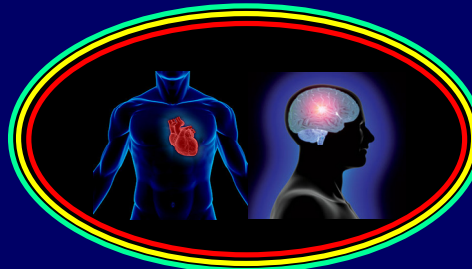


Talk to your physician and ask for your 10 year Framingham Risk Score or Reynolds Risk Score. If your score is over 20%, you are at high risk. Ask if you are receiving optimal medical therapy that significantly reduces your risk for heart attack, stroke, cardiac death, angina and need for future stents and heart bypass.

Having diabetes alone without any other additional risk factors, elevates one's risk to high. The combination of diabetes plus heart disease or stroke or PAD further raises the risk to an even higher level.

A decade of aggressive cardiovascular disease prevention has taught us that a heart attack proof state is achievable for many high risk patients.

**Creating a Multilayer Wall of Protection
(Optimal Medical Therapy)
Against Heart Attack and Stroke**



Major components of optimal medical therapy:
cholesterol management, blood pressure control, smoking cessation,
healthy diet, diabetes control, more physical activity and weight control

**Learn more at www.deGomaMD.com or
www.NJPreventiveCardiology.com.**

Rolando L. deGoma, MD, FACC, FNLA

**NJ Preventive Cardiology
& Cholesterol Clinic, PC**

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Rolando L. deGoma, MD, FACC

**NJ Preventive
Cardiology
& Cholesterol
Clinic, PC**



*Prevention,
Diagnosis and
Treatment of
Heart Disease*

*High Treatment Success Rate,
Improved Patient Outcomes
and Lower Healthcare Cost*

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Successfully delivering evidence-based preventive therapies since 2001

New Jersey Preventive Cardiology started providing evidence-based personalized, preventive treatment in 2001 when it became clear that the future of cardiovascular disease management is prevention and that many high risk patients were not getting treated to the recommended goals. A decade later, that future is here. The treatment approach has finally shifted from aggressive intervention to aggressive science-based prevention.

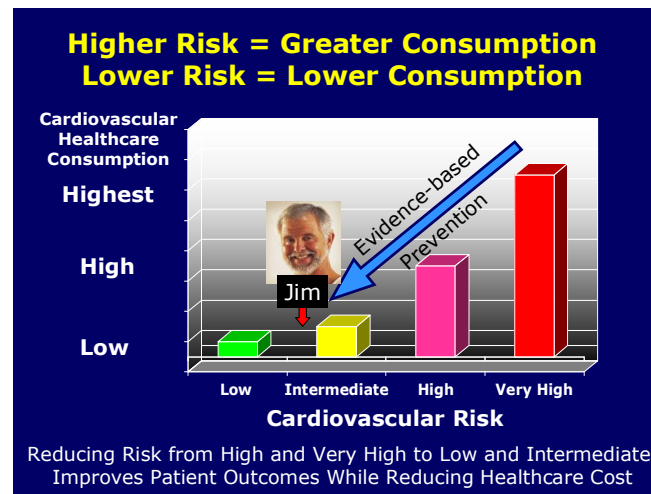
New Jersey Preventive Cardiology developed its own clinical management system to successfully treat most high risk patients to goal. We were inspired to try to make a difference in 2001 when the L-TAP study showed that only 18% of high risk patients were treated to the LDL cholesterol goal of less than 100 mg/dl. In 2006, we published our data showing that it is possible to treat most patients successfully with 85% of patients at goal. There were more patients with LDL cholesterol less than 50 than over 130 mg/dl.

Improving patient outcomes

Our approach to heart attack (and stroke, as well) prevention is based on the large cumulative data from many clinical trials. These trials demonstrated cardiovascular event reduction of about 30 to 40 % during the duration of the study which lasted for 2 to 5 years.

Our personalized approach to preventive treatment is comprehensive, addressing both patient-modifiable and physician-modifiable risk factors that goes beyond LDL cholesterol. Our event reduction exceeds those reported in clinical trials and the decline continues even 10 years later.

Optimal prevention alters the normal progression of plaque build up in the arteries - preventing plaque rupture (the cause of most heart attacks and strokes), slowing progression, preventing new plaque formation and even inducing regression. These beneficial effects lower your risk resulting in much fewer heart attacks, strokes, deaths, disabilities, stents, heart bypass and hospitalizations.



Reducing healthcare cost

A significant component of escalating healthcare cost is the high expenditures from heart disease and stroke – the number 1 and number 3 causes of death and disability in the US. Cardiovascular disease is the number 1 public health problem and the most expensive.

Advances in medical science in the last 20 years have resulted in a greater understanding of the underlying disease process (atherosclerosis) - how to detect it before it reaches the advanced symptomatic stage and how to prevent its progression. The disease in its advanced stage causes high utilization of expensive healthcare resources.

Starting 2014, Health Care Reform provides financial incentives with discounted premiums for employees who adhere to evidence-based preventive treatment. Treatment is safe and many inexpensive but effective generic medications are now available.

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