MyCardioAdvocate™ Inflammation

Inflammation & Cardiovascular Risk

What to ask. What to review. What may be missed.

Updated March 2026

Why This Matters

Atherosclerosis is an inflammatory disease. Yet after reaching LDL targets, inflammation often goes unrecognized as a treatment target. You can be on an optimal statin dose, have an LDL of 60, and still have elevated hsCRP—meaning you carry residual inflammatory risk that continues to drive plaque progression and event risk. Worse: colchicine has strong trial data (COLCOT, LoDoCo2) proving its benefit in chronic coronary disease, but adoption is slow and many patients don't know it's an option. Inflammation is the blind spot in your lipid panel.

Why Inflammation Flies Under the Radar

- Atherosclerosis IS an inflammatory disease, but inflammation is not the standard treatment target.
- hsCRP is underutilized—most patients never have it measured.
- Residual inflammatory risk persists despite optimal LDL and is not part of routine follow-up.
- Colchicine has strong trial data but slow adoption; many cardiologists have not yet incorporated it.
- Inflammation is often unrecognized as a distinct treatment target separate from lipid lowering.

What Changed in 2026

hsCRP as Formal Risk Enhancer

hsCRP ≥ 2 mg/L is now Class 2a for high-intensity statin initiation in borderline-risk patients. hsCRP is formally listed in **Table 13** of updated guidelines as a risk enhancer. This is significant: inflammation measurement moved from optional to guideline-endorsed.

JUPITER Re-cited in Primary Prevention

The JUPITER trial—which showed rosuvastatin reduced cardiovascular events in apparently healthy people with elevated hsCRP—is now cited in primary prevention rationale. This validates measuring hsCRP as a risk stratifier in asymptomatic people.

Colchicine Gap in Lipid Guideline

Major gap: colchicine is NOT addressed in the 2024 lipid guideline, despite FDA approval for chronic coronary disease and strong trial evidence. This is a blind spot—check with your cardiologist directly, as guidelines lag behind evidence.

MyCardioAdvocate™ Checklist

1. Has my hsCRP been measured in the past 2 years?

Ask for the value. Normal is <1 mg/L; elevated is ≥2 mg/L. If not measured, request it.

2. Do I have residual inflammatory risk despite being on a statin?

Elevated hsCRP on statin therapy means inflammation is still driving risk. Consider intensifying anti-inflammatory strategy.

3. Am I a candidate for colchicine therapy?

If you have chronic CAD or prior MI, ask your cardiologist about colchicine. It's FDA approved and has strong trial data (COLCOT, LoDoCo2).

4. What about canakinumab or other IL-6 pathway inhibitors?

If high-risk with persistent inflammation despite colchicine, IL-6 inhibitors may be considered. Discuss with your team.

5. Do I have comprehensive inflammatory profiling?

hsCRP alone is not enough. Consider lipoprotein(a), oxidized phospholipids (OxPL), and lipoprotein-associated phospholipase A2 if high-risk.

CPR Opportunity

Colchicine for Chronic CAD

Both COLCOT and LoDoCo2 trials showed colchicine reduces cardiovascular events in patients with established coronary disease. It's FDA approved. Yet it's not yet in lipid guidelines, and many patients don't know it's available. If you have chronic CAD and are on optimal LDL therapy but still have elevated hsCRP, colchicine is a conversation worth having.

On the Horizon

IL-6 Inhibitors: ZEUS and Beyond

Ziltivekimab (direct IL-6 inhibitor) and other IL-6 pathway agents are in trials. ZEUS trial results are pending and may expand anti-inflammatory options beyond colchicine.

- Anti-inflammatory therapies are moving beyond single-pathway inhibitors toward combination approaches.

Key Takeaways

- Atherosclerosis is an inflammatory disease; inflammation is a treatment target, not just a risk marker.
- hsCRP ≥2 mg/L is now a formal risk enhancer in guidelines; it should be measured routinely.
- Residual inflammatory risk persists despite optimal LDL; it requires a separate anti-inflammatory strategy.
- Colchicine is FDA approved for chronic CAD and reduces cardiovascular events (COLCOT, LoDoCo2).
- IL-6 inhibitors are emerging as next-generation anti-inflammatory therapies.

Next Steps & Related Content

- **Next Step:** Ask: "What is my hsCRP? If elevated, should I be on colchicine?"
- **Related:** The Itch That Rashes | Lipid Guidelines | After Heart Attack | Statins

---