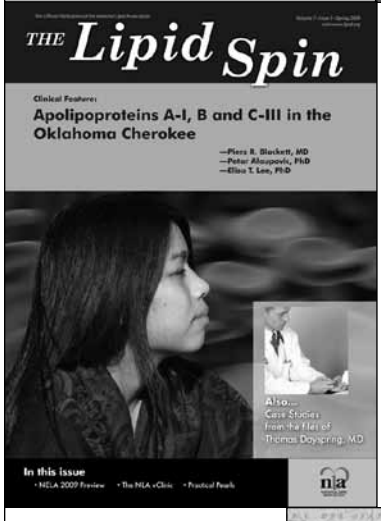

NATIONAL LIPID ASSOCIATION SELF-ASSESSMENT PROGRAM
NLA-SAP
Volume I
Diagnosis and Management of Dyslipidemias
RUSH
RUSH UNIVERSITY MEDICAL CENTER
PROFESSIONAL EVALUATION, INC.
AstraZeneca
THE Lipid Spin
A Year of Accomplishments Behind Us...
and a Year of Opportunities Ahead
President's Column
in this issue...


northeast lipid association
Mapping the Future of Cardiovascular Disease Prevention
Inaugural Scientific Forum
January 28-30, 2005
Westin New York at Times Square
New York, New York


Emerging Paradigms in Lipid Care:
Proceedings from the 2003 Southeast Lipid Association Annual Scientific Forum
A Supplement to Lipid Spin
Southeast Lipid Association

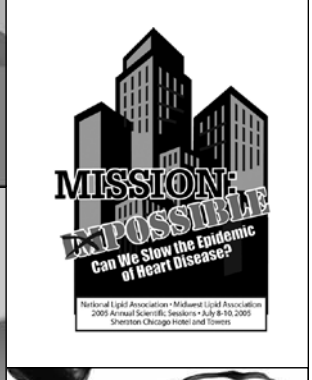

Adventures in Lipid Management
2004 Annual Scientific Forum
August 6-8

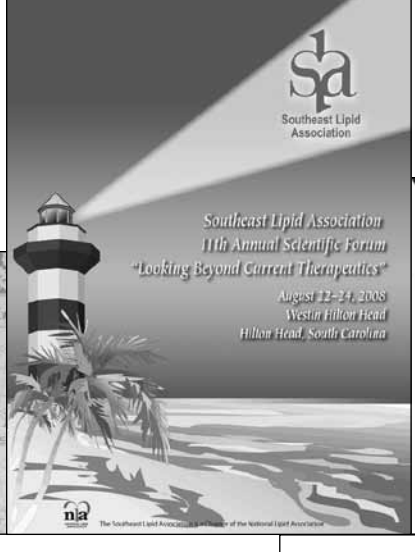

MAY
SCIENTIFIC SESSIONS
2010
National Lipid Association
2010 Annual
Scientific Sessions
May 13-16, 2010 - Sheraton Chicago Hotel & Towers
ONSITE PROGRAM

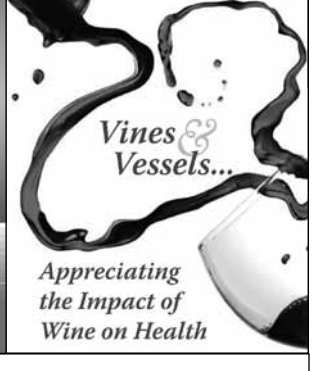

THE Lipid Spin
Clinical Feature:
Apolipoproteins A-I, B and C-III in the Oklahoma Cherokee
—Pierre R. Blackett, MD
—Peter Alaupovic, PhD
—Elisa T. Lee, PhD
Also...
Case Studies from the files of Thomas Dayspring, MD
In this issue


SOUTHWEST LIPID ASSOCIATION
INAUGURAL MEETING

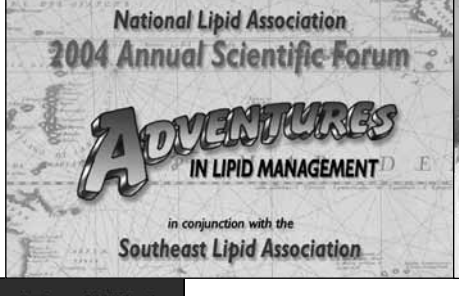

southwest lipid association
The Southwest Lipid Association
3rd Annual Scientific Forum
July 18-20, 2008
Marriott City Center, Denver, CO

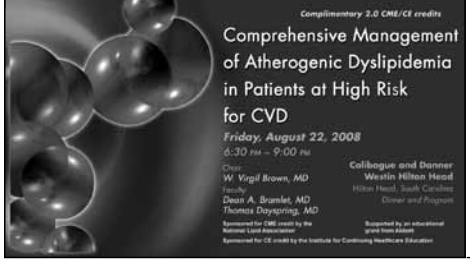

MISSION:
IMPOSSIBLE
Can We Slow the Epidemic of Heart Disease?
National Lipid Association • Midwest Lipid Association
2005 Annual Scientific Sessions • July 8-10, 2005
Sheraton Chicago Hotel and Towers

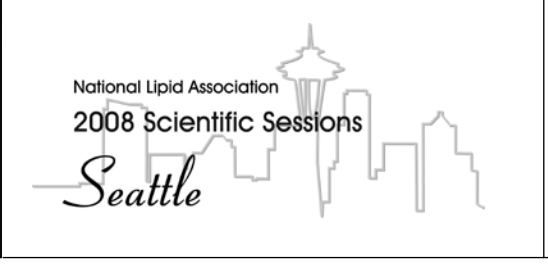

Southeast Lipid Association
Southeast Lipid Association
11th Annual Scientific Forum
"Looking Beyond Current Therapeutics"
August 22-24, 2008
Westin Hilton Head
Hilton Head, South Carolina


Vines & Vessels...
Appreciating the Impact of Wine on Health


NELA
2007 Scientific Forum


National Lipid Association
2004 Annual Scientific Forum
ADVENTURES
IN LIPID MANAGEMENT
in conjunction with the
Southeast Lipid Association


Complimentary 2.0 CME/CE credits
Comprehensive Management of Atherogenic Dyslipidemia in Patients at High Risk for CVD
Friday, August 22, 2008
6:30 PM – 9:00 PM
Calibogue and Danner
Westin Hilton Head
Hilton Head, South Carolina
Dinner and Program


National Lipid Association
2008 Scientific Sessions
Seattle


FH IT'S RELATIVE
KNOW YOUR FAMILY CHOLESTEROL HISTORY

LipidSpin

CONTENTS

Origins and Early Years of the Southeast Lipid Association

John R. Guyton, MD, FNLA
President, Southeast Lipid Association
1999-2000
President, National Lipid Association
2004-2005
Duke University Medical Center

The Southeast Lipid Association (SELA) formed in 1997, but its origin can be traced to events some ten years prior—to a time when only academic, research-focused lipid clinics existed. The current era of expanded cholesterol treatment launched in 1987 with Merck's lovastatin, followed shortly by the first Adult Treatment Panel report from the National Cholesterol Education Program. Within a few years, cholesterol made the cover of *Time Magazine*—a frowning face of fried eggs and bacon.

Community health providers welcomed the news. Some wanted to learn all they could about how to end the pandemic of atherosclerotic cardiovascular disease. Bristol-Myers Squibb gave $3 million to the American Heart Association (AHA) to establish six regional Lipid Disorders Training Centers with the goal of developing "clinical lipid specialists." In the Southeast, Peter Kwiterovich, MD, Simeon Margolis, MD, PhD, and Diane Becker, ScD, MPH, RN, led the effort at Johns Hopkins Medicine.

The Southeast also benefited from migration of key people from the University of California, San Diego. W. Virgil Brown, MD, who led the Lipid Research Clinic at University of California-San Diego, moved to Washington, D.C., before returning to his home state of Georgia in 1991 to establish a lipid program at Emory University. Terry Thomas, MSN, RN, who, with others, pioneered advanced-practice nursing in lipid management, moved to the University of North Carolina, Chapel Hill, where she started a lipid clinic and training program with Ross Simpson, MD, PhD. Ralph La Forge, MSc, walked into Duke University Medical Center in 1996 with a 4-inch binder under his arm: a lipid clinic education and operations manual. He joined me to start an active training center. Betsy La Forge, MPH, RD, who would become SELA's first treasurer, brought the perspective of a dietitian and a health insurance executive.

Florida, with its many aging retirees, became an epicenter for community lipid clinic development. Dean Bramlet, MD, Ralph Vicari, MD, Paul Ziajka, MD, PhD, and others, formalized a network of lipid clinics around the state by incorporating Florida Lipid Associates in 1992. An annual educational conference invited all practitioners to learn about lipid management.

After the launch of atorvastatin, Parke-Davis and Pfizer—with encouragement from W. Virgil Brown, MD—decided to fund regional lipid organizations. A Western Lipid Association existed from 1997 to 2002 in the form of centers of excellence in large medical centers, but that model, hindered by the untimely illness and death of key founder Kent Smith, MD, did not last. In the Southeast, a group of mostly academic physicians gathered in Florida in February 1997 for an initial planning meeting. Afterwards, participants each submitted eight votes to elect from among themselves a smaller group to carry out the next step.

> *"They urged SELA's founders to consider making their vision a national one."*

1992

The Lipid Nurse Task Force (now known as the Preventive Cardiovascular Nurses Association) forms as one of the first U.S.-based groups to organize for the express purpose of managing lipid disorders. NLA members begin a fruitful partnership with this group that still exists today.

