

# Early identification of cardiovascular disease risk in women



Cardiovascular disease (CVD) is the **leading cause of death in women**<sup>1</sup>



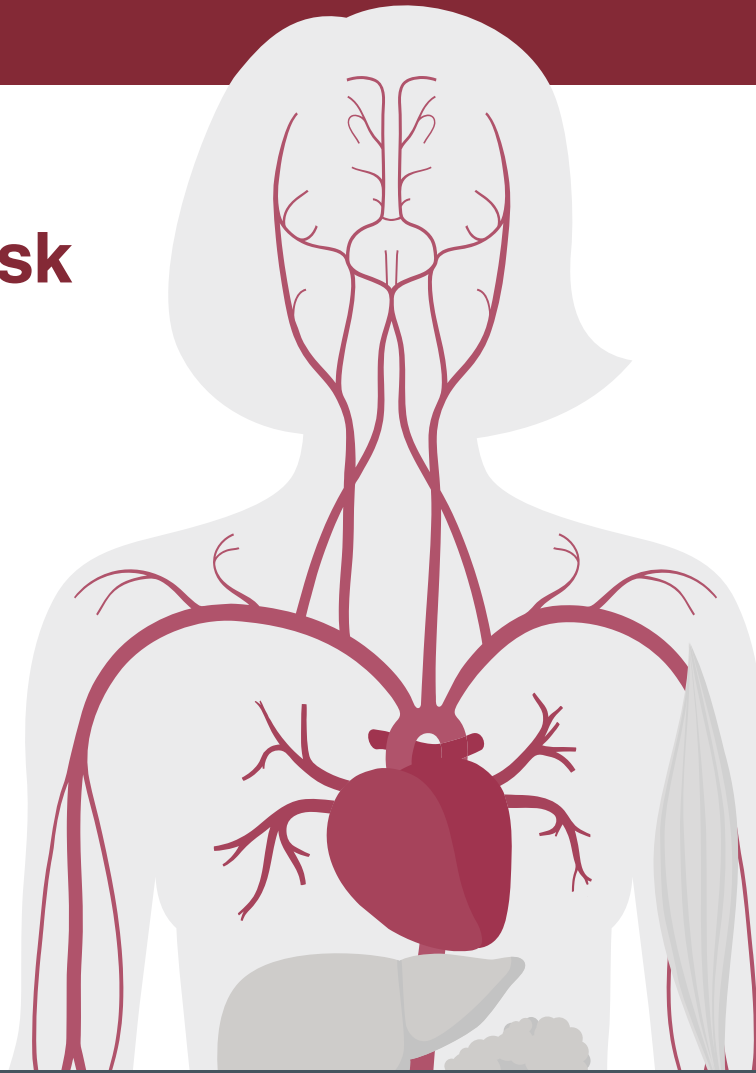
**1 in 5 female deaths** caused by CVD<sup>1</sup>

**300K+**

**women died from CVD in 2020**<sup>1</sup>

## Many risk factors that are unique to women may be overlooked<sup>2</sup>

While women and men share the 3 most common risk factors for CVD—hypertension, high low-density lipoprotein-cholesterol (LDL-C), and smoking<sup>1,3,4</sup>—there are unique risk-enhancing factors for women at every stage of life.



## Unique risk-enhancing factors for women across life stages

| Adolescent                                | Prime reproductive                        | Perimenopause                              | Early menopause <sup>20</sup>         | Late menopause                  |
|---|---|--|---------------------------------------|---------------------------------|
|   |   |  |                                       |                                 |
| Early/late menarche <sup>5</sup>          | Infertility <sup>8</sup>                  | Left breast cancer radiation <sup>15</sup> | Bone and muscle loss <sup>21,22</sup> | Cognitive decline <sup>24</sup> |
| Weight gain <sup>6</sup>                  | Polycystic ovary syndrome <sup>9</sup>    | Heart palpitations <sup>16</sup>           | Worsening hypertension <sup>23</sup>  | Osteoporosis <sup>25</sup>      |
| Menstrual cycle irregularity <sup>7</sup> | Endometriosis <sup>10</sup>               | Immune disorders <sup>17</sup>             |                                       |                                 |
|   | Gestational diabetes <sup>11</sup>        | Thyroid disorders <sup>18-19</sup>         |                                       |                                 |
|   | Preterm labor <sup>12</sup>               |  |                                       |                                 |
|   | Preeclampsia <sup>13</sup>                |  |                                       |                                 |
|   | Hormonal contraceptives use <sup>14</sup> |  |                                       |                                 |

