Unpacking Lp(a)_ A Fireside Chat on Heart Health

Wed, Nov 12, 2025 11:25:54 • 49:03

SUMMARY KEYWORDS

Lipoprotein A, genetic cholesterol conditions, cascade screening, familial hypercholesterolemia, retinal artery occlusion, statins, PCSK9 inhibitors, clinical trials, heart health, dietary changes, lifestyle modifications, advocacy, community support, genetic risk factors, cardiovascular workup.

SPEAKERS

Ms. Tina, Ebony Scott, Ms. Gail

Ebony Scott 11:28:19

Good afternoon, everyone. My name is Ebony Scott, representing NOWINCLUDED power by Acclinate. At first, I want to thank you so much for taking the time out to be with us today and to attend this much needed and timely discussion on lipoprotein A, or whether otherwise known as LP little a, I would like to take the time first to introduce our wonderful ambassadors who are here today to talk about their experience and to provide some insights on living with LP Little a. I would like to welcome Miss Gail.

Ms. Gail 11:28:54

Good afternoon everyone. Thank you so much ebony.

Ebony Scott 11:28:58

Thank you Miss Gail, welcome and Miss Tina.

Ms. Tina 11:29:02

Hi everybody. Glad to be here this afternoon with you.

Ebony Scott 11:29:06

At first, I want to take the time to thank you both for joining us and for sharing your experience with living with LP little a and before we get started into the discussion and the things, we thought it would be helpful just to show a brief video on what is OP little, because we know that this is something that is not widely talked about in the community, and a lot of times it's under diagnosed. So quickly, we're just going to show a two minute video so EOD. Video.

Ebony Scott 11:30:53

So. Okay, so I think we were having some difficulties with the sound, so just want to make sure, are we going to play the video again with the sound, or you want to just keep moving forward?

Ebony Scott 11:31:10

All right, so we're going to keep going. So bringing back Miss Gail, Miss Tina. Before we get started into the conversation, want to take some time out. Please introduce yourself, provide you know, just a high level overview about yourself and your experience with living with LP Little a. So I'll start with Miss Gail.

Ms. Gail 11:31:33

Well, my journey with LP little a actually began in 1997 very long time ago. My journey began via cascade screening, which is something that is very important when we're talking about a genetic cholesterol conditions, because the cascade screening is a way of determining who else in the family also has this genetic condition. As it turns out, I have a first cousin who was diagnosed with a condition called pericardium myopathy, and this particular condition is typically found in found in women after they have given birth. So after the birth of her beautiful daughter, about two weeks after her daughter was born, she started experiencing cardiac problems, and fortunately for her, she's an ER physician, so she recognized very quickly the symptoms, and she ended up being taken to the hospital where she works, and during the workup, although the LP LA was really not tied to the pericardiomyopathy during the cardiovascular workup, they realized that she had elevated lipoprotein A, and the cardiologist suggested to her that she contact as many relatives as possible, because LP little a is a genetic condition. And so once I got that big tip from my cousin, I asked my primary care provider if I could be tested. I was tested, and sure enough, I also had the elevated lipoprotein A. And so fast forward, it was in would say, let me see in 2018 I unfortunately had a retinal artery occlusion. And so when I saw the cardiologist about it. He said, Oh my goodness. He said, This likely happened. It's something that's probably related to some plaque that was just might have come from a carotid artery. He said, we might not ever actually figure out exactly what happened, but you need to go on a statin, and you also need to take 81 milligrams of aspirin. And so once I was diagnosed. Then and well, the when I say diagnose, what I meant to say was once the the retinal artery occlusion situation was taken care of, and I was told to take the statin. Then I decided to visit a lipidologist and see a lipidologist in the University of Pennsylvania healthcare system in the Philadelphia area. And so I went in for the visit just to mainly talk about statins and all of that. And so the preventive cardiologist examined me. He looked in my eyes, and he said, Oh. He said, You corneal Arcus? Of course, I'd never heard of cornearchus, but evidently it's a ring of fat that can actually be seen in the eyes. And so I already had the LP little a diagnosis. And then, lo and behold, the preventive cardiologist told me that I also had familial hypercholesterolemia, so I am living with two genetic cardiac conditions. And the journey continues, and the main thing now is just getting my cholesterol at 50 or or below that that, that's what I keep hearing, is that the best recommendation interim to the drugs that will that are presently in clinical trials, that are will be devoted just to lowering healthy little a specifically, but we're a couple years away From them actually being approved by the FDA and available. So I'll just kind of end my story by saying that through the cascade screening, eventually, my adult children did get tested. Neither one of them have FH or LP little a, so I'm really just delighted about that, that the LP little a and the FHA. Journal ending with me,