The Architects (1999-2002)

The Founders of SELA are well known to be W. Virgil Brown, MD, and John Guyton, MD, but there were more voices and influences on the eventual movement of the young SELA organization that morphed into the NLA. As we started to move forward, others emerged including Diane Becker, ScD, MPH, RN, who was our first non-physician president and signified the importance of our multidisciplinary emphasis. Even support from many not on the SELA Board, such as Monica Massey, RN, and Gene Hutcheson, MD, helped

The organizing committee for SELA came together on August 16, 1997, at the Ritz-Carlton, Buckhead, in Atlanta. Participants included W. Virgil Brown, MD, as well as Bryan Brewer, MD, MacRae Linton, MD, Maria Lopes-Virella, MD, PhD, David Robertson, MD, and me. It took the group about an hour to write the mission statement, which endures today as the mission of the National Lipid Association: *To enhance the practice of lipid management in clinical medicine.* The group then declared a bold first objective: To promote the growth of lipid specialty practice as a defined discipline in clinical medicine. Two more objectives dealt with educational goals in the science and practice of lipidology. The fourth and final objective marked a crucial decision. The committee, all physicians, recognized that SELA should foster a multidisciplinary team approach. SELA would include the entire clinical team—nurses, midlevel providers, dietitians, clinic managers and pharmacists—not just physicians.

Vera Bittner, MD, and John Guyton, MD, were mainstays at the early SELA meetings, such as the 2004 conference in Orlando, FL.

A look at the minutes of the second organizing committee meeting in January 1998 reveals that Tom Albright of Parke-Davis envisioned SELA as "a totally independent and self-sufficient organization …" Nancy Wolk and John Strange of Pfizer added that "as SELA grows in stature, they will need to solicit monies from organizations other than Parke-Davis and Pfizer." Such enlightened support contributed greatly to SELA's ultimate success. The first of what would become annual educational conferences commenced on August 14, 1998, at Lake Lanier, about an hour north of Atlanta. The meeting drew 108 health providers from throughout the Southeast. Eight pharmaceutical companies and one laboratory start-up, LipoMed, contributed as sponsors. Presenters in the day sessions included Terry Thomas, MSN, RN, Bryan Brewer, MD, W. Virgil Brown, MD, Betsy La Forge, MPH, RD, Ralph La Forge, MSc, MacRae Linton, MD, Michael Miller, MD, Sidney Smith, MD, Paul Ziajka, MD, PhD, and me. Diane Becker, ScD, MPH, RN, gave an interactive and entertaining dinner talk on heart-healthy nutrition. In a closing discussion, I asked whether the group should consider a broader focus of cardiovascular prevention. W. Virgil Brown, MD, vigorously opposed that idea, and his view of maintaining the lipid focus carried the day. Yet atherosclerosis and obesity can be considered lipid disorders as much as hypercholesterolemia and hypertriglyceridemia.

1997 The Southeast Lipid Association forms. Healthcare providers organize a professional association to improve the expertise necessary to optimally diagnose and treat patients with lipoprotein disorders.

propel the organization and rallied people to join and participate in our educational conferences. Everyone came together to spell out what they desired: a unique organization utilizing multidisciplinary approaches to medicine and embracing a new professional track of subspecialists in lipidology. The philosophy was that we would be one organization, one membership level, one fee, and one voice for lipids and patients.

The organizing committee met again at the annual meeting in November. Additional members included several of the speakers from our inaugural conference, as well as Ronald Goldberg, MD, and James McKenney, PharmD. The committee moved decisively to sever the umbilical cord from the original sponsors. ProWorx, a medical education company allied with Pfizer/Parke-Davis, had provided admirable initial support for SELA but would only be a candidate among others for responsibilities beyond 1999. SELA needed a comprehensive association management team that could assume a higher level of responsibility than the usual conference organizer.

We drafted a request for proposals, but the search for an association manager proceeded largely through personal contacts. Tom Sullivan, an experienced AHA consultant, recommended Chris Seymour of Jacksonville, Fla., pointing out that Seymour—as executive manager of the American Association of Clinical Endocrinologists—had fostered that organization's growth from a small visionary group to a major clinical practice organization.

Interest ran high for the second annual SELA conference, held at The Homestead Hotel near Roanoke, Va., in August 1999. Maria Lopes-Virella, MD, PhD, chaired the program, and 132 health providers attended. New presenters included Robin Crouse, MD, who spoke on his discovery of stroke prevention by statins; Mary Ellen Sweeney, MD, who discussed dietary recommendations; and Vera Bittner, MD, MSPH, and Caroline Norman, MD, who spoke on hormone replacement therapy. SELA's leadership also finalized its choice of Compass Management, led by Seymour.

A Navy reservist, Commander Seymour's basic philosophy has always been to hit target to achieve the mission. He recruited a talented and highly motivated team to help with the work. Clark Morgan was an early contractor enlisted to manage computer presentations and to develop a website, which became one of the strengths of the new SELA. The *Lipid Spin* newsletter—your not-so-humble historian claims the pun—appeared first in March 2000, edited by Diane Becker, ScD, MPH, RN, Vera Bittner, MD, MSPH, and James McKenney, PharmD.

MacRae Linton, MD, organized the third SELA conference in August 2000 on Amelia Island, near Jacksonville. A well-remembered highlight was the participation of entire groups of lipid clinic staff arriving in vans and auto caravans from distances as far as Mississippi and North Carolina. These included Gene Hutcheson, MD, Monica Massey, RN, and others from the Jackson Heart Clinic, and future SELA President Dan Wise, MD, with Jan Wagoner, MA, and their team from Mid Carolina Cardiology. The idea of private practice lipid clinics was now established beyond its beginnings in Florida.

Many key contributors to SELA's beginning cannot be named here for want of space, but I want to mention two from outside the region who took particular notice of the new organization. Neil Stone, MD, of Northwestern University in Chicago was among the speakers at the Amelia Island meeting. He and Penny Kris-Etherton, PhD, RD, of Pennsylvania State University, and others across the U.S. were inspired by what they saw in SELA, and they urged SELA's founders to consider making their vision a national one.

2000

SELA provides first online CME as highlights from its annual meeting in 2000.

The Lipid Spin

While SELA was just moving forward, the matter of communicating regularly was at the forefront of the discussion. The Board members envisioned a quarterly newsletter featuring the clinical perspectives of our members, discussion of relevant clinical trials, practical pearls of wisdom, and news and meeting announcements. The name that emerged was the Lipid Spin. However, arriving at that name was not easy, as the word "spin" meant different things to different people. A few strong voices emerged and hence the Lipid Spin remains as the longtime newsletter of both SELA and the NLA since its first issue in March 2000.

History of Allied Health Involvement in the National Lipid Association: A Need for Multidisciplinary Focus in Cholesterol Management

Terry S. Thomas, MSN, RN, FNLA
Founding Member, Southeast Lipid Association
1997-1998
Health Diagnostic Laboratory, Inc.

The Southeast Lipid Association (SELA) originated as an extension of an annual Southern academic forum based on the science of cholesterol metabolism. A group of well-known academic physicians convened a group in 1997 to discuss the potential of starting a lipid association. The founding group of physicians had a vision to form an association that would become focused on the practical application and integration of science into clinical lipid practice. It was during the second meeting that the group looked at the makeup of the team and realized that, to develop the idea they had for this new association, they needed to involve a multidisciplinary team and, importantly, people who had been "in the trenches," thus involving allied health professionals in lipid management. John Guyton, MD, called to ask me to join the group to move the mission forward. It was an honor to accept the first "non-physician" position with the Board of Directors of SELA. These physicians realized the strengths and skills that allied health professionals could bring to lipid management, especially related to counseling, affecting behavior change and improving adherence to lifestyle and medication use.

"I consider it an honor to have been invited ten years ago to serve and develop SELA."

2001 SELA releases its first accredited CD-ROM: *Clinical Applications of the NCEP Guidelines.*

It is no small task to develop a non-profit organization, especially for a group of people with full-time careers. Fortunately, one of the physicians knew a person who had been involved in starting and managing a non-profit health organization. Chris Seymour was contacted and agreed to take on the task of developing SELA. His vision and leadership quickly moved the organization forward.

Having been involved in forming the Lipid Nurse Task Force, which then became the Preventive Cardiovascular Nurses Association (PCNA), I was committed to the mission of promoting the role of nurses and allied health professionals in lipid management. Soon after I joined the SELA Board, we also integrated dietitians and exercise physiologists to form an organization inclusive of appropriate healthcare disciplines. A number of the allied health professionals involved in the early years have gone on to hold leadership roles in SELA and in the National Lipid Association.

The members of the Board of Directors of SELA spent time in the early years discussing a potential certification for physicians in lipid management. Simultaneously, as the organization grew and expanded, it was decided to help develop a certification for allied health professionals. Additionally, collaborating with partners in the industry allowed the organization to continue to grow and develop mutually beneficial projects.

The first years of the SELA's summer conferences often included practices that would bring from five to fifteen clinicians from a single office to attend the scientific meetings, who then would network with colleagues and share ideas about the role of a

The Architects (continued)

It was during the presidency of John Guyton, MD, that the NLA's formation ensued, but it was during the presidency of Maria Lopes-Virella, PhD, MD, that a further vision emerged of certifying lipid specialists and establishing recognition of lipidology as a growing subspecialty. Suddenly, the talent pool enlarged and Michael Davidson, MD, arrived and brought to the table a comprehensive teaching tool which became the NLA Self-Assessment Program. This led to a master curriculum and fostered development of the exams that are now offered by the American Board of Clinical Lipidology (ABCL) and the Accreditation Council for Clinical Lipidology (ACCL).

multidisciplinary team in lipid management. Practices in Jackson, Miss., and Charlotte, NC, often vied for the award of bringing the biggest team to the meeting. For many of us in the early years, a favorite part of the meeting was to share "best practices" in the set-up and running of a lipid clinic. This collegial format provided a basis for developing an additional practical component to the scientific sessions on how to start and run a multidisciplinary lipid management program.