**Assessing unique CVD risk-enhancing factors at preventive care visits is critical**

# Preventive care visits are an excellent opportunity for CVD risk assessment

Evaluating risk factors at well-woman visits and testing for early metabolic deviations is essential to a prevention-focused approach.<sup>26</sup>

Sonora Quest Laboratories offers testing for risk assessment, diagnosis, and management of CVD, as well as metabolic and medical conditions that affect CVD risk in women.

## Test solutions for early identification of CVD risk in women

|                        | Test codes | CPT codes   | Biomarker                             |
|------------------------|------------|---|---------------------------------------|
| Lipids <sup>a</sup>    | 906938     | 80061 (and 83721 if Direct LDL Cholesterol performed) | Lipid Panel with Reflex to Direct LDL |
|                        | 5122       | 82172   | Apolipoprotein B                      |
|                        | 7382       | 83695   | Lipoprotein (a)                       |
| Metabolic <sup>a</sup> | 906955     | 83036   | Hemoglobin A1c (HbA1c)                |
|                        | 906974     | 83525, 84681  | Insulin Resistance Panel with Score   |

<sup>a</sup> Panel and profile components may be ordered separately:

Lipid Panel: Cholesterol Total (1017); Triglycerides (1032); HDL Cholesterol (2030)  
 Lipid Panel with Reflex to Direct LDL: Cholesterol Total (1017); Triglycerides (1032); HDL Cholesterol (2030).  
 If triglyceride result is >400 mg/dL, Direct LDL Cholesterol will be performed at an additional charge



Assess both traditional and risk-enhancing factors for CVD risk in women. Visit **SonoraQuest.com** or talk to your Account Manager to learn more.

**References**

1. CDC. Reviewed October 14, 2022. Accessed November 9, 2022. <https://www.cdc.gov/heartdisease/women.htm> 2. Maffei S, et al. doi:10.1016/j.ijcard.2019.02.005 3. Arnett DK, et al. doi:10.1161/CIR.0000000000000678 4. Yusuf S, et al. doi:10.1016/S0140-6736(04)17018-9 5. Lee JJ, et al. doi:10.1161/JAHA.119.012406 6. Ayer J, et al. doi:10.1093/eurheartj/ehv089 7. Solomon CG, et al. doi:10.1210/jcem.87.5.8471 8. Lau ES, et al. doi:10.1016/j.jacc.2022.02.020 9. Osibogun O, et al. doi:10.1016/j.tcm.2019.08.010 10. Okoth K, et al. doi:10.1111/1471-0528.16692 11. McIntyre HD, et al. doi:10.1038/s41572-019-0098-8 12. Wu P, et al. doi:10.1161/JAHA.117.007809 13. Wu P, et al. doi:10.1161/CIRCOUTCOMES.116.003497 14. Okoth K, et al. doi:10.1136/bmj.m3502 15. Carlson LE, et al. doi:10.1016/j.jacc.2021.07.008 16. Jurgens CY, et al. doi:10.1161/CIR.0000000000001089 17. Moran, et al. doi:10.1161/CIRCRESAHA.121.319877 18. Moon, et al. doi:10.1089/thy.2017.0414 19. Razvi, et al. doi:10.1016/j.jacc.2018.02.045 20. Okoth K, et al. doi:10.1136/bmj.m3502 21. Jiesuck Park, et al. doi:10.1136/heartjnl-2020-318764 22. Brown JC, et al. doi:10.1002/jcsm.12073 23. Barton M, et al. doi:10.1161/HYPERTENSIONAHA.108.120022 24. Haring B, et al. doi:10.1161/JAHA.113.000369 25. Tankó LB, et al. doi:10.1359/JBMR.050711 26. Women's Preventive Services Initiative. Updated January 2022. Accessed December 6, 2022. <https://www.womenspreventivehealth.org/wellwomanchart/>

The CPT<sup>®</sup> codes provided are based on American Medical Association guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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