Ebony Scott 11:35:56
got it. And before I go to you, Miss Tina, I have a question for which you shared. Miss Gail, what was your initial reaction receiving that phone call from your cousin? Because I can only imagine how I would be on the receiving end, hearing that you may have a genetic disorder you need to get tested, and it could be really anxiety provoking or scary. So how was it for you and what motivated you to take action right away? Because some people would be like, you know, I'd rather not know what's going on. Let me just see what happens.

Ms. Gail 11:36:27
Well, I would say I was, of course, I was shocked, but I was also very I would just say, kind of it was so new. I was really just kind of confused. And I would say, I do have a prior history of hypochondria, so that's one reason why I made the appointment with my primary care physician very short order. Right after my cousin gave me that tip, within a couple of weeks, I made the appointment with the doctor, and then it turned out that my primary care provider didn't know anything about LP little a and so, because my cousin is a doctor herself, she was able to explain the condition, explain the treatment, and all that. So everything that she told me, she really tutored me, and then I really parroted that infection to the doctor. Wow. So I was really very fortunate that when I received that message that I had, you know, support within my family, just to get through it exactly,

Ebony Scott 11:37:32
exactly, because a lot of people don't have that, you know, so it's a blessing you are able to have that information beforehand. So really walked out the steps. So thank you for that. And Miss Tina, can you share a little bit about your experience?

Ms. Tina 11:37:47
Of course, my journey began in 2016 when I received an diagnosis for multiple sclerosis, and I kept hearing the neurologist saying to me, you gotta get to the bottom of all of your health issues, because in order to manage one, The others also need to be well managed. So I knew about my high cholesterol, but I hadn't really done anything about it, and I had a cardiologist who pretty much said to me, you have high cholesterol, and gave me the equivalent of take here's Here, take this statin and call me in the morning. So I it just didn't sit well with me, and I felt like I really wanted to have more information, especially since I had just gone through six it took six months to get an MS diagnosis, and it was a bit complicated. So I thought, well, you know, to just treat it like that and say, Here, take a statin and come back in three months. I thought, I think there, I need to know more. So I sought out a second opinion. Mm hmm, which is the same thing I did with the the MS situation. I got the initial diagnosis, and then I went for Second Opinion with any major health issue. I think that's a good a good thing to do. So I sought out a new cardiologist who would repeat testing and give her opinion. This time, I went to a female cardiologist, as opposed to a male and I found this cardiologist at University of Pennsylvania, which has a women's cardiovascular program and that program is designed to meet the challenges of accurately diagnosing and treating, diagnosing, treating and preventing heart disease in women. So I thought, Oh, that looks good. So I went for the second opinion, the second cardiologist repeated the the labs. She did, more comprehensive labs than the first guy did, and one of the things that she included was the test for lipoprotein, little a unbeknownst to me, so I went and got the the lab, lab work done, and I was preparing myself to go back and follow up with the cardiologist and but I had an appointment with my dietitian, and my dietitian is very thorough. She tracks my vitals. Is weight, height, blood pressure, etc. And then she asked to see my my most recent labs, and she's the person who flagged the lipoprotein a result on my labs. I hadn't idea what it was. I didn't

