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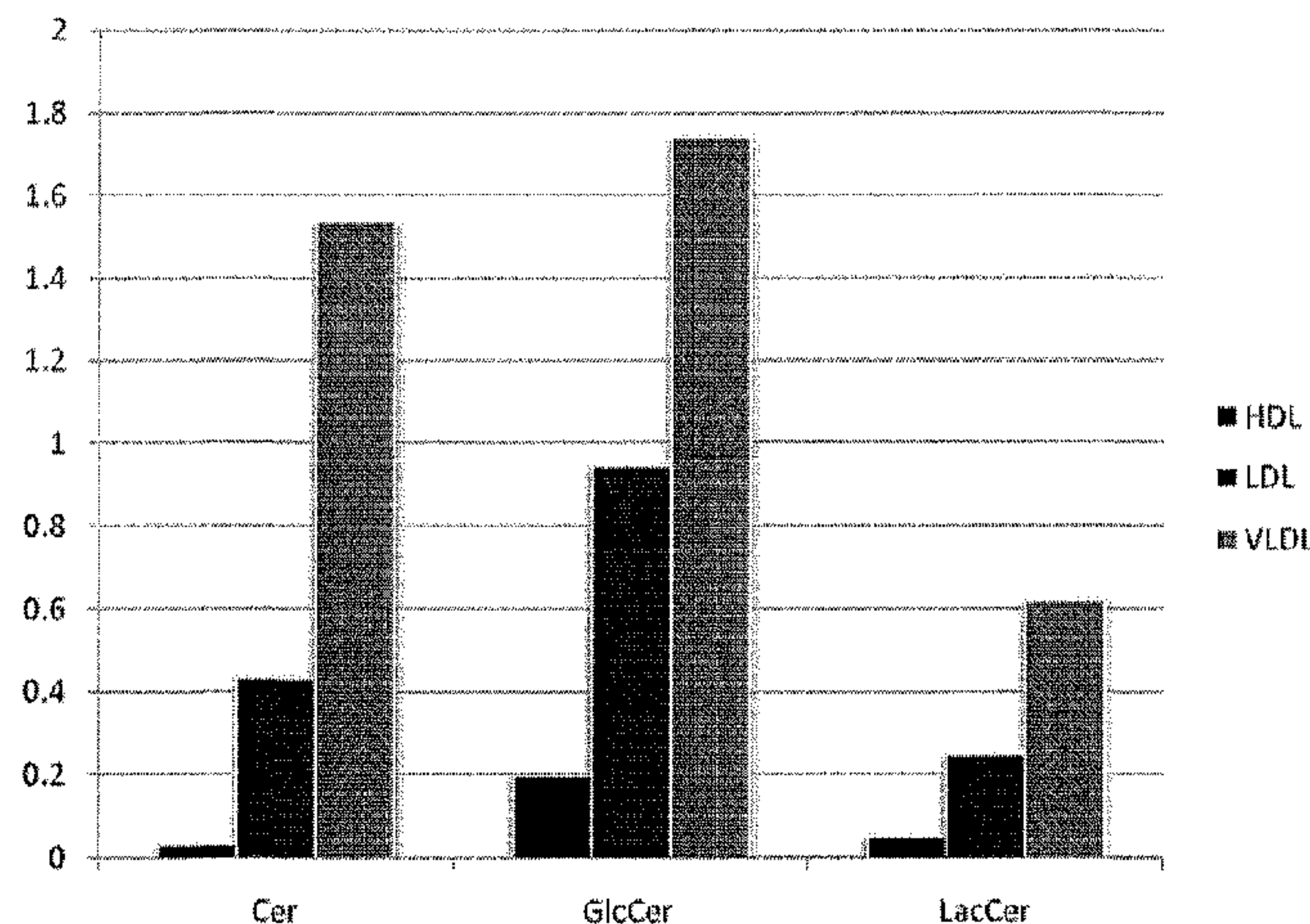
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(54) Titre : BIOMARQUEURS LIPIDOMIQUES DE L'ATHEROSCLEROSE ET DE MALADIES CARDIOVASCULAIRES
(54) Title: LIPIDOMIC BIOMARKERS FOR ATHEROSCLEROSIS AND CARDIOVASCULAR DISEASE



(57) Abrégé/Abstract:

The present invention inter alia provides a method, and use thereof, of diagnosing and/or predicting atherosclerosis or CVD by detecting the lipid concentrations or lipid ratios of a biological sample and comparing it to a control and has identified specific lipid markers that are more specific and sensitive in detecting and predicting atherosclerosis and CVD than currently utilized clinical markers. Also provided is an antibody towards said lipids, and the use thereof for predicting, diagnosing, preventing and/or treating atherosclerosis or CVD. The invention additionally relates to kits comprising lipids and/or an antibody thereto, for use in the prediction and/or diagnosis of atherosclerosis or CVD.

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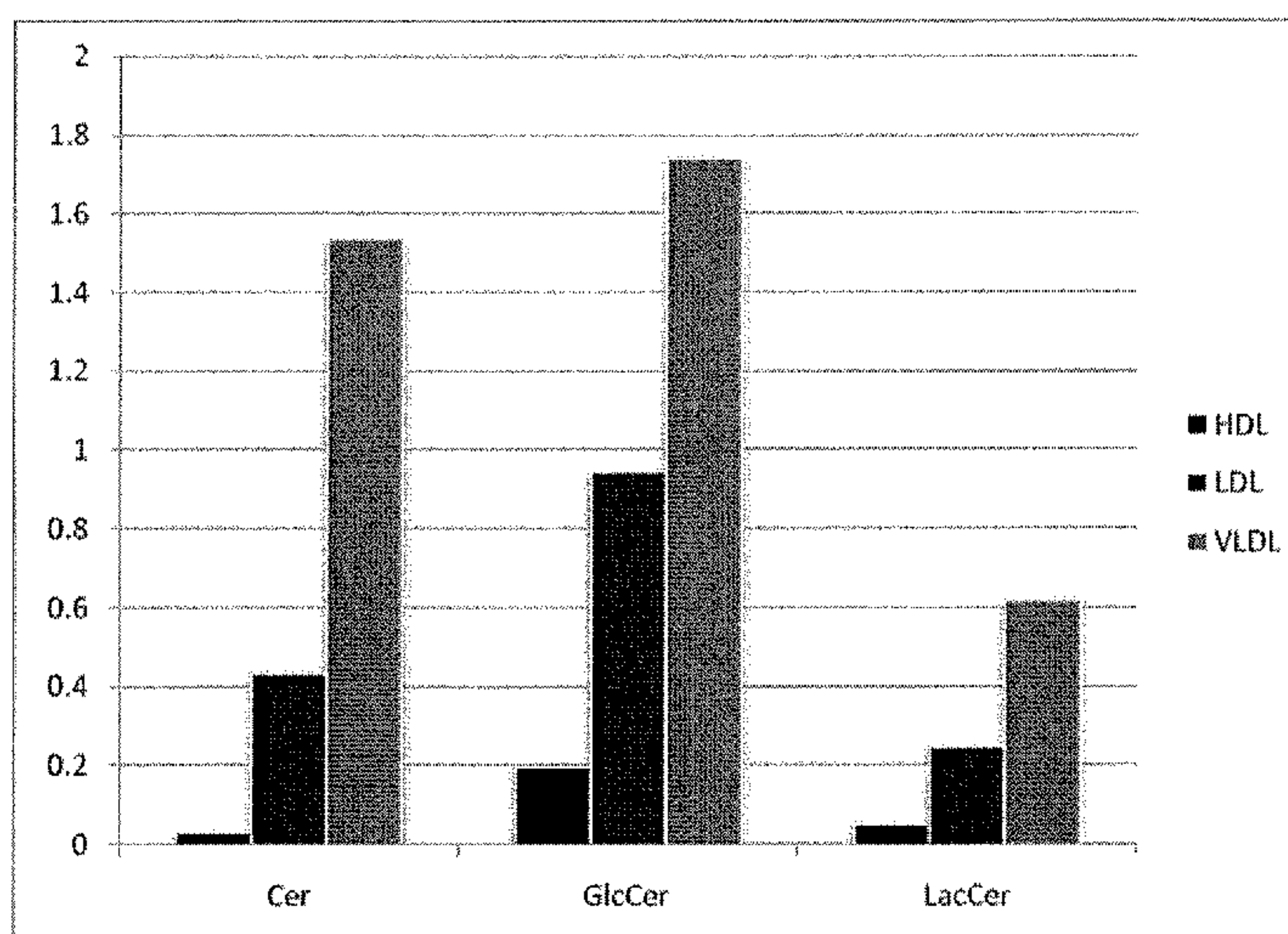


Figure 2.

(57) Abstract: The present invention inter alia provides a method, and use thereof, of diagnosing and/or predicting atherosclerosis or CVD by detecting the lipid concentrations or lipid ratios of a biological sample and comparing it to a control and has identified specific lipid markers that are more specific and sensitive in detecting and predicting atherosclerosis and CVD than currently utilized clinical markers. Also provided is an antibody towards said lipids, and the use thereof for predicting, diagnosing, preventing and/or treating atherosclerosis or CVD. The invention additionally relates to kits comprising lipids and/or an antibody thereto, for use in the prediction and/or diagnosis of atherosclerosis or CVD.

Lipidomic Biomarkers for Atherosclerosis and Cardiovascular Disease

5 Description

Field of the Invention

This invention relates to methods and uses involving lipid levels to diagnose, predict, prevent and/or treat atherosclerosis or cardiovascular disease (CVD) and their fatal and non-fatal complications including e.g. acute myocardial infarction and death. The methods include analyzing lipid levels of a biological sample, and comparing it to a control.

15 Background of the Invention

Worldwide, cardiovascular diseases are among the leading causes of mortality and morbidity with ever-increasing prevalence. Early targeted initiation of preventive measures would be of great benefit and can provide a major opportunity in reducing mortality and morbidity. To this end, accurate identification of individuals who are still asymptomatic but at elevated risk is essential. However, traditional risk assessment fails to recognize a substantial proportion of patients at high risk while a large proportion of individuals are classified as having intermediate risk, leaving patient management uncertain. Additional strategies to further refine risk assessment are therefore highly needed. To this end, the inventors have evaluated the role of novel lipidomic biomarkers as diagnostic tool for atherosclerosis. These new biomarkers can be used to identify an individual at elevated risk for CVD events such as angina pectoris, myocardial infarction, stroke and cardiovascular death.

Plasma or serum total cholesterol, LDL-cholesterol or HDL-cholesterol concentrations have been used as gold standard biomarkers for CVD/CAD risk prediction. However, a number of coronary artery disease (CAD) or acute myocardial infarction (AMI) patients have LDL-C levels within the recommended range suggesting the need for additional
5 diagnostic measures of the residual risk. It is evident from earlier large scale population studies that these measurements associate with the CAD risk and CAD endpoints such as AMI or cardiovascular death. Therefore, preventive treatment strategies have so far been addressed to lower LDL-C concentrations (mainly by statin treatment) and more recently also attempts to raise HDL-C have been made (e.g. by CETP-inhibitors). On
10 the other hand, it has also been observed that one half of the AMI patients actually do have normal LDL cholesterol levels and that there is a substantial residual risk in statin treated patients despite a LDL-C lowering. Furthermore, recent publications have demonstrated that plasma levels of apolipoprotein B (apoB), the main surface protein on LDL particles, and LDL-C, the amount of cholesterol in those particles, are
15 correlated and, considered separately, as positive risk factors. Plasma levels of apolipoprotein A₁, the main surface protein on HDL particles, and HDL-C, the amount of cholesterol in those particles, are also correlated with each other and, considered separately, as negative risk factors. Importantly, for a given usual apoB, lower LDL-C has been observed to associate with a higher risk of AMI supporting the view that, on
20 average, LDL particles with low cholesterol content per particle (small, dense LDL particles) are particularly hazardous. Thus, it seems possible that LDL-C associates directly with the more dangerous molecules carried by LDL-particle and that LDL-C is only an indirect measurement of the risk. Therefore, it is of importance to search for molecules e.g. lipid species that play an active role in the CAD development.

25

Lipid metabolite imbalance is a probable cause of dyslipidemia and the ensuing atherosclerosis manifested in its gravest form as the vulnerable atherosclerotic plaque. Atherosclerotic plaques are complex molecular formations that contain numerous lipids. However, there are other factors than lipid rich plaques or LDL cholesterol that
30 make lipids an attractive group of molecules for CVD studies. Lipids are tightly regulated which makes Lipidomic data robust and informative on the current state of

the studied organism. Also, lipids are one of the culmination points of a biological system, more the true outcome than the predictor. Combining Lipidomic data with appropriate biobanked clinical material presents a good opportunity for biomarker discovery. Moreover, lipidomics can be used as a gauge of efficacy and safety in drug
5 development and evolving theragnostics. Lipidomic biomarkers are prime candidates for true companion diagnostics in the CVD area and present many opportunities for improved translational medicine as well.

The plaque building blocks and lipoprotein components that are thought to traffic the
10 lipids to the site of lesion formation can now be resolved with Lipidomic studies correlating lipid structure and composition to function and thereby disease pathogenesis. While the number of lipid mediators in the human body is overwhelming their identification and quantification is facilitated by the advances in mass spectrometry and lipid biochemistry, which today enable the simultaneous high
15 throughput identification and quantification of hundreds of molecular lipid species in several lipid classes (Ejsing CS, *et al: Global analysis of the yeast lipidome by quantitative shotgun mass spectrometry. Proc Natl Acad Sci U S A* 2009, 106:2136-2141; Stahlman M, *et al: High-throughput shotgun lipidomics by quadrupole time-of-flight mass spectrometry. J Chromatogr B Analyt Technol Biomed Life Sci* 2009
20 Hiukka A, *et al: ApoCIII-enriched LDL in type 2 diabetes displays altered lipid composition, increased susceptibility for sphingomyelinase, and increased binding to biglycan. Diabetes* 2009, 58:2018-2026; Linden D, *et al: Liver-directed overexpression of mitochondrial glycerol-3-phosphate acyltransferase results in hepatic steatosis, increased triacylglycerol secretion and reduced fatty acid*
25 *oxidation. FASEB J* 2006, 20:434-443.) collectively referred to as the lipidome. Lipidomic studies identify lipid cellular distribution and describe their biochemical mechanisms, interactions and dynamics. Importantly, lipidomics quantifies the exact chemical composition of lipidomes (Han X, Gross RW: *Global analyses of cellular lipidomes directly from crude extracts of biological samples by ESI mass*
30 *spectrometry: a bridge to lipidomics. J Lipid Res* 2003, 44:1071-1079).

Due to both high sensitivity and selectivity of lipidomics, even the smallest sample amounts can be analyzed today. The bulk of the lipid data in the art today presents lipids in a sum composition format, *i.e.* phosphatidylcholine (PC) 34:1 (Brugger B, *et al*: *Quantitative analysis of biological membrane lipids at the low picomole level by 5 nano-electrospray ionization tandem mass spectrometry. Proc Natl Acad Sci U S A* 1997, 94:2339-2344) where the molecular lipid and the attached fatty acid tails remain unidentified. The identification of molecular lipid species, *e.g.*, PC 16:0/18:1 (Ekroos K, *et al*: *Charting molecular composition of phosphatidylcholines by fatty acid scanning and ion trap MS3 fragmentation. J Lipid Res* 2003, 44:2181-2192) is the main feature of advanced lipidomics, which delivers highly resolved molecular lipid species rather than summed fatty acid information. For example, the information of the type of fatty acids and their positions of attachment to the glycerol backbone making up the particular PC molecule is revealed. There are conventional techniques such as thin-layer chromatography combined with gas chromatography but they not only require considerably larger sample amounts and laborious sample preparation, but they do not deliver the molecular lipid species. Despite multiple mass spectrometry techniques capable of characterizing lipid entities, most of them are still unable to deliver reliable high-quality quantitative data in terms of absolute or close-to absolute concentrations. In the context of the present invention, electrospray ionization mass spectrometry based lipidomics is the preferred technology and can utilize both shotgun and targeted lipidomics for exhaustive deciphering and precise quantification of molecular lipidomes. The superior quality and specificity of shotgun and targeted lipidomics will meet stringent regulatory standards, such as good laboratory practice guidelines (GLP) when set-up in the proper environment. Using these technologies quantification of up to two thousand molecular lipids is possible even in a high throughput format.

Ekroos *et al.* describe lipidomics as a possible tool for identifying lipid-based biomarkers for the diagnostic and treatment of diseases, including atherosclerosis (Ekroos K *et al.*, July 2010 (published online on 28 April 2010). “*Lipidomics: a tool for studies of atherosclerosis.*” *Current Atherosclerosis Reports*. 12(4): 273-281). Similarly, Laaksonen *et al.* describe lipidomics as a possible technique to study the role of lipids in disease and to potentially predict and better treat CVD (Laaksonen R *et al.*, 1 Apr 2010. “*Lipidomics as a tool for atherosclerosis research.*” *New Biotechnology*. 27: S18-S19). The potential of metabolomics to understand mechanisms of pathology and as an approach for biomarker discovery in cardiovascular disease has also been

discussed (Waterman C *et al.*, 1 Mar 2010. “*Metabolomic strategies to study lipotoxicity in cardiovascular disease.*” *Biochimica and Biophysica Acta. Mol. Cell Biology of Lipids*. 1801(3): 230-234). Likewise, Hu *et al.* discuss analytical methods for lipidomics and its application in disease biomarker discovery (Hu C *et al.*, 15 Sept 2009. “*Analytical strategies in lipidomic and applications in disease biomarker discovery.*” *J. Chromatography*. 877(26): 2836-2846).

Additionally, the potential of lipidomics in establishing new sensitive biomarkers to monitor drug efficacy and the safety of statins and other lipid-lowering drugs in the treatment of cardiovascular disease has been described (Jänis M *et al.*, June 2008. “*Metabolomic strategies to identify tissue-specific effects of cardiovascular drugs.*” *Expert Opinion on Drug Metabolism & Toxicology*. 4(6): 665-680).

CN 101 522 910 A discloses a diagnostic method for determining statin induced myopathy by comparing a lipidomic profile of a biological sample to reference lipidomic markers. Lipidomics has also been previously used to compare the lipid profiles of “good” and “poor” responders to simvastatin treatment (Kaddurah-Daouk R *et al.*, June 2010 (published online on 1 April 2010). “*Lipidomic analysis of variation in response to simvastatin in the Cholesterol and Pharmacogenetics Study.*” *Metabolomics*. 6(2): 191-201; US2009/197242 A1; W02007/127192 A2). US 2009/029473 A1 describes biomarkers based on lipid profiles and methods for using the biomarkers for diagnosing and detecting neurodegenerative diseases and neurological disorders. WO 2004/085610 A2 discloses a method for the determination of the lipid content and/or lipid molecular species composition and its quantity directly from lipid extracts of a biological sample and US 2004/143461 A1 discloses methods of generating, assembling, organizing, mining, analyzing and displaying lipid metabolomic (lipidomic) data.

Lipidomics is a tool for differentiating patients based on their molecular lipid profiles. Personalized medicine and diagnostics enabled by lipidomics will facilitate the mission of the right individual receiving the right drug at the right time and dose. Several works employing analytes consisting of lipids, proteins and hydrophilic molecules among many others have been conducted to meet the needs of personalized medicine.

Recently, non-hypothesis-driven metabolomic screenings have been used to identify novel CVD biomarkers.

For example, WO2004/038381 discloses a method for metabolomically facilitating the
5 diagnosis of a disease state of a subject, or for predicting whether a subject is predisposed to having a disease state wherein the small molecule profile from a subject is obtained and compared to a standard small molecule profile.

Additionally, Zhang *et al.* utilized an ultra fast liquid chromatography coupled with IT-
10 TOF mass spectrometry (UFLC/MS-IT-TOF) to study plasma and urine metabolic profiles of atherosclerosis rats (Zhang F, *et al: Metabonomics study of atherosclerosis rats by ultra fast liquid chromatography coupled with ion trap-time of flight mass spectrometry. Talanta* 2009, 79:836-844). Their observations suggest that abnormal metabolism of phenylalanine, tryptophan, bile acids, and amino acids might be related
15 to atherosclerosis development. Furthermore, Zha *et al.* identified a metabolic fingerprint of twenty-one compounds in hamsters that could be a potential marker for the development of atherosclerosis (Zha W, *et al: Metabonomic characterization of early atherosclerosis in hamsters with induced cholesterol. Biomarkers* 2009, 14:372-380).