Since I served on the Board of Directors of SELA and PCNA simultaneously for five years, an association formed between the two organizations to promote the need for a multidisciplinary team in lipid management. Several PCNA members and Board members also have held leadership roles in SELA and the NLA.

I consider it an honor to have been invited ten years ago to serve and help develop SELA, which then formed the NLA. I am grateful for all the friends and colleagues I have met along the way. With the global burden of cardiovascular disease, we all realize there still is much work to be done.

The Southeast Lipid Association's early meetings involved sharing ideas about lipid management and spending quality time with colleagues, such as this heart-healthy cooking class during the 2007 meeting in Savannah, Ga.

2002 The National Lipid Association forms. A nationwide effort at professional development for clinical lipidologists begins with the formation of the Midwest Lipid Association and the Northeast Lipid Association.


this

National Lipid Association: The Beginning

W. Virgil Brown, MD
President, Southeast Lipid Association
1997-1999
President, National Lipid Association
2002-2004
Emory University

The organizing committee of the National Lipid Association, made up of the Board of Directors of the Southeast Lipid Association (SELA), officially organized our association in November 2002 by adopting bylaws and forming a Board of Directors. Since its inception, SELA's objective had been to become part of a national organization, and our Executive Director, Chris Seymour, had quietly established the legal structure for the NLA by forming a Florida corporation in that name in June 2001. At the time, the only indication that a national organization might be possible was the growing membership of lipidologists from states outside the defined limits of SELA. Neil Stone, MD, and Michael Davidson, MD, of Chicago had become regular participants in the SELA annual meetings. During 2003, they became the key organizers of the Midwest Lipid Association (MWLA), which gave more legitimacy to our claim toward a national structure. The formal organization and the first annual meeting of the MWLA occurred in June 2004. After that, a new regional chapter formed each year, with the addition of the Northeast Lipid Association (NELA), the Southwest Lipid Association (SWLA) and, finally, the Pacific Lipid Association (PLA).

It was in 2004 that the NLA not only became a national organization with two regional chapters, but also a member of the International Atherosclerosis Society. The NLA garnered recognition as providing a fundamental approach to the development of a capable community of professionals essential to a successful attack on cardiovascular disease. This organization had become a force for the improved delivery of information pertinent to the practice of lipidology in the United States and in many other nations. During the ten years of our history, we have established the field of clinical lipidology by addressing the needs of health professionals in this area. The rapid expansion of the NLA in recent years is a story unto itself and one that is discussed in more detail by Seymour in sidebar commentary. However, it is only through the understanding of the formation of SELA and its growth that one can get a true picture of the origins of the NLA. In that sense, our organization is celebrating its 15th anniversary, because the formation actually began in 1997.

In 1997, ten years had passed since the release of the first Adult Treatment Panel guidelines by the National Cholesterol Education Program in October 1987. These were directed squarely at the physician, an attempt to guide the appropriate recognition of lipoprotein abnormalities as a major factor in coronary heart disease. These guidelines raised awareness that blood lipid problems could be treated, with scientifically documented proof that prevention of clinical events was possible. Assessment of total risk and the related definition of target ranges for low-density lipoprotein cholesterol (LDL-C) were specifically defined in the guidelines. In September 1997, the feasibility of success had been greatly enhanced by the FDA's approval for

"It is wonderful to look back and realize that this organization has been able to achieve most of its original objectives."

2003 Inaugural NLA Scientific Sessions held in Boca Raton, Fla., with SELA serving as the hosting chapter.

The Lipid Legends (2003-2008)

A who's-who of literally the best in the field served on the steering committee through efforts funded by SELA. The staff refers to this group as the "Lipid Legends." After the architecture of the new organization and bylaws were spelled out and approved by SELA, the first meeting of the new NLA Board was held in Chicago at the Sheraton Hotel and Towers in November 2002. That is when the real work began and much of it seemed to occur overnight.

prescription use of the first statin, lovastatin. In 1993, the NCEP guidelines were revised and strengthened with the clear goal of lowering LDL-C to less than 100 mg/dL in all people with known coronary disease or major risk factors such as diabetes mellitus. Additional studies reported major reductions in vascular events with statin treatment in patients with and without known vascular disease. However, in 1996, a physician practice assessment revealed that only about half of patients were having their lipoproteins assessed and that application of the treatment guidelines was even less evident. The use of statins increased but patients often were left on low doses without adequate follow-up and without assessing goal attainment. It was in this period that Parke-Davis and Pfizer attempted to co-market their new statin, atorvastatin. Their observations in the community convinced them that the missing element was education of the physician community regarding the efficacy and safety of statins. Furthermore, they felt physicians had not accepted that the NCEP guidelines were really relevant to their patients and that they should be the standard of care. This set of problems prompted the regional representatives of Parke-Davis and Pfizer to seek my advice about addressing this need to change physician practice. In this context, they wanted to start specific programs in the Southeastern United States and would provide the funding if our organization could develop a feasible plan.

John Guyton, MD, Maria Lopes-Virella, PhD, MD, and W. Virgil Brown, MD, witnessed the formation of the NLA's organizational structure, as well as development of pioneering educational programs.

I was a member of the original Adult Treatment Panel in 1987 and had recognized, with my colleagues, that simply providing guidelines did not necessarily motivate action. The federal program did not extend beyond publishing and verbally promoting the documents produced by the NCEP. There were no funds for effective education.

2004 ▸ The NLA publishes its first position paper, "Should Consumers Be Given an OTC-Statin Option to Help Reduce Their CHD Risk? Exploring the Evidence."

Fortunately, in those days, close working relationships with the pharmaceutical industry were not thought of as criminal behavior. I viewed their interests, those of the nation, and mine as a medical educator to be closely and appropriately aligned. Having the opportunity to address these issues with financial backing was very exciting and my immediate reaction was to call on my fellow educators who were also experienced lipidologists in the Southeast. I received an enthusiastic response from Bryan Brewer, MD, John Guyton, MD, MacRae Linton, MD, Maria Lopes-Virella, MD, PhD, and David Robertson, MD, and we were able to meet in Atlanta in August of 1997. Ron Goldberg, MD, Peter Kwiterovich, MD, Michael Miller, MD, and Charles Rackley, MD, were also members of this organizing committee but were not able to join us at that first meeting. Gary Malmstrom and Mark Mosley of Parke-Davis attended and pledged the availability of their contracted public relations firm, Proworx, to help with the logistics of meetings as the committee defined them.

In the first meeting, at the Ritz-Carlton in Atlanta—which lasted around six hours—the organizing

Journal of Clinical Lipidology

Almost immediately after solidifying the objectives of the NLA, the Board actively pursued the publication of a scientific journal to reflect the needs of lipid specialists. After an extensive development and analysis process, we partnered with Elsevier as our publisher and the first edition of the Journal of Clinical Lipidology was published in 2007. W. Virgil Brown, MD, was the obvious choice for Editor-in-Chief to achieve the goal of establishing credibility for the Journal. Although a relatively young publication, the Journal enjoyed two major milestones in 2010: its acceptance into the U.S. Library of Medicine and receipt of its first impact factor.

committee identified itself as SELA and agreed on:

I. The Mission Statement:

To enhance the practice of lipid management in clinical medicine.

II. The objectives:

1. To promote the growth of lipid specialty practice as a defined discipline in clinical medicine
2. To enhance awareness of the emerging knowledge of metabolism, pathogenesis and the genetics of lipid disorders
3. To improve knowledge and professional skills in the diagnosis and treatment of lipid disorders; and
4. To foster a multidisciplinary team approach to lipid management and the prevention of cardiovascular disease

The minutes of this meeting recognized many themes that continue today in the NLA:

- The value, convenience and feasibility of a regional structure that promotes the sharing of ideas and support in educational efforts
- The need to keep the scientist in communication with the practitioner to make learning most timely and effective
- The value of every member of a clinical team in achieving a successful lipid management structure on a local level
- The need for health professionals other than physicians to be recognized in the educational efforts
- The value of adopting and promoting the work of other organizations, such as the NCEP and AHA
- The fact that the practice of lipidology is often a business in need of common sense guidance to maintain a platform for practice in the community. We recognized the importance of defining the practice of lipidology and giving it credibility in terms of training and certification.

These initial discussions led to a plan of action with the formation of several committees, each with a formal charge. We planned for the creation of a specialty of lipidology—with Maria Lopes-Virella, MD, PhD, serving as chair—including formalized testing with certification and, later, the development of a fellowship in Clinical Lipidology. The first part of this has been achieved via the American Board of Clinical Lipidology, but the fellowship remains an important goal of our organization, and we are actively planning the next steps. The Education Committee, chaired by MacRae Linton, MD, was tasked with the development of ongoing educational materials for physicians with timely updates. This has been realized initially in the self-assessment programs (SAP), which have been highly successful. It has also been extended to many other educational materials—not only for physicians but for nurses, pharmacists, dietitians and other health professionals—making possible the preparation for examination and certification by the Accreditation Council for Clinical Lipidology. We also established a committee for patient education materials, chaired by David Robertson, MD. On many occasions, the NLA has developed programs and materials in cooperation with others to provide materials in this realm. A committee headed by Bryan Brewer, MD, began work on developing a website, which became a reality when Chris Seymour joined the organization as Executive Director. We now enjoy a terrific website of constantly growing capability and value to the membership. Finally, we laid initial plans for a multidisciplinary conference the following year, to be chaired by John Guyton, MD, and to be held on Amelia Island, Fla.

