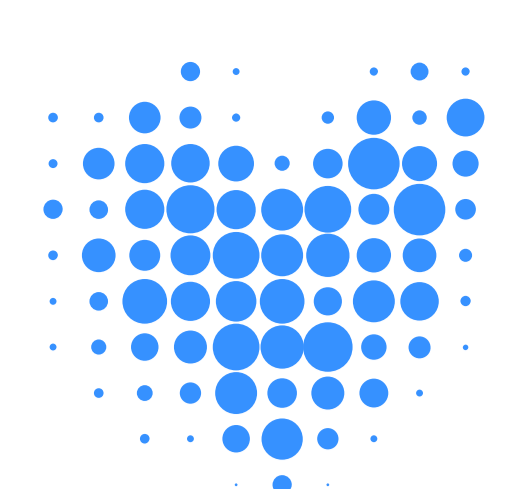# The ACS EuroPath project:
Helping to optimize lipid management in patients after acute coronary syndrome (ACS)

ACS EuroPath

What is the ACS EuroPath initiative?

Since 2018, Sanofi has supported the ACS EuroPath project to help further optimize management of post-ACS patients through the following outputs:

- **Cardiologist, GP and patient surveys:** identifies opportunities to enhance post-ACS management[1,2]
- **Self-assessment tool:** enables HCPs to evaluate and identify strengths and weaknesses in their current clinical practice to understand what strategies could help further optimize management of their ACS patients[3]
- **Country pathway models:** builds on previous initiatives that could be replicated across Europe to help improve post-ACS management[4]

Did you know that today ACS remains a major cause of mortality and illness worldwide? Post-ACS patients are at very high-risk of recurrent CV events[1]

85% of global CV disease deaths are due to heart attack and stroke[5]

1 in 3 adults who survive a myocardial infarction or stroke may experience another CV event within 4 years[6]

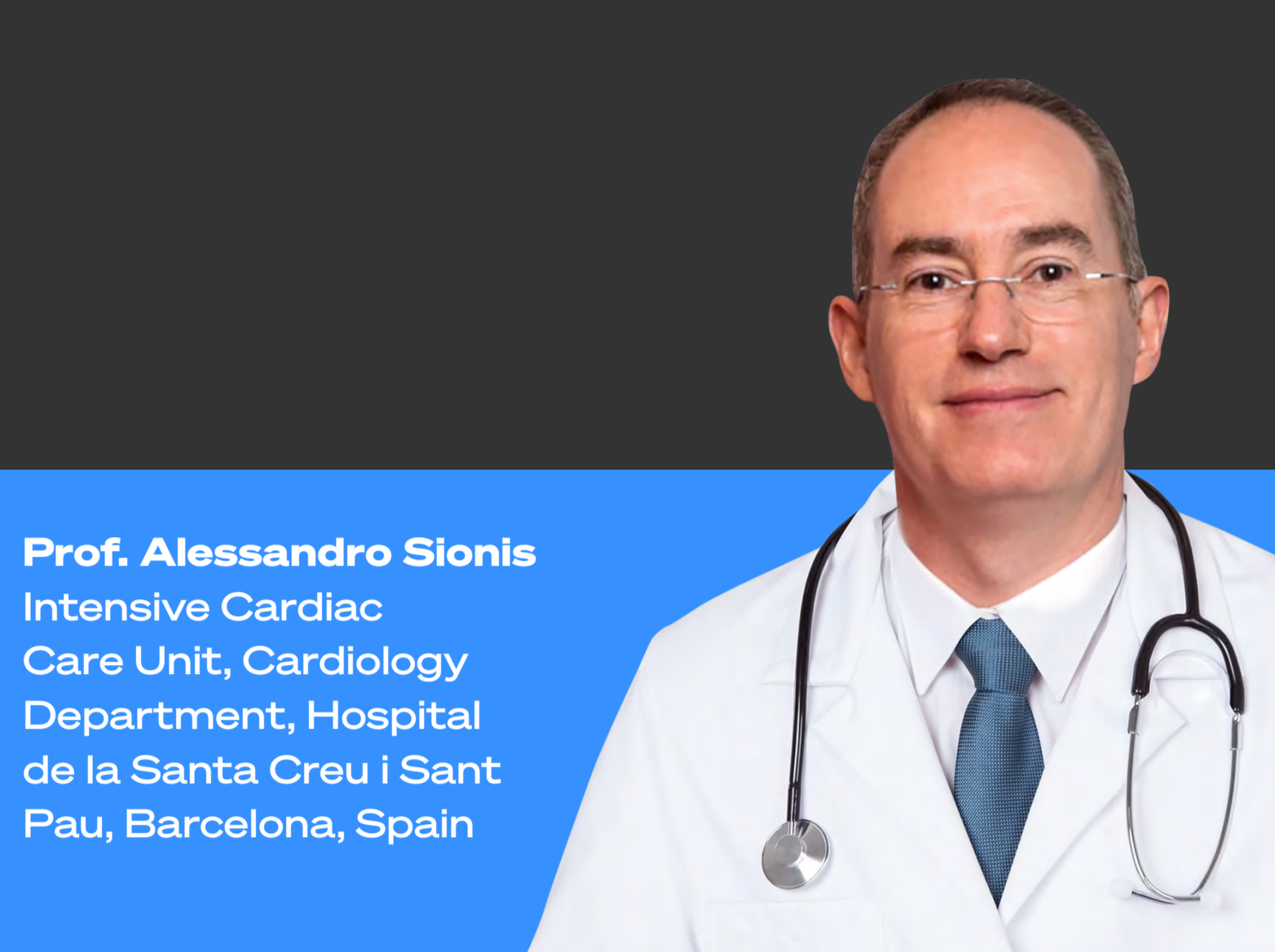## What the experts are saying about the ACS EuroPath project:

"The ACS EuroPath project is truly a multinational effort, driven by the work of passionate clinicians who want to help optimize lipid management."

"The EuroPath project aims to identify key gaps between guidelines and current clinical practice by providing tools for physicians and concrete working examples."

"With the survey, EuroPath showed low lipid goal attainment in many countries, as well as low detection rates for FH. The impact led to the development of the EuroPath self-assessment tool, to help clinicians understand ways to improve lipid management in their own practices."

Prof. Alberico L. Catapano
Department of Pharmacological and Biomolecular Sciences, University of Milan, Italy

Prof. Alessandro Sionis
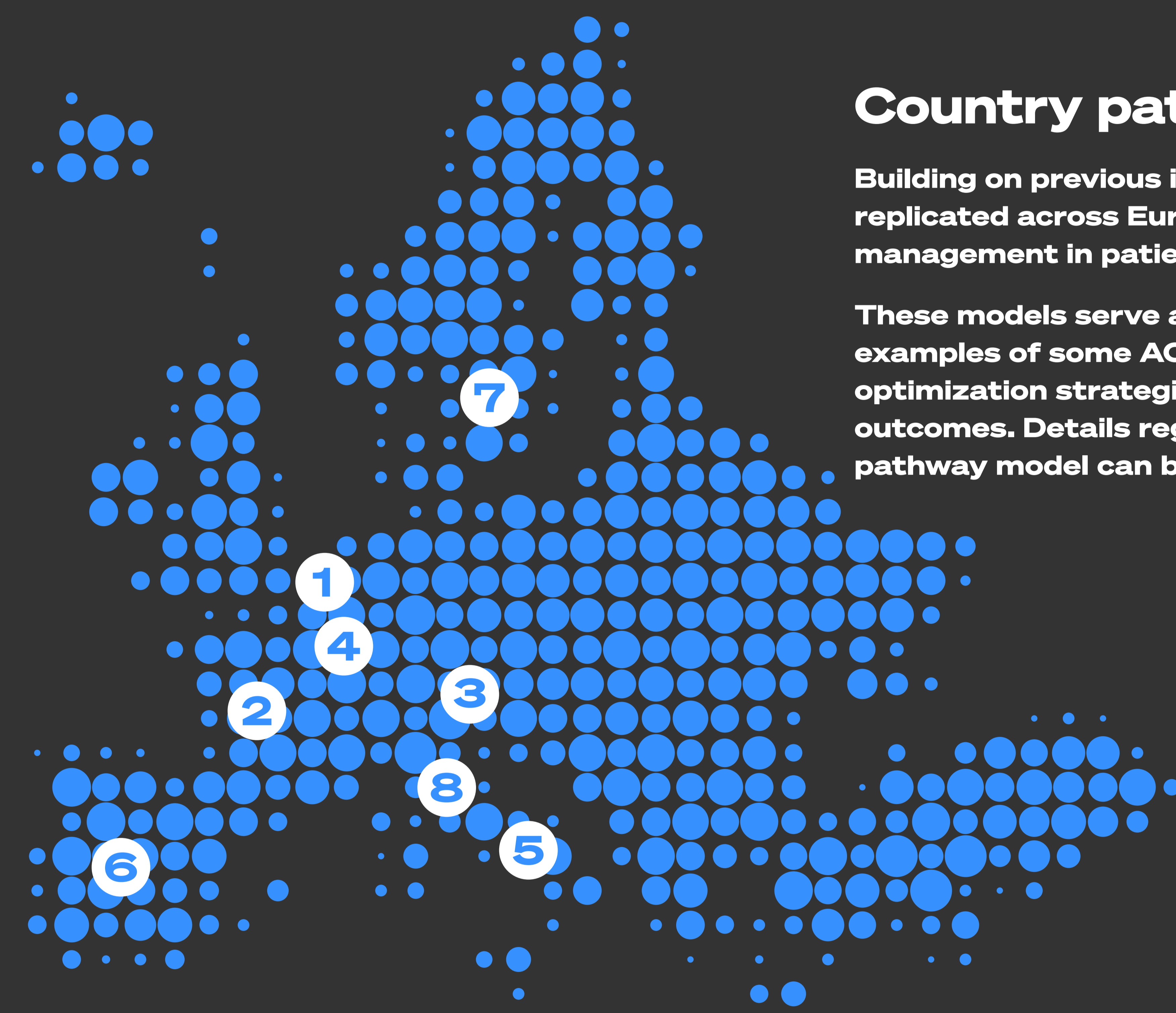Intensive Cardiac Care Unit, Cardiology Department, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

Prof. François Schiele
Department of Cardiology, University Hospital Jean Minjoz, Besançon, France

Country pathway models

Building on previous initiatives that could be replicated across Europe to help optimize lipid management in patients after ACS[4]

These models serve as concrete European examples of some ACS lipid management optimization strategies with good patient outcomes. Details regarding each country's pathway model can be found below

1 The Netherlands
PENELOPE protocol helps a large majority of ACS patients to achieve LDL-C goal within 3 months

RESULTS

99% of very high-risk ACS patients reached LDL-C goal 12 weeks post-acute event

Among them, **~10%** needed cholesterol-lowering PCSK9i treatment

2 France
In-hospital algorithm promotes dual LDL-C lowering therapy of ACS patients at discharge

RESULTS

Application of algorithm and use of high-intensity statin + a cholesterol absorption inhibitor post-ACS increased early reduction of LDL-C

After 2 months post-ACS event:
94% of patients had LDL-C < 100 mg/dL
76% had LDL-C < 70 mg/dL
68% achieved LDL-C reduction > 50%

3 Austria
Standardized identification procedure for high-risk ACS patients at discharge for cardiology-led lipid management

RESULTS

Post initiative, all ACS patients had a blood test on the first day after an ACS event

Criteria defined to identify patients at higher risk

~10% of ACS patients who met criteria were discharged and invited to rehabilitation centre

If LDL-C > 100 mg/dL after 2 months under combination therapy, patient referred to endocrinologist for PCSK9i initiation and further follow-up at 4 months

4 Belgium
In-hospital protocol for optimized FH screening post-ACS

RESULTS

Percentage of ACS patients visiting FH specialist doubled

23.8% of ACS patients from January 2017 to June 2018 versus...

10.7% ...from April 2014 to December 2017

Since 2018, **34** hospitals have implemented the protocol in Belgium

5 Italy
Support for cardiologists to diagnose FH early after a coronary artery disease event: Follow-up protocol of the POSTER study

RESULTS

5.1% (278 patients) identified with probable or definite FH

After first visit:
74.6% of patients under statin alone
25.4% received combination therapy
0.1% prescribed PCSK9i

Patients referred to lipid clinic for implementation of LLT and, if needed, family evaluation

6 Spain
Follow-up virtual visits ensure timely and appropriate lipid care

RESULTS

In 2018, **90%** of ACS patients had LDL-C levels tested 6 weeks post-ACS event

64% of ACS patients had LDL-C < 70 mg/dL

versus only

30% in 2016, before protocol implementation

7 Sweden
A nurse-led lipid protocol in cardiac rehabilitation to increase the number of post-MI patients at LDL-C goal

RESULTS

28% more patients had LDL-C < 70 mg/dL one year post-MI after implementing protocol (2014 vs 2019)

58% of post-MI patients in 2019 had LDL-C < 55 mg/dL, the new LDL-C goal for this patient category

8 Italy (Turin)
In-hospital protocol leading to optimized follow-up care by GPs

RESULTS

Since implementation in 2016, all ACS patients are discharged with combination therapy

Increase in ACS patients with LDL-C level < 70 mg/dL at one month post-event

Increase in number of post-ACS patients treated with a PCSK9i

"We're proud of the ACS EuroPath initiative which has united over 100 cardiology and lipidology experts across Europe to date. Our goal is to support clinicians in optimizing secondary prevention through lipid management to help reduce risk of recurrent CV events in patients after myocardial infarction.

At the heart of this project is a drive to translate European guidelines into clinical practice. ACS EuroPath reflects our more than 60-year commitment to the CV community and is a key project powered by Sanofi. Our mission is to help patients and to help improve post-ACS patient management beyond medicines with a holistic approach to care. We hope that ACS EuroPath serves as a blueprint for the future optimization of ACS care."

Maja Bujas-Bobanovic
Global Medical Franchise Head, Sanofi General Medicines

Sanofi has been at the forefront of CVD management for more than 60 years. Building on our unique heritage and looking to the future, we're chasing the miracles of science for people living with cardio-metabolic-renal diseases. We're working to help reverse the course of chronic disease.

References: 1. Landmesser U, Pirillo A, Farmer M, et al. Atherosclerosis Supplements 42: 2020; e49–e58, https://doi.org/10.1016/j.atherosclerosissup.2021.01.009. **2.** Data on file. **3.** Sionis A, Catapano A L, De Ferrari GM, et al. Atherosclerosis Supplements 42: 2020; e65–e71, https://doi.org/10.1016/j.atherosclerosissup.2021.01.011. **4.** Alings M, Descamps O, Guillon B, et al. Atherosclerosis Supplements 42: 2020; e59–e64, DOI: https://doi.org/10.1016/j.atherosclerosissup.2021.01.010. **5.** World Health Organization. Global Health Estimates 2016. https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds) Accessed January 2023. **6.** Bhatt DL, Eagle KA, Ohman EM, et al. JAMA. 2010; 304:1350–1357.

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