20

More specifically, US2008/0085939 relates to the use of specific sphingolipids, especially phytosphingosine, sphingosine and/or sphinganine for prevention and/or treating inflammatory processes associated with atherosclerosis. This is based on the observation that sphingolipids have an anti-inflammatory effect. Similarly,

25 WO2008/148857 discloses a method to assess the risk of cardiovascular disease in a patient (including atherosclerosis) by isolating the HDL fraction and sub-fraction from a blood sample of the patient. The components of the HDL fraction or sub-fraction to be measured were Sphingosine-1-Phosphate (S1P), sphingomyelin (SM) and Apolipoprotein A-I (apoA-I).

30

WO2008/11943 further discloses markers for detecting coronary artery disease that can indicate a patient at risk of having or developing coronary artery disease. These include 15 “first-choice” molecules which were: C18:3 Cholesterol ester, C32:1 Phosphatidylcholine, Alanine, Lipid (mainly VLDL), Lysine, Hexadecanoic acid, 5 C36:2 Phosphatidylcholine, Formate, C32:2 Phosphatidylcholine, C18:2 (Linoleic Acid), Cholesterol, C 18:2 Lyso-phosphatidylcholine, C36:3 Phosphatidylcholine, C34:4 Phosphatidylcholine and C34:3 Phosphatidylcholine.

Furthermore, US2007/0099242 describes a method to determine if a subject is at risk to 10 develop, or is suffering from cardiovascular disease. The method involves determining a change in the amount of a biomarker in the biological sample or HDL sub-fraction thereof, compared to a control sample, wherein the biomarker is at least one of Apolipoprotein C-IV ("ApoC-IV"), Paraoxonase 1 ("PON-1"), Complement Factor 3 ("C3"), Apolipoprotein A-IV ("ApoA-IV"), Apolipoprotein E ("ApoE"), 15 Apolipoprotein LI ("ApoL1"), Complement Factor C4 ("C4"), Complement Factor C4B1 ("C4B1"), Histone H2A, Apolipoprotein C-II ("ApoC-II"), Apolipoprotein M ("ApoM"), Vitronectin, Haptoglobin-related Protein and Clusterin. The document also discloses a method for detecting the presence of one or more atherosclerotic lesions wherein a change in the amount of a biomarker in the biological sample or HDL sub- 20 fraction thereof is detected, compared to a control sample and wherein the biomarker is selected from PON-1, C3, C4, ApoE, ApoM and C4B1. All biomarkers mentioned in this document are protein or lipoprotein biomarkers.

From previous work it cannot be extrapolated that lipid analysis will yield by default a 25 CVD biomarker. Earlier analytical attempts to find specific biomarkers, which have also included some lipid analytes did not generate novel lipid biomarker findings of clinical value. The present invention identifies CVD biomarkers by absolute, or close to absolute, quantification of defined molecular lipid species instead of profiling multiple analytes. Importantly, while many of the existing biomarker candidates are composite 30 fingerprints of multiple factors, the lipidomics approach herein shows value already at a level of single species or ratios thereof. The present invention herein is the first one

where the lipid biomarker concentrations have been measured and quantified, therefore adding more accuracy to the findings and enabling accurate usage of the lipid based biomarker. The lipid biomarkers herein have not been linked to CVD risk prediction in the above publications. Another layer of accuracy was reached through a careful patient
5 selection as it is important to take into account those factors which may affect the measured lipid concentrations. Thus, we excluded statin users, matched cases and controls for apoB levels (major lipid carrier particle in blood) and included only males. Unlike the previous efforts described above we used specific targeted platforms on a singular technology set-up to analyze lipid species in particular.

10

The technology and the way it was applied in the context of the inventive teaching presented herein is set apart from similar efforts in the field *inter alia* due to the following criteria. In sample preparation, samples are strictly controlled and treated identically to avoid potential artifacts that could arise from improper handling. In
15 connection with the present invention, samples were carefully thawed slowly on ice and directly thereafter subjected to a custom made automated lipid extraction which possesses currently the highest precision in liquid handling, therefore minimizing potential errors. Furthermore, sample freeze-thaw cycles were strictly controlled since this can dramatically affect the lipid stabilities. The automated lipid extraction is based
20 on the method by Folch and colleagues (Folch J, *et al: A simple method for the isolation and purification of total lipids from animal tissues. J Biol Chem* 1957, 226(1):497-509) which uses chloroform and methanol. This method is preferred when a wide range, from polar to non-polar, of lipid classes are to be extracted with optimal recoveries thus preventing the loss of lipid species. Lipid class specific non-endogenous lipids, when
25 applicable, were used as internal standards to gain highest precision in identification (minimizing false positives) and quantification of monitored molecular lipid species. In this way absolute or semi-absolute amounts of endogenous molecular lipids were determined with the highest precision that can be achieved with today's technologies. The endogenous lipids and respective standards were monitored at the molecular lipid
30 level. In this way, not only false positive identifications were minimized, but molecular lipids could be precisely determined and quantified. Analysis quality was strictly

controlled using a novel quality control system. This was mainly controlled by multiple internal standards (IS), external standards (ES), IS/ES ratios, and instrument control samples. By stringently controlling these components, technical and biological outliers were readily identified and rejected from further analysis. To obtain best precision in sensitivity, selectivity and quantification for each molecular lipid different targeted platforms were used. Some lipids are best analyzed using high performance liquid chromatography (HPLC) or ultra high performance liquid chromatography (UHPLC) combined with mass spectrometry based multiple reaction monitoring (MRM) whereas others are best analyzed by direct infusion in combination with mass spectrometry based precursor ion scanning and neutral loss scanning techniques.

10 Summary of the Invention

- In one aspect, there is provided a method for determining whether a subject is at risk to develop, or is suffering from, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, the method comprising: detecting an increased concentration of one or more lipids in the sample relative to a control sample, each of the one or more lipids having the increased concentration selected from the group consisting of: Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0); and determining that the subject is at risk to develop, or is suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, based on the increased concentration of the one or more lipids in the sample.
- 20 In another aspect, there is provided a method for evaluating effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising: detecting a decreased concentration of one or more lipids in the sample relative to a control sample, each of the one or more lipids having the decreased concentration selected from the group consisting of: Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0); and determining effectiveness of the treatment based on the decreased concentration of the one or more lipids in the sample.

In another aspect, there is provided a method for selecting an appropriate treatment for atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, for a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising: detecting an
 5 increased concentration of one or more lipids in the sample relative to a control sample, each of the one or more lipids having the increased concentration selected from the group consisting of: Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0); and determining that the subject is in need of treatment or a change in, or supplementation of, an already administered treatment, based on the increased concentration of
 10 the one or more lipids in the sample.

In another aspect, there is provided a method for determining whether a subject is at risk to develop, or is suffering from, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, the method comprising: detecting an increased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or
 15 more increased lipid-lipid ratios selected from the group consisting of: Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2,
 20 Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2,
 25 Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); or detecting a decreased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control
 30 sample, each of the one or more decreased lipid-lipid ratios selected from the group consisting

of: Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0); and determining that the subject is at risk to develop, or is suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, based on the one or more increased lipid-lipid ratios or the one or more decreased lipid-lipid ratios in the sample.

In another aspect, there is provided a method for evaluating effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising: detecting a decreased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more decreased lipid-lipid ratios selected from the group consisting of: Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); or detecting an increased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more increased lipid-lipid ratios selected from the group consisting of: Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE

18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0); and determining effectiveness of the treatment based on the one or more increased lipid-lipid ratios or the one or more decreased lipid-lipid ratios in the sample.

- 5 In another aspect, there is provided a method for selecting an appropriate treatment for atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, for a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising: detecting an increased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control
- 10 sample, each of the one or more increased lipid-lipid ratios selected from the group consisting of: Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2,
- 15 Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2,
- 20 Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); or detecting a decreased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control
- 25 sample, each of the one or more decreased lipid-lipid ratios selected from the group consisting of: Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE
- 30 16:1/Cer(d18:1/16:0); and determining that the subject is in need of treatment or a change in, or

supplementation of, an already administered treatment, based on the one or more increased lipid-lipid ratios or the one or more decreased lipid-lipid ratios in the sample.

In another aspect, there is provided a method for determining whether a subject is at risk to develop, or is suffering from, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, the method comprising: detecting an increased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more increased lipid-clinical concentration ratios selected from the group consisting of: Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; or detecting a decreased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more decreased lipid-clinical concentration ratios selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG; and determining that the subject is at risk to develop, or is suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, based on the one or

more increased lipid-clinical concentration ratios or the one or more decreased lipid-clinical concentration ratios in the sample.

In another aspect, there is provided a method for evaluating effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising: detecting a decreased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more decreased lipid-clinical concentration ratios selected from the group consisting of: Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; or detecting an increased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more increased lipid-clinical concentration ratios selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG; and determining effectiveness of the treatment based on the one or more

increased lipid-clinical concentration ratios or the one or more decreased lipid-clinical concentration ratios in the sample.

In another aspect, there is provided a method for selecting an appropriate treatment for atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, for a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising: detecting an increased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more increased lipid-clinical concentration ratios selected from the group consisting of: Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; or detecting a decreased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more decreased lipid-clinical concentration ratios selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG; and determining that the subject is in need of treatment or a change in, or supplementation of, an already administered treatment, based on the one or more increased lipid-

clinical concentration ratios or the one or more decreased lipid-clinical concentration ratios in the sample.

In another aspect, there is provided use of a sample from a subject for diagnosing the presence of, or a risk of developing, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, the sample having an increased concentration of one or more lipids as compared to a control sample, each of the one or more lipids with an increased concentration being selected from the group consisting of: Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0).

In another aspect, there is provided use of a sample from a subject for evaluating the effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having a decreased concentration of one or more lipids as compared to a control sample, each of the one or more lipids with a decreased concentration being selected from the group consisting of: Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0).

In another aspect, there is provided use of a sample from a subject for selecting an appropriate treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having an increased concentration of one or more lipids as compared to a control sample, each of the one or more lipids with an increased concentration being selected from the group consisting of: Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0).

In another aspect, there is provided use of a sample from a subject for diagnosing the presence of, or a risk of developing, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, the sample having one or more increased or decreased lipid-lipid ratios as compared to a control sample, each of the one or more lipid-lipid ratios that is increased selected from the group consisting of: Cer(d18:1/16:0)/PC 16:0/20:4,

- Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1,
 Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3),
 Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3),
 Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2,
 5 Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3),
 Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4),
 Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4,
 Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0,
 Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2,
 10 Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2,
 Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2,
 Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH),
 Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); and each of the one
 or more lipid-lipid ratios that is decreased selected from the group consisting of:
 15 Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0),
 CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE
 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE
 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

- In another aspect, there is provided use of a sample from a subject for evaluating the
 20 effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more
 complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known
 to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the
 sample having one or more increased or decreased lipid-lipid ratios as compared to a control
 sample, each of the one or more lipid-lipid ratios that is decreased selected from the group
 25 consisting of: Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC
 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3
 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3),
 Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2,
 Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3),
 30 Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4),

Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4,
 Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0,
 Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2,
 Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2,
 5 Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2,
 Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH),
 Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); and each of the one
 or more lipid-lipid ratios that is increased selected from the group consisting of:
 Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0),
 10 CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE
 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE
 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

In another aspect, there is provided use of a sample from a subject for selecting an appropriate
 treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of
 15 atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering
 from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having
 one or more increased or decreased lipid-lipid ratios as compared to a control sample, each of the
 one or more lipid-lipid ratios that is increased selected from the group consisting of:
 Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1,
 20 Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC
 O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3),
 Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2,
 Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3),
 Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4),
 25 Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4,
 Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0,
 Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2,
 Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2,
 Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2,
 30 Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH),

Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); and each of the one or more lipid-lipid ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE
 5 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE
 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

In another aspect, there is provided use of a sample from a subject for diagnosing the presence of, or a risk of developing, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, the sample having one or more increased or
 10 decreased lipid-clinical concentration ratios as compared to a control sample, each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of:
 Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol,
 Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol,
 15 Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid,
 Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index,
 Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid,
 Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester,
 Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL
 20 cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II,
 Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II,
 Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid,
 Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL,
 Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester,
 25 Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester,
 Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL,
 and Cer(d18:1/24:1)/Chol; and each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol,
 Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG,
 30 Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

In another aspect, there is provided use of a sample from a subject for evaluating the effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having one or more increased or decreased lipid-clinical concentration ratios as compared to a control sample, each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of: Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; and each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

In another aspect, there is provided use of a sample from a subject for selecting an appropriate treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having one or more increased or decreased lipid-clinical concentration ratios as compared to a control

sample, each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of: Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; and each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

In another aspect, there is provided a kit for predicting or detecting atherosclerosis or cardiovascular disease (CVD), wherein the kit comprises: (a) a lipid standard chosen from the lipids defined herein; and (b) one or more control lipidomic markers.

In another aspect, there is provided use of a kit as defined in any one of claims 59 to 61 for predicting or detecting atherosclerosis or cardiovascular disease (CVD), wherein the use comprises mass spectrometry.

In another aspect, there is provided use of a drug for preventing or treating atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis in a subject, wherein the drug is a statin or any other HMG-CoA reductase inhibitor; niacin (nicotinic acid); a

cholesterol absorption inhibitor; a cholesteryl ester transfer protein (CETP); a bile acid sequestrant; a fibrate; or a phytosterol; and wherein the subject has previously been identified as having an increased concentration of one or more lipids as compared to a control sample, each of the one or more lipids with an increased concentration selected from the group consisting of:

- 5 Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), Cer(d18:0/24:1), and Cer(d18:1/26:0).

In another aspect, there is provided use of a drug for preventing or treating atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis in a subject, wherein the drug is a statin or any other HMG-CoA reductase inhibitor; niacin (nicotinic acid); a

10 cholesterol absorption inhibitor; a cholesteryl ester transfer protein (CETP); a bile acid sequestrant; a fibrate; or a phytosterol; and wherein the subject has previously been identified as having one or more increased or decreased lipid-lipid ratios as compared to a control sample, each of the one or more lipid-lipid ratios that is increased selected from the group consisting of:

- Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1,
- 15 Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4),
- 20 Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2,
- 25 Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0), and each of the one or more lipid-lipid ratios that is decreased selected from the group consisting of:
- Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE

18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

In another aspect, there is provided use of a drug for preventing or treating atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis in a subject, wherein the drug is a statin or any other HMG-CoA reductase inhibitor; niacin (nicotinic acid); a cholesterol absorption inhibitor; a cholesteryl ester transfer protein (CETP); a bile acid sequestrant; a fibrate; or a phytosterol; and wherein the subject has previously been identified as having one or more increased or decreased lipid-clinical concentration ratios as compared to a control sample, each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of: Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; and each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of: Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

In accordance with the present invention, methods are *inter alia* disclosed herein for determining the risk of a patient to develop CVD, determining early warning signs of CVD in said patient, determining or predicting the occurrence of atherosclerosis in a patient; and/or predicting and/or diagnosing CVD and/or CVD complications, including death, myocardial infarction (MI), angina pectoris, transischemic attack (TIA) and stroke.

Methods according to the invention typically comprise the steps of: a) providing a biological sample from a subject prior to or during atherosclerosis; b) determining a lipid concentration, lipid-lipid ratio, or lipid-clinical concentration ratio or (a) corresponding profile(s) from said sample (i.e., determining information on a lipidomic marker in accordance with the invention); and c) comparing said determined lipid concentration, lipid-lipid ratio, or lipid-clinical concentration ratio or said corresponding profile(s) to the corresponding lipid concentration, lipid-lipid ratio, or lipid-clinical concentration ratio or the corresponding profile(s) in a control.

The control may be a sample from a healthy individual. It may also be a sample that represents a combination of samples from a generalized population of healthy individuals. Alternatively, the control may be a set of data concerning a lipidomic marker in accordance with the present invention, e.g., information on the concentration of (a) lipid(s), lipid-lipid ratio(s), or lipid-clinical concentration ratio(s) in accordance with the present invention in a sample when taken from a healthy individual, or in a combination of samples when taken from a generalized population of healthy individuals. Said information, and thus the corresponding set of data, may have been previously determined, calculated or extrapolated, or may have yet to be determined, calculated or extrapolated, or may also be taken from the literature.

As mentioned above, the lipidomic marker to be compared between the subject sample and the control (or control sample) may be one or more of the lipid concentration(s), lipid-lipid ratio(s), or lipid-clinical concentration ratio(s) or combinations thereof, i.e.,

the corresponding profile(s), as described and claimed herein. In this regard, the control or control sample allows establishment of the lipidomic marker baseline or starting point.

- 5 In connection with all aspects and embodiments of the invention described and claimed herein, the determination of the lipid concentration(s), the lipid-lipid ratio(s) or the lipid-clinical concentration ratio(s) is typically performed using an assay. Collecting information on a lipidomic marker (i.e., the concentration(s) of (a) lipid(s), lipid-lipid ratio(s), or lipid-clinical concentration ratio(s) or combinations thereof, i.e.,
- 10 corresponding profile(s)) from the sample of a patient and, where appropriate, a corresponding control sample, can be performed with various chemical and high-resolution analytical techniques. Suitable analytical techniques include, but are not limited to, mass spectrometry and nuclear resonance spectroscopy. Any high-resolution technique capable of resolving individual lipids or lipid classes and providing structural
- 15 information of the same can be used to collect the information on the lipidomic marker in question, e.g., lipid profile from the biological sample. Collecting the information on the lipidomic marker with mass spectrometry (MS) is one of the preferred embodiments of the current invention. The MS instrument can be coupled to a direct sample infusion method, such as a robotic nanoflow ion source device, or to a high performance
- 20 separation method such as high performance liquid chromatography (HPLC) or ultra performance liquid chromatography (UPLC).

Again in accordance with all aspects and embodiments described and claimed herein, both the sample from the subject and the control sample is preferably a blood sample,

25 more preferably a blood plasma sample, or also preferably a blood serum sample. It may also be a fraction of blood, blood plasma or blood serum, e.g., a lipoprotein fraction. A blood sample can be prepared and plasma or serum, or fractions thereof, can be separated therefrom with techniques well known to the person skilled in the art. Alternatively, both the sample from the subject and the control sample may also be a

30 tissue sample, e.g., artery tissue, such as carotid artery tissue, or artery plaque material, such as carotid artery plaque material.

The lipidomic markers of the present invention allow for earlier prediction of atherosclerosis or CVD or fatal or non-fatal CVD complications. This will facilitate earlier intervention, less symptom development and suffering and decreased morbidity associated with CVD. Thus, the lipidomic markers described and claimed herein allow for individual tailoring of drug intervention for patients suffering from or being at risk to develop atherosclerosis or CVD or their complications.

In other words, the present invention discloses diagnostic and/or predictive lipid markers and lipid-lipid or lipid-clinical concentration ratios for use in diagnosing or predicting atherosclerosis or CVD or their complication such as AMI or CVD death. The invention uses the measurement of lipid concentrations, lipid-lipid and/or lipid-clinical concentration ratios to determine the risk of said subject to develop CVD; determine early warning signs of CVD in said subject; determine or predict atherosclerosis in a subject; and/or predict and/or diagnose CVD. The subject may have previously suffered from a cardiovascular disease event such as angina pectoris, myocardial infarction, stroke and cardiovascular death. The CVD may or may not be a result of atherosclerosis.