The minutes of this first meeting contain discussions of a number of issues that are of interest in passing. Sources of funding were only briefly mentioned, because we had the largesse of two large companies. We saw ourselves as a professional organization, not a charity, and the appropriate compensation was discussed. At the next meeting, however, the facts of life came into play, and we recognized that we must have a broad base of funding to avoid being seen as the agents of one commercial interest if we were to be truly successful.

2004 The NLA receives accreditation from the Accreditation Council for Continuing Medical Education.

W. Virgil Brown, MD, enjoying the faculty dinner at the 2003 SELA meeting in Boca Raton, Fla.

The Southeast Lipid Association's first Scientific Forum commenced on August 14, 1998 on Amelia Island. It is of note that we had 200 health professionals in attendance, including the eleven faculty. Nine pharmaceutical companies supported the conference in a generous manner and we completed a very successful meeting with a positive balance of funds. I had the pleasure of serving as both the first president of SELA and the first president of the NLA. My work brought me great joy because of the strong leadership provided by the Board and so many others who joined the organization in our first several years. The importance of our undertaking, our dedication to the objectives, and continuing great ideas now in progress are the secret to the success of the NLA. My major achievement was in convincing Seymour to join us as our Executive Director in 1999. John Guyton, MD, shares credit for this, as it was he who learned of Seymour's availability and excellent reputation in his management of other Florida-based and national voluntary health organizations. His leadership and that of his organizational staff enabled SELA and then the

2004 ▸ The NLA is recognized as a member organization by the International Atherosclerosis Society.

Our initial supporters also recognized this and were completely cooperative with our fundraising from multiple sources. Compensation for Board members and officers was not a topic of further discussion. The leadership has provided time and effort in copious amounts as unpaid volunteers since. The dedication to the mission by NLA leadership and membership has been exemplary.

The second meeting of the SELA Board occurred in Miami in January of 1998. The Board had expanded with the inclusion of Diane Becker, ScD, MPH, RN, and Betsy La Forge, RD, MPH, who joined Terry Thomas, MSN, RN, and James McKenney, PharmD, in providing great resources outside the community of medical doctors. We also added Paul Ziajka, MD, PhD. The minutes reflect some progress on all designated objectives, but we focused on the development of new funding sources and planning the symposium and meeting to be held later that year.

NLA to obtain funding and fully develop its major projects. It is wonderful to look back and realize that this organization has been able to achieve most of its original objectives within the relatively short time period of our existence. The innovative and impactful programs developed by our leadership and the supporting staff in recent years has resulted in the NLA being discussed in international meetings as an exemplary organization—one others wish to emulate.

History of the National Cholesterol Education Program: Multidisciplinary Collaborations Central to the Adult Treatment Panel Guidelines

Penny M. Kris-Etherton, PhD, RD
President, National Lipid Association
2011-2012
Pennsylvania State University

The National Cholesterol Education Program (NCEP) was launched on November 15, 1985, by the National Heart, Lung and Blood Institute (NHLBI). The program was modeled after the very successful National High Blood Pressure Education Program (NHBPEP). Both programs had a core philosophy to translate science-based evidence into clinical practice to reduce risk of cardiovascular disease (CVD).

The impetus for the NCEP was spurred by the results of the NHLBI-sponsored Coronary Primary Prevention Trial (CPPT) that was published in 1984. The CPPT was a landmark study because it demonstrated that risk of initial coronary heart disease events could be decreased in hypercholesterolemic middle-aged men by using cholesterol-lowering drugs and dietary modifications. The trial showed that cholestyramine resin-induced cholesterol lowering produced an average 19% reduction in definite fatal and/or non-fatal myocardial infarction over seven years. Importantly, men who took the full dose of the drug achieved greater than 25% cholesterol lowering and decreased their coronary heart disease (CHD) risk by 50%.

As noted by Claude Lenfant, MD, NHLBI director at the time, when the results of CPPT were announced, planning began to disseminate the trials results. In December 1984, the NIH sponsored a Consensus Development Conference titled "Lowering Blood Cholesterol to Prevent Heart Disease." The major conclusion from the expert panel was that lowering elevated blood cholesterol levels would reduce the risk of heart disease. In addition, the panel recommended that new programs soon be planned and initiated to educate physicians, other health professionals and the public about the importance of lowering elevated blood cholesterol levels. Notably, the panel recommended the formation of the NCEP.

The NCEP was started in partnership with a coordinating committee of interested public organizations to provide guidance for NCEP activities and to participate in the widespread dissemination of the recommendations made by four panels that were established: the Laboratory Standardization Panel; the Population-Strategies Panel; the Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults; and the Panel on Children and Adolescents. Collectively, this approach assured that multiple population groups were targeted for both prevention and treatment across their lifespan and that this was coupled to standardized laboratory quality control measurements.

National Lipid Association members are involved in all aspects of the NCEP and have been seminally involved in the application of the Adult Treatment Panel (ATP) guidelines. The first ATP report, chaired by DeWitt Goodman, MD, and published in 1988, presented a systematic clinical approach to the treatment of high blood cholesterol in adults. ATP I

> *"One of the NLA's many strengths is that its members work together in a multidisciplinary manner."*

2005 The NLA's Masters in Lipidology Course launches.

Expansion: The Midwest, Northeast, Southwest, and Pacific (2004-2007)

The first Annual Scientific Sessions took place in Orlando in 2004, the same year the NLA-SAP was launched. Steering Committees for both the ABCL and ACCL were formed, and the NLA achieved accreditation through ACCME. Through all of this, an additional four regional chapters began with yet more legendary leadership at the regional level. Robin Crouse, MD, and his membership committee reviewed 300-500 member applications every six months, topping 3,200 members by 2008.

issued recommendations for primary prevention of CHD in people with high levels of low-density lipoprotein cholesterol (LDL-C) (≥ 160 mg/dL) and for those with borderline high LDL-C (130-159 mg/dL) and multiple (2+) risk factors. The second ATP report, chaired by Scott Grundy, MD, PhD, and published in 1993, affirmed the importance of this approach. There are several features that distinguish ATP II from ATP I, including:

1. Increased emphasis on CHD risk status to guide type and intensity of cholesterol-lowering therapy
2. Greater attention to high-density lipoprotein cholesterol (HDL-C) as a CHD risk factor; and
3. Improved emphasis on physical activity and weight loss as components of medical nutrition therapy for the treatment of high blood cholesterol levels.

ATP II recommended that people at higher risk for CHD receive more aggressive intervention than patients at lower risk. ATP III, published in 2001 and chaired again by Scott Grundy, MD, PhD, calls for more intensive LDL-C lowering, especially among patients with multiple risk factors. Several key changes were recommended, including focusing on primary prevention in people with multiple risk factors, considering diabetes to be a CHD risk equivalent, using Framingham scoring to estimate risk status, and identifying people with the metabolic syndrome for intensive therapeutic lifestyle changes. In addition, ATP III identifies LDL-C below 100 mg/dL as optimal, raises the low HDL-C cut-point from below 35 mg/dL to below 40 mg/dL, and lowers the triglyceride cut-point to below 150 mg/dL. ATP III also intensifies the implementation of nutrition, physical activity and weight control to lower elevated LDL-cholesterol via the introduction of a new therapeutic lifestyle change (TLC) treatment plan. The ATP III guidelines were updated in 2004. The major modification is that, in high-risk people, the recommended LDL-C goal is < 100 mg/dL but, when risk is very high, an LDL-C goal of < 70 mg/dL is a therapeutic option. This therapeutic option extends to patients at very high risk who have a baseline LDL-C <100 mg/dL.

All reports continue to identify LDL-C as the primary target of cholesterol-lowering therapy. A trend has developed over the years for treatment targets for LDL-C to be progressively lower. Importantly, lifestyle modifications have been the first-line therapy for decreasing risk of CVD through cholesterol lowering and modification of other important risk factors.

ATP IV, under the leadership of Neil Stone, MD, and Alice Lichtenstein, ScD, will be released in the near future. New guidelines will be comprehensive and provide evidence-based clinical guideline updates on high blood pressure, high blood cholesterol and overweight and obesity in adults, as well as on lifestyle and risk assessment related to cardiovascular risk.

The NHLBI recently created the National Program to Reduce Cardiovascular Risk (NPRCR) which will be overseen by the NPRCR Coordinating Committee. The inaugural meeting was held October 17, 2011. Many organizations are participating, including the NLA. Our representative is Terry Jacobson, MD. The purpose of the NPRCR is to reduce the risk of CVD through a national effort to implement evidence-based clinical practice guidelines and interventions to control cardiovascular risk factors—high blood pressure, high blood cholesterol, and overweight/obesity—in clinical practice settings. The next NPRCR meeting is scheduled for December 2012. The NLA is poised to contribute

2005 ▸ The American Board of Clinical Lipidology offers its first certification exam for physicians.

Certification and Recognition

Shortly after forming the NLA, the Board set a long range goal of establishing Clinical Lipidology as a subspecialty. Hence the establishment of the ABCL and the ACCL. Candidates who successfully pass the ABCL and ACCL exams are awarded "Diplomate" status, demonstrating their advanced skill and expertise in lipid management. The NLA set its initial timeline for recognition of lipidology as a subspecialty at least 20 years. Several key elements must be put in place in order to establish not only training and examination processes, but also recognized lipid fellowships and organizational relationships for a successful application to the American Board of Medical Specialties.

significantly to the mission of the committee. These activities, in turn, should benefit NLA members.