even know I had been tested for it. I thought, oh, here we go, another lipid panel. I wonder what the number's going to be this time, because I had cholesterol that had been approaching 300 and I had an LDL that was not far behind, close to 200 and so I thought, Okay, well, let's see what number I get this time. And I not only got those numbers back, but I got some additional numbers that I really didn't know anything about, and one of those numbers was lipoprotein A. So as soon as my dietitian saw that, she said, oh boy, you've gotta address this now like yesterday. And she really is set. She expressed that sense of urgency that this was something that I definitely had to address, and the sooner the better. So when I went back to that second cardiologist, I was prepared for that discussion of lipo, a what is it? What you do? How do we move forward? And that was what started me on the the current journey of the lipo, a journey I'll add to that, the treatment team that I am fortunate to have, and also a lipo, a buddy, Gail a buddy. We developed a friendship, and as we were developing our friendship, we realized that, hey, we've got some commonalities in the medical realm. We've got these diagnoses that we share, and so we started sharing information about our mutual diagnosis, and we we now have this relationship that we call the lipo a buddy. In that term, we call each other life away buddies and but, but so that's, that's kind of how it happened for me. So going forward, of course, I have my ongoing treatment. I currently being treated with a PCS k9 inhibitor. There are only three of them on the market, and I've been fortunate enough to be to get approval to take one of those PCs k9 inhibitors, which is helping with the situation. And then the other piece for me, of course, is to continue myself and learn more about heart health and lipo a and there's the advocacy piece, which includes the cascade Testing, which is kind of where I am now notification to family and then encouraging family members and friends to get tested. So far, I have been able to get my mom tested, and she also has elevated lipo a I am encouraging my son to get tested. He has agreed to do it. I don't think it's quite happened yet, but he does have a test in his possession, because there are home kits that you can get in order to do this at home, because insurance won't always cover the test. And then I have a cousin who has agreed to test as well. So I'm really fortunate to have these resources, the now included as a resource, and my lipo, a buddy, Gail, and onward, we shall go to raise awareness about this issue of lipo a get more people tested, more people treated, and, and then and and really work hard at helping people to improve their heart health.

Ebony Scott 11:45:31
Thank you. And I want to touch upon two things that both of you said. So first, it would be great in your own words, if you could explain what LP, little a is. What have you come to learn about it? Because the fact that you know, like we you said in the beginning, a lot of physicians are unaware what this is. We see. Un. Diagnosis, especially in our community. So I would love to hear both of your perspectives on what it is, and then secondly, added to it, what is cascade testing, and how was your experience with it? Anyone can go first.

Ms. Gail 11:46:11
I'll jump in. Well, in terms of what is LP little a, I would say my definition from a 20,000 foot view would be that LP little a is really a. It's a, it's an additional particle, a protein that is attached to the regular, I will say LDL, low density lipoprotein. So it's a, it's an extra. They really call it generally the tail. So if you have a diagram of an LDL particle, the LP, little A will be like a little tail like structure that, and it's an additional protein that's that's on the cholesterol molecule. So there's also HDL, High Density Lipoprotein, and then, of course, there's total cholesterol as well. So anyone who is going through a genetic cholesterol condition really has to keep an eye on LDL, HDL. If you have elevated lipoprotein now, you have to keep an eye on that, and then also total cholesterol as well, because you really have to manage your numbers that that's really very important. And in terms of Cascade screening, cascade screening really refers to just getting as many family members trying to convince them to get tested as well. Since and in the video that it was mentioned that one out of five people worldwide have LP little a and so the cascade screening is getting a test, whether that's from your provider, or whether you get a home test. Or also tests can be you can go to lab core or quest they have on demand, where you can just get the test without even having a prescription. So the tests are out there, whether you're going through a provider, getting it on your own. But testing is really key, getting yourself tested and getting your your family members tested as well, if someone in the family does have it.