Accordingly, in one aspect of the invention, a method is provided for determining whether a subject is at risk to develop, or is suffering from atherosclerosis or cardiovascular disease (CVD) and/or one or more of their complications, such as AMI or CVD death, said method comprising determining in a sample from said subject the concentration(s) of one or more lipid(s), wherein (an) increased or decreased concentration(s) in said sample, when compared to a control sample, is (are) indicative of said subject suffering from or having an increased risk of developing atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, wherein the one or more lipid(s) whose increase in concentration is (are) compared to the control is (are) selected from:

Cer(d18:0/22:0), Cer(d18:0/24:0), Cer(d18:0/24:1), Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), GlcCer(d18:1/16:0), GlcCer(d18:1/18:0),

LacCer(d18:1/18:0), LacCer(d18:1/20:0), LacCer(d18:1/22:0), LacCer(d18:1/24:1), Total LacCer, LacCer(d18:1/24:0), Total Cer, GlcCer(d18:1/24:0), Total GlcCer and LacCer(d18:1/16:0);

and wherein the one or more lipid(s) whose decrease(s) in concentration is (are)

5 compared to the control is (are) selected from:

CE 14:0, CE 16:0, CE 17:1, CE 20:3, PC 35:3 (PC O-34:3), Cer(d18:0/24:0), GD3-d18:1/16:0, PC 16:0/16:1, PC 37:5 (PC O-38:5), SM (d18:1/16:1) (d18:1/15:2-OH), SM (d18:1/18:1), SM (d18:1/23:1) (d18:1/22:2-OH), Total CE, Total GD3, Total PC O, Total PC, PC 16:0/20:4, CE 18:0, Cer(d18:1/26:1), CE 15:0, SM
 10 (d18:1/15:0)(d18:1/14:1-OH), GM3-d18:1/18:0, PC 37:5 (PC O-36:5), GM3-d18:1/21:0, PC 16:0/18:2, Total PI, SM (d18:1/17:0) (d18:1/16:1-OH), Cer(d18:1/26:0), PC 18:0/20:5, PI 38:3, PC 40:5, GM2-d18:1/18:0, Total GM2, GD1-d18:1/16:0, PC 16:0/20:5, PC 16:0/22:5, PC 18:0/20:3, PC 16:0/22:6, PI 38:4, and PC 16:0/20:4 (see Tables 2, 5, 8 and 11).

15

In a preferred embodiment, the one or more lipid(s) whose increase(s) in concentration is (are) compared to the control is (are) selected from:

Cer(d18:0/22:0), Cer(d18:0/24:0), Cer(d18:0/24:1), Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/24:1), GlcCer(d18:1/16:0), GlcCer(d18:1/18:0), LacCer(d18:1/18:0),
 20 LacCer(d18:1/20:0), LacCer(d18:1/22:0), and LacCer(d18:1/24:1).

In another preferred embodiment, the one or more lipid(s) whose decrease(s) in concentration is (are) compared to the control is (are) selected from:

CE 16:0, CE 17:1, PC 35:3 (PC O-34:3), CE 14:0, CE 20:3, Total CE, Cer(d18:0/24:0),
 25 GD3-d18:1/16:0, PC 16:0/16:1, PC 37:5 (PC O-38:5), SM (d18:1/18:1), SM (d18:1/23:1) (d18:1/22:2-OH), SM (d18:1/16:1) (d18:1/15:2-OH), Total GD3, and Total PC (see Tables 14 and 15).

In a particularly preferred embodiment, the one or more lipid(s) whose increase(s) in
 30 concentration is (are) compared to the control is (are) selected from:

Cer(d18:1/16:0), LacCer(d18:1/22:0), and LacCer(d18:1/24:1).

In another particularly preferred embodiment, the one or more lipid(s) whose decrease(s) in concentration is (are) compared to the control is (are) selected from: CE 14:0 and CE 20:3 (see Table 20).

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In an alternative embodiment the present invention relates to a method for determining whether a subject is at risk to develop, or is suffering from atherosclerosis or cardiovascular disease (CVD) and/or one or more of their complications such as AMI or CVD death, comprising determining in a sample from said subject one or more lipid-
 10 lipid ratio(s), wherein (an) increased or decreased lipid-lipid ratio(s) in said sample, when compared to a control sample, is (are) indicative of said subject suffering from or having an increased risk of developing atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, wherein the one or more lipid-lipid ratio(s) whose increase(s) is (are) compared to the control is (are) selected from:
 15 CE 19:1/LPC 20:4, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/SM (d18:1/18:0), Cer(d18:1/16:0)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/16:0)/SM (d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/SM (d18:1/25:1) (d18:1/24:2-OH), Cer(d18:1/16:0)/Total CE, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/SM (d18:1/24:0)(d18:1/23:1-OH), Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/24:1)/SM (d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/24:1)/SM (d18:1/25:1) (d18:1/24:2-OH), GlcCer(d18:1/16:0)/LPC 18:2, GlcCer(d18:1/18:0)/LPC 18:2, GlcCer(d18:1/26:1)/SM (d18:1/25:1) (d18:1/24:2-OH), LacCer(d18:1/18:0)/PC 36:4, LacCer(d18:1/22:0)/PC
 20 16:0/20:4, LacCer(d18:1/22:0)/PC 18:0/20:4, LacCer(d18:1/22:0)/PC 35:4 (PC O-36:4), LacCer(d18:1/22:0)/PC 36:4, LacCer(d18:1/22:0)/SM (d18:1/24:0) (d18:1/23:1-
 25 30

OH), LacCer(d18:1/22:0)/SM (d18:1/25:1) (d18:1/24:2-OH), LacCer(d18:1/22:0)/Total
CE, LacCer(d18:1/24:1)/PC 16:0/20:4, LacCer(d18:1/24:1)/PC 18:0/20:4,
LacCer(d18:1/24:1)/PC 36:4, LacCer(d18:1/24:1)/Total CE, PC 38:0/PC 38:5,
Cer(d18:1/16:0)/Cer(d18:1/26:0), DAG 16:1/16:1/PC 32:1, DAG 16:1/16:1/PI 38:4,
5 GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH), GM3-d18:1/24:1/SM
(d18:1/18:1), GlcCer(d18:1/24:1)/SM (d18:1/23:1) (d18:1/22:2-OH), and SM
(d18:1/16:0) (d18:1/15:1-OH)/SM (d18:1/16:1) (d18:1/15:2-OH), PC
18:0/20:3/PC33:3(PC O-34:3), GlcCer(d18:1/26:1)/LPC 18:2, LacCer(d18:1/24:1)/Total
CE, Cer(d18:1/24:1)/Total CE, LacCer(d18:1/22:0)/Total CE, CE 22:2/LPC 20:4,
10 Cer(d18:1/20:0)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/22:0)/Total CE,
LacCer(d18:1/18:0)/PC 40:7, GlcCer(d18:1/16:0)/SM (d18:1/24:0) (d18:1/23:1-OH),
Cer(d18:1/24:1)/PC35:4(PC O-36:4), Cer(d18:1/22:0)/SM (d18:1/23:0) (d18:1/22:1-
OH), Cer(d18:1/20:0)/Total CE, Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC
18:0/18:2, Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0),
15 GlcCer(d18:1/18:0)/LPC 18:1, CE 20:0/PC 40:4, GlcCer(d18:1/16:0)/PC 36:2,
LacCer(d18:1/16:0)/PC 35:2 (PC O-36:2), PC 39:7 (PC O-40:7)/Total CE, PC
38:0/Total CE, PC 38:0/PC 35:6 (PC O-36:5), Total LacCer/Total PC O, SM
(d18:1/14:0) (d18:1/13:1-OH)/SM (d18:1/23:0) (d18:1/22:1-OH), LPC 18:1/PC 32:1,
Cer(d18:1/24:1)/PC 32:1, GM3-d18:1/24:1/SM (d18:1/23:1) (d18:1/22:2-OH), GM3-
20 d18:1/24:1/PC 32:1, DAG 16:1/16:1/PC 30:0, Cer(d18:1/24:1)/SM (d18:1/18:1), GM3-
d18:1/24:1/SM (d18:1/18:1), GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH),
Cer(d18:1/16:0)/PC 32:1, LacCer(d18:1/16:0)/PC 40:6, Cer(d18:1/24:1)/PC 38:4, LPC
18:0/PC 32:1, Cer(d18:1/24:1)/PC 34:2, GM3-d18:1/24:2/SM (d18:1/23:1)
(d18:1/22:2-OH), GM3-d18:1/24:2/PC 32:1, GM3-d18:1/24:1/PC 34:2,
25 GlcCer(d18:1/16:0)/PC 32:1, GM3-d18:1/24:1/PC 36:4, GM3-d18:1/16:0/SM
(d18:1/23:1) (d18:1/22:2-OH), GM3-d18:1/24:1/PC 34:1, Cer(d18:1/16:0)/PC 34:2,
GlcCer(d18:1/16:0)/PC 34:2, GM3-d18:1/16:0/PC 32:1, Cer(d18:1/16:0)/PC 34:1,
Cer(d18:1/24:1)/PC 34:3, GlcCer(d18:1/16:0)/PC 34:1, GM3-d18:1/18:0/PC 32:1,
Cer(d18:1/16:0)/PC 34:3, GlcCer(d18:1/16:0)/PC 34:3, LPC 16:0/SM (d18:1/14:0)
30 (d18:1/13:1-OH), GlcCer(d18:1/20:0)/PC 34:3 and GlcCer(d18:1/18:0)/PC 34:3;

and wherein the one or more lipid-lipid ratio(s) whose decrease(s) is (are) compared to the control is (are) selected from:

- LPC 20:4/PC 35:1 (PC O-36:1), CE 20:4/GlcCer(d18:1/26:1), CE 16:1/Total LacCer, CE 22:6/LacCer(d18:1/22:0), CE 16:1/PC 37:2 (PC O-38:2), CE
- 5 16:0/GlcCer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 14:0/PC 37:2 (PC O-38:2), CE 16:0/Total LacCer, CE 18:2/Cer(d18:1/16:0), CE 16:0/LacCer(d18:1/22:0), CE 20:4/GlcCer(d18:1/24:1), CE 18:1/GlcCer(d18:1/16:0), CE 20:4/GlcCer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), LPC 20:4/PC 37:2 (PC O-38:2), CE 16:0/Cer(d18:1/24:1), CE 17:1/LacCer(d18:1/22:0), CE 18:2/GlcCer(d18:1/16:0), CE
- 10 22:6/GlcCer(d18:1/16:0), Total CE/Total LacCer, CE 14:0/Cer(d18:1/24:1), CE 20:4/LacCer(d18:1/16:0), CE 22:6/Total LacCer, CE 22:6/LacCer(d18:1/24:1), CE 18:1/Cer(d18:1/16:0), CE 16:1/Cer(d18:1/16:0), CE 16:1/LacCer(d18:1/22:0), CE 16:0/LacCer(d18:1/16:0), CE 16:1/CE 22:2, CE 16:1/Cer(d18:1/24:1), CE 22:6/LacCer(d18:1/18:0), CE 22:6/LacCer(d18:1/20:0), CE 20:4/LacCer(d18:1/22:0),
- 15 CE 20:4/Cer(d18:1/24:1), CE 16:1/CE 20:0, CE 20:4/Cer(d18:1/16:0), LPC 20:4/PC 37:2 (PC O-38:2), CE 20:4/Total GlcCer, CE 20:4/Total LacCer, CE 20:4/SM (d18:1/14:0) (d18:1/13:1-OH), LPC 20:4/PC 35:1 (PC O-36:1), CE 14:0/Cer(d18:1/16:0), CE 17:1/Cer(d18:1/16:0), CE 17:1/Cer(d18:1/24:1), CE 20:4/GlcCer(d18:1/18:0), CE 16:0/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/24:1), CE
- 20 16:0/Cer(d18:1/24:1), CE 16:0/DAG 16:1/16:1, CE 16:1/CE 20:3, CE 16:1/DAG 16:1/16:1, CE 16:1/GM3-d18:1/24:1, CE 16:1/LPC 16:0, CE 18:2/Cer(d18:1/24:1), CE 18:2/DAG 16:1/16:1, CE 18:2/GlcCer(d18:1/24:1), CE 18:2/GM3-d18:1/24:1, CE 18:3/Cer(d18:1/24:1), CE 20:4/DAG 16:1/16:1, Cer(d18:0/22:0)/PE 36:2, Cer(d18:0/24:0)/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1,
- 25 Cer(d18:1/24:0)/Cer(d18:1/24:1), GD3-d18:1/16:0/GlcCer(d18:1/24:1), GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1), GM3-d18:1/18:0/GlcCer(d18:1/24:1), GM3-d18:1/18:0/GM3-d18:1/24:1, GM3-d18:1/20:0/GM3-d18:1/24:1, GM3-d18:1/21:0/GM3-d18:1/24:1, GM3-d18:1/22:1/GM3-d18:1/24:1, GM3-d18:1/23:0/GM3-d18:1/24:1, PC 16:0/18:2/PE 36:2, PC 32:1/PC 36:1, PC 34:1/PE
- 30 36:2, PC 34:2/PE 36:2, PC 34:3/PE 36:2, PC 36:2/PE 36:2, SM (d18:1/16:1) (d18:1/15:2-OH)/SM (d18:1/24:1)(d18:1/23:2-OH), SM (d18:1/18:1)/SM (d18:1/24:1)

- (d18:1/23:2-OH), SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1) (d18:1/23:2-OH), SM (d18:1/23:0) (d18:1/22:1-OH)/Total Cer, CE 18:2/Cer(d18:1/22:0), PC 36:4/PC 38:0, CE 18:2/Total Cer, CE 20:4/Cer(d18:1/22:0), CE 18:1/LacCer(d18:1/16:0), CE 18:1/GlcCer(d18:1/18:0), CE 18:1/LacCer(d18:1/22:0), Total CE/Total LacCer, CE 5 18:1/Total LacCer, CE 18:1/LacCer(d18:1/24:1), CE 20:4/Cer(d18:1/24:1), LPC 18:2/LacCer(d18:1/22:0), CE 20:4/Total LacCer, CE 17:1/LacCer(d18:1/20:0), CE 20:4/LacCer(d18:1/24:1), CE 16:1/GlcCer(d18:1/18:0), LPC 20:4/PC 38:0, GM3-d18:1/20:0/GM3-d18:1/22:0, GM3-d18:1/22:1/GM3-d18:1/24:1, Cer(d18:1/26:0)/GlcCer(d18:1/16:0), GM3-d18:1/20:0/GM3-d18:1/24:1, CE 10 18:2/GlcCer(d18:1/26:1), CE 18:3/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/24:1), GD3-d18:1/16:0/GM3-d18:1/24:1, Cer(d18:1/26:0)/GlcCer(d18:1/24:1), CE 16:1/LPC 16:0, CE 16:1/CE 20:3, CE 16:1/LPC 18:1, CE 16:1/DAG 16:1/16:1 and CE 16:1/LacCer(d18:1/16:0) (see Tables 3, 6, 9 and 12).
- 15 In a preferred embodiment, the one or more lipid-lipid ratio(s) whose increase is (are) compared to the control is (are) selected from:
 CE 19:1/LPC 20:4, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, PC 38:0/PC 38:5, LacCer(d18:1/24:1)/PC 16:0/20:4, GlcCer(d18:1/26:1)/SM (d18:1/24:2-OH) (d18:1/25:1), Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 20 18:1/18:2, Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), GlcCer(d18:1/16:0)/LPC 18:2, LacCer(d18:1/22:0)/SM (d18:1/24:0) (d18:1/23:1-OH), LacCer(d18:1/22:0)/PC 35:4 (PC O-36:4), LacCer(d18:1/24:1)/Total CE, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/22:0)/PC 16:0/20:4, Cer(d18:1/16:0)/Cer(d18:1/26:0), DAG 16:1/16:1/PC 32:1, GM3-d18:1/24:1/SM 25 (d18:1/16:1) (d18:1/15:2-OH), and GM3-d18:1/24:1/SM (d18:1/18:1).

- In another preferred embodiment, the one or more lipid-lipid ratio(s) whose decrease is (are) compared to the control is (are) selected from:
 CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 20:4/GlcCer(d18:1/16:0), CE 30 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 16:1/PC 37:2 (PC O-38:2), CE 18:0/Cer(d18:1/16:0), CE 18:2/GlcCer(d18:1/16:0), CE 16:0/GlcCer(d18:1/16:0), LPC

- 20:4/PC 35:1 (PC O-36:1), Total CE/Total LacCer, CE 20:4/Cer(d18:1/24:1), CE 16:1/DAG 16:1/16:1, CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/DAG 16:1/16:1, Cer(d18:0/24:0)/Cer(d18:1/16:0), GD3-d18:1/16:0/GlcCer(d18:1/24:1),
- 5 GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1), GM3-d18:1/22:1/GM3-d18:1/24:1, GM3-d18:1/20:0/GM3-d18:1/24:1, GM3-d18:1/18:0/GlcCer(d18:1/24:1), PC 16:0/18:2/PE 36:2, SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1) (d18:1/23:2-OH), CE 16:1/CE 20:3, CE 16:1/Cer(d18:1/16:0), and CE 16:1/LPC 16:0 (see Tables 16 and 17).
- 10 In a particularly preferred embodiment, the one or more lipid-lipid ratio(s) whose increase is (are) compared to the control is (are) selected from:
 Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/24:1)/Total CE, CE 19:1/LPC 20:4, and Cer(d18:1/16:0)/PC 36:3;
 and the lipid-lipid ratio whose decrease is compared to the control is:
- 15 CE 20:4/Cer(18:1/24:1) (see Table 20).

- In yet another alternative embodiment the present invention relates to a method for determining whether a subject is at risk to develop, or is suffering from atherosclerosis or cardiovascular disease (CVD) and/or one or more of their complications, such as
- 20 AMI or CVD death, comprising determining in a sample from said subject one or more lipid-clinical concentration ratio(s), wherein (an) increased or decreased lipid-clinical concentration ratio(s) in said sample, when compared to a control sample, is (are) indicative of said subject suffering from or having an increased risk of developing atherosclerosis or CVD and/or one or more of their complications, such as AMI or
- 25 CVD death, wherein the one or more lipid-clinical concentration ratio(s) whose increase is (are) compared to the control is (are) selected from:
 Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:0/22:0)/apolipoprotein A-II (mg/dL), Cer(d18:0/22:0)/HDL cholesterol ester (mg/dL),
 Cer(d18:0/24:1)/apolipoprotein A-II (mg/dL), Cer(d18:0/24:1)/cholesterol ester
- 30 (mg/dL), Cer(d18:0/24:1)/HDL cholesterol ester (mg/dL),
 Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-II

- (mg/dL), Cer(d18:1/16:0)/apolipoprotein B (mg/dL), Cer(d18:1/16:0)/apolipoprotein E (mg/dL), Cer(d18:1/16:0)/body mass index (kg/m²), Cer(d18:1/16:0)/cholesterol ester (mg/dL), Cer(d18:1/16:0)/free cholesterol (mg/dL), Cer(d18:1/16:0)/HDL cholesterol (EDTA) (mg/dL), Cer(d18:1/16:0)/HDL cholesterol ester (mg/dL),
- 5 Cer(d18:1/16:0)/HDL phospholipid (mg/dL), Cer(d18:1/16:0)/LDL phospholipid (mg/dL), Cer(d18:1/16:0)/phospholipid (mg/dL), Cer(d18:1/16:0)/total cholesterol (EDTA) (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL), Cer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Cer(d18:1/24:1)/apolipoprotein A-II (mg/dL), Cer(d18:1/24:1)/cholesterol ester (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/16:0)/cholesterol ester (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/18:0)/cholesterol ester (mg/dL), GlcCer(d18:1/26:1)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/26:1)/cholesterol ester (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-II (mg/dL), LacCer(d18:1/22:0)/cholesterol ester (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol (EDTA) (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL),
- 10 LacCer(d18:1/22:0)/LDL free cholesterol (mg/dL), LacCer(d18:1/22:0)/total cholesterol (EDTA) (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/HDL cholesterol ester (mg/dL), PC 18:0/20:3/VLDL apolipoprotein B (mg/dL), Total Cer/apolipoprotein A-I (mg/dL), Total Cer/apolipoprotein A-II (mg/dL), Total LacCer/apolipoprotein A-I (mg/dL), Total LacCer/apolipoprotein A-II (mg/dL), DAG 16:1/16:1/HDL, GM3-d18:1/24:2/HDL, GlcCer(d18:1/26:1)/HDL, Cer(d18:1/24:1)/LDL, GM3-d18:1/16:0/HDL, Cer(d18:1/24:1)/Chol, Cer(d18:1/16:0)/Chol, Cer(d18:1/24:1)/HDL, GM3-d18:1/24:1/HDL, GlcCer(d18:1/24:1)/HDL, Cer(d18:1/16:0)/HDL,
- 15 20 25 30 Cer(d18:1/16:0)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/apolipoprotein E (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), LacCer(d18:1/22:0)/HDL