Since its inception, the NLA has maintained what is now a ten-year legacy of actively pursuing the mission of implementing the ATP guidelines. There is a passionate commitment to achieving LDL-C targets and beneficially affecting other CVD risk factors to optimally lower risk of CVD morbidity and mortality. One of NLA's many strengths is that its members work together in a multidisciplinary manner to achieve CVD risk reduction in our patients. Physicians, nurse practitioners, nurses, pharmacists, exercise physiologists and registered dietitians all have key roles in this effort, and those roles depend on strong and necessary collaborations. With the pending release of ATP IV, the NLA is poised to build on its successes and take a leadership role in translating the guidelines to its members and other health professionals who strive to achieve optimal patient care. I am confident, based on its rich history of multidisciplinary health professional collaborations and members' commitment to the highest standards of patient care, that the NLA is positioned to be a role model for the dissemination of ATP IV.

Virgil Brown, MD, congratulates Penny Kris-Etherton, PhD, RD, during the 2005 annual meeting in Chicago, Ill.

2006 The NLA authors both statin and non-statin safety manuscripts, which are published in the *American Journal of Cardiology*.

History of Cholesterol: From the Skeptics to the Evidence Base

Antonio M. Gotto, Jr., MD, DPhil
Board Member, National Lipid Association
2004-2006
Weill Cornell Medical College

The lipid hypothesis, which posits a link between elevated plasma cholesterol and the development of coronary heart disease, has been hotly debated for more than 150 years. Its origins date from 1856, when Rudolf Virchow, MD, observed inflammatory changes associated with atherosclerotic plaque growth within the arterial wall—a condition he termed "endo-arteritis chronica deformans." Beginning in the 1930s, patients with familial hypercholesterolemia provided an early and dramatic clue that elevated levels of cholesterol were linked to increased cardiovascular risk. Two subsequent longitudinal studies provided additional epidemiologic evidence. After 25 years of follow-up, the Seven Countries Study showed that cardiovascular mortality rates in populations around the world were linked to serum cholesterol levels and dietary patterns. The ongoing Framingham Heart Study, initiated in 1948, identified major risk factors for coronary heart disease, including elevated low-density lipoprotein cholesterol (LDL-C), low high-density lipoprotein cholesterol (HDL-C), hypertension and cigarette smoking.

Some clinical trial evidence in support of the lipid hypothesis emerged in the 1970s with the Lipid Research Clinics—Coronary Primary Prevention Trial (LRC-CPPT). I participated with colleagues at Baylor College of Medicine and The Methodist Hospital in Houston at one of 12 Lipid Research Clinics established by the National Institutes of Health (NIH). The LRC-CPPT was a challenging trial to conduct. More than 500,000 male participants were screened; only 3,806 were enrolled, and the mean consumption of the study drug cholestyramine was about half the prescribed dose because of gastrointestinal side effects. After 7.4 years, there was a 12.6% greater reduction in LDL-C in the cholestyramine group compared to the placebo group, resulting in a 19% relative reduction in coronary events. I was president of the American Heart Association at the time, and the LRC-CPPT findings were strongly endorsed by the AHA. However, many in the cardiology community remained unconvinced by the results, which were statistically significant only with a one-tailed t-test.

A great advance was the discovery of the LDL receptor, which helped elucidate the mechanisms of cholesterol regulation, by Michael Brown, MD, and Joseph Goldstein, MD, in 1974. Another major turning point was the isolation by Akira Endo, PhD, who was working at the Sankyo Co., of a competitive inhibitor of 3-hydroxy-3-methyl-glutaryl-CoA reductase (HMG-CoA reductase) from the fungus *Penicillium citrinum* in 1976. The substance, called compactin or mevastatin, was the first statin to be administered to humans. Sankyo terminated its development in 1980 for reasons that have never been published. However, Merck decided to pursue the development of another statin, and lovastatin was approved by the U.S. Food and Drug Administration on September 1, 1987. I, along with Michael Brown, MD, Joseph Goldstein, MD, and Edward Scolnick, MD, and Jonathan Tobert, MD, PhD, of Merck, participated

> *"Clinical trials with statins provided the evidence needed to confirm the lipid hypothesis."*

2006 The NLA releases its first Complex Lipid Management Self-Assessment and Self-Study Modules.

Learning

Traditionally, the NLA has been an education-oriented organization focusing its activities on developing accredited educational programs that meet the needs of members in clinical practice. Since 2000, we have created an array of live conferences, web programs, CD-ROMs, monographs, and even an online social media platform to exchange slides and the opinions of our members.

in the news conference announcing its approval. Sankyo went on to develop the statin pravastatin, which was launched in Japan in 1989.

The advent of the statins ushered in a new era in preventive cardiology, but the lipid hypothesis still faced considerable skepticism during this time, particularly from leading British cardiologists. In addition, some researchers were concerned by results from the LRC-CPPT, which had shown a small, statistically non-significant increase in violent deaths with cholestyramine. A meta-analysis published in 1990 found that lipid lowering was associated with a significant increase in deaths from accidents, suicide or violence; later reports have not confirmed these initial findings.

The American Board of Lipid Specialists (later renamed the Accreditation Council for Clinical Lipidology) meets in Kansas City, Mo. in 2006.

Skeptics among the general public included the investigative reporter Thomas J. Moore, who published the book *Heart Failure* in 1989. The book made the cover of *Atlantic Monthly* with the headline "Lowering Your Cholesterol Is Next to Impossible with Diet, and Often Dangerous with Drugs—and It Won't Make You Live Any Longer." At the time, there was not enough evidence to refute these claims. In addition, Moore wrote that "the cholesterol myth" was a giant conspiracy involving the NIH, which wanted more money from Congress for research; the AHA, which wanted more money from donors; and pharmaceutical companies, which wanted to sell more drugs. According to Moore, this conspiracy was masterminded by a cholesterol mafia that included Scott Grundy, MD, PhD, John LaRosa, MD, Robert Levy, MD, and Daniel Steinberg, MD. With a name like Antonio Gotto, I wasn't surprised to be named, as well.

During the 1990s, clinical trials with statins provided the evidence needed to confirm the lipid hypothesis and (mostly) silence the skeptics. The Holy Grail was the secondary prevention Scandinavian Simvastatin Survival Study (4S) headed by Terje Pedersen, MD; it was the first trial to show a decrease in all-cause mortality with statin treatment. The West of Scotland Coronary Prevention Study (WOSCOPS) with pravastatin, led by James Shepherd, MD, was the first primary prevention study with statins. Although it showed a reduction in coronary events, it did not show a significant reduction in total mortality and was limited to men. I chaired the steering committee for the primary prevention Air Force/Texas Coronary Atherosclerosis Prevention Study (AFCAPS/TexCAPS), which showed that treatment with lovastatin reduced the risk for acute major coronary events in patients with LDL-C levels that were considered average at the time.

Numerous other statin trials quickly followed and demonstrated efficacy in various populations, including women, the elderly and patients with diabetes. By 2010, the evidence base had accumulated to the extent that a meta-analysis was able to pool data from 170,000 participants in 26 randomized trials. This study showed that, for every 39 mg/dL reduction in LDL-C, the risk for major vascular events is reduced by one-fifth, with no apparent lower threshold beyond which LDL-C ceases to be beneficial. After years of controversy, the lipid hypothesis can now be said to be confirmed.

2006 The Accreditation Council for Clinical Lipidology offers first certification exam in Clinical Lipidology for those seeking certification as Clinical Lipid Specialists (CLS).

Partnerships

Whether domestically or internationally, we work on common issues and values key to the clinical practice of lipidology. The International Atherosclerosis Society and the efforts of the Lorenzini Giovanni Foundation remain important alliances on the global front. Other key relationships with organizations in Poland, Australia, and the Philippines have emerged in addition to our strong ties with the European Atherosclerosis Society. During the past decade, the NLA has hosted or cooperated on programs in Argentina, Australia, the Czech Republic, India, Italy, Poland and Thailand. The list of U.S.-based partner organizations is countless and we appreciate the opportunity to collaborate whenever possible.

History of the Adult Treatment Panel Guidelines

Scott M. Grundy, MD, PhD
Founding Member, National Lipid Association
2002-2003
University of Texas Southwestern Medical Center

The National Cholesterol Education Program (NCEP) was initiated in 1985 by the National Heart Lung and Blood Institute (NHLBI). The first report of the Adult Treatment Panel (ATP) was published in 1987. This report was based on available epidemiologic data and recent findings of the Lipid Research Clinic Coronary Primary Prevention Trial (LRC-CPPT). The latter trial was headed by Robert Levy, MD, and later by Basil Rifkind, MD, longtime chief of the NHLBI's lipid metabolism branch. Epidemiologic data in many studies had shown a strong correlation between serum cholesterol levels and the risk of coronary heart disease (CHD). The LRC-CPPT demonstrated that lowering serum cholesterol with drug therapy would reduce the risk of CHD. These two lines of evidence convinced many experts in the field that the cholesterol hypothesis had been proved. The leadership of the NHLBI under Claude Lenfant, MD, made the decision to initiate the NCEP. James Cleeman, MD, was appointed coordinator of the NCEP and remained in the position for more than 20 years. The NCEP consisted of a consortium of medical organizations that developed a strategy for reduction of CHD through cholesterol control in both clinical and public health sectors. ATP III was one element of the NCEP, and its first report was chaired by DeWitt Goodman, MD, of Columbia University.

