a median of 14.3 ± 6.4 % (Figure 3). Regarding inflammatory markers, we observed a percentage decrease in hsCRP levels of 14.8 ± 8.7 %. There was no significant difference in the characteristics of the sample between genders. Additionally, significant LDL-C and Lp(a) levels reduction was observed also in patient with statin intolerance and ezetimibe monotherapy only.

Adherence to Therapy and Prevalence of Adverse Effects

A total of 97 doses of inclisiran were administered, including the first dose (n = 36), second dose (n = 32), third dose (n = 28), and fourth dose (n = 5). For 26 administrations (26.8 %), patients reported a burning sensation during the injection, which did not last more than 30 minutes after administration. In 4 cases (11.1 %), flu-like symptoms were reported the following day, but these did not persist for more than 24 hours. Adherence to therapy was nearly complete, with two patients refusing the second dose (5.55 %).

Discussion

This prospective study aimed to track the specifics of administering inclisiran in Slovakia, patient management, the efficacy of inclisiran administration compared to the documented results of clinical studies on reducing LDL-C and Lp(a) levels, as well as adherence and possible adverse effects, based on experiences from a single center.

As part of the management, patients were enrolled based on the indication restrictions for treatment covered by public health insurance (scheme). This included patients with a history of ACS, PCI, or CABG on arteries, or patients with confirmed stenosis in arteries > 50 %. These patients, who did not reach LDL-C levels ≥ 2.6 mmol/L after 3 months of treatment with the maximum tolerated statin (with or without ezetimibe), had documented statin intolerance as defined, or were already receiving approved biological hypolipidemic therapy, were indicated for therapy with inclisiran.

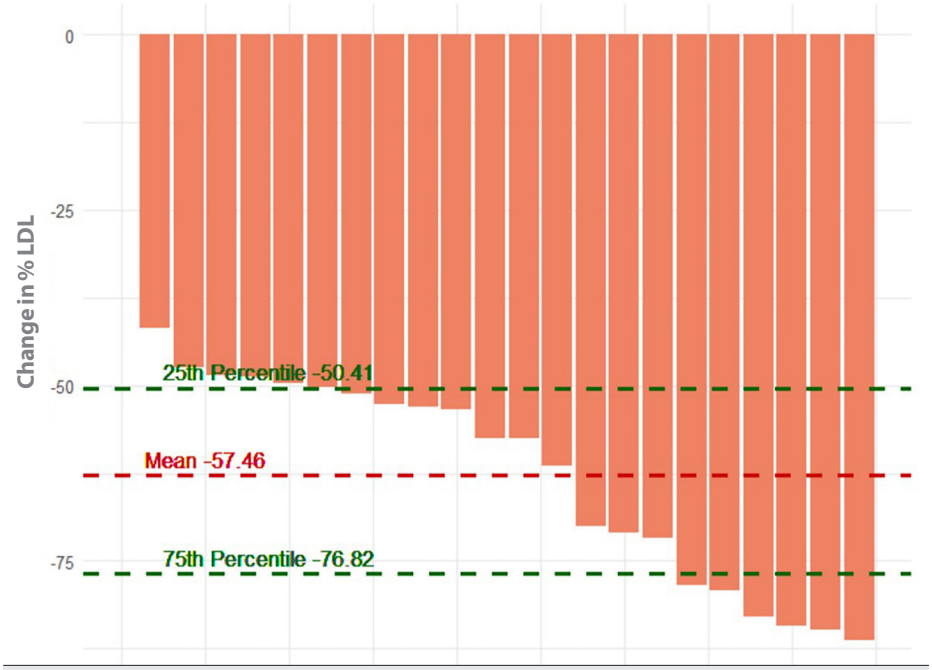
After meeting the criteria for covered therapy, a pre-prepared Excel file was used for the simple entry of patients, generating a request for approval of therapy by the insurance company, and calculating the intervals for the first,

Tab. 2. *The effect of administering 3 doses of inclisiran on selected biochemical parameters compared to baseline values*

Determinant	Value	P-value
LDL cholesterol (% change, mmol/L)	57.5 ± 7.5	< 0.001
LDL-C – highest toleranted statin (% change, mmol/L)	61.5 ± 12.3	< 0.01
LDL-C – reduced statin (% change, mmol/L)	53.2 ± 5.9	< 0.01
Lp(a) (% change, g/L)	14.3 ± .6.4	< 0.05
hsCRP (mg/L)	14.8 ± 8.7	< 0.05

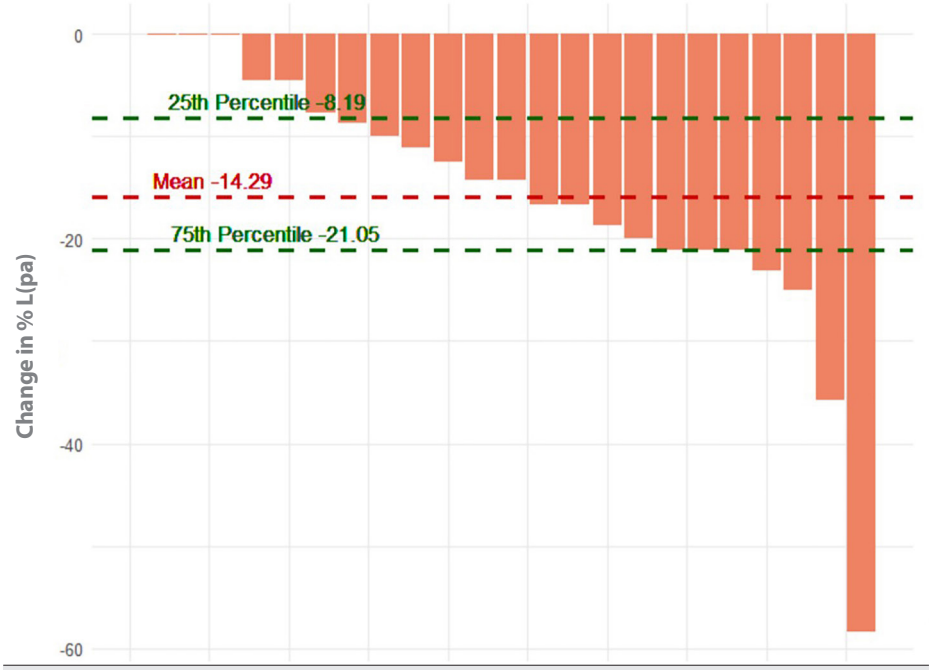
hsCRP – high sensitive C-reactive protein, LDL – low density lipoprotein, Lp(a) – lipoprotein a

Fig. 2. *Percentage change in LDL-C levels in individual patients after two doses of inclisiran compared to baseline values*



LDL – low density lipoprotein

Fig. 3. *Percentage change in Lp(a) levels in individual patients after two doses of inclisiran compared to baseline values*



Lp(a) – lipoprotein a