Calculating an NAFCS score[1]

Fill in values for each category below and add category scores to determine the NAFCS score and help facilitate a diagnosis of FCS. This calculator should only be used for use in patients ≥ 1 year old with hypertriglyceridemia (≥440 mg/dL). In patients ≥10 years old, the calculator is intended for patients who are not responsive to fibrates and high-dose omega-3 fatty acids even when the patient is adherent to therapy (ie, triglycerides do not decrease by 20% or more from these treatments and do not remain reduced). The NAFCS Score does not provide a value for pregnant patients.

Current Age (Calculator cannot be used for patients <1 year old) *

- ◯ ≥1-9 [+12]
- ◯ ≥10 [+0]

HTG onset (years) (Only ask of patients ≥ 10)
- ◯ <10 [+12]
- ◯ ≥10 [+0]

Points are assigned only for either age ≥ 1-9 or age ≥ 10. Not both.

Body Mass Index (percentile for children/adolescents) *

- ◯ <25 kg/m^2 or <85th percentile[+9]
- ◯ ≥25 kg/m^2 or ≥85th percentile [+0]

History of Pancreatitis *

- ◯ Pancreatitis [+16]
- ◯ Abdominal pain but no pancreatitis [+9]
- ◯ Neither abdominal pain nor pancreatitis [+0]

Presence of secondary factors† that may contribute to hypertriglyceridemia *

- ◯ None [+11]
- ◯ 1 or more secondary factors [+0]

Laboratory Values (Select all that apply)

- ☐ All triglycerides >880 mg/dL [+13]
- ☐ Ratio triglycerides/total cholesterol >8‡ [+8]
- ☐ Apolipoprotein B (apoB) <1.0 g/L [+12]

Additional Points Added (Select all that apply)

- ☐ If patient is ≥ 1-9 years old AND has no secondary factors [+7]
- ☐ If triglycerides/total cholesterol >8‡ AND apoB <1.0 g/L [+7]
- ☐ If triglycerides/total cholesterol >8‡ AND has no secondary factors [+5]

Interpreting Results
≥60 strongly indicates definite FCS
≥45-59 likely FCS
≥30-44 genetic testing should be considered in these patients
<30 deems unlikely FCS, but genetic testing may still be needed

Total Score

Adapted from Hegele et al. *J Clin Lipidol.* Published online November 12, 2024. doi:10.1016/j.jacl.2024.09.008[1]
If infant presents with no secondary factors that may contribute to hypertriglyceridemia, consider a diagnosis of FCS. If infant presents with ≥1 secondary factor that may contribute to hypertriglyceridemia, but with 2 triglyceride readings >880 mg/dL and unexplained failure to thrive, consider a diagnosis of FCS.[1] †See second page for complete list of secondary factors.[2] ‡When measured in mg/dL.[1] FCS, familial chylomicronemia syndrome; NAFCS North American familial chylomicronemia syndrome.

Secondary factors that may contribute to hypertriglyceridemia[2]

	Adolescents/adults	Children	Infants
Lifestyle	• High alcohol intake • Reduced physical activity • High fat or sugar intake • Ultraprocessed (NOVA4) food diet	• High fat or sugar intake • Ultraprocessed (NOVA4) food diet	
Clinical conditions	• Autoimmune chylomicronemia (eg, systemic lupus erythematosus, anti-lipoprotein lipase antibodies) • Uncontrolled diabetes type 1 or 2 (non-pancreatitis induced) • Endocrine causes (eg, Cushing's syndrome, polycystic ovarian syndrome, growth hormone deficiency, acromegaly) • Human immunodeficiency virus (HIV) • Hypothyroidism • Metabolic syndrome • Rare genetic disorders (eg, glycogen storage disorders) • Lipodystrophies • Renal causes (eg, chronic renal failure, nephrotic syndrome) • Glycerol kinase deficiency • Autoantibodies against GPI-HDL binding protein 1	• Cancer • Congenital nephrotic syndrome • Glycogen storage disease type 1 • Hypothyroidism • Protein-losing enteropathy • Lipodystrophies • Glycerol kinase deficiency	• Cancer • Congenital nephrotic syndrome • Hypothyroidism • Protein-losing enteropathy • Glycerol kinase deficiency
Medications	• Androgen deprivation therapy • Antidepressants (eg, sertraline) • Antiretrovirals (eg, protease inhibitors) • Atypical antipsychotics • Beta-adrenergic blocking agents • Bile acid binding resins • Diuretics • Estrogen, estrogen receptor agonists, estrogen receptor modulators, oral contraceptives • Glucocorticoids (eg, corticosteroids) • Immunosuppressants (eg, cyclosporine) • L-asparaginase • Propofol • Retinoids, retinoid X receptor agonists • Total parenteral nutrition	• Total parenteral nutrition • Glucocorticoids (eg, corticosteroids) • Chemotherapy • Antiretrovirals (eg, protease inhibitors) • Immunosuppressants (eg, cyclosporine) • Propofol • For older children: – Antidepressants (eg, sertraline) – Atypical antipsychotics	• Total parenteral nutrition • Glucocorticoids (eg, corticosteroids) • Chemotherapy

Adapted from Hegele et al. *J Clin Lipidol.* Published online November 12, 2024 (online-only supplementary material). doi: 10.1016/j.jacl.2024.09.008[2]

The information is intended as educational information for healthcare professionals. It does not replace a healthcare professional's judgment or clinical diagnosis.

References: 1. Hegele RA, Ahmad Z, Ashraf A, et al. Development and validation of clinical criteria to identify familial chylomicronemia syndrome (FCS) in North America. *J Clin Lipidol*. Published online November 12, 2024. doi:10.1016/j.jacl.2024.09.008 2. Hegele RA, Ahmad Z, Ashraf A, et al. Development and validation of clinical criteria to identify familial chylomicronemia syndrome (FCS) in North America. *J Clin Lipidol.* Published online November 12, 2024 (online-only supplementary material). doi:10.1016/j.jacl.2024.09.008

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