Ebony Scott 11:48:32
Thank you. Miss Gail, Miss Teen. You want to add anything?

Ms. Tina 11:48:35
Yeah, that's pretty spot on. You know, a is, I think it's, it's a nasty little bugger that otherwise known as a particle, and it carries cholesterol in the blood, just like LDL cholesterol. I'm not real big on the science, but I it's a genetic risk factor, and it's important enough to know to consider, because it it's it can lead to heart disease, heart attack and and stroke is also a risk. So it's a it's a very big risk factor, and so to have one in as many as one in five people walking around with this risk factor, and they don't even know it, and then on top of that, it's genetic, so it's being passed on, this is something that we really

need to know about. So that's how I would describe lipo. A it's, it's, you can't get rid of it, going to be there, but else, you just have to find a way to manage it.

Ebony Scott 11:49:53
Got it. And that's a great segue, because one of the questions we have in the chat is, how do you manage your cholesterol? And I know that's something we talked about a little bit yesterday in terms of the lobster tails and holding the butter, so I like to, you know, talk about that a little bit. So how do you both manage your cholesterol and continue to thrive, especially, you know, you mentioned the comorbidities you may have, so yeah, just want to expand upon that, and we can start, yeah,

Ms. Gail 11:50:25
presently, on three different cholesterol medications. And I just, I have to do it, but I'm baffled by it. The third one was just added, oh, maybe about three weeks ago. So in terms of medications, I have really struggled with being able to tolerate a lot of the medications that are available to lower cost. Cholesterol. So fortunately, in must have been 2023 there's a PCS K9 inhibitor called inclisron, which came out, and it's an injectable. It's, it must be injected, though, by a medical professional. So I don't inject myself. I have to actually either go to an infusion center at Penn, and as a matter of fact, I had my last inclisron in January, and it was a wonderful experience, because a nurse actually came to my house to give me the injection. All the other times I had to ride 70 minutes to pen to get it. So I'm happy now that I can just sit at home and twice a year get the injection, so that that's a good thing. In addition to the inclusive run, I'm taking something, it's a non statin. It's called azetamide. And azetamide really works in the intestinal system, and I guess, from a scientific perspective, it really helps with absorption, to try to lower the absorption of cholesterol, which, of course, will empty into the bloodstream. And then I mentioned earlier that, because of the elevated lipoprotein, a many doctors feel very strongly that it's important to have LDL, regular, LDL, LDL, C have that in the 50 range. And so the last blood work I saw I was at 98 and when I saw the 98 and that was on inclizumron and azetamide together, and I was so concerned that I went to my primary care physician, and I said, you know, I need to get to 50. I need to get to 50. I said, I know my medical record says that I'm statin intolerant, but I said, I'm ready to I need to give it a try again. Because I said, I really want to get to 50. And so the I'm on a statin now, I'm taking it three days a week, and so far so good, I have not had any negative side effects. And I also realized that the first time I was taking the statin, I was given a prescription. It was 80 milligrams, which was so so strong. And I also really just realized, when talking to my pharmacist, that I was probably given that high dose because I had just had the retinal artery co they were really just trying to get my cholesterol down as quickly as possible, but the medication was just so strong I couldn't tolerate it. So come a long way, and I'm hopeful that when I get my next labs done that. I My LDL C will be somewhere close to 50.

Ebony Scott 11:53:39
Got it. Thank you, Miss Gail and Miss Tina. Can you talk a little bit about the lifestyle changes you've had to make to monitor and lower your cholesterol?

Ms. Tina 11:53:51
Okay, so first of all, for the meds, I have had no issues so far with the meds that I'm on. I advocated at the beginning for myself not to be put on a statin. I did research about statins, and because of the MS I lobbied for not taking a statin, and my my doctors agreed and appealed the insurance decision, and they were able to get me on to a pcsk, PCs k9 inhibitor called prurient. So I'm currently on that medication, one medication, and probably will the addition of a second one. It's called zedia. I think that's the trade name for it. The generic is ezet tamibe. I believe E, z, e, t, i, m, I, B, E. Hope I'm pronouncing it correct. Is that whatever you know Gail impresses me with the science. I just kind of, I guess, your third point where I understand what's going on, and then I just want to be told what to do. So anyway, there is a push to get the LDL down lower, because the the the because the the the thing with LiPo A is that currently there, it, it's, it's extremely difficult to to lower the lipo a numbers. So what the practitioners do is they try to lower your other risk factors and and so one of those is the LDL, and they typically like to get that LDL lower, so that would be the reason for the second medication. So I'm doing okay with the meds. Haven't had any problems. I did not have needle anxiety because I was already on meds for MS, and so it was to like, oh, another needle. Okay, fine. Just throw it in the pile with the other ones. So I was already accustomed to self injecting, which is what I do. I don't have to go anywhere to get my injections. I do everything at home. And then the for the lifestyle changes. I was already on a path to changing those making those changes because of that 2016 diagnosis, and my dietitian is my rock, that she was really key. She's the one who flagged it in the blood work, and she's the one who had been working with me all along to get to these healthy habits. I did consult another dietitian who was more cardiology focused, who works along with my cardiology team, and that was sort of a one and done and then, but I always have my own personal dietitian at the ready, and she's been with me since 2016 so as far as the lifestyle changes, first of all, repetition is key when you're trying to make changes. Because you're you're changing habits that maybe you've had for a long, long time. So if you can find ways to kind of work in little tricks and tips so low and no saturated fats. For example,

when you read a label, and label reading is key. And my dietitian has taught me how to read labels very well. You must read labels. You must know what you're putting in your body. And so if you know how to look and on the labels and read that fat category and decipher that or if you're cooking at home, you want to use olive oil, avocado oil, put away that butter, use it in moderation. Oatmeal is another one. Try to get some oatmeal into your routine. And it took me a took a little doing for me to figure out how to cook steel cut oats correctly, because the texture is important for me. So my advice is to get a dietitian, get somebody you can work with who will work with you. As a result of the work that I did with my dietitian, I was able to lose 1/3 of my body weight. Oh, wow. Which put me in a totally different position. Health wise, it took me out of the obese category. It even lowered my a 1c when I went back for repeat testing, the blood work came back with an additional bonus, I finally had a normal a 1c that wasn't pushing that limit of of type two, so and also activity. You know, try, it's a challenge sometimes to to know what kind of activity. I'm not big on exercising, but I got two small dogs, and I have to walk them every day. So I I walk every day, several times a day, and then I also have other other classes that I tune into here and there. Fitness class, Tai Chi, Yoga and adaptive dance is something that I'm doing now, but it's just important to remain active and different types of activity. You know, have a have a variety of activities that you can do, but make sure it's something that you can do and will do. Because I'm for example, people say to me, Oh, well, go sign up at the gym. I know full well that'll be a waste of money, because I will never go to the gym. You have to drag me there, because it just isn't quite in my routine. So I have to realize what's in my routine, what's within my wheelhouse, what can I do, and then focus on what I can do, rather than trying to do things that I not sure or I can't really do.

Ebony Scott 12:00:18
No, I appreciate that. And something that I learned early on in my career is this acronym called scales, small changes and lasting effects. And exactly to your point is that doing everything in moderation and doing thing in repetition. You know, it really is important to set that routine and do things that you know, that you can do daily. I'm with you like I have a gym membership. Ask me how many times I went, but I try to walk my daughter every single day, or walk my dog and do. Things that I know that I can do daily. Um, so we just have over time. But I really want to get your perspectives on clinical trials. I think Miss Gail, you touched upon it a little bit. But I want to ask, like, your thoughts about clinical trials. You know, have your providers ever asked you to join and just anything you want to share. And we'll start with you. Miss Gail,

Ms. Gail 12:01:18
I am all for clinical trials. As it turns out, I actually try to participate in two different LP, little a clinical trials, and it turns out that I was actually accepted in one, and when I was presented with the consent papers, I actually couldn't sign them, because I was all on board for the trial drug for the LP little a but it turns out, in that particular study, there was a portion of some testing, some ancillary testing that they were doing, and they were using some type of exploratory Agent for that, and it had not been FDA approved, and so I didn't give me enough of a cuff level, so I didn't join that trial. And then few years later, there's another trial that came out, and it turns out that I was not accepted in that trial because they wanted people whose medicated cholesterol, the bad cholesterol, the LDL, I would have had to have been over 100 and at the time, I was at 84 so because I was not over 100 on medication, I couldn't join that trial. But I really think that trials are really very important. Many times it's it's hard for some of the pharmaceutical companies to sometimes even get enough people, especially people of color, right?

Ebony Scott 12:03:07
Yeah, and what about you? Miss Tina,

Ms. Tina 12:03:10
um, I think it's important to consider the choice of a provider when you're choosing a provider, I found more access and more equity with providers that are connected with research based institutions and so as far as access to trials and research studies, that's what that they've always got a door open to that, because that's what they do. So the choice of provider is important, and also the connection with a research based institution in Philadelphia, we happen to have some pretty good ones here. So also the drug companies conduct the trials and research studies as well. But I, I, I really feel like and then don't forget the org, the heart health organizations, they also provide an avenue sometimes, but it's sometimes. It's just about being on the right list and getting an email out of the blue and fitting the criteria. So that is definitely something that you have to consider. How am I going to put myself in this, in a position where these things will will come to me, and it's just a matter of being informed and being and being in the in in a position where you are connected with a provider that can can recommend you for things, or is connected to a research lab or so it, for me, it boils down to An access and equity issue sometimes with these types of things, and giving people access, and how do they get that access, is the question, and, you know, so I'm still working on that as well, because there's so much out there, and there are many, many organizations. I happen to have landed at University of Pennsylvania with my doctors, and I've participated in some studies through Penn just the just by. The fact that I have a pen doctor, then I get contacted, so that's a consideration.

Ebony Scott 12:06:03
Yeah, and absolutely right about access and equity, we know traditionally, people of color, we have not been represented in clinical trials for many reasons, to include, you know, not being asked, I will say racism, biases, and so I think that is one of the main things that we try, we strive for at NOWINCLUDED, is to provide that access and that awareness of clinical trials. It's not so much that we're saying everyone has to join a clinical trial, but it's providing education and awareness so that you can make an informed decision as to if a clinical trial is a care option for you. So I am completely in agreement with you say that we have to do more. It shouldn't just be that your doctor needs to be affiliated with a research institution, or it was a PI or principal investigator on a clinical trial that you're being made aware of a clinical trial opportunity. So yeah, I agree with you. And then I see there's a question in the chat for Miss Tina in terms of, how were you able to find your dietitian?

Ms. Tina 12:07:14
Well, that's interesting. I at the time, I was a an Independence Blue Cross subscriber, and Independence Blue Cross had a live space in Center City, Philadelphia, where they conducted a wellness program. And I met the dietitian at that space, and she was there doing weekly cooking demos and offering nutritional counseling. And we started meeting up together prior to her demos. We would make an appointment prior to she gave her demos on Wednesdays, at noon or something like that. So I would either make an appointment with her prior to the demo or after the demo, and we would sit and have our appointment right there at the Independence Blue Cross space. I didn't have to go to an office or anything like that. She was right there. She, you know, was available, and that's where we met. I think we met at Starbucks one time across the street, but that's how it started through Independence Blue Cross, that was my insurance company at the time. But she also has her her own website and and works on, you know, outside of the realm of IBX as well. So she's an IBX provider, but she also does her own thing as well, outside of it.

Ebony Scott 12:08:38
Thank you for that. And we have a little bit over three minutes, and this question is for the both of you, just to talk about why advocacy is so important, like, Why pay it forward? And this is something I always ask. You know, anyone in this space. You could have received your diagnosis, you could have received your treatment, and just keep going and sharing it within your family. But what drives you and what motivates you to bring awareness to LP little a and share this information with the masses? I'll start with you, Miss Tina, and then we'll end with Miss Gail.

Ms. Tina 12:09:14
Well, I have to turn to my lipo, a buddy for this, because she's the one who got me involved with the advocacy piece. I was sitting with the diagnosis, pursuing treatment and all of that. And that was about as far as I was going with things. And then she started sending me things on my email, like, oh Tina, here's a heads up about this or that or the other. And then I started, you know, clicking on some of those links she was sending me, and getting more involved. So I have to blame my lipo, a buddy, that I took to it, and it's been informative. It's been fun. It's been I've I've met a lot of people and made some some social connections. It gives me some talking points just in from day to day, when I'm out and about, doing my daily routines. It's just become another part of my life and another part of me. This condition is not going to go away, and I deal with it every day. I carry it around with me every day. So why not carry it around in such a way that I can share it with others and learn from others and continue to to go along this path, as I continue to go along this path, thank you.

Ms. Gail 12:10:51
I would have to say that advocacy is important to. Me, I would say, really, where I got my start was one thing that I didn't share when I was talking about my story. My father passed away of a fatal heart attack at the age of 58 and that was in 1990 so that was seven years before I learned I had elevated lipoprotein A. So once I learned about that, it really just fear was running through my body because I thought, Oh, my goodness, fatal heart attack, 58 years old. Will I get to 58 so I wrestled with that, and thanks be to God. I'll be 65 this year. But that really, really rocked my world, if you will. And so once you know, I got my diagnosis for the LP, little a, got my diagnosis for the the FH, the more I began to learn about the condition, and I'd say, well, both conditions, but both of them are so underdiagnosed, and so just from my journey, it's just important To me, especially just when talking in social events, when you talk to a person, and then a person will say, Oh, my grandmother, you know, passed at 45 and you know, I have a cousin, you hear people just talk about what is happening in their families, whether it's a stroke or it's a heart attack. And you know, your antenna kind of goes up. And so just from those types of situations that I tend to run into a lot, it just became important to me just to spread the word knowledge is power. And so if everyone can just do their best to get tested, then you have that information, and then you can work with a provider to just do everything you can possibly do to try to live your best life each each of us just have to do that each day.

Ebony Scott 12:13:00

Yeah. Well, I want to thank you both so much for sharing your experience with me and all the viewers. I think the main takeaways we learn is the importance of Cascade testing, knowing your your history, knowing your genetics. A lot of times, we don't talk about this. You know, we our doctors don't approach us about this. So it is important that we advocate for ourselves and do these type of things to know, you know, some of these genetic conditions, I think it's important, as you both mentioned, is finding the right providers. You know, just because one provider doesn't have the information, or, in your case, Miss Tina giving you a stat, and then you're like, I don't think so. It is important to advocate for yourself and keep pushing forward. We also touched about clinical trials. You know, one may not work for you, but it is important that we are represented in this because a lot of times we are the main ones who are taking these therapies and these therapeutics. And, you know, sometimes side effects and symptoms come out, and we need to know that it has been properly tested. And the last thing is advocacy. Advocacy is so important. And I would say community, community, having people that understand, like you miss Gail, Miss tuna, you are these lipo buddies. We're able to go through this journey together. And so I think that is remarkable, knowing your community and having that community. So just on behalf of NOWINCLUDED, powered by Acclinate and all of the viewers, I want to thank you both. I want to thank our viewers for taking the time out to be with us and ask questions and comments and so until next time, thank you all.

Ms. Gail 12:14:47
My pleasure.

Ms. Tina 12:14:48
Thanks, everybody. Take care.