ATP I emphasizes the public health approach to prevention of CHD. Effective drug therapies were not available in 2007, but the evidence that cholesterol-lowering drug therapy in a clinical trial would reduce risk for CHD was sufficient to justify a national program that focused on cholesterol lowering through lifestyle therapies. These therapies included reduction of dietary saturated fat and cholesterol, weight reduction and increased physical activity. ATP I introduced low-density lipoprotein cholesterol (LDL-C) as the primary target of cholesterol-lowering therapy. Evidence supporting LDL-C as a major target consisted of a combination of epidemiology, familial hypercholesterolemia as a known cause of CHD, and myriad animal studies. Although acceptance of the cholesterol hypothesis in 1987 was by no means universal, the NCEP and ATP I set the stage for a large-scale campaign to reduce CHD risk through lowering cholesterol.

The second ATP report (ATP II) was published in 1993. The major emphasis of this report was on secondary prevention. Although the major clinical trials with statins had not been reported by the time of ATP II, there had been several trials with other cholesterol-lowering drugs. A meta-analysis of these trials by Basil Rifkind, MD, and Jacques Rossouw, MD, showed that cholesterol reduction significantly decreased major coronary events in patients with pre-existing CHD. These trials suggested that lower was better for LDL-C, down to a level of at least 100 mg/dL Consequently, ATP II set an LDL-C goal of 100 mg/dL for patients with

"The past two decades of research have confirmed the benefit of lipid-lowering therapy."

2007 The NLA establishes *Lipid Luminations* as a biweekly radio series broadcast nationally on satellite radio via ReachMD.

Foundation of the NLA

The NLA Board established the Foundation of National Lipid Association in 2008 to carry out broader educational initiatives to the public, government and the media about lipidology, the diseases treated and how to seek help and support to prevent cardiovascular and related diseases.

In an effort to form quickly, the Florida Lipid Associates, under the leadership of Paul Ziajka, MD, PhD, changed its organizational structure in 2005 to become a charitable foundation. As word about the change spread among the membership, the Florida Lipid Foundation Board voted for their organization to become the charitable arm of the NLA. Today, the Florida group continues within the ranks of SELA as the Florida Lipid Committee and remains extremely active.

established CHD. For patients without CHD but with two or more major risk factors, the LDL-C goal was set at 130 mg/dL. For non-CHD patients, a higher LDL-C was acceptable. The goals for LDL-C in non-CHD patients were determined on the basis of epidemiological studies.

The ATP III report, published in 2001, was an evidence-based and extensively referenced report that updated the scientific rationale for cholesterol-lowering therapy. It benefited from a wealth of new data on cholesterol-lowering therapy derived from several trials with statin drugs. ATP III added a call for more intensive LDL-lowering therapy in certain groups of people, in accord with recent clinical trial evidence, but its core still was based on ATP I and ATP II. While ATP III maintained attention to intensive treatment of patients with CHD, its major new feature was a focus on primary prevention in people with multiple risk factors. Many such people have a relatively high risk for CHD and should benefit from more intensive LDL-lowering treatment than recommended in ATP II. A major addition to ATP III was the concept of CHD risk equivalents, i.e., a risk for CHD events equivalent to that in patients with existing CHD. Conditions that belong in the category of CHD risk equivalents include: (a) other clinical forms of atherosclerotic disease (peripheral arterial disease, abdominal aortic aneurysm, symptomatic carotid artery disease), (b) diabetes, and (c) multiple risk factors that confer a ten-year risk for CHD >20%. ATP III called attention to the fact that risk for CHD is influenced by other factors not included among major independent risk factors. Among these other factors are life-habit risk factors and emerging risk factors. The former factors include obesity, physical inactivity and an atherogenic diet; the latter factors consist of lipoprotein(a) [Lp(a)], homocysteine, prothrombotic and proinflammatory factors, impaired fasting glucose, and evidence of subclinical atherosclerotic disease. These other factors can be taken into account when making decisions about the intensity of cholesterol-lowering therapy.

The popular "Best of the NLA" program took place in Delhi and Hyderabad, India, in September 2011 with more than 150 clinicians in attendance at each program.

2010 The NLA collaborates to develop its first Master Class with the Australian Atherosclerosis Society in Sydney, Australia, and a Best of the NLA course series in India.

ATP III noted that many people have a constellation of major risk factors, life-habit risk factors, and emerging risk factors that constitute a condition known as metabolic syndrome. Factors characteristic of metabolic syndrome include abdominal obesity, atherogenic dyslipidemia (elevated triglycerides, small LDL-C particles, low high-density lipoprotein cholesterol), raised blood pressure, insulin resistance (with or without glucose intolerance), and prothrombotic and proinflammatory states. ATP III emphasized that metabolic syndrome should be a secondary target of risk-reduction therapy, after the primary target—LDL-C. The report further supported lower LDL-C goals for higher-risk subjects in primary prevention. Thus, the past two decades of research have confirmed the benefit of cholesterol-lowering therapy in both primary and secondary prevention; moreover, this research supports increasingly lower LDL-C levels under lipid-lowering therapy.

The Foundation tackled familial hypercholesterolemia (FH) as a centerpiece campaign in 2010, launching a national public relations campaign to elevate awareness of the disease and encourage patients to seek information, support and, most importantly, diagnosis and treatment when possible. In 2011, the Foundation President, Anne Goldberg, MD, received a public service award from the National Forum for Heart Disease and Stroke Prevention for work on the FH campaign. The Foundation continues to work with partner organizations to spread awareness and advocacy for patients with FH.

In a short span of time, the Foundation has made a tremendous impact on American lives through its public relations efforts, while continuing to provide grants for practitioners in the areas of research, community outreach and professional education.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The Future of Lipidology: Where Are We Headed?

Michael H. Davidson, MD, FNLA
President, National Lipid Association
2010-2011
University of Chicago Pritzker School of Medicine

Since the founding of the National Lipid Association a decade ago, the field of lipidology has developed into a full-fledged clinical specialty. Lipidologist was a term seldom used ten years ago, but is now widely recognized throughout the United States to describe a person with special expertise in the management of complex lipid disorders. Statins have become the most widely utilized medicines in the world and will go down in the annals of medicine, along with penicillin and insulin, as one of the greatest breakthroughs in the advancement of human health.

Where is the field of lipidology headed in the future? In many ways, we are at a crossroads. Since the U.S. Food and Drug Administration approved ezetimibe in 2000s, there has not been another novel agent developed for the treatment of dyslipidemia. Despite the high residual risk that remains with statin therapy, combination therapy in large clinical trials has failed to demonstrate significantly improved outcomes. Controversy continues regarding the clinical utility of advanced lipid testing, inflammatory biomarkers and atherosclerotic imaging modalities to enhance risk prediction and thereby ultimately improve care. Many leaders in the field are concerned that the concept of improved risk detection with surrogate markers and targeting intensification of lipoprotein management to prevent cardiovascular disease will be relegated to Level II or even Level III status. Evidence-based medicine has firmly supplanted expert opinions as the basis of clinical recommendations.

However, lipidologists by nature are optimistic because we firmly believe that our recommended lipid management can save lives, and we have a passion for affecting the greatest scourge of our lifetime: cardiovascular disease. As optimists, we are looking forward to the next ten years, a decade expected to be filled with promising novel therapies to address the unmet needs for improving the prevention of atherosclerotic morbidity and mortality. On the horizon are antisense apolipoprotein B (mipomersen) and microsomal triglyceride transfer protein inhibitor

> *"We have a passion for affecting the greatest scourge of our lifetime: cardiovascular disease."*

2011 Foundation of the NLA launches its first national public awareness campaign, *FH: It's Relative—Know Your Family Cholesterol History*.

Building for the Future

Over the past decade, the NLA has updated its strategic plan four times. Each time, the convening of a strategic meeting resulted in a dynamic period of growth for the association. Moreover, with each president, the organization receives new energy that translates into improving activities already in place or addressing new needs in response to emerging science. The challenge is to remain relevant in our members' practices and identify ways to provide affordable and effective educational programs. Application of key technologies will be crucial to our next evolution. In 2008, the NLA Community was launched as part of the lipid.org website to connect members to each other as well as to their science. We currently are in the final stages of developing a successor model to the Community that more closely integrates our educational agenda with social media features. Simultaneously, seeds are growing in our relationships with patient organizations and emerging HCP-patient communities like the Sharecare web portal. Looking ahead to our 25th anniversary, we hope to see the NLA achieve its goals of subspecialty recognition and the integration of technologies and tools that empower members to learn and attain best practice recognitions. Furthermore, we hope the NLA can be a collaborative leader on the global front with close relations across the world. In the U.S., we wish to see the NLA effectively advocate for disease related to dyslipidemia and related disorders and to remain a strong player in the landscape of organized medicine.

(lomitapide) orphan therapies for homozygous familial hypercholesterolemia. As orphan drugs, they will require lipidologists with special expertise in managing difficult patients and therapies. In addition, proprotein convertase subtilisin/kexin type 9 (PCSK9) monoclonal antibodies and cholesteryl ester transfer protein (CETP) inhibitors, if proven clinically effective, may revolutionize the treatment and prevention of cardiovascular disease. PCSK9 therapies were discovered as part of genomic research, which holds the promise to identify many other important new targets of treatment for dyslipidemia and atherosclerosis.

The field of lipidology is moving into a new era in which advanced and complicated therapies will require clinicians with special expertise. Genomics will not only identify the patients at greatest risk for cardiovascular disease, but also potential side effects to medications. In light of generic statins, imaging may be more widely implemented to maximize targeting the population most likely to benefit from long-term interventions. Finally, novel therapies in development may provide the ultimate answers to addressing the unmet needs for the management of statin residual risk. As lipidologists, we look forward to a future in which our specialty is recognized as providing the clinical solutions to eradicate atherosclerotic cardiovascular disease.

Jennifer Robinson, MD, MPH, chats with Michael Davidson, MD, during the 2007 meeting in Minneapolis, Minn.

2011 NLA publishes expert consensus papers on familial hypercholesterolemia and the "Clinical Utility of Inflammatory Markers and Advanced Lipoprotein Testing."

Our Support Team

When SELA emerged, the NLA staff consisted of four personnel. Today, we have 24 staff members in mostly professional positions who work on various aspects of the association's agenda. Besides myself, there are four individuals who have been with the association for seven or more years and who have made sustained contributions to its success:

- *Clark Morgan, Director of Information Technology (1999)*
- *Nicola Sirdevan, MPH, Sr. Director of Education and Program Development (2003)*
- *Cynthia Moore, Accounting Services (2004)*
- *Shannon O'Leary, Director of Business Development and Events (2005)*

While people change positions and careers as life's opportunities emerge, I personally thank all who have worked on the NLA team to assist the organization in its growth. On behalf of my staff, we wish to thank the leadership, the Board and our members for the opportunity to serve you and dedicate our careers to this outstanding medical association.

It has been a pleasure to provide commentary on the NLA's history throughout this issue.

—Christopher Seymour, MBA
NLA Executive Director

PAST PRESIDENTS

FOUNDING PRESIDENT

W. Virgil Brown, MD, FNLA

President, Southeast Lipid Association

1997-1999

President, National Lipid Association

2002-2004

"I believe much of the recent improvement in the treatment of elevated lipoprotein concentrations has come from enhanced emphasis on Clinical Lipidology in primary care and cardiology as promoted by the NLA. The reduction in myocardial infarction and coronary death rates is attributable in great part to this enhancement of preventative care."

John R. Guyton, MD, FNLA
President, Southeast Lipid Association
1999-2000
President, National Lipid Association
2004-2005

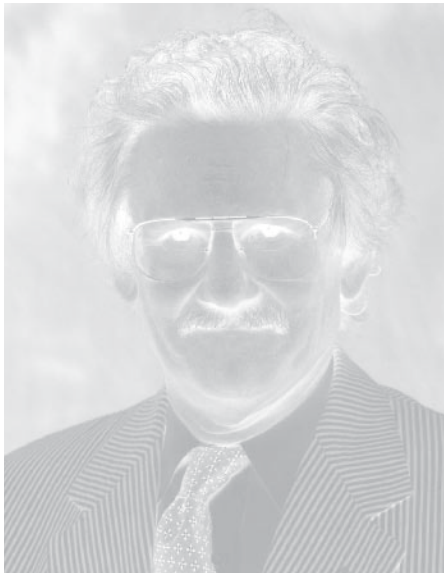
"Six physicians came together as the Organizing Committee for SELA in the Buckhead district of Atlanta in August 1997. They made a crucial decision that SELA would include the entire lipid clinic team—nurses, NPs and PAs, dietitians, clinic and lab managers, and pharmacists—rather than physicians exclusively."

Maria Lopes-Virella, MD, PhD, FNLA
President, Southeast Lipid Association
2000-2001

"During my time as President of SELA, I had three main goals: expanding SELA into a national society, starting a journal representative of the society, and ensuring that a credentialing pathway for lipid management specialists was created. It is quite rewarding to know that all these goals were achieved over time."

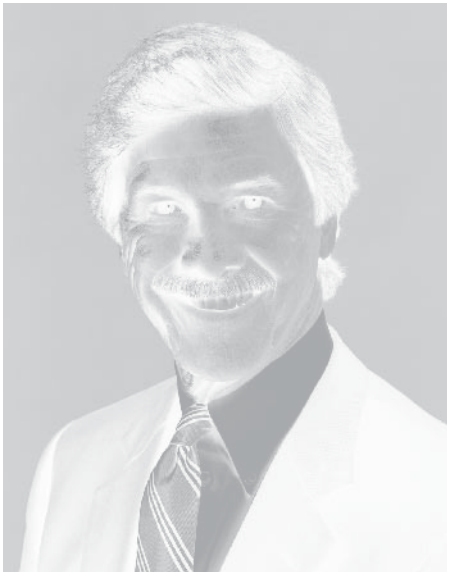
Diane M. Becker, ScD, MPH, RN, FNLA
President, Southeast Lipid Association
2001-2002

"As a founding member of the NLA and one of the first presidents of SELA, our earliest goal was a well-trained, mutually respectful cadre of nurses, dietitians, clinical physicians, and scientists unified to develop a body of core skills and knowledge that would advance preventive therapies and have a major impact on primary and secondary prevention. The NLA has rapidly attained that goal and extended well beyond what I ever dreamed possible."



John R. Crouse, MD, FNLA
President, Southeast Lipid Association
2002-2003

"I have had the great pleasure of participating in the maturing of the NLA from a nascent local research organization to a national and international patient-centered endeavor. The organization's strength lies in its unique inclusion of the entire team of lipid professionals who work in the interest of patient care, and I feel certain it will enjoy many more years of productive collaboration."



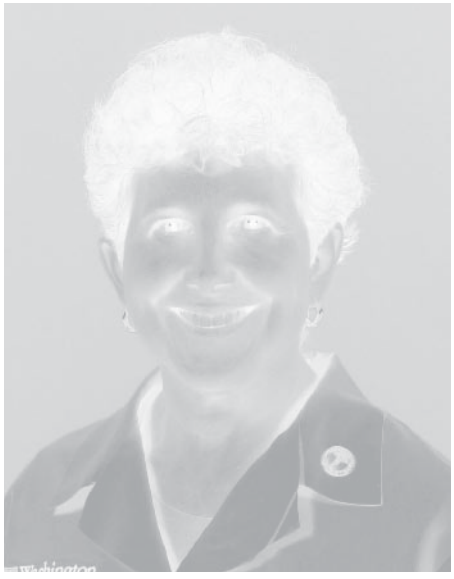
Peter H. Jones, MD, FNLA
President, National Lipid Association
2005-2006

"Thanks to the tireless work of the early membership and officers, the Masters Course and Self-Assessment Programs were developed and became cornerstones of the NLA's educational and certification mission. This has been the envy of, and emulated by, other professional organizations since then."

James M. McKenney, PharmD, FNLA
President, National Lipid Association
2006-2007

During Dr. McKenney's presidency, his vision was part of a shared legacy among the organization's founders, who dreamed of making Clinical Lipidology a recognized field of practice. Of all their achievements, one of the most impressive accomplishments from that period involved a year-long study about the safety of dyslipidemia therapies that later was published as a supplement to the Journal of American Cardiology. This work reached many in and outside of our association, and helped establish the NLA as a credible, authoritative body.

—Christopher Seymour



Anne C. Goldberg, MD, FNLA
President, National Lipid Association
2007-2008
President, Foundatio of the NLA
2008-Present

"The members and staff of the National Lipid Association inspire me to learn more, teach more, and do more to improve the lives of my patients and all people at risk of cardiovascular disease due to lipid and metabolic disorders."

Thomas P. Bersot, MD, PhD, FNLA
President, National Lipid Association
2008-2009

"My hope for the PLA and now the NLA has been that we take advantage of the unique opportunities afforded by the various training and clinical disciplines of the membership. The different approaches and skills of nurses, pharmacists, dietitians, physicians, and physician assistants enhance patient care much more than any particular one of these disciplines alone."

Vera A. Bittner, MD, MSPH, FNLA
President, Southeast Lipid Association
2003-2004
President, National Lipid Association
2009-2010

"The focus of my SELA and NLA presidencies was the education of those in training. We added a trainee representative to the SELA Board, started poster presentations for trainees, made stipends available for in-training individuals to attend the national meeting, and developed a web-based basic lipidology teaching module and post-test for cardiology fellows—resources not always available in their training programs."

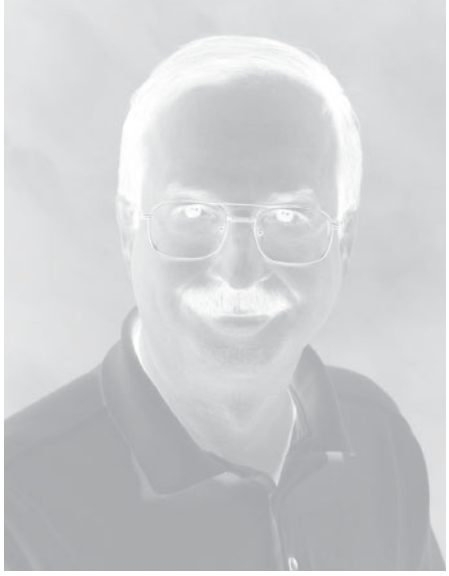
EARLY LEADER

Michael H. Davidson, MD, FNLA
President, National Lipid Association
2010-2011

My vision for the NLA stemmed from a desire to extend the reach and inclusiveness of Clinical Lipidology. By emphasizing the need to have a multidisciplinary focus, we were able to integrate the entire healthcare team and provide the maximum benefit to patients.

Penny Kris-Etherton, PhD, RD, FNLA
President, National Lipid Association
2011-2012

My vision for NLA was to encourage member-driven initiatives that addressed important issues in Clinical Lipidology practice to improve patient care. The focus was on evolving our multidisciplinary framework to promote best practices in Clinical Lipidology in all related healthcare professions.



Paul E. Ziajka, MD, PhD, FNLA
President, Florida Lipid Associates
1992-2005

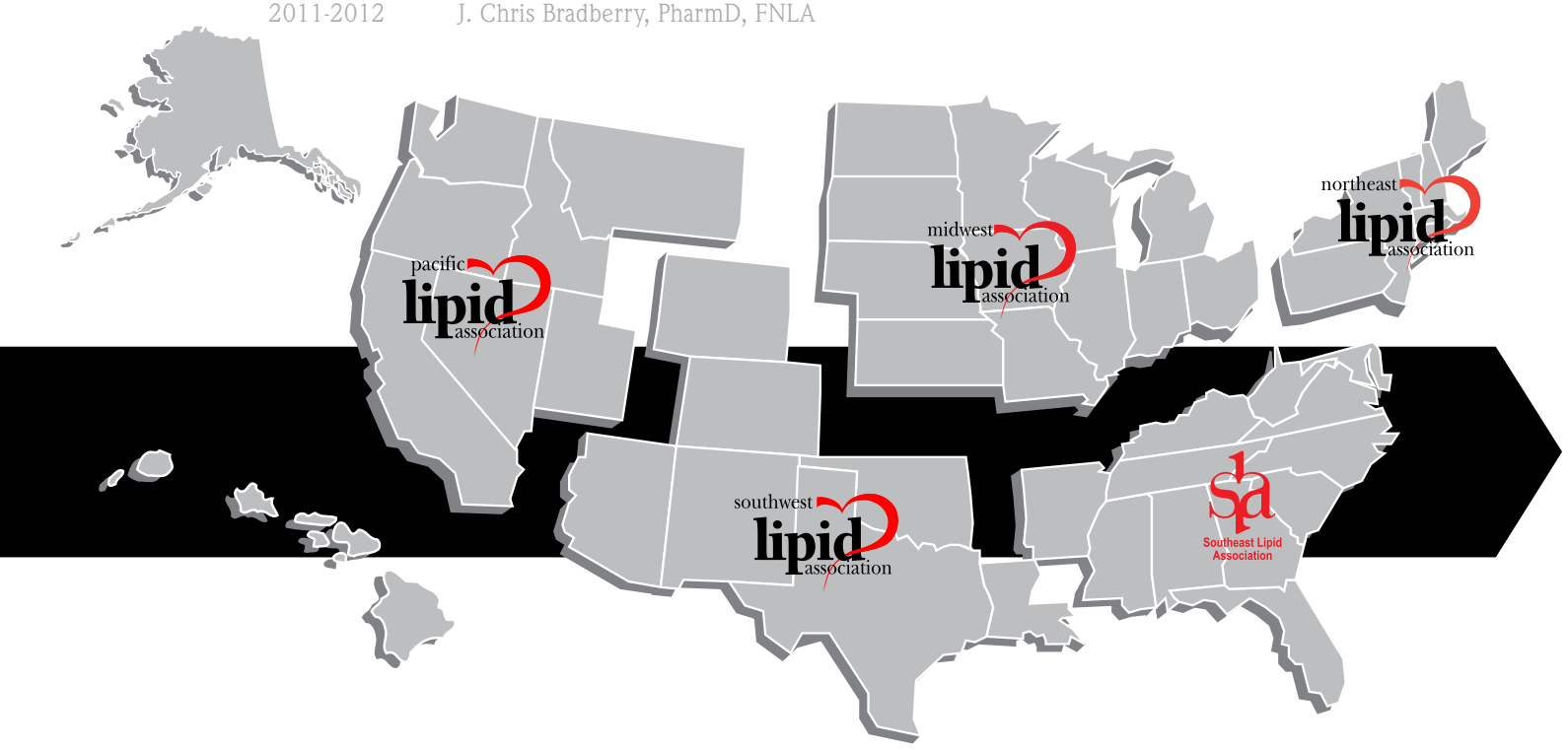
Nineteen years ago I was a member of a group of healthcare providers who formed the Florida Lipid Associates with a goal of promoting lipid screening and treatment in our state. Now with the NLA and our Foundation, my vision of increased awareness has gone from a focus on a single state to a nationwide approach.

MWLA Presidents

2004-2006	Neil J. Stone, MD, FNLA
2006-2007	Michael H. Davidson, MD, FNLA
2007-2008	Jennifer G. Robinson, MD, MPH, FNLA
2008-2009	William S. Harris, PhD, FNLA
2009-2010	Peter P. Toth, MD, PhD, FNLA
2010-2011	Carl E. Orringer, MD, FNLA
2011-2012	J. Chris Bradberry, PharmD, FNLA

NELA Presidents

2005-2007	David M. Capuzzi, MD, PhD, FNLA
2007-2008	John M. Kostis, MD
2008-2009	Penny M. Kris-Etherton, PhD, RD, FNLA
2009-2011	Donald A. Smith, MD, MPH, FNLA
2011-2012	Thomas N. Tulenko, PhD, FNLA



PLA Presidents

2006-2008	Thomas P. Bersot, MD, PhD, FNLA
2008-2009	Eliot A. Brinton, MD, FNLA
2009-2010	Matthew K. Ito, PharmD, FNLA
2010-2011	Edward A. Gill, MD, FNLA
2011-2012	John R. Nelson, MD, FNLA

SWLA Presidents

2006-2008	Christie M. Ballantyne, MD, FNLA
2008-2009	Nicola Abate, MD, FNLA
2009-2010	Carl J. Rubenstein, MD, FNLA
2010-2011	Kittie L. Wyne, MD, PhD, FNLA
2011-2012	James M. Falko, MD, FNLA

SELA Presidents

1997-1999	W. Virgil Brown, MD, FNLA
1999-2000	John R. Guyton, MD, FNLA
2000-2001	Maria Lopes-Virella, MD, PhD, FNLA
2001-2002	Diane M. Becker, ScD, MPH, RN
2002-2003	John R. Crouse, MD, FNLA
2003-2004	Vera A. Bittner, MD, MSPH, FNLA
2004-2005	Roger S. Blumenthal, MD, FNLA
2005-2006	Fred H. Faas, MD, FNLA
2006-2007	Daniel E. Wise, MD, FNLA
2007-2008	Dean A. Bramlet, MD, FNLA
2008-2009	Carol M. Mason, ARNP, FNLA
2009-2011	Wm. James Howard, MD, FNLA
2011-2012	Terry A. Jacobson, MD, FNLA

Southeast Lipid Association	August 11–13, 2000	Amelia Island, FL
Southeast Lipid Association	August 3–5, 2001	Charleston, SC
Southeast Lipid Association	August 2–4, 2002	Williamsburg, VA
Southeast Lipid Association	August 21–24, 2003	Boca Raton, FL
NLA Scientific Sessions (Southeast Lipid Association)	August 6–8, 2004	Orlando, FL
Northeast Lipid Association	January 28–30, 2005	New York, NY
NLA Scientific Sessions (Midwest Lipid Association)	July 8–10, 2005	Chicago, IL
Southeast Lipid Association	August 5–7, 2005	Pinehurst, NC
Southwest Lipid Association	February 10–12, 2006	San Antonio, TX
NLA Scientific Sessions (Northeast Lipid Association)	April 7–9, 2006	Boston, MA
Southeast Lipid Association	August 11–13, 2006	Amelia Island, FL
Midwest Lipid Association	October 20–22, 2006	Kansas City, MO
Pacific Lipid Association	January 19–21, 2007	San Diego, CA
Northeast Lipid Association	April 13–15, 2007	Montreal, QC
NLA Scientific Sessions (Southwest Lipid Association)	May 31–June 3, 2007	Scottsdale, AZ
Southeast Lipid Association	August 3–5, 2007	Savannah, GA
Midwest Lipid Association	September 28–30, 2007	Minneapolis, MN
Northeast Lipid Association	February 22–24, 2008	Philadelphia, PA

MEETINGS

NLA Scientific Sessions (Pacific Lipid Association)	May 29–June 1, 2008	Seattle, WA
Southwest Lipid Association	July 18–20, 2008	Denver, CO
Southeast Lipid Association	August 22–24, 2008	Hilton Head, SC
Midwest Lipid Association	September 26–28, 2008	Chicago, IL
Pacific Lipid Association	February 20–22, 2009	Salt Lake City, UT
Southeast Lipid Association	April 30–May 3, 2009	Miami, FL
Northeast Lipid Association	June 12–14, 2009	Boston, MA
Southwest Lipid Association	July 24–26, 2009	Oklahoma City, OK
Midwest Lipid Association	September 25–27, 2009	Cincinnati, OH
Pacific Lipid Association/Southwest Lipid Association	February 19–21, 2010	San Francisco, CA
NLA Scientific Sessions (Midwest Lipid Association)	May 13–16, 2010	Chicago, IL
Southeast Lipid Association/Northeast Lipid Association	August 27–29, 2010	Washington, DC
Pacific Lipid Association/Southwest Lipid Association	March 11–13, 2011	Austin, TX
NLA Scientific Sessions (Northeast Lipid Association)	May 19–22, 2011	New York, NY
Southeast Lipid Association/Northeast Lipid Association	August 26–28, 2011	Orlando, FL
Pacific Lipid Association/Midwest Lipid Association	March 9–11, 2012	San Diego, CA
NLA Scientific Sessions (Southwest Lipid Association)	May 31–June 3, 2012	Scottsdale, AZ
Southeast Lipid Association/Northeast Lipid Association	September 14–16, 2012	Charlotte, NC

“Lipidologists by nature are optimistic because we firmly believe that our recommended lipid management can save lives, and we have a passion for affecting the greatest scourge of our lifetime: cardiovascular disease. As optimists, we are looking forward to the next 10 years, a decade expected to be filled with promising novel therapies.”

—Michael H. Davidson. MD, FNLA