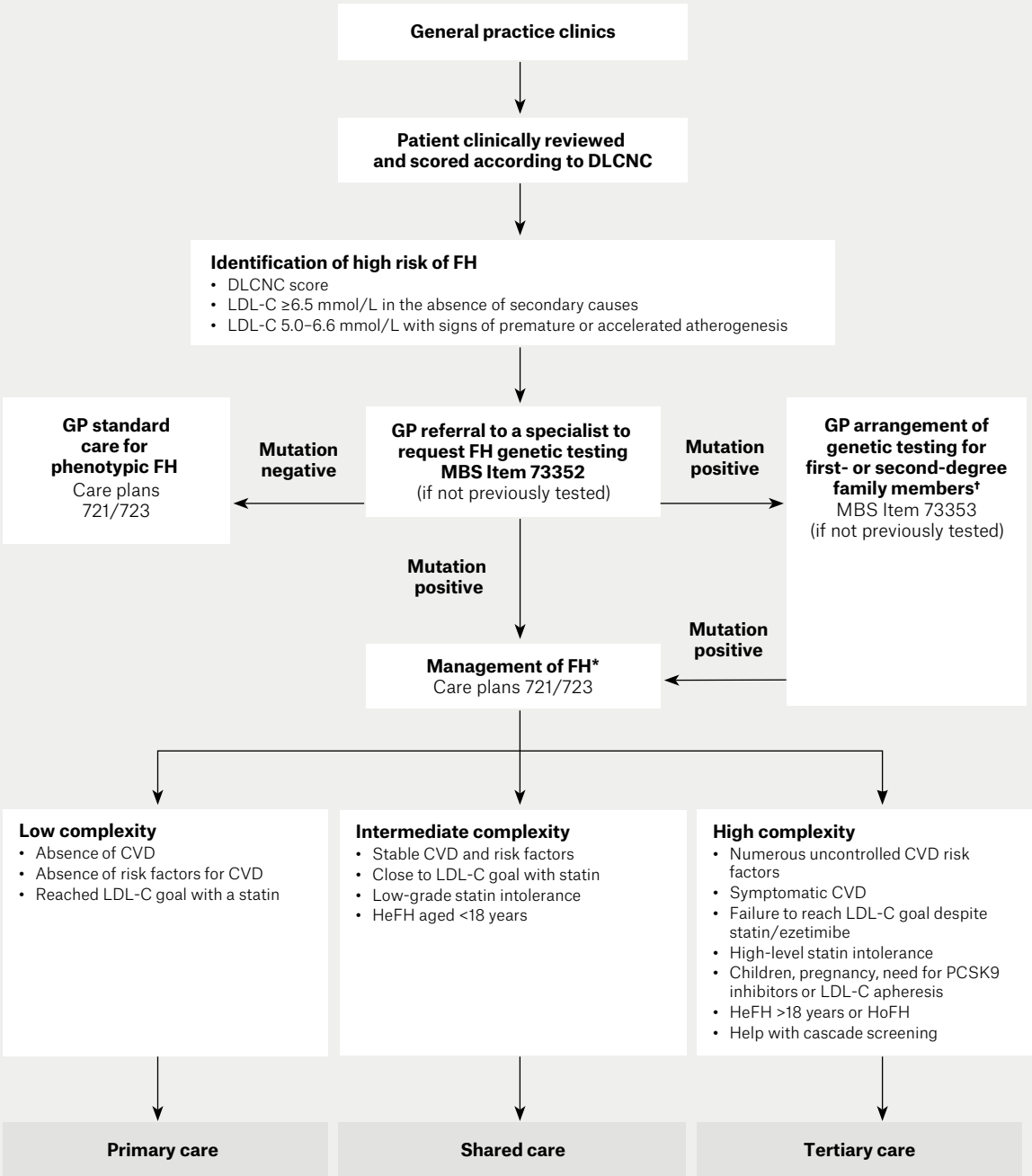

Figure 1. Process for genetic screening and management of an individual at high risk of familial hypercholesterolaemia

**Refer to Sturm AC, Knowles JW, Gidding SS, et al, Clinical genetic testing for familial hypercholesterolemia: JACC Scientific Expert Panel, J Am Coll Cardiol 2018;72(6):662–80. doi: 10.1016/j.jacc.2018.05.044.*

†Genetic cascade testing may be undertaken by a general practitioner with skills in the care of patients and families with FH, under the guidance of an appropriate specialist. Consent is obtained from the index case to contact family. The process of risk notification of family members should be consistent with relevant local legislation and institutional guidelines. Risk notification may be indirect (providing a family letter for the notifier to pass to relatives) or direct (clinical service writes to relatives); pre-and post-test genetic counselling should be offered to all at-risk family members.[1]

CVD, cardiovascular disease; DLCNC, Dutch Lipid Network Criteria; FH, familial hypercholesterolaemia; GP, general practitioner; HeFH, heterozygous familial hypercholesterolaemia; HoHF, homozygous familial hypercholesterolaemia; LDL-C, low-density lipoprotein cholesterol; PCSK9, proprotein convertase subtilisin/kexin 9