- cholesterol ester (mg/dL), LacCer(d18:1/24:0)/HDL cholesterol ester (mg/dL),
 LacCer(d18:1/24:0)/apolipoprotein C-II (mg/dL), GlcCer(d18:1/16:0)/HDL cholesterol
 ester (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Total LacCer/HDL
 cholesterol ester (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
 5 LacCer(d18:1/22:0)/HDL cholesterol (EDTA) (mg/dL), Cer(d18:1/20:0)/apolipoprotein
 A-I (mg/dL), LacCer(d18:1/24:0)/HDL cholesterol (EDTA) (mg/dL),
 LacCer(d18:1/18:0)/LDL cholesterol (EDTA) (mg/dL), Cer(d18:1/22:0)/apolipoprotein
 A-I (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL),
 LacCer(d18:1/16:0)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/cholesterol ester
 10 (mg/dL), Total LacCer/apolipoprotein A-I (mg/dL), Cer(d18:1/20:0)/HDL phospholipid
 (mg/dL), Total LacCer/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/LDL cholesterol
 ester (mg/dL), Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL),
 GlcCer(d18:1/24:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/LDL cholesterol
 (EDTA) (mg/dL), Cer(d18:1/24:1)/LDL phospholipid (mg/dL), Total
 15 GlcCer/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/LDL free cholesterol (mg/dL),
 Cer(d18:1/22:0)/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/apolipoprotein B
 (mg/dL), Cer(d18:1/22:0)/LDL cholesterol (EDTA) (mg/dL), Total Cer/cholesterol
 ester (mg/dL), LacCer(d18:1/16:0)/cholesterol ester (mg/dL), Cer(d18:1/22:0)/total
 cholesterol (EDTA) (mg/dL), LacCer(d18:1/24:1)/HDL free cholesterol (mg/dL), Total
 20 LacCer/LDL cholesterol ester (mg/dL), Total LacCer/LDL cholesterol (EDTA)
 (mg/dL), Total Cer/total cholesterol (EDTA) (mg/dL), Total LacCer/phospholipid
 (mg/dL), GlcCer(d18:1/20:0)/cholesterol ester (mg/dL), Total LacCer/HDL free
 cholesterol (mg/dL), Total LacCer/apolipoprotein B (mg/dL), LacCer(d18:1/16:0)/LDL
 cholesterol ester (mg/dL), Total LacCer/LDL phospholipid (mg/dL),
 25 LacCer(d18:1/16:0)/LDL cholesterol (EDTA) (mg/dL), GlcCer(d18:1/24:1)/HDL,
 DAG 16:1/16:1/HDL, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/Chol, and
 Cer(d18:1/16:0)/Chol;
 and wherein the one or more lipid-clinical concentration ratio(s) whose decrease is (are)
 compared to the control is (are) selected from:
 30 CE 14:0/free fatty acids (mmol/L), CE 16:0/apolipoprotein C-III (mg/dL), CE
 17:1/apolipoprotein C-III (mg/dL), CE 17:1/free fatty acids (mmol/L), CE 17:1/free

glycerol (mg/dL), CE 18:0/apolipoprotein C-III (mg/dL), CE 18:1/apolipoprotein C-III
 (mg/dL), CE 18:2/apolipoprotein C-III (mg/dL), CE 20:3/free fatty acids (mmol/L), CE
 20:4/apolipoprotein C-III (mg/dL), CE 20:4/free fatty acids (mmol/L), LPC
 18:2/apolipoprotein C-III (mg/dL), PC 18:1/18:2/apolipoprotein C-III (mg/dL), PC 39:0
 5 (PC O-40:0)/free fatty acids (mmol/L), PC 40:7/free fatty acids (mmol/L), SM
 (d18:1/23:0) (d18:1/22:1-OH)/apolipoprotein C-III (mg/dL), SM (d18:1/23:0)
 (d18:1/22:1-OH)/free fatty acids (mmol/L), SM (d18:1/25:1) (d18:1/24:2-OH)/free
 fatty acids (mmol/L), Total CE/apolipoprotein C-III (mg/dL), CE 14:0/TG, CE
 16:0/TG, CE 16:1/Chol, CE 16:1/TG, CE 18:0/TG, CE 18:2/TG, CE 18:3/TG, CE
 10 20:4/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:0)/TG, Cer(d18:0/24:1)/TG,
 Cer(d18:1/24:0)/TG, Cer(d18:1/26:0)/TG, DAG 18:1/18:2/TG, GD1-d18:1/16:0/TG,
 GD3-d18:1/16:0/TG, GM3-d18:1/18:0/TG, GM3-d18:1/21:0/TG,
 LacCer(d18:1/22:0)/TG, PC 16:0/16:1/TG, PC 16:0/18:1/TG, PC 16:0/18:2/TG, PC
 16:0/20:4/TG, PC 16:0/22:5/TG, PC 16:0/22:6/TG, PC 18:0/18:2/TG, PC
 15 18:0/20:3/TG, PC 18:2/18:2/TG, PC 30:0/TG, PC 32:1/TG, PC 34:1/TG, PC 34:2/TG,
 PC 34:3/TG, PC 35:2/TG, PC 36:2/TG, PC 36:4/TG, PC 38:3/TG, PC 38:4/TG, PC
 40:6/TG, PC 35:2 (PC O-36:2)/TG, PI 36:2/TG, PI 38:3/TG, PI 38:4/TG, SM
 (d18:1/14:0) (d18:1/13:1-OH)/TG, SM (d18:1/16:1) (d18:1/15:2-OH)/TG, SM
 (d18:1/17:0) (d18:1/16:1-OH)/TG, SM (d18:1/18:1)/TG, SM (d18:1/23:1) (d18:1/22:2-
 20 OH)/TG, SM (d18:1/24:0) (d18:1/23:1-OH)/TG, CE 20:4/apolipoprotein C-III (mg/dL),
 CE 14:0/apolipoprotein C-III (mg/dL), CE 20:4/free fatty acids (mmol/L), LPC
 20:4/free fatty acids (mmol/L), Total PC O/C-reactive protein (mg/dL),
 Cer(d18:1/24:0)/Chol, CE 18:0/LDL, CE 18:2/LDL, Cer(d18:1/26:0)/Chol, CE
 18:2/Chol, CE 20:5/LDL, CE 18:3/Chol, CE 20:5/Chol, PE 38:5/TG, CE 17:0/TG, CE
 25 16:1/Chol, Cer(d18:1/22:0)/TG, PE 38:4/TG, Cer(d18:1/18:0)/TG, CE 22:6/TG, CE
 15:0/TG, DAG 18:1/18:2/TG, PC 18:0/20:5/TG, PC 32:0/TG, CE 16:0/TG,
 Cer(d18:1/24:0)/TG, CE 20:5/TG, PC 40:6/TG, GM3-d18:1/21:0/TG, SM (d18:1/24:0)
 (d18:1/23:1-OH)/TG, PC 35:2 (PC O-36:2)/TG, CE 18:3/TG, PC 35:2 (PC O-34:2)/TG,
 PC 16:0/20:5/TG, CE 18:2/TG, CE 18:0/TG, PC 16:0/18:2/TG, PC 16:0/22:6/TG, CE
 30 14:0/TG, PC 34:1/TG, SM (d18:1/17:0) (d18:1/16:1-OH)/TG, PC 36:5/TG, PC
 38:3/TG, PC 18:0/20:3/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG, PC 34:2/TG, SM

(d18:1/23:1) (d18:1/22:2-OH)/TG, CE 16:1/TG, PC 18:2/18:2/TG and PC 32:1/TG.
(see Tables 4, 7, 10 and 13).

In a preferred embodiment, the one or more lipid-clinical concentration ratio(s) whose
5 increase is (are) compared to the control is (are) selected from:
Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:0/24:1)/cholesterol ester
(mg/dL), Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/24:1)/apolipoprotein
A-I (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL),
GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-
10 I (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/HDL
cholesterol ester (mg/dL), LacCer(d18:1/22:0)/total cholesterol (EDTA) (mg/dL),
Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-
II (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Cer(d18:1/16:0)/HDL,
15 Cer(d18:1/24:1)/HDL, DAG 16:1/16:1/HDL, GlcCer(d18:1/24:1)/HDL,
GlcCer(d18:1/26:1)/HDL, GM3-d18:1/16:0/HDL, GM3-d18:1/24:1/HDL,
Cer(d18:1/24:1)/Chol, and GM3-d18:1/24:2/HDL.

In another preferred embodiment, the one or more lipid-clinical concentration ratio(s)
20 whose decrease is (are) compared to the control is (are) selected from:
LPC 18:2/apolipoprotein C-III (mg/dL), SM (d18:1/25:1) (d18:1/24:2-OH)/free fatty
acids (mmol/L), CE 18:2/apolipoprotein C-III (mg/dL), CE 20:4/apolipoprotein C-III
(mg/dL), Cer(d18:0/24:0)/TG, DAG 18:1/18:2/TG, PC 18:0/20:3/TG, CE 18:2/TG, SM
(d18:1/18:1)/TG, Cer(d18:1/24:0)/TG, PI 38:3/TG, GD3-d18:1/16:0/TG,
25 LacCer(d18:1/22:0)/TG, GM3-d18:1/21:0/TG, GD1-d18:1/16:0/TG, GM3-
d18:1/18:0/TG, PC 16:0/18:2/TG, CE 16:1/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG,
SM (d18:1/23:1) (d18:1/22:2-OH)/TG, PC 18:2/18:2/TG, and CE 16:1/Chol. (see
Tables 18 and 19).

In a particularly preferred embodiment, the lipid-clinical concentration ratio whose increase is compared to the control is: GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL) (see Table 20).

- 5 In another aspect the present invention relates to a method for evaluating the effectiveness of a treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in a subject, comprising determining in a sample from said subject the concentration(s) of one or more lipid(s), wherein (an) increased or decreased concentration(s) in said sample, when compared to a control
 - 10 sample, is (are) indicative of effectiveness of said treatment, wherein the one or more lipid(s) whose increase(s) in concentration is (are) compared to the control is (are) selected from:

Cer(d18:0/22:0), Cer(d18:0/24:0), Cer(d18:0/24:1), Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), GlcCer(d18:1/16:0), GlcCer(d18:1/18:0),

 - 15 LacCer(d18:1/18:0), LacCer(d18:1/20:0), LacCer(d18:1/22:0), LacCer(d18:1/24:1), Total LacCer; LacCer(d18:1/24:0), Total Cer, GlcCer(d18:1/24:0), Total GlcCer and LacCer(d18:1/16:0);

and wherein the one or more lipid(s) whose decrease(s) in concentration is (are) compared to the control is (are) selected from:

 - 20 CE 14:0, CE 16:0, CE 17:1, CE 20:3, PC 35:3 (PC O-34:3), Cer(d18:0/24:0), GD3-d18:1/16:0, PC 16:0/16:1, PC 37:5 (PC O-38:5), SM (d18:1/16:1) (d18:1/15:2-OH), SM (d18:1/18:1), SM (d18:1/23:1) (d18:1/22:2-OH), Total CE, Total GD3, Total PC O, Total PC, PC 16:0/20:4, CE 18:0, Cer(d18:1/26:1), CE 15:0, SM (d18:1/15:0)(d18:1/14:1-OH), GM3-d18:1/18:0, PC 37:5 (PC O-36:5), GM3-
 - 25 d18:1/21:0, PC 16:0/18:2, Total PI, SM (d18:1/17:0) (d18:1/16:1-OH), Cer(d18:1/26:0), PC 18:0/20:5, PI 38:3, PC 40:5, GM2-d18:1/18:0, Total GM2, GD1-d18:1/16:0, PC 16:0/20:5, PC 16:0/22:5, PC 18:0/20:3, PC 16:0/22:6, PI 38:4, and PC 16:0/20:4 (see Tables 2 and 5, 8 and 11).
- 30 In a preferred embodiment, the one or more lipid(s) whose increase in concentration is (are) compared to the control is (are) selected from:

Cer(d18:0/22:0), Cer(d18:0/24:0), Cer(d18:0/24:1), Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/24:1), GlcCer(d18:1/16:0), GlcCer(d18:1/18:0), LacCer(d18:1/18:0), LacCer(d18:1/20:0), LacCer(d18:1/22:0), and LacCer(d18:1/24:1).

- 5 In another preferred embodiment, the one or more lipid(s) whose decrease in concentration is (are) compared to the control is (are) selected from:
 CE 16:0, CE 17:1, PC 35:3 (PC O-34:3), CE 14:0, CE 20:3, Total CE, Cer(d18:0/24:0), GD3-d18:1/16:0, PC 16:0/16:1, PC 37:5 (PC O-38:5), SM (d18:1/18:1), SM (d18:1/23:1) (d18:1/22:2-OH), SM (d18:1/16:1) (d18:1/15:2-OH), Total GD3, and
 10 Total PC (see Tables 14 and 15).

In a particularly preferred embodiment, the one or more lipid(s) whose increase in concentration is (are) compared to the control is (are) selected from:

- Cer(d18:1/16:0), LacCer(d18:1/22:0), and LacCer(d18:1/24:1);
 15 and the one or more lipid(s) whose decrease in concentration is (are) compared to the control is (are) selected from:
 CE 14:0 and CE 20:3 (see Table 20).

- In another alternative embodiment the invention relates to a method for evaluating the
 20 effectiveness of a treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in a subject, comprising determining in a sample from said subject one or more lipid-lipid ratio(s), wherein (an) increased or decreased lipid-lipid ratio(s) in said sample, when compared to a control sample, is (are) indicative of effectiveness of said treatment, wherein the one or more lipid-lipid
 25 ratio(s) whose increase(s) is (are) compared to the control is (are) selected from:
 CE 19:1/LPC 20:4, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:3,
 30 Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/SM (d18:1/18:0), Cer(d18:1/16:0)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/16:0)/SM

(d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH),
 Cer(d18:1/16:0)/SM (d18:1/25:1) (d18:1/24:2-OH), Cer(d18:1/16:0)/Total CE,
 Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/20:0)/LPC 18:2,
 Cer(d18:1/22:0)/LPC 18:2, Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/SM
 5 (d18:1/24:0)(d18:1/23:1-OH), Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/24:1)/PC 33:3 (PC
 O-34:3), Cer(d18:1/24:1)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/24:1)/SM
 (d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/24:1)/SM (d18:1/25:1) (d18:1/24:2-OH),
 GlcCer(d18:1/16:0)/LPC 18:2, GlcCer(d18:1/18:0)/LPC 18:2, GlcCer(d18:1/26:1)/SM
 (d18:1/25:1) (d18:1/24:2-OH), LacCer(d18:1/18:0)/PC 36:4, LacCer(d18:1/22:0)/PC
 10 16:0/20:4, LacCer(d18:1/22:0)/PC 18:0/20:4, LacCer(d18:1/22:0)/PC 35:4 (PC O-
 36:4), LacCer(d18:1/22:0)/PC 36:4, LacCer(d18:1/22:0)/SM (d18:1/24:0) (d18:1/23:1-
 OH), LacCer(d18:1/22:0)/SM (d18:1/25:1) (d18:1/24:2-OH), LacCer(d18:1/22:0)/Total
 CE, LacCer(d18:1/24:1)/PC 16:0/20:4, LacCer(d18:1/24:1)/PC 18:0/20:4,
 LacCer(d18:1/24:1)/PC 36:4, LacCer(d18:1/24:1)/Total CE, PC 38:0/PC 38:5,
 15 Cer(d18:1/16:0)/Cer(d18:1/26:0), DAG 16:1/16:1/PC 32:1, DAG 16:1/16:1/PI 38:4,
 GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH), GM3-d18:1/24:1/SM
 (d18:1/18:1), GlcCer(d18:1/24:1)/SM (d18:1/23:1) (d18:1/22:2-OH), SM (d18:1/16:0)
 (d18:1/15:1-OH)/SM (d18:1/16:1) (d18:1/15:2-OH); PC 18:0/20:3/PC33:3(PC O-
 34:3),GlcCer(d18:1/26:1)/LPC 18:2, LacCer(d18:1/24:1)/Total CE,
 20 Cer(d18:1/24:1)/Total CE, LacCer(d18:1/22:0)/Total CE, CE 22:2/LPC 20:4,
 Cer(d18:1/20:0)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/22:0)/Total CE,
 LacCer(d18:1/18:0)/PC 40:7, GlcCer(d18:1/16:0)/SM (d18:1/24:0) (d18:1/23:1-OH),
 Cer(d18:1/24:1)/PC35:4(PC O-36:4), Cer(d18:1/22:0)/SM (d18:1/23:0) (d18:1/22:1-
 OH), Cer(d18:1/20:0)/Total CE, Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC
 25 18:0/18:2, Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0),
 GlcCer(d18:1/18:0)/LPC 18:1, CE 20:0/PC 40:4, GlcCer(d18:1/16:0)/PC 36:2,
 LacCer(d18:1/16:0)/PC 35:2 (PC O-36:2), PC 39:7 (PC O-40:7)/Total CE, PC
 38:0/Total CE, PC 38:0/PC 35:6 (PC O-36:5), Total LacCer/Total PC O, SM
 (d18:1/14:0) (d18:1/13:1-OH)/SM (d18:1/23:0) (d18:1/22:1-OH), LPC 18:1/PC 32:1,
 30 Cer(d18:1/24:1)/PC 32:1, GM3-d18:1/24:1/SM (d18:1/23:1) (d18:1/22:2-OH), GM3-
 d18:1/24:1/PC 32:1, DAG 16:1/16:1/PC 30:0, Cer(d18:1/24:1)/SM (d18:1/18:1), GM3-

d18:1/24:1/SM (d18:1/18:1), GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH),
 Cer(d18:1/16:0)/PC 32:1, LacCer(d18:1/16:0)/PC 40:6, Cer(d18:1/24:1)/PC 38:4, LPC
 18:0/PC 32:1, Cer(d18:1/24:1)/PC 34:2, GM3-d18:1/24:2/SM (d18:1/23:1)
 (d18:1/22:2-OH), GM3-d18:1/24:2/PC 32:1, GM3-d18:1/24:1/PC 34:2,
 5 GlcCer(d18:1/16:0)/PC 32:1, GM3-d18:1/24:1/PC 36:4, GM3-d18:1/16:0/SM
 (d18:1/23:1) (d18:1/22:2-OH), GM3-d18:1/24:1/PC 34:1, Cer(d18:1/16:0)/PC 34:2,
 GlcCer(d18:1/16:0)/PC 34:2, GM3-d18:1/16:0/PC 32:1, Cer(d18:1/16:0)/PC 34:1,
 Cer(d18:1/24:1)/PC 34:3, GlcCer(d18:1/16:0)/PC 34:1, GM3-d18:1/18:0/PC 32:1,
 Cer(d18:1/16:0)/PC 34:3, GlcCer(d18:1/16:0)/PC 34:3, LPC 16:0/SM (d18:1/14:0)
 10 (d18:1/13:1-OH), GlcCer(d18:1/20:0)/PC 34:3 and GlcCer(d18:1/18:0)/PC 34:3;
 and wherein one or more lipid-lipid ratio(s) whose decrease is (are) compared to the
 control is (are) selected from:
 LPC 20:4/PC 35:1 (PC O-36:1), CE 20:4/GlcCer(d18:1/26:1), CE 16:1/Total LacCer,
 CE 22:6/LacCer(d18:1/22:0), CE 16:1/PC 37:2 (PC O-38:2), CE
 15 16:0/GlcCer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 14:0/PC 37:2 (PC O-38:2), CE
 16:0/Total LacCer, CE 18:2/Cer(d18:1/16:0), CE 16:0/LacCer(d18:1/22:0), CE
 20:4/GlcCer(d18:1/24:1), CE 18:1/GlcCer(d18:1/16:0), CE 20:4/GlcCer(d18:1/16:0),
 CE 18:0/Cer(d18:1/16:0), LPC 20:4/PC 37:2 (PC O-38:2), CE 16:0/Cer(d18:1/24:1),
 CE 17:1/LacCer(d18:1/22:0), CE 18:2/GlcCer(d18:1/16:0), CE
 20 22:6/GlcCer(d18:1/16:0), Total CE/Total LacCer, CE 14:0/Cer(d18:1/24:1), CE
 20:4/LacCer(d18:1/16:0), CE 22:6/Total LacCer, CE 22:6/LacCer(d18:1/24:1), CE
 18:1/Cer(d18:1/16:0), CE 16:1/Cer(d18:1/16:0), CE 16:1/LacCer(d18:1/22:0), CE
 16:0/LacCer(d18:1/16:0), CE 16:1/CE 22:2, CE 16:1/Cer(d18:1/24:1), CE
 22:6/LacCer(d18:1/18:0), CE 22:6/LacCer(d18:1/20:0), CE 20:4/LacCer(d18:1/22:0),
 25 CE 20:4/Cer(d18:1/24:1), CE 16:1/CE 20:0, CE 20:4/Cer(d18:1/16:0), LPC 20:4/PC
 37:2 (PC O-38:2), CE 20:4/Total GlcCer, CE 20:4/Total LacCer, CE 20:4/SM
 (d18:1/14:0) (d18:1/13:1-OH), LPC 20:4/PC 35:1 (PC O-36:1), CE
 14:0/Cer(d18:1/16:0), CE 17:1/Cer(d18:1/16:0), CE 17:1/Cer(d18:1/24:1), CE
 20:4/GlcCer(d18:1/18:0), CE 16:0/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/24:1), CE
 30 16:0/Cer(d18:1/24:1), CE 16:0/DAG 16:1/16:1, CE 16:1/CE 20:3, CE 16:1/DAG
 16:1/16:1, CE 16:1/GM3-d18:1/24:1, CE 16:1/LPC 16:0, CE 18:2/Cer(d18:1/24:1), CE

