

Testing Update: Change in Methodology for apolipoprotein B and Lipoprotein(a) testing at Canterbury Health Laboratories

August 2026

Canterbury Health Laboratories wishes to advise that, on 18/8/26, new testing methodology and reporting formats for the apolipoprotein B (apoB) and lipoprotein(a) (Lp(a)) assays were introduced.

Our apologies for the short notice of this change, which was implemented earlier than anticipated, due to reagent challenges with the previous supplier. The backlog of test requests is now being worked through with the new assays.

ApoB

Testing now takes place using Randox reagents on a Beckman Coulter DxC700AU analyser. We do not anticipate any analytical variability due to this method change, with results from the previous assay comparable with new results.

ApoB reporting now incorporates treatment targets as recommended by the National Lipid Association (NLA)⁽¹⁾. ApoB is a better cardiovascular risk biomarker than LDL-cholesterol and is of particular value when assessing residual risk in patients who have reached their LDL-C target. Three apoB treatment thresholds are reported, according to the patient's pre-test estimated risk.

Pre-test estimated ASCVD risk	ApoB treatment threshold (g/L) <i>Intensify treatment if ApoB is above threshold</i>
Borderline/moderate risk	>0.9
High risk	>0.7
Very high risk	>0.6

Lp(a)

Testing now uses the Randox assay on a Beckman Coulter DxC700AU analyser. Results will be reported in molar units (nmol/L) rather than mass units (mg/L). Lp(a) is an independent cardiovascular risk factor. Lp(a) particles vary greatly in size and number between individuals. Lp(a) particle number best predicts risk, and guidelines therefore recommend reporting in molar units, reflecting particle number.

Reports will include the Australian Atherosclerosis Society Lp(a) risk thresholds, outlined below⁽²⁾.

Lp(a) (nmol/L)	Estimated ASCVD risk
Low	<100
Moderate	100-200
High	200-400
Very high	>400

If you have any feedback, or questions about these changes, please contact the laboratory (03 364 0300) and ask to speak to the duty chemical pathologist.

References

1. Soffer DE, Marston NA, Maki KC, Jacobson TA, Bittner VA, Peña JM, et al. Role of apolipoprotein B in the clinical management of cardiovascular risk in adults: An expert clinical consensus from the national lipid association. *Journal of Clinical Lipidology*.
2. Ward NC, Watts GF, Bishop W, Colquhoun D, Hamilton-Craig C, Hare DL, et al. Australian Atherosclerosis Society Position Statement on Lipoprotein(a): Clinical and Implementation Recommendations. *Heart Lung Circ*. 2023;32(3):287