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# LipidSpin

■ **Clinical Feature**

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## Member Spotlight: Thomas Hirose, MD

### Cleansing the Blood of 'Bad' Cholesterol



**Thomas G. Hirose, MD**  
Chairman and Chief Medical Officer  
Transfusion Medicine Associates  
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Los Angeles, CA



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The use of an LDL apheresis machine in Dr. Thomas Hirose's practice has afforded his team the honor of caring for two of the therapy's longest-standing U.S. patients; each has undergone the specialized treatment for more than a decade.

"These patients would have died from heart disease many years ago without this therapy," Hirose said. "It is very gratifying to provide this type of healthcare in the community."

While licensed in the United States for about 15 years, LDL apheresis has a slightly longer practice history in Japan and Europe, where public demand for the treatment was greater in the 1980s, Dr. Hirose said.

"Necessity is the mother of invention," he said, noting that the era saw

familial hyperlipidemia patients die of cardiovascular events while still in their teenage years.

Today, LDL apheresis is more common and its centrifugal process often is compared to dialysis, even though patients only need to receive the therapy twice a month.

During treatment, blood flows into an apheresis machine and cholesterol-containing plasma is separated from the red cells. After the cholesterol is removed by absorption onto a sugar or heparin column, the red cells and "cleared" plasma are returned to the patient.

Both heterozygous and homozygous familial hyperlipidemia patients benefit from LDL apheresis, but more than 90



Apheresis patient Cynthia Moore and her son, Dylan. Today, Dylan is two years old.

percent of the patients Dr. Hirose sees are heterozygous or have an unknown genetic background.

Patient eligibility criteria include failure to respond to changes in diet, increased exercise and cholesterol-lowering medications when LDL is >300 without heart disease, or LDL >200 with evidence of heart disease. People suffering myositis or liver toxicity from statin medication also are candidates for the treatment.

Dr. Hirose became interested in this form of therapy while a resident at Cedars-Sinai Medical Center, where he was mentored by Dr. Dennis Goldfinger, chairman for the Transfusion Medicine Department. Working there, and later for Dr. Walter Dzik during a fellowship with Harvard Medical School's New England Deaconess Hospital, increased his interest in coagulation management.

"Coagulation is a broad, interesting area of medicine that may lead to dramatic responses in medical therapy if correct diagnosis and timely intervention are provided," Dr. Hirose said.

A third-generation Californian, he brought his interest in transfusion medicine back to Los Angeles, where he began his private practice in 1994. In addition to overseeing five locations for Transfusion Medicine Associates, Dr. Hirose also serves as an assistant clinical professor at the University of California–Los Angeles School of Medicine and as an attending physician at Harbor–UCLA Medical Center.

One of his patients, Cynthia Moore, described LDL apheresis as a life-changing opportunity that allowed her to fulfill her dream of becoming a mother.

“I had a heart attack followed by emergency open heart bypass surgery at age 40 and unexpectedly became pregnant eight weeks later as a result of having to stop birth control,” Moore said.

Her treating cardiologist advised her not to carry the pregnancy due to the high-risk

nature of the recent cardiovascular events, especially given that she had to stop her statin regimen while expecting.

Pregnant women are advised against taking statins because the medication increases the risk of birth defects. But when Moore’s primary lipid specialist, Dr. Thomas Bersot, recommended the LDL apheresis therapy, she gained the invaluable opportunity to carry her pregnancy to full term.

For the last eight months of her pregnancy, Moore received apheresis treatment every two weeks at a Transfusion Medicine Associates clinic in anticipation of her C-section. Although she left each treatment feeling tired, the fatigue was well worth her chance at motherhood, she said.

“My heart surgery is no longer at the forefront of what I went through during that period,” Moore said. “My pregnancy

is what stands out as being most important during that time and, now that I have my baby, I would do it all over again.”

Despite positive feedback from patients such as Moore, the public’s awareness of LDL apheresis remains relatively low, which is especially problematic because hyperlipidemia is considered a “silent disease.”

“It will be an upstream battle if the first heart attack has occurred,” Dr. Hirose said. “We need to get the word out because, for patients who really need apheresis therapy, it is essential that they are treated sooner rather than later.” ■

*For more information about LDL apheresis or Transfusion Medicine Associates, please contact Dr. Hirose’s office at (877) 393-5700 or via e-mail at [info@TMAService.com](mailto:info@TMAService.com).*



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**Debbie Friedrich, NP, MS, Certified Lipid Specialist**

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