- 18:2/DAG 16:1/16:1, CE 18:2/GlcCer(d18:1/24:1), CE 18:2/GM3-d18:1/24:1, CE 18:3/Cer(d18:1/24:1), CE 20:4/DAG 16:1/16:1, Cer(d18:0/22:0)/PE 36:2, Cer(d18:0/24:0)/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, Cer(d18:1/24:0)/Cer(d18:1/24:1), GD3-d18:1/16:0/GlcCer(d18:1/24:1),
- 5 GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1), GM3-d18:1/18:0/GlcCer(d18:1/24:1), GM3-d18:1/18:0/GM3-d18:1/24:1, GM3-d18:1/20:0/GM3-d18:1/24:1, GM3-d18:1/21:0/GM3-d18:1/24:1, GM3-d18:1/22:1/GM3-d18:1/24:1, GM3-d18:1/23:0/GM3-d18:1/24:1, PC 16:0/18:2/PE 36:2, PC 32:1/PC 36:1, PC 34:1/PE 36:2, PC 34:2/PE 36:2, PC 34:3/PE 36:2, PC 36:2/PE 36:2, SM (d18:1/16:1)
- 10 (d18:1/15:2-OH)/SM (d18:1/24:1)(d18:1/23:2-OH), SM (d18:1/18:1)/SM (d18:1/24:1) (d18:1/23:2-OH), SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1) (d18:1/23:2-OH), SM (d18:1/23:0) (d18:1/22:1-OH)/Total Cer, CE 18:2/Cer(d18:1/22:0), PC 36:4/PC 38:0, CE 18:2/Total Cer, CE 20:4/Cer(d18:1/22:0), CE 18:1/LacCer(d18:1/16:0), CE 18:1/GlcCer(d18:1/18:0), CE 18:1/LacCer(d18:1/22:0), Total CE/Total LacCer, CE
- 15 18:1/Total LacCer, CE 18:1/LacCer(d18:1/24:1), CE 20:4/Cer(d18:1/24:1), LPC 18:2/LacCer(d18:1/22:0), CE 20:4/Total LacCer, CE 17:1/LacCer(d18:1/20:0), CE 20:4/LacCer(d18:1/24:1), CE 16:1/GlcCer(d18:1/18:0), LPC 20:4/PC 38:0, GM3-d18:1/20:0/GM3-d18:1/22:0, GM3-d18:1/22:1/GM3-d18:1/24:1, Cer(d18:1/26:0)/GlcCer(d18:1/16:0), GM3-d18:1/20:0/GM3-d18:1/24:1, CE
- 20 18:2/GlcCer(d18:1/26:1), CE 18:3/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/24:1), GD3-d18:1/16:0/GM3-d18:1/24:1, Cer(d18:1/26:0)/GlcCer(d18:1/24:1), CE 16:1/LPC 16:0, CE 16:1/CE 20:3, CE 16:1/LPC 18:1, CE 16:1/DAG 16:1/16:1 and CE 16:1/LacCer(d18:1/16:0) (see Tables 3 and 6).
- 25 In a preferred embodiment, the one or more lipid-lipid ratio(s) whose increase is (are) compared to the control is (are) selected from:
- CE 19:1/LPC 20:4, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, PC 38:0/PC 38:5, LacCer(d18:1/24:1)/PC 16:0/20:4, GlcCer(d18:1/26:1)/SM (d18:1/24:2-OH) (d18:1/25:1), Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC
- 30 18:1/18:2, Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), GlcCer(d18:1/16:0)/LPC 18:2, LacCer(d18:1/22:0)/SM (d18:1/24:0) (d18:1/23:1-OH), LacCer(d18:1/22:0)/PC 35:4

(PC O-36:4), LacCer(d18:1/24:1)/Total CE, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/22:0)/PC 16:0/20:4, Cer(d18:1/16:0)/Cer(d18:1/26:0), DAG 16:1/16:1/PC 32:1, GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH), and GM3-d18:1/24:1/SM (d18:1/18:1).

5

In another preferred embodiment, the one or more lipid-lipid ratio(s) whose decrease is (are) compared to the control is (are) selected from:

CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 20:4/GlcCer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 16:1/PC 37:2 (PC O-38:2), CE 10 18:0/Cer(d18:1/16:0), CE 18:2/GlcCer(d18:1/16:0), CE 16:0/GlcCer(d18:1/16:0), LPC 20:4/PC 35:1 (PC O-36:1), Total CE/Total LacCer, CE 20:4/Cer(d18:1/24:1), CE 16:1/DAG 16:1/16:1, CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/DAG 16:1/16:1, Cer(d18:0/24:0)/Cer(d18:1/16:0), GD3-d18:1/16:0/GlcCer(d18:1/24:1), 15 GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1), GM3-d18:1/22:1/GM3-d18:1/24:1, GM3-d18:1/20:0/GM3-d18:1/24:1, GM3-d18:1/18:0/GlcCer(d18:1/24:1), PC 16:0/18:2/PE 36:2, SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1) (d18:1/23:2-OH), CE 16:1/CE 20:3, CE 16:1/Cer(d18:1/16:0), and CE 16:1/LPC 16:0 (see Tables 16 and 17).

20 In a particularly preferred embodiment, the one or more lipid-lipid ratio(s) whose increase is (are) compared to the control is (are) selected from:

Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/24:1)/Total CE, CE 19:1/LPC 20:4, and Cer(d18:1/16:0)/PC 36:3;

and the lipid-lipid ratio whose decrease is compared to the control is:

25 CE 20:4/Cer(18:1/24:1) (see Table 20).

In yet another alternative embodiment the invention relates to a method for evaluating the effectiveness of a treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in a subject, comprising determining in a 30 sample from said subject one or more lipid-clinical concentration ratio(s), wherein (an) increased or decreased lipid-clinical concentration ratio(s) in said sample, when

compared to a control sample, is (are) indicative of effectiveness of said treatment, wherein the one or more lipid-clinical concentration ratio(s) whose increase(s) is (are) compared to the control is (are) selected from:

- Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:0/22:0)/apolipoprotein A-II
 5 (mg/dL), Cer(d18:0/22:0)/HDL cholesterol ester (mg/dL),
 Cer(d18:0/24:1)/apolipoprotein A-II (mg/dL), Cer(d18:0/24:1)/cholesterol ester
 (mg/dL), Cer(d18:0/24:1)/HDL cholesterol ester (mg/dL),
 Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-II
 (mg/dL), Cer(d18:1/16:0)/apolipoprotein B (mg/dL), Cer(d18:1/16:0)/apolipoprotein E
 10 (mg/dL), Cer(d18:1/16:0)/body mass index (kg/m²), Cer(d18:1/16:0)/cholesterol ester
 (mg/dL), Cer(d18:1/16:0)/free cholesterol (mg/dL), Cer(d18:1/16:0)/HDL cholesterol
 (EDTA) (mg/dL), Cer(d18:1/16:0)/HDL cholesterol ester (mg/dL),
 Cer(d18:1/16:0)/HDL phospholipid (mg/dL), Cer(d18:1/16:0)/LDL phospholipid
 (mg/dL), Cer(d18:1/16:0)/phospholipid (mg/dL), Cer(d18:1/16:0)/total cholesterol
 15 (EDTA) (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-I (mg/dL),
 Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL), Cer(d18:1/24:1)/apolipoprotein A-I
 (mg/dL), Cer(d18:1/24:1)/apolipoprotein A-II (mg/dL), Cer(d18:1/24:1)/cholesterol
 ester (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/total
 cholesterol (EDTA) (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL),
 20 GlcCer(d18:1/16:0)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/16:0)/cholesterol ester
 (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL),
 GlcCer(d18:1/18:0)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/18:0)/cholesterol ester
 (mg/dL), GlcCer(d18:1/26:1)/apolipoprotein A-II (mg/dL),
 GlcCer(d18:1/26:1)/cholesterol ester (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-I
 25 (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
 LacCer(d18:1/22:0)/cholesterol ester (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol
 (EDTA) (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL),
 LacCer(d18:1/22:0)/LDL free cholesterol (mg/dL), LacCer(d18:1/22:0)/total
 cholesterol (EDTA) (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL),
 30 LacCer(d18:1/24:1)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/cholesterol ester
 (mg/dL), LacCer(d18:1/24:1)/HDL cholesterol ester (mg/dL), PC 18:0/20:3/VLDL

apolipoprotein B (mg/dL), Total Cer/apolipoprotein A-I (mg/dL), Total
 Cer/apolipoprotein A-II (mg/dL), Total LacCer/apolipoprotein A-I (mg/dL), Total
 LacCer/apolipoprotein A-II (mg/dL), DAG 16:1/16:1/HDL, GM3-d18:1/24:2/HDL,
 GlcCer(d18:1/26:1)/HDL, Cer(d18:1/24:1)/LDL, GM3-d18:1/16:0/HDL,
 5 Cer(d18:1/24:1)/Chol, Cer(d18:1/16:0)/Chol, Cer(d18:1/24:1)/HDL, GM3-
 d18:1/24:1/HDL, GlcCer(d18:1/24:1)/HDL, Cer(d18:1/16:0)/HDL,
 Cer(d18:1/16:0)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/apolipoprotein E
 (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), LacCer(d18:1/22:0)/HDL
 cholesterol ester (mg/dL), LacCer(d18:1/24:0)/HDL cholesterol ester (mg/dL),
 10 LacCer(d18:1/24:0)/apolipoprotein C-II (mg/dL), GlcCer(d18:1/16:0)/HDL cholesterol
 ester (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Total LacCer/HDL
 cholesterol ester (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
 LacCer(d18:1/22:0)/HDL cholesterol (EDTA) (mg/dL), Cer(d18:1/20:0)/apolipoprotein
 A-I (mg/dL), LacCer(d18:1/24:0)/HDL cholesterol (EDTA) (mg/dL),
 15 LacCer(d18:1/18:0)/LDL cholesterol (EDTA) (mg/dL), Cer(d18:1/22:0)/apolipoprotein
 A-I (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL),
 LacCer(d18:1/16:0)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/cholesterol ester
 (mg/dL), Total LacCer/apolipoprotein A-I (mg/dL), Cer(d18:1/20:0)/HDL phospholipid
 (mg/dL), Total LacCer/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/LDL cholesterol
 20 ester (mg/dL), Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL),
 GlcCer(d18:1/24:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/LDL cholesterol
 (EDTA) (mg/dL), Cer(d18:1/24:1)/LDL phospholipid (mg/dL), Total
 GlcCer/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/LDL free cholesterol (mg/dL),
 Cer(d18:1/22:0)/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/apolipoprotein B
 25 (mg/dL), Cer(d18:1/22:0)/LDL cholesterol (EDTA) (mg/dL), Total Cer/cholesterol
 ester (mg/dL), LacCer(d18:1/16:0)/cholesterol ester (mg/dL), Cer(d18:1/22:0)/total
 cholesterol (EDTA) (mg/dL), LacCer(d18:1/24:1)/HDL free cholesterol (mg/dL), Total
 LacCer/LDL cholesterol ester (mg/dL), Total LacCer/LDL cholesterol (EDTA)
 (mg/dL), Total Cer/total cholesterol (EDTA) (mg/dL), Total LacCer/phospholipid
 30 (mg/dL), GlcCer(d18:1/20:0)/cholesterol ester (mg/dL), Total LacCer/HDL free
 cholesterol (mg/dL), Total LacCer/apolipoprotein B (mg/dL), LacCer(d18:1/16:0)/LDL

cholesterol ester (mg/dL), Total LacCer/LDL phospholipid (mg/dL),
 LacCer(d18:1/16:0)/LDL cholesterol (EDTA) (mg/dL), GlcCer(d18:1/24:1)/HDL,
 DAG 16:1/16:1/HDL, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/Chol, and
 Cer(d18:1/16:0)/Chol;

- 5 and wherein the one or more lipid-clinical concentration ratio(s) whose decrease is (are)
 compared to the control is (are) selected from:
- CE 14:0/free fatty acids (mmol/L), CE 16:0/apolipoprotein C-III (mg/dL), CE
 17:1/apolipoprotein C-III (mg/dL), CE 17:1/free fatty acids (mmol/L), CE 17:1/free
 glycerol (mg/dL), CE 18:0/apolipoprotein C-III (mg/dL), CE 18:1/apolipoprotein C-III
 10 (mg/dL), CE 18:2/apolipoprotein C-III (mg/dL), CE 20:3/free fatty acids (mmol/L), CE
 20:4/apolipoprotein C-III (mg/dL), CE 20:4/free fatty acids (mmol/L), LPC
 18:2/apolipoprotein C-III (mg/dL), PC 18:1/18:2/apolipoprotein C-III (mg/dL), PC 39:0
 (PC O-40:0)/free fatty acids (mmol/L), PC 40:7/free fatty acids (mmol/L), SM
 (d18:1/23:0) (d18:1/22:1-OH)/apolipoprotein C-III (mg/dL), SM (d18:1/23:0)
 15 (d18:1/22:1-OH)/free fatty acids (mmol/L), SM (d18:1/25:1) (d18:1/24:2-OH)/free
 fatty acids (mmol/L), Total CE/apolipoprotein C-III (mg/dL), CE 14:0/TG, CE
 16:0/TG, CE 16:1/Chol, CE 16:1/TG, CE 18:0/TG, CE 18:2/TG, CE 18:3/TG, CE
 20:4/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:0)/TG, Cer(d18:0/24:1)/TG,
 Cer(d18:1/24:0)/TG, Cer(d18:1/26:0)/TG, DAG 18:1/18:2/TG, GD1-d18:1/16:0/TG,
 20 GD3-d18:1/16:0/TG, GM3-d18:1/18:0/TG, GM3-d18:1/21:0/TG,
 LacCer(d18:1/22:0)/TG, PC 16:0/16:1/TG, PC 16:0/18:1/TG, PC 16:0/18:2/TG, PC
 16:0/20:4/TG, PC 16:0/22:5/TG, PC 16:0/22:6/TG, PC 18:0/18:2/TG, PC
 18:0/20:3/TG, PC 18:2/18:2/TG, PC 30:0/TG, PC 32:1/TG, PC 34:1/TG, PC 34:2/TG,
 PC 34:3/TG, PC 35:2/TG, PC 36:2/TG, PC 36:4/TG, PC 38:3/TG, PC 38:4/TG, PC
 25 40:6/TG, PC 35:2 (PC O-36:2)/TG, PI 36:2/TG, PI 38:3/TG, PI 38:4/TG, SM
 (d18:1/14:0) (d18:1/13:1-OH)/TG, SM (d18:1/16:1) (d18:1/15:2-OH)/TG, SM
 (d18:1/17:0) (d18:1/16:1-OH)/TG, SM (d18:1/18:1)/TG, SM (d18:1/23:1) (d18:1/22:2-
 OH)/TG, SM (d18:1/24:0) (d18:1/23:1-OH)/TG, CE 20:4/apolipoprotein C-III (mg/dL),
 CE 14:0/apolipoprotein C-III (mg/dL), CE 20:4/free fatty acids (mmol/L), LPC
 30 20:4/free fatty acids (mmol/L), Total PC O/C-reactive protein (mg/dL),
 Cer(d18:1/24:0)/Chol, CE 18:0/LDL, CE 18:2/LDL, Cer(d18:1/26:0)/Chol, CE

18:2/Chol, CE 20:5/LDL, CE 18:3/Chol, CE 20:5/Chol, PE 38:5/TG, CE 17:0/TG, CE
 16:1/Chol, Cer(d18:1/22:0)/TG, PE 38:4/TG, Cer(d18:1/18:0)/TG, CE 22:6/TG, CE
 15:0/TG, DAG 18:1/18:2/TG, PC 18:0/20:5/TG, PC 32:0/TG, CE 16:0/TG,
 Cer(d18:1/24:0)/TG, CE 20:5/TG, PC 40:6/TG, GM3-d18:1/21:0/TG, SM (d18:1/24:0)
 5 (d18:1/23:1-OH)/TG, PC 35:2 (PC O-36:2)/TG, CE 18:3/TG, PC 35:2 (PC O-34:2)/TG,
 PC 16:0/20:5/TG, CE 18:2/TG, CE 18:0/TG, PC 16:0/18:2/TG, PC 16:0/22:6/TG, CE
 14:0/TG, PC 34:1/TG, SM (d18:1/17:0) (d18:1/16:1-OH)/TG, PC 36:5/TG, PC
 38:3/TG, PC 18:0/20:3/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG, PC 34:2/TG, SM
 (d18:1/23:1) (d18:1/22:2-OH)/TG, CE 16:1/TG, PC 18:2/18:2/TG and PC 32:1/TG (see
 10 Tables 4, 7, 10 and 13).

In a preferred embodiment, the one or more lipid-clinical concentration ratio(s) whose
 increase is (are) compared to the control is (are) selected from:
 Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:0/24:1)/cholesterol ester
 15 (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/24:1)/apolipoprotein
 A-I (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL),
 GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-
 I (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/HDL
 cholesterol ester (mg/dL), LacCer(d18:1/22:0)/total cholesterol (EDTA) (mg/dL),
 20 Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-
 II (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
 LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Cer(d18:1/16:0)/HDL,
 Cer(d18:1/24:1)/HDL, DAG 16:1/16:1/HDL, GlcCer(d18:1/24:1)/HDL,
 GlcCer(d18:1/26:1)/HDL, GM3-d18:1/16:0/HDL, GM3-d18:1/24:1/HDL,
 25 Cer(d18:1/24:1)/Chol, and GM3-d18:1/24:2/HDL.

In another preferred embodiment, the one or more lipid-clinical concentration ratio(s)
 whose decrease is (are) compared to the control is (are) selected from:
 LPC 18:2/apolipoprotein C-III (mg/dL), SM (d18:1/25:1) (d18:1/24:2-OH)/free fatty
 30 acids (mmol/L), CE 18:2/apolipoprotein C-III (mg/dL), CE 20:4/apolipoprotein C-III
 (mg/dL), Cer(d18:0/24:0)/TG, DAG 18:1/18:2/TG, PC 18:0/20:3/TG, CE 18:2/TG, SM

(d18:1/18:1)/TG, Cer(d18:1/24:0)/TG, PI 38:3/TG, GD3-d18:1/16:0/TG, LacCer(d18:1/22:0)/TG, GM3-d18:1/21:0/TG, GD1-d18:1/16:0/TG, GM3-d18:1/18:0/TG, PC 16:0/18:2/TG, CE 16:1/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG, SM (d18:1/23:1) (d18:1/22:2-OH)/TG, PC 18:2/18:2/TG, and CE 16:1/Chol. (see
 5 Tables 18 and 19).

In a particularly preferred embodiment, the lipid-clinical concentration ratio whose increased is compared to the control GlcCer(d18:1/18:0)/apolipoprotein A-I(mg/dL) (see Table 20).

10

In yet another aspect the invention relates to a method of choosing an appropriate treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in a subject, comprising determining in a sample from said subject the concentration of one or more lipid(s), wherein (an) increased or decreased
 15 concentration(s) in said sample, when compared to a control sample, is (are) indicative of said subject being in need of treatment or a change in, or supplementation of, an already administered treatment, wherein the one or more lipid(s) whose increase(s) in concentration is (are) compared to the control is (are) selected from:

20 Cer(d18:0/22:0), Cer(d18:0/24:0), Cer(d18:0/24:1), Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1), GlcCer(d18:1/16:0), GlcCer(d18:1/18:0), LacCer(d18:1/18:0), LacCer(d18:1/20:0), LacCer(d18:1/22:0), LacCer(d18:1/24:1), Total LacCer; LacCer(d18:1/24:0), Total Cer, GlcCer(d18:1/24:0), Total GlcCer and LacCer(d18:1/16:0);

and wherein the one or more lipid(s) whose decrease(s) in concentration is (are)
 25 compared to the control is (are) selected from:
 CE 14:0, CE 16:0, CE 17:1, CE 20:3, PC 35:3 (PC O-34:3), Cer(d18:0/24:0), GD3-d18:1/16:0, PC 16:0/16:1, PC 37:5 (PC O-38:5), SM (d18:1/16:1) (d18:1/15:2-OH), SM (d18:1/18:1), SM (d18:1/23:1) (d18:1/22:2-OH), Total CE, Total GD3, Total PC O, Total PC, PC 16:0/20:4, CE 18:0, Cer(d18:1/26:1), CE 15:0, SM
 30 (d18:1/15:0)(d18:1/14:1-OH), GM3-d18:1/18:0, PC 37:5 (PC O-36:5), GM3-d18:1/21:0, PC 16:0/18:2, Total PI, SM (d18:1/17:0) (d18:1/16:1-OH),

Cer(d18:1/26:0), PC 18:0/20:5, PI 38:3, PC 40:5, GM2-d18:1/18:0, Total GM2, GD1-d18:1/16:0, PC 16:0/20:5, PC 16:0/22:5, PC 18:0/20:3, PC 16:0/22:6, PI 38:4, and PC 16:0/20:4 (see Tables 2, 5, 8 and 11).

- 5 In a preferred embodiment, the one or more lipid(s) whose increase in concentration is (are) compared to the control is (are) selected from:

Cer(d18:0/22:0), Cer(d18:0/24:0), Cer(d18:0/24:1), Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/24:1), GlcCer(d18:1/16:0), GlcCer(d18:1/18:0), LacCer(d18:1/18:0), LacCer(d18:1/20:0), LacCer(d18:1/22:0), and LacCer(d18:1/24:1).

10

In another preferred embodiment, the one or more lipid(s) whose decrease in concentration is (are) compared to the control is (are) selected from:

- CE 16:0, CE 17:1, PC 35:3 (PC O-34:3), CE 14:0, CE 20:3, Total CE, Cer(d18:0/24:0), GD3-d18:1/16:0, PC 16:0/16:1, PC 37:5 (PC O-38:5), SM (d18:1/18:1), SM (d18:1/23:1) (d18:1/22:2-OH), SM (d18:1/16:1) (d18:1/15:2-OH), Total GD3, and Total PC (see Tables 14 and 15).
- 15

In a particularly preferred embodiment, the one or more lipid(s) whose increase in concentration is (are) compared to the control is (are) selected from:

- 20 Cer(d18:1/16:0), LacCer(d18:1/22:0), and LacCer(d18:1/24:1);
and the one or more lipid(s) whose decrease in concentration is (are) compared to the control is (are) selected from:
CE 14:0 and CE 20:3 (see Table 20).

- 25 In an alternative embodiment the invention relates to a method of choosing an appropriate treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in a subject, comprising determining in a sample from said subject one or more lipid-lipid ratio(s), wherein (an) increased or decreased lipid-lipid ratio(s) in said sample, when compared to a control sample, is
30 (are) indicative of said subject being in need of treatment or a change in, or

supplementation of, an already administered treatment, wherein the one or more lipid-lipid ratio(s) whose increase(s) is (are) compared to the control is (are) selected from:

CE 19:1/LPC 20:4, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/16:0)/LPC 18:1,
 Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC
 5 18:1/18:2, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:3,
 Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/SM (d18:1/18:0), Cer(d18:1/16:0)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/16:0)/SM (d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH),
 10 Cer(d18:1/16:0)/SM (d18:1/25:1) (d18:1/24:2-OH), Cer(d18:1/16:0)/Total CE, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/SM (d18:1/24:0)(d18:1/23:1-OH), Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/24:1)/SM (d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/24:1)/SM (d18:1/25:1) (d18:1/24:2-OH),
 15 GlcCer(d18:1/16:0)/LPC 18:2, GlcCer(d18:1/18:0)/LPC 18:2, GlcCer(d18:1/26:1)/SM (d18:1/25:1) (d18:1/24:2-OH), LacCer(d18:1/18:0)/PC 36:4, LacCer(d18:1/22:0)/PC 16:0/20:4, LacCer(d18:1/22:0)/PC 18:0/20:4, LacCer(d18:1/22:0)/PC 35:4 (PC O-36:4), LacCer(d18:1/22:0)/PC 36:4, LacCer(d18:1/22:0)/SM (d18:1/24:0) (d18:1/23:1-OH), LacCer(d18:1/22:0)/SM (d18:1/25:1) (d18:1/24:2-OH), LacCer(d18:1/22:0)/Total CE, LacCer(d18:1/24:1)/PC 16:0/20:4, LacCer(d18:1/24:1)/PC 18:0/20:4, LacCer(d18:1/24:1)/PC 36:4, LacCer(d18:1/24:1)/Total CE, PC 38:0/PC 38:5, Cer(d18:1/16:0)/Cer(d18:1/26:0), DAG 16:1/16:1/PC 32:1, DAG 16:1/16:1/PI 38:4, GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH), GM3-d18:1/24:1/SM (d18:1/18:1), GlcCer(d18:1/24:1)/SM (d18:1/23:1) (d18:1/22:2-OH), SM (d18:1/16:0) (d18:1/15:1-OH)/SM (d18:1/16:1) (d18:1/15:2-OH), PC 18:0/20:3/PC33:3(PC O-34:3),GlcCer(d18:1/26:1)/LPC 18:2, LacCer(d18:1/24:1)/Total CE, Cer(d18:1/24:1)/Total CE, LacCer(d18:1/22:0)/Total CE, CE 22:2/LPC 20:4, Cer(d18:1/20:0)/SM (d18:1/23:0) (d18:1/22:1-OH), Cer(d18:1/22:0)/Total CE,
 25 LacCer(d18:1/18:0)/PC 40:7, GlcCer(d18:1/16:0)/SM (d18:1/24:0) (d18:1/23:1-OH), Cer(d18:1/24:1)/PC35:4(PC O-36:4), Cer(d18:1/22:0)/SM (d18:1/23:0) (d18:1/22:1-

OH), Cer(d18:1/20:0)/Total CE, Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), GlcCer(d18:1/18:0)/LPC 18:1, CE 20:0/PC 40:4, GlcCer(d18:1/16:0)/PC 36:2, LacCer(d18:1/16:0)/PC 35:2 (PC O-36:2), PC 39:7 (PC O-40:7)/Total CE, PC 38:0/Total CE, PC 38:0/PC 35:6 (PC O-36:5), Total LacCer/Total PC O, SM (d18:1/14:0) (d18:1/13:1-OH)/SM (d18:1/23:0) (d18:1/22:1-OH), LPC 18:1/PC 32:1, Cer(d18:1/24:1)/PC 32:1, GM3-d18:1/24:1/SM (d18:1/23:1) (d18:1/22:2-OH), GM3-d18:1/24:1/PC 32:1, DAG 16:1/16:1/PC 30:0, Cer(d18:1/24:1)/SM (d18:1/18:1), GM3-d18:1/24:1/SM (d18:1/18:1), GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH), Cer(d18:1/16:0)/PC 32:1, LacCer(d18:1/16:0)/PC 40:6, Cer(d18:1/24:1)/PC 38:4, LPC 18:0/PC 32:1, Cer(d18:1/24:1)/PC 34:2, GM3-d18:1/24:2/SM (d18:1/23:1) (d18:1/22:2-OH), GM3-d18:1/24:2/PC 32:1, GM3-d18:1/24:1/PC 34:2, GlcCer(d18:1/16:0)/PC 32:1, GM3-d18:1/24:1/PC 36:4, GM3-d18:1/16:0/SM (d18:1/23:1) (d18:1/22:2-OH), GM3-d18:1/24:1/PC 34:1, Cer(d18:1/16:0)/PC 34:2, GlcCer(d18:1/16:0)/PC 34:2, GM3-d18:1/16:0/PC 32:1, Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/24:1)/PC 34:3, GlcCer(d18:1/16:0)/PC 34:1, GM3-d18:1/18:0/PC 32:1, Cer(d18:1/16:0)/PC 34:3, GlcCer(d18:1/16:0)/PC 34:3, LPC 16:0/SM (d18:1/14:0) (d18:1/13:1-OH), GlcCer(d18:1/20:0)/PC 34:3 and GlcCer(d18:1/18:0)/PC 34:3; and wherein one or more lipid-lipid ratio(s) whose decrease is (are) compared to the control is (are) selected from:

LPC 20:4/PC 35:1 (PC O-36:1), CE 20:4/GlcCer(d18:1/26:1), CE 16:1/Total LacCer, CE 22:6/LacCer(d18:1/22:0), CE 16:1/PC 37:2 (PC O-38:2), CE 16:0/GlcCer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 14:0/PC 37:2 (PC O-38:2), CE 16:0/Total LacCer, CE 18:2/Cer(d18:1/16:0), CE 16:0/LacCer(d18:1/22:0), CE 20:4/GlcCer(d18:1/24:1), CE 18:1/GlcCer(d18:1/16:0), CE 20:4/GlcCer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), LPC 20:4/PC 37:2 (PC O-38:2), CE 16:0/Cer(d18:1/24:1), CE 17:1/LacCer(d18:1/22:0), CE 18:2/GlcCer(d18:1/16:0), CE 22:6/GlcCer(d18:1/16:0), Total CE/Total LacCer, CE 14:0/Cer(d18:1/24:1), CE 20:4/LacCer(d18:1/16:0), CE 22:6/Total LacCer, CE 22:6/LacCer(d18:1/24:1), CE 18:1/Cer(d18:1/16:0), CE 16:1/Cer(d18:1/16:0), CE 16:1/LacCer(d18:1/22:0), CE 16:0/LacCer(d18:1/16:0), CE 16:1/CE 22:2, CE 16:1/Cer(d18:1/24:1), CE

22:6/LacCer(d18:1/18:0), CE 22:6/LacCer(d18:1/20:0), CE 20:4/LacCer(d18:1/22:0), CE 20:4/Cer(d18:1/24:1), CE 16:1/CE 20:0, CE 20:4/Cer(d18:1/16:0), LPC 20:4/PC 37:2 (PC O-38:2), CE 20:4/Total GlcCer, CE 20:4/Total LacCer, CE 20:4/SM (d18:1/14:0) (d18:1/13:1-OH), LPC 20:4/PC 35:1 (PC O-36:1), CE

5 14:0/Cer(d18:1/16:0), CE 17:1/Cer(d18:1/16:0), CE 17:1/Cer(d18:1/24:1), CE 20:4/GlcCer(d18:1/18:0), CE 16:0/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/24:1), CE 16:0/Cer(d18:1/24:1), CE 16:0/DAG 16:1/16:1, CE 16:1/CE 20:3, CE 16:1/DAG 16:1/16:1, CE 16:1/GM3-d18:1/24:1, CE 16:1/LPC 16:0, CE 18:2/Cer(d18:1/24:1), CE 18:2/DAG 16:1/16:1, CE 18:2/GlcCer(d18:1/24:1), CE 18:2/GM3-d18:1/24:1, CE

10 18:3/Cer(d18:1/24:1), CE 20:4/DAG 16:1/16:1, Cer(d18:0/22:0)/PE 36:2, Cer(d18:0/24:0)/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, Cer(d18:1/24:0)/Cer(d18:1/24:1), GD3-d18:1/16:0/GlcCer(d18:1/24:1), GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1), GM3-d18:1/18:0/GlcCer(d18:1/24:1), GM3-d18:1/18:0/GM3-d18:1/24:1, GM3-d18:1/20:0/GM3-d18:1/24:1, GM3-

15 d18:1/21:0/GM3-d18:1/24:1, GM3-d18:1/22:1/GM3-d18:1/24:1, GM3-d18:1/23:0/GM3-d18:1/24:1, PC 16:0/18:2/PE 36:2, PC 32:1/PC 36:1, PC 34:1/PE 36:2, PC 34:2/PE 36:2, PC 34:3/PE 36:2, PC 36:2/PE 36:2, SM (d18:1/16:1) (d18:1/15:2-OH)/SM (d18:1/24:1)(d18:1/23:2-OH), SM (d18:1/18:1)/SM (d18:1/24:1) (d18:1/23:2-OH), SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1) (d18:1/23:2-OH),

20 SM (d18:1/23:0) (d18:1/22:1-OH)/Total Cer, CE 18:2/Cer(d18:1/22:0), PC 36:4/PC 38:0, CE 18:2/Total Cer, CE 20:4/Cer(d18:1/22:0), CE 18:1/LacCer(d18:1/16:0), CE 18:1/GlcCer(d18:1/18:0), CE 18:1/LacCer(d18:1/22:0), Total CE/Total LacCer, CE 18:1/Total LacCer, CE 18:1/LacCer(d18:1/24:1), CE 20:4/Cer(d18:1/24:1), LPC 18:2/LacCer(d18:1/22:0), CE 20:4/Total LacCer, CE 17:1/LacCer(d18:1/20:0), CE

25 20:4/LacCer(d18:1/24:1), CE 16:1/GlcCer(d18:1/18:0), LPC 20:4/PC 38:0, GM3-d18:1/20:0/GM3-d18:1/22:0, GM3-d18:1/22:1/GM3-d18:1/24:1, Cer(d18:1/26:0)/GlcCer(d18:1/16:0), GM3-d18:1/20:0/GM3-d18:1/24:1, CE 18:2/GlcCer(d18:1/26:1), CE 18:3/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/24:1), GD3-d18:1/16:0/GM3-d18:1/24:1, Cer(d18:1/26:0)/GlcCer(d18:1/24:1), CE 16:1/LPC 16:0,

30 CE 16:1/CE 20:3, CE 16:1/LPC 18:1, CE 16:1/DAG 16:1/16:1 and CE 16:1/LacCer(d18:1/16:0) (see Tables 3, 6, 9 and 12).

In a preferred embodiment, the one or more lipid-lipid ratio(s) whose increase is (are) compared to the control is (are) selected from:

CE 19:1/LPC 20:4, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, PC 38:0/PC
 5 38:5, LacCer(d18:1/24:1)/PC 16:0/20:4, GlcCer(d18:1/26:1)/SM (d18:1/24:2-OH)
 (d18:1/25:1), Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC
 18:1/18:2, Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), GlcCer(d18:1/16:0)/LPC 18:2,
 LacCer(d18:1/22:0)/SM (d18:1/24:0) (d18:1/23:1-OH), LacCer(d18:1/22:0)/PC 35:4
 (PC O-36:4), LacCer(d18:1/24:1)/Total CE, Cer(d18:1/16:0)/PC 36:3,
 10 Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/22:0)/PC 16:0/20:4,
 Cer(d18:1/16:0)/Cer(d18:1/26:0), DAG 16:1/16:1/PC 32:1, GM3-d18:1/24:1/SM
 (d18:1/16:1) (d18:1/15:2-OH), GM3-d18:1/24:1/SM (d18:1/18:1).

In another preferred embodiment, the one or more lipid-lipid ratio(s) whose decrease is
 15 (are) compared to the control is (are) selected from:

CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 20:4/GlcCer(d18:1/16:0), CE
 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 16:1/PC 37:2 (PC O-38:2), CE
 18:0/Cer(d18:1/16:0), CE 18:2/GlcCer(d18:1/16:0), CE 16:0/GlcCer(d18:1/16:0), LPC
 20:4/PC 35:1 (PC O-36:1), Total CE/Total LacCer, CE 20:4/Cer(d18:1/24:1), CE
 20 16:1/DAG 16:1/16:1, CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0),
 Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/DAG 16:1/16:1,
 Cer(d18:0/24:0)/Cer(d18:1/16:0), GD3-d18:1/16:0/GlcCer(d18:1/24:1),
 GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1), GM3-d18:1/22:1/GM3-d18:1/24:1, GM3-
 d18:1/20:0/GM3-d18:1/24:1, GM3-d18:1/18:0/GlcCer(d18:1/24:1), PC 16:0/18:2/PE
 25 36:2, SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1) (d18:1/23:2-OH), CE
 16:1/CE 20:3, CE 16:1/Cer(d18:1/16:0), and CE 16:1/LPC 16:0 (see Tables 16 and 17).

In a particularly preferred embodiment, the one or more lipid-lipid ratio(s) whose increase is (are) compared to the control is (are) selected from:

30 Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/24:1)/Total CE, CE 19:1/LPC 20:4, and
 Cer(d18:1/16:0)/PC 36:3;

and the lipid-lipid ratio whose decrease is compared to the control is:
CE 20:4/Cer(18:1/24:1) (see Table 20).

In yet another embodiment the invention relates to a method of choosing an appropriate
5 treatment of atherosclerosis or CVD and/or one or more of their complications, such as
AMI or CVD death, in a subject, comprising determining in a sample from said subject
one or more lipid-clinical concentration ratio(s), wherein (an) increased or decreased
lipid-clinical concentration ratio(s) in said sample, when compared to a control sample,
is (are) indicative of said subject being in need of treatment or a change in, or
10 supplementation of, an already administered treatment, wherein the one or more lipid-
clinical concentration ratio(s) whose increase is (are) compared to the control is (are)
selected from:

Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:0/22:0)/apolipoprotein A-II
(mg/dL), Cer(d18:0/22:0)/HDL cholesterol ester (mg/dL),
15 Cer(d18:0/24:1)/apolipoprotein A-II (mg/dL), Cer(d18:0/24:1)/cholesterol ester
(mg/dL), Cer(d18:0/24:1)/HDL cholesterol ester (mg/dL),
Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-II
(mg/dL), Cer(d18:1/16:0)/apolipoprotein B (mg/dL), Cer(d18:1/16:0)/apolipoprotein E
(mg/dL), Cer(d18:1/16:0)/body mass index (kg/m²), Cer(d18:1/16:0)/cholesterol ester
20 (mg/dL), Cer(d18:1/16:0)/free cholesterol (mg/dL), Cer(d18:1/16:0)/HDL cholesterol
(EDTA) (mg/dL), Cer(d18:1/16:0)/HDL cholesterol ester (mg/dL),
Cer(d18:1/16:0)/HDL phospholipid (mg/dL), Cer(d18:1/16:0)/LDL phospholipid
(mg/dL), Cer(d18:1/16:0)/phospholipid (mg/dL), Cer(d18:1/16:0)/total cholesterol
(EDTA) (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-I (mg/dL),
25 Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL), Cer(d18:1/24:1)/apolipoprotein A-I
(mg/dL), Cer(d18:1/24:1)/apolipoprotein A-II (mg/dL), Cer(d18:1/24:1)/cholesterol
ester (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/total
cholesterol (EDTA) (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL),
GlcCer(d18:1/16:0)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/16:0)/cholesterol ester
30 (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL),
GlcCer(d18:1/18:0)/apolipoprotein A-II (mg/dL), GlcCer(d18:1/18:0)/cholesterol ester

(mg/dL), GlcCer(d18:1/26:1)/apolipoprotein A-II (mg/dL),
 GlcCer(d18:1/26:1)/cholesterol ester (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-I
 (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
 LacCer(d18:1/22:0)/cholesterol ester (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol
 5 (EDTA) (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL),
 LacCer(d18:1/22:0)/LDL free cholesterol (mg/dL), LacCer(d18:1/22:0)/total
 cholesterol (EDTA) (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL),
 LacCer(d18:1/24:1)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/cholesterol ester
 (mg/dL), LacCer(d18:1/24:1)/HDL cholesterol ester (mg/dL), PC 18:0/20:3/VLDL
 10 apolipoprotein B (mg/dL), Total Cer/apolipoprotein A-I (mg/dL), Total
 Cer/apolipoprotein A-II (mg/dL), Total LacCer/apolipoprotein A-I (mg/dL), Total
 LacCer/apolipoprotein A-II (mg/dL), DAG 16:1/16:1/HDL, GM3-d18:1/24:2/HDL,
 GlcCer(d18:1/26:1)/HDL, Cer(d18:1/24:1)/LDL, GM3-d18:1/16:0/HDL,
 Cer(d18:1/24:1)/Chol, Cer(d18:1/16:0)/Chol, Cer(d18:1/24:1)/HDL, GM3-
 15 d18:1/24:1/HDL, GlcCer(d18:1/24:1)/HDL, Cer(d18:1/16:0)/HDL,
 Cer(d18:1/16:0)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/apolipoprotein E
 (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), LacCer(d18:1/22:0)/HDL
 cholesterol ester (mg/dL), LacCer(d18:1/24:0)/HDL cholesterol ester (mg/dL),
 LacCer(d18:1/24:0)/apolipoprotein C-II (mg/dL), GlcCer(d18:1/16:0)/HDL cholesterol
 20 ester (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Total LacCer/HDL
 cholesterol ester (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL),
 LacCer(d18:1/22:0)/HDL cholesterol (EDTA) (mg/dL), Cer(d18:1/20:0)/apolipoprotein
 A-I (mg/dL), LacCer(d18:1/24:0)/HDL cholesterol (EDTA) (mg/dL),
 LacCer(d18:1/18:0)/LDL cholesterol (EDTA) (mg/dL), Cer(d18:1/22:0)/apolipoprotein
 25 A-I (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL),
 LacCer(d18:1/16:0)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/cholesterol ester
 (mg/dL), Total LacCer/apolipoprotein A-I (mg/dL), Cer(d18:1/20:0)/HDL phospholipid
 (mg/dL), Total LacCer/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/LDL cholesterol
 ester (mg/dL), Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL),
 30 GlcCer(d18:1/24:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/LDL cholesterol
 (EDTA) (mg/dL), Cer(d18:1/24:1)/LDL phospholipid (mg/dL), Total

GlcCer/apolipoprotein A-I (mg/dL), LacCer(d18:1/24:1)/LDL free cholesterol (mg/dL), Cer(d18:1/22:0)/cholesterol ester (mg/dL), LacCer(d18:1/24:1)/apolipoprotein B (mg/dL), Cer(d18:1/22:0)/LDL cholesterol (EDTA) (mg/dL), Total Cer/cholesterol ester (mg/dL), LacCer(d18:1/16:0)/cholesterol ester (mg/dL), Cer(d18:1/22:0)/total

5 cholesterol (EDTA) (mg/dL), LacCer(d18:1/24:1)/HDL free cholesterol (mg/dL), Total LacCer/LDL cholesterol ester (mg/dL), Total LacCer/LDL cholesterol (EDTA) (mg/dL), Total Cer/total cholesterol (EDTA) (mg/dL), Total LacCer/phospholipid (mg/dL), GlcCer(d18:1/20:0)/cholesterol ester (mg/dL), Total LacCer/HDL free cholesterol (mg/dL), Total LacCer/apolipoprotein B (mg/dL), LacCer(d18:1/16:0)/LDL

10 cholesterol ester (mg/dL), Total LacCer/LDL phospholipid (mg/dL), LacCer(d18:1/16:0)/LDL cholesterol (EDTA) (mg/dL), GlcCer(d18:1/24:1)/HDL, DAG 16:1/16:1/HDL, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/Chol, and Cer(d18:1/16:0)/Chol;

and wherein the one or more lipid-clinical concentration ratio(s) whose decrease is (are)

15 compared to the control is (are) selected from:

CE 14:0/free fatty acids (mmol/L), CE 16:0/apolipoprotein C-III (mg/dL), CE 17:1/apolipoprotein C-III (mg/dL), CE 17:1/free fatty acids (mmol/L), CE 17:1/free glycerol (mg/dL), CE 18:0/apolipoprotein C-III (mg/dL), CE 18:1/apolipoprotein C-III (mg/dL), CE 18:2/apolipoprotein C-III (mg/dL), CE 20:3/free fatty acids (mmol/L), CE

20 20:4/apolipoprotein C-III (mg/dL), CE 20:4/free fatty acids (mmol/L), LPC 18:2/apolipoprotein C-III (mg/dL), PC 18:1/18:2/apolipoprotein C-III (mg/dL), PC 39:0 (PC O-40:0)/free fatty acids (mmol/L), PC 40:7/free fatty acids (mmol/L), SM (d18:1/23:0) (d18:1/22:1-OH)/apolipoprotein C-III (mg/dL), SM (d18:1/23:0) (d18:1/22:1-OH)/free fatty acids (mmol/L), SM (d18:1/25:1) (d18:1/24:2-OH)/free

25 fatty acids (mmol/L), Total CE/apolipoprotein C-III (mg/dL), CE 14:0/TG, CE 16:0/TG, CE 16:1/Chol, CE 16:1/TG, CE 18:0/TG, CE 18:2/TG, CE 18:3/TG, CE 20:4/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:1/24:0)/TG, Cer(d18:1/26:0)/TG, DAG 18:1/18:2/TG, GD1-d18:1/16:0/TG, GD3-d18:1/16:0/TG, GM3-d18:1/18:0/TG, GM3-d18:1/21:0/TG,

30 LacCer(d18:1/22:0)/TG, PC 16:0/16:1/TG, PC 16:0/18:1/TG, PC 16:0/18:2/TG, PC 16:0/20:4/TG, PC 16:0/22:5/TG, PC 16:0/22:6/TG, PC 18:0/18:2/TG, PC

18:0/20:3/TG, PC 18:2/18:2/TG, PC 30:0/TG, PC 32:1/TG, PC 34:1/TG, PC 34:2/TG, PC 34:3/TG, PC 35:2/TG, PC 36:2/TG, PC 36:4/TG, PC 38:3/TG, PC 38:4/TG, PC 40:6/TG, PC 35:2 (PC O-36:2)/TG, PI 36:2/TG, PI 38:3/TG, PI 38:4/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG, SM (d18:1/16:1) (d18:1/15:2-OH)/TG, SM (d18:1/17:0) (d18:1/16:1-OH)/TG, SM (d18:1/18:1)/TG, SM (d18:1/23:1) (d18:1/22:2-OH)/TG, SM (d18:1/24:0) (d18:1/23:1-OH)/TG, CE 20:4/apolipoprotein C-III (mg/dL), CE 14:0/apolipoprotein C-III (mg/dL), CE 20:4/free fatty acids (mmol/L), LPC 20:4/free fatty acids (mmol/L), Total PC O/C-reactive protein (mg/dL), Cer(d18:1/24:0)/Chol, CE 18:0/LDL, CE 18:2/LDL, Cer(d18:1/26:0)/Chol, CE 18:2/Chol, CE 20:5/LDL, CE 18:3/Chol, CE 20:5/Chol, PE 38:5/TG, CE 17:0/TG, CE 16:1/Chol, Cer(d18:1/22:0)/TG, PE 38:4/TG, Cer(d18:1/18:0)/TG, CE 22:6/TG, CE 15:0/TG, DAG 18:1/18:2/TG, PC 18:0/20:5/TG, PC 32:0/TG, CE 16:0/TG, Cer(d18:1/24:0)/TG, CE 20:5/TG, PC 40:6/TG, GM3-d18:1/21:0/TG, SM (d18:1/24:0) (d18:1/23:1-OH)/TG, PC 35:2 (PC O-36:2)/TG, CE 18:3/TG, PC 35:2 (PC O-34:2)/TG, PC 16:0/20:5/TG, CE 18:2/TG, CE 18:0/TG, PC 16:0/18:2/TG, PC 16:0/22:6/TG, CE 14:0/TG, PC 34:1/TG, SM (d18:1/17:0) (d18:1/16:1-OH)/TG, PC 36:5/TG, PC 38:3/TG, PC 18:0/20:3/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG, PC 34:2/TG, SM (d18:1/23:1) (d18:1/22:2-OH)/TG, CE 16:1/TG, PC 18:2/18:2/TG and PC 32:1/TG (see Tables 4, 7, 10 and 13).

20

In a preferred embodiment, the one or more lipid-clinical concentration ratio(s) whose increase is (are) compared to the control is (are) selected from:

Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL), Cer(d18:0/24:1)/cholesterol ester (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL), Cer(d18:1/24:1)/apolipoprotein A-I (mg/dL), GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL), GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/22:0)/apolipoprotein A-I (mg/dL), LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL), Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL), LacCer(d18:1/22:0)/total cholesterol (EDTA) (mg/dL), Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL), Cer(d18:1/16:0)/apolipoprotein A-II (mg/dL), Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL), LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL), Cer(d18:1/16:0)/HDL,

Cer(d18:1/24:1)/HDL, DAG 16:1/16:1/HDL, GlcCer(d18:1/24:1)/HDL, GlcCer(d18:1/26:1)/HDL, GM3-d18:1/16:0/HDL, GM3-d18:1/24:1/HDL, Cer(d18:1/24:1)/Chol, and GM3-d18:1/24:2/HDL.

- 5 In another preferred embodiment, the one or more lipid-clinical concentration ratio(s) whose decrease is (are) compared to the control is (are) selected from:
 LPC 18:2/apolipoprotein C-III (mg/dL), SM (d18:1/25:1) (d18:1/24:2-OH)/free fatty acids (mmol/L), CE 18:2/apolipoprotein C-III (mg/dL), CE 20:4/apolipoprotein C-III (mg/dL), Cer(d18:0/24:0)/TG, DAG 18:1/18:2/TG, PC 18:0/20:3/TG, CE 18:2/TG, SM
 10 (d18:1/18:1)/TG, Cer(d18:1/24:0)/TG, PI 38:3/TG, GD3-d18:1/16:0/TG, LacCer(d18:1/22:0)/TG, GM3-d18:1/21:0/TG, GD1-d18:1/16:0/TG, GM3-d18:1/18:0/TG, PC 16:0/18:2/TG, CE 16:1/TG, SM (d18:1/14:0) (d18:1/13:1-OH)/TG, SM (d18:1/23:1) (d18:1/22:2-OH)/TG, PC 18:2/18:2/TG, and CE 16:1/Chol. (see Tables 18 and 19).

15

In a particularly preferred embodiment, the lipid-clinical concentration ratio whose increase is compared to the control is: GlcCer(d18:1/18:0)/apolipoprotein A-I(mg/dL) (see Table 20).

- 20 In one embodiment of the invention, the treatment the effectiveness of which is to be evaluated or which is to be chosen as appropriate in accordance with the methods described and claimed herein, is a lipid modifying treatment.

- For the purposes of the invention, at least one lipid concentration, lipid-lipid ratio or
 25 lipid-clinical concentration ratio from Tables 2-7 or 14-20, or combinations thereof, may be determined to assess whether the patient is at risk to develop, or suffering from atherosclerosis or cardiovascular disease (CVD) and/or one or more of their complications such as AMI or CVD death; to evaluate the effectiveness of the treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or
 30 CVD death in a subject; or to choose an appropriate treatment of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death in a

subject. However, it is also possible, and may be advantageous, to determine at least 2, at least 3, at least 4, at least 5, at least 6, at least 7, or at least 8 lipid concentrations, lipid-lipid ratios or lipid-clinical concentration ratios from Tables 2-7 or 14-20, or combinations thereof, in this regard. Where more than one lipidomic markers are
 5 determined and used for the assessment, it may be advantageous that a specific lipid concentration, lipid-lipid ratio, lipid-clinical concentration ratio or combination thereof, is given greater weight than others in the above-mentioned assessment, evaluation or choice.

10 Preferred embodiments of the invention are methods wherein the one or more lipid(s) or lipid ratio(s), or combination thereof, comprise(s) Cer(d18:1/16:0), LacCer(d18:1/22:0), LacCer(d18:1/24:1), CE 14:0, CE 20:3, Cer(d18:1/16:0)/LPC 18:1, LacCer(d18:1/24:1)/Total CE, CE 19:1/LPC 20:4, Cer(d18:1/16:0)/PC 36:3, CE 20:4/Cer(d18:1/24:1) and/or GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL)) (see
 15 Table 20).

In the context of the present invention, CVD is typically characterized by coronary artery disease, peripheral artery disease, a stroke and/or CVD death. The CVD in the subject whose sample is analyzed in accordance with the invention may be
 20 atherosclerosis-induced. However, the invention also embodies methods involving subjects who are at risk of developing CVD, but who may or may not have atherosclerosis.

In a further embodiment, the methods of the invention may further comprise
 25 determining the serum level of total cholesterol, low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), Apolipoprotein B (ApoB) and/or Apolipoprotein C-III in the subject's sample. In one embodiment of the invention, the subject does not have elevated serum levels of one or more of total cholesterol, low-density lipoprotein cholesterol (LDL-C), Apolipoprotein C-III or
 30 Apolipoprotein B (ApoB), or a decreased serum level of HDL-cholesterol (HDL-C).

As mentioned above, for the purposes of the present invention, a control sample may be taken from a healthy individual or created from a generalized population of healthy individuals, e.g., by mixing a variety of samples from said population. A healthy individual or a generalized population of healthy individuals means that none of these
5 individuals have suffered from severe atherosclerosis or CVD. If a generalized population is used then several lipid profiles from a population are combined and the lipidomic marker is created from this combination. The control sample may alternatively be taken from (a) CAD patient(s) that has/have remained free of any major CVD complications or a group of CAD patients that has remained free of any major
10 CVD complications. The levels or amounts of the individual lipids or the lipid-lipid ratios or lipid-clinical concentration ratios in the sample from a subject are compared to the levels or amounts of the lipids or lipid ratios in the control for determining the risk of atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in said subject.

15

The invention encompasses the analysis of lipid concentrations, lipid-lipid ratios and/or lipid-clinical concentration ratios in samples from a subject that has been or is being treated with one or more statins and/or any other HMG-CoA reductase inhibitor.

20 Alternatively, the invention encompasses the analysis of lipid concentrations, lipid-lipid ratios and/or lipid-clinical concentration ratios in samples from a subject that has not yet undergone statin therapy or therapy with any other HMG-CoA reductase inhibitor.

In accordance with the aspects and embodiments of the invention described and
25 claimed herein, the statin may be one selected from the group consisting of atorvastatin, cerivastatin, fluvastatin, fluvastatin XL, lovastatin, pitavastatin, pravastatin, rosuvastatin, and simvastatin.

Collecting information on a lipidomic marker or a lipidomic profile from a subject's
30 biological sample can be performed via various chemical and high resolution analytical techniques. Suitable analytical techniques include but are not limited to mass

spectrometry and nuclear resonance spectroscopy. Any high resolution technique capable of resolving individual lipids or lipid classes and providing structural information of the same can be used to collect the lipid profile from the biological sample. For methods of the present invention the level of the lipid is determined by
5 using mass spectrometry, nuclear magnetic resonance spectroscopy, fluorescence spectroscopy or dual polarisation interferometry, a high performance separation method such as HPLC or UPLC and/or an immunoassay such as an ELISA. According to an alternative or further embodiment an analyte in a sample can be detected and/or quantified by combining the analyte with a binding moiety capable of specifically
10 binding the analyte. The binding moiety can include, for example, a member of a ligand-receptor pair, i.e., a pair of molecules capable of having a specific binding interaction. The binding moiety can also include, for example, a member of a specific binding pair, such as antibody-antigen, enzyme-substrate, nucleic acid-based ligands, other protein ligands, or other specific binding pairs known in the art. In a preferred
15 embodiment, the lipidomic profile is collected with mass spectrometry (MS), wherein the MS instrument may be coupled to direct infusion methods and high performance separation methods such as HPLC or HPLC. The amount of the individual lipids or lipid classes in the collected lipidomic profile is used when comparing the collected lipid profile to a control.

20

The methods of the present invention may be used for determining a risk of said patient to develop CVD, determining early warning signs of CVD in said patient, determining or predicting the occurrence of atherosclerosis in a patient and/or predicting and/or diagnosing CVD and/or CVD complications including death, myocardial infarction
25 (MI), angina pectoris, transischemic attack (TIA) and stroke.

In one embodiment of the invention, a method for treating or preventing atherosclerosis or CVD and/or one or more of their complications, such as AMI or CVD death, in a subject in need thereof is provided. The method comprises administering a
30 therapeutically effective dose of a drug capable of modulating one or more of the lipid concentration(s), lipid-lipid ratio(s) or lipid-clinical concentration ratio(s) described in

- Tables 2-7 or 14-20, wherein the dose is such that said one or more lipid concentration(s), lipid-lipid ratio(s) or lipid-clinical concentration ratio(s) in a sample of said subject does not significantly change when compared to (a) corresponding lipid concentration(s), (a) corresponding lipid-lipid ratio(s) or (a) corresponding lipid-clinical concentration ratio(s) in a control, e.g., a control sample. In a preferred embodiment, the drug is a statin or another HMG CoA reductase inhibitor. Particularly preferred statins in this regard are atorvastatin, cerivastatin, fluvastatin, fluvastatin XL, lovastatin, pitavastatin, pravastatin, rosuvastatin or simvastatin. In another preferred embodiment, the drug is niacin (nicotinic acid); a cholesterol absorption inhibitor, such as ezetimibe or SCH-48461; a cholesteryl ester transfer protein (CETP) inhibitor, such as torcetrapib, anacetrapib or JTT-705; a bile acids sequestrant, such as colestevlam, cholestyramine and colestipol; or a fibrate, such as fenofibrate, gemfibrozil, clofibrate, and bezafibrate. Alternatively, it may also be a phytosterol.
- Also embodied by the present invention is a lipid as described herein, e.g. a lipid from any of Tables 2, 5, 14, 15 or 20, for use in preventing or treating a subject at risk to develop or suffering from atherosclerosis or CVD and/or one or more of their complications such as AMI or CVD death, wherein the said lipid is to be taken as a dietary supplement or a medicament. A corresponding method of treatment is likewise encompassed. Likewise, the invention also encompasses a modulator for use for modulating a lipid concentration, lipid-lipid ratio or lipid-clinical concentration ratio as described herein, e.g., in Tables 2-7 or 14-20, in a subject at risk to develop, or suffering from atherosclerosis or CVD and/or one or more of their complications such as AMI or CVD death. A corresponding method of treatment is likewise encompassed.
- In a further embodiment, the said modulator is a small molecule, an antisense RNA, a small interfering RNA (siRNA) or a natural or modified lipid.

In one embodiment of the present invention, an antibody against any one of the lipids in Tables 2-7 or 14-20 is used for predicting and/or diagnosing atherosclerosis or CVD and/or one or more of their complications such as AMI or CVD death. In another

embodiment of the invention, the antibody may be used for preventing or treating atherosclerosis or CVD and/or one or more of the above complications in a subject.

Any of the methods, drugs, lipids or antibodies of the present invention may be used for
5 a subject which has suffered from a cardiovascular disease event such as angina pectoris, myocardial infarction and cardiovascular death.

Also encompassed by the present invention is a kit for predicting or detecting atherosclerosis or CVD or for performing any of the methods or uses of the present
10 invention, wherein the kit comprises a lipid standard chosen from the lipids in Tables 2 or 5, or one of the lipids of Tables 2, 5, 14, 15 or 20, one or more control lipidomic markers, and optionally an antibody against one of the said lipids, and further optionally reagents for performing the methods or uses. In a preferred embodiment, the kit is used to predict or detect atherosclerosis or CVD, or to perform any of the methods
15 encompassed by the present invention, wherein the lipid concentration(s), lipid ratio(s) or lipid-clinical concentration ratio(s) in a sample from a subject is (are) determined by using mass spectrometry. The one or more control marker(s) of the kit of the present invention may be, for example, (a) lipid(s) or (a) protein(s). One preferred embodiment is wherein the one or more control marker(s) of the claimed kit is/are (a) molecule(s)
20 that is/are regularly measured in a clinical setting. For example, preferred are embodiments wherein the one more said control marker(s) is apoA, apoB, albumin or total PC, or a combination thereof.

25

Brief Description of the Figures

Figure 1. Comparison of molecular lipid concentrations and traditional CVD
biomarkers in control subjects and CVD patients. X-axis indicates the percentage
30 change of a given lipid between cases and controls. Y-axis indicates the respective p-value for the change. The traditional biomarkers, such as LDL cholesterol, HDL

cholesterol, apoB, apoA1, total cholesterol, are marked as filled circles. The quantified molecular lipids are marked as stars. The data shows that several molecular lipid markers are superior to traditional clinical markers.

- 5 **Figure 2.** Ceramide and cerebroside concentrations in lipoprotein fractions derived from mildly hypercholesterolemic but otherwise healthy subjects (n=18). This data shows that ceramides and cerebroside are bound to apolipoprotein particles in blood. Thus it might be informative to analyze biomarker lipids also in lipoprotein fractions in order to get more precise information as HDL particles are related to reverse lipid
- 10 transport and LDL particles are transporting lipids from liver to peripheral tissues. It is possible, that the diagnostic/predictive value of HDL bound lipid may be different to that of LDL bound.

- Figure 3.** The effect of ezetimibe 10mg, simvastatin 40mg or a combination of
- 15 ezetimibe 10mg and simvastatin 40mg on the plasma lipidome was studied in mildly hypercholesterolemic but otherwise healthy subjects (n=24 in each treatment group). This figure illustrates treatment specific changes in molecular phospholipids suggesting that lipidomic measurement can be used to characterize the efficacy of lipid modifying treatments more closely than with traditional clinical biochemistry.

20

Detailed Description of the Invention

Definitions:

- 25 Coronary vascular disease / cardiovascular disease (CVD) has its general meaning in the art and is used to classify numerous conditions that affect the heart, heart valves, blood, and vasculature of the body. Cardiovascular diseases include endothelial dysfunction, coronary artery disease, angina pectoris, myocardial infarction, atherosclerosis, congestive heart failure, hypertension, cerebrovascular disease, stroke,
- 30 transient ischemic attacks, deep vein thrombosis, peripheral artery disease, cardiomyopathy, arrhythmias, aortic stenosis, and aneurysm. Such diseases frequently

involve atherosclerosis. In a preferred embodiment of the invention, the cardiovascular disease is a cardiovascular disease associated with atherosclerosis.

CAD is coronary artery disease, AMI is acute myocardial infarction, ACS is acute coronary syndrome, CAC is coronary artery calcification, RCT is reverse cholesterol transport, LDL is low density lipoprotein, HDL is high density lipoprotein, LDL-C is low density lipoprotein cholesterol, HDL-C is high density lipoprotein cholesterol, ApoA is Apolipoprotein A, ApoB is Apolipoprotein B, ApoC is apolipoprotein C, MS is mass spectrometry, HPLC is high performance liquid chromatography, and UPLC is ultra performance liquid chromatography.

As used herein, “a subject” includes all mammals, including without limitation humans, but also non-human primates, dogs, cats, horses, sheep, goats, cows, rabbits, pigs and rodents.

15

A “sample” is defined as any biological sample obtained from a subject or a group or population of subjects. For the purposes of the present invention, the biological sample may be whole blood, blood serum, or blood plasma. It may also be a tissue sample. However, a preferred embodiment is wherein the biological sample is plasma or serum.

20 Taking a blood sample of a patient is a part of normal clinical practice. The blood sample can be taken in connection with e.g. measuring the cholesterol levels in the patients. The collected blood sample can be prepared and serum or plasma can be separated with techniques well known to a person skilled in the art. Vena blood samples can be collected from patients using a needle and a BD Vacutainer® Plastic Tubes or
25 Vacutainer® Plus Plastic Tubes (BD Vacutainer® SST™ Tubes contain spray-coated silica and a polymer gel for serum separation). Serum can be separated by centrifugation at 1300 RCF for 10 min at room temperature and stored in small plastic tubes at -80°C.

For the purposes of the present invention, lipids from the Lipidomic analysis were
30 named according to the following nomenclature: CE is cholesteryl ester, Cer is ceramide, DAG is diacylglycerol, PC O is ether-linked PC, GD is disialogangliosides,

GlcCer is galactosyl- and glucosylceramides, GM is monosialogangliosides, LacCer is lactosylceramides, LPC is lysophosphatidylcholine, PC is Phosphatidylcholine, PE is Phosphatidylethanolamine, PI is Phosphatidylinositol, SM is Sphingomyelin, S1P is sphingosine-1-phosphate.

5

The nomenclature X:Y indicates, X number of total carbon atoms in the fatty acid(s) portions of the molecule, and Y the total number of double bonds in the fatty acid portion(s) of the molecule.

10 The nomenclature A/B indicates, for a molecule of DAG and PC, A and B types of fatty acid moieties attached to the glycerol backbone of the molecule.

The nomenclature (dC/A) indicates, for a molecule of Cer, GD, GlcCer, GM, LacCer and SM, C the type of long-chain base with an amide-linked, A, fatty acid moiety.

15

For a molecule of GD and GM, the following number (*e.g.* GM2 and GM3) characterizes the carbohydrate sequence.

The wording “compared to a control sample” as used herein will be understood to include embodiments where control samples are actually analyzed in respect of a lipidomic marker of interest, *i.e.*, in respect of the concentration of one or more of the lipid(s), the lipid-lipid ratios, or the lipid-clinical concentration ratios or combinations thereof as specifically described herein in connection with the various aspects and embodiments of the present invention. It will be appreciated, however, that the above wording also includes embodiments where the corresponding information on said lipidomic marker in said control sample is merely taken from the literature, or has been previously determined, calculated or extrapolated, or is yet to be determined, calculated or extrapolated.

30 As used herein, the term “antibody” includes monoclonal and polyclonal antibodies, whole antibodies, antibody fragments, and antibody sub-fragments that exhibit specific

binding to a said lipid. Thus, suitable “antibodies” can be whole immunoglobulins of any class, e.g., IgG, IgM, IgA, IgD, IgE, chimeric antibodies or hybrid antibodies with dual or multiple antigen or epitope specificities, or fragments, e.g., F(ab')₂, Fab', Fab and the like, including hybrid fragments, and additionally includes any immunoglobulin
5 or any natural, synthetic or genetically engineered protein that acts like an antibody by binding to a specific antigen to form a complex. The term “antibody” encompasses antigen-binding fragments of antibodies (e.g., single chain antibodies, Fab fragments, F(ab')₂, a Fd fragment, a Fv fragment and dAb fragments) as well as complete antibodies. For example, Fab molecules can be expressed and assembled in a
10 genetically transformed host like E. coli. A lambda vector system is available thus to express a population of Fab's with a potential diversity equal to or exceeding that of subject generating the predecessor antibody. See Huse WD, *et al.*, *Science* 1989, 246:1275-81. Such Fab's are included in the definition of “antibody.” The ability of a given molecule, including an antibody fragment or sub-fragment, to act like an
15 antibody and specifically bind to a specific antigen can be determined by binding assays known in the art, for example, using the antigen of interest as the binding partner.

Antibodies against lipids in accordance with the present invention may be prepared by
20 methods well known to those skilled in the art. For example, mice may be immunized with a lipid with adjuvant. Splenocytes are harvested as a pool from the mice that were administered 3 immunizations at 2-week intervals with test bleeds performed on alternate weeks for serum antibody titers. Splenocytes are prepared as 3 aliquots that are either used immediately in fusion experiments or stored in liquid nitrogen for use in
25 future fusions.

Fusion experiments are then performed according to the procedure of Stewart & Fuller, *J. Immunol. Methods* 1989, 123:45-53. Supernatants from wells with growing hybrids are screened by enzyme-linked immunosorbent assay (ELISA) for monoclonal antibody
30 (MAb) secretors on 96-well ELISA plates coated with the said lipid. ELISA positive

cultures are cloned by limiting dilutions, typically resulting in hybridomas established from single colonies after 2 serial cloning experiments.

5 Examples

Example 1

Materials and Methods

1) The Ludwigshafen Risk and Cardiovascular Health (LURIC) study is an
10 ongoing prospective study of currently > 3800 individuals of German ancestry in whom the cardiovascular and metabolic phenotypes CAD, MI, dyslipidaemia, hypertension, metabolic syndrome and diabetes mellitus have been defined or ruled out using standardised methodologies in all study participants.

From 1997 to 2002 about 3800 patients were recruited at the cardiac centre in
15 Ludwigshafen.

Inclusion criteria for LURIC were:

- German ancestry (limitation of genetic heterogeneity)
- clinical stability (except for acute coronary syndromes:ACS)
- 20 - availability of a coronary angiogram

Exclusion criteria were:

- any acute illness other than ACS
- any chronic disease where non-cardiac disease predominated
- 25 - a history of malignancy within the last five years

After written informed consent baseline examination was done consisting of a standardized individual and family history questionnaire and extensive sampling of fasted venous blood in the early morning. To all individuals without known diabetes
30 mellitus and insulin therapy an oral glucose tolerance test was offered. Blood samples

from patients have been and will be used for biochemical and molecular genetic analyses.

The LURIC study aims to provide a well-defined resource for the study of environmental and genetic risk factors and their interactions as well as the study of functional relationships between gene variation and biochemical phenotype (functional genomics) or response to medication (pharmacogenomics). The ongoing long-term follow-up on clinical events allows studying the prognostic importance of common genetic variants (polymorphisms) and plasma biomarkers.

In the current biomarker study the inventors compared extreme diseased cases with controls, a total of 58 subjects. Subjects with minimal atherosclerosis level in the angiogram and no cardiovascular events during the follow-up were used as controls, while the case group had severe atherosclerosis based on the angiography at baseline and in addition they died during the follow-up due to acute cardiovascular events. Lipid lowering drug users were excluded from both groups in order to allow an unbiased lipidomic comparison between these two groups. LURIC study allows to compare subjects that do not have elevated serum levels of known lipid biomarkers including total cholesterol, low-density lipoprotein cholesterol (LDL-C) and/or Apolipoprotein B (ApoB). The subject selection is described in Table 1.

Table 1. Background characteristics for LURIC patients analyzed with lipidomics

Variable	Controls (n=40)	Cases (n=18)
Age (average)	64.5	65.2
LDL-C (mg/dL)	123	114
HDL-C (mg/dL)	42	37
DM2 patients	7	10
Smokers (active or quit less than 3 years before sampling)	5	4

Definition of Cases: All cases had a significant two (n=3) or three (n=15) vessel disease (> 50% stenosis) in coronary angiogram and they all died due to CVD during the follow-up.

- 5 Definition of Controls: No clinically significant atherosclerosis in coronary angiograms (max stenosis% ≤ 10%). No CVD events during the follow-up.

2) In the Sahlgrenska Hospital Atherosclerotic Plaque Study (SHAPS) 12 surgically removed carotid artery plaques and plasma samples obtained from the same individual were analyzed. Plasma samples from control subjects free of clinical
10 atherosclerotic disease were analyzed as control samples.

Example 2

Analytical Methods

15

Mass Spectrometry Driven Lipidomics

Direct infusion coupled to tandem mass spectrometry, *i.e.* shotgun lipidomics, and two liquid chromatography tandem mass spectrometry (LC-MS/MS) approaches, *i.e.* ceramide and cerebroside lipidomics and ganglioside lipidomics, were used to identify
20 lipid biomarkers for coronary artery disease (CVD) risk by analyzing molecular lipid species in human serum, plasma, and carotid artery plaques. The applied methods were optimized especially for quantification of molecular cholesteryl esters (CE), phosphatidylcholines (PC), lysophosphatidylcholines (LPC) and other lysophospholipids (LPL), ether-linked phosphatidylcholines (PC O) and other ether-
25 linked phospholipids (PL O), phosphatidylserines (PS), phosphatidylethanolamines (PE), phosphatidylglycerols (PG), phosphatidylinositols (PI), phosphatidic acids (PA), diacylglycerols (DAG), ceramides (Cer), glucosylceramides (GlcCer), lactosylceramides (LacCer), monosialogangliosides (GM), disialogangliosides (GD), trisialogangliosides (GT), and quatrosialogangliosides (GQ).

30

The following materials were used according to the methods. HPLC or LC-MS grade of chloroform, methanol, water, acetonitrile, formic acid, methanol, isopropanol, ammonium acetate, acetic acid, potassium chloride and butylated hydroxytoluene (BHT) were purchased from Sigma-Aldrich (St. Louis, MO, USA).

5

HPLC column (Acquity BEH C18, 2.1 × 50 mm id. 1.7 μm) was purchased from Waters (Milford, MA, USA). HPLC pre-column (Widapore C18 4 x 2.0mm) was purchased from Phenomenex (Torrance, CA, USA). All labware used for the extraction were resistant to chloroform. Aerosol resistant filter tips (Molecular BioProducts) and
10 Eppendorf 2 ml safe-lock tubes, 96-well twin.tec PCR plates, and Pierce-it-lite thermo-sealing foils were purchased from VWR International (West Chester, PA, USA). CORE Filter Tips and 96-well 2 ml Whatman Uniplates were purchased from Hamilton Robotics (Bonaduz, Switzerland). Synthetic lipid standards were purchased from Avanti Polar Lipids (Alabaster, AL, USA) and from Matreya (Pleasant Gap, PA, USA).

15

Lipids were extracted in chloroform:methanol according to the following protocols. Samples were spiked with known amounts of non-endogenous synthetic internal standards for data normalization and endogenous lipid quantification. In shotgun lipidomics analysis; LPC 17:0, PC 17:0/17:0, PA 17:0/17:0, PE 17:0/17:0, PG
20 17:0/17:0, PS 17:0/17:0, DAG 17:0/17:0, D6-CE 18:0, in ceramide and cerebroside lipidomics; Cer d18:1/17:0, D3-LacCer d18:1/16:0, and D3-GlcCer d18:1/16:0, and in ganglioside lipidomics; D3-GM1 d18:1/18:0, were used as internal standards. Post-extract spiked non-endogenous synthetic external standards were used for quality controlling. Stock solutions of standards were prepared by dissolving appropriately
25 weighed amounts of each standard in chloroform:methanol (2:1, V:V) to achieve a final concentration of 500 μM. An internal standard mixture containing each of the standard stock was created and used in lipid extraction.

Samples and quality control samples for each extraction batch were thawed on ice. The
30 carotid artery plaque samples were weighed on ice by using a cryo-box and homogenized in ice-cold 70% methanol in water. The Mixer Mill 301 Teflon[®] adapters

were kept at -20°C. Homogenization was performed at 15-25 Hz for 2-15 minutes with Mixer Mill 301 (Retch GmbH, Germany).

Lipid extraction of human samples was carried out in automated fashion using a
5 Hamilton MICROLAB STAR system (Hamilton Robotics, Switzerland). Well-mixed
samples were aliquoted into a 96-well 2 ml Whatman Uniplate containing ice-cold
methanol and 0.1% BHT. 5 µl of serum and plasma and 30 µl of carotid artery plaques
were used for shotgun- and ceramide and cerebroside lipidomics and 100 µl of serum
and plasma and 200 µl of carotid artery plaques was used for ganglioside lipidomics.
10 The samples were mixed thoroughly after each step in the extraction protocol. The
extraction proceeded at room temperature by adding an appropriate volume of internal
standard mixture and chloroform, and methanol and water in the case of ganglioside
lipidomics. In shotgun and ceramide and cerebroside lipidomics, the organic phase
separation was facilitated by adding 20 mM acetic acid and centrifuging the plate for 5
15 min at 500 × g. The organic phase was transferred into a new 96-well 2 ml Whatman
Uniplate. The remaining water-containing phase was washed by adding appropriate
volume of chloroform followed by centrifugation. The two organic phases were pooled
and evaporated under N₂ until dryness. The lipid extracts were then re-dissolved in
chloroform:methanol (1:2, v:v) including the addition of the synthetic external
20 standard. In ganglioside lipidomics, after thorough mixing the supernatant was
collected after 30 min centrifugation at 2000 x g. The remaining pellet was re-extracted
with appropriate volume of water and chloroform:methanol (1:2, v:v) and the
supernatant was collected in the same way as above. The pooled supernatant was
subjected to solvent partitioning by addition of water and inversion of the sample tubes.
25 The upper phase was collected after 30 min centrifugation at 2000 x g. The lower phase
was thoroughly re-extracted with potassium chloride and the produced upper phase was
collected as mentioned above. The upper phases were pooled and evaporated under N₂
until dryness. The lipid extracts were then re-dissolved in chloroform:methanol (1:2,
v:v). The extracts were stored in 2 ml safe-lock Eppendorf tubes at -20°C prior to MS
30 analysis. Required volumes of lipid extracts were aliquoted into an Eppendorf 96-well

twin.tec PCR plate and the plate was heat-sealed with aluminum foil to avoid evaporation.

In shotgun lipidomics, lipid extracts were analyzed on a hybrid triple quadrupole/linear
5 ion trap mass spectrometer (QTRAP 5500, AB Sciex) equipped with a robotic
nanoflow ion source (NanoMate HD, Advion Biosciences). The instruments were
operated in positive and negative ion modes. In positive ion the spray voltage was set to
1.0 to 1.4 kV and in negative ion mode to -1.0 to -1.4 kV. A gas pressure of 0.3-0.8 psi
was used and the interface heater was set at 60°C. The collision energy (CE) and
10 declustering potential (DP) was optimized for each lipid class using synthetic standards.
The mass spectrometer was operated in unit resolution mode using a scan speed of 200
Da/s. Molecular lipids were analyzed in both positive and negative ion modes using
multiple precursor ion scanning (MPIS) and neutral loss scanning (NLS) as described
by Ståhlman and colleagues (Ståhlman M, et al. High-throughput shotgun lipidomics by
15 quadrupole time-of-flight mass spectrometry. J Chromatogr B Analyt Technol Biomed
Life Sci 2009).

In ceramide and cerebroside lipidomics and ganglioside lipidomics, the high
performance liquid chromatography (HPLC) analyses were conducted in the following
20 way. Chromatographic apparatus consisted of a CTC HTC PAL autosampler (CTC
Analytics AG, Switzerland), a Rheos Allegro UHPLC pump (Flux Instruments AG,
Switzerland), an external column heater set to 60°C for ceramide and cerebroside
lipidomics and 45°C for ganglioside lipidomics, and the Acquity BEH C18 column
with an in-line pre-column. The extracted samples, 10 µl of each, were injected into the
25 pre-column followed by the analytical column and delivered to the mass spectrometer
at a flow rate of 500 µl/min. In ceramide and cerebroside lipidomics, A gradient was
used for lipid analyte separation with solvent A comprising 10 mM ammonium acetate
in HPLC grade water containing 0.1% formic acid and solvent B of 10 mM ammonium
acetate in acetonitrile:isopropanol (4:3, V:V) containing 0.1% formic acid. The gradient
30 was constructed in the following way: 0 min – 65% B; 2 min – 65% B; 2.5 min – 75%
B; 17.5 min – 100% B; 22.5 min – 100% B; 22.6 min – 65% B; 25 min – 65% B.

In ganglioside lipidomics, a gradient was used for lipid analyte separation with solvent A comprising 10 mM ammonium acetate in methanol containing 0.1% formic acid, solvent B of 10 mM ammonium acetate in isopropanol containing 0.1% formic acid and
5 solvent C of 10 mM ammonium acetate in water containing 0.1% formic acid. The gradient was constructed in the following way: 0 min – 45% A, 15% B, 40% C; 3 min – 45% A, 15% B, 40% C; 3.5 min – 55% A, 25% B, 20% C; 18.5 min – 55% A, 35% B, 10% C; 18.6 min – 60% A, 40% B, 0% C; 28.6 min – 60% A, 40% B, 0% C; 29 min – 45% A, 15% B, 40% C. The injection needle, loop, and syringe were washed with
10 isopropanol/methanol between each sample.

The lipid extracts were analyzed by HPLC-MS/MS. The MS analysis was performed on a hybrid triple quadrupole/linear ion trap mass spectrometer equipped with the Turbo V™ Ion Source (4000 QTRAP, AB Sciex). The instrument was operating in positive
15 and negative ion modes. The ion source voltage was set to 5500V for ceramide and cerebroside lipidomics and to -4500V for ganglioside lipidomics, and source temperature at 400°C. The collision energy (CE) and declustering potential (DP) was optimized for each lipid class using synthetic standards. A 20 sec dwell time was applied for each scan. Multiple reaction monitoring (MRM) scan mode was applied and
20 based on the description by Sullards and colleagues (Sullards MC, *et al: Structure-specific, quantitative methods for analysis of sphingolipids by liquid chromatography-tandem mass spectrometry: "inside-out" sphingolipidomics. Methods Enzymol* 2007).

The data processing was done in the following way. Initially the retention time (in LC
25 mode) and identification of each peak was done using endogenous standards and by Information Dependent Acquisition (IDA) experiments where applicable. The raw data were processed according to peak detected and retention time (in LC mode) in automated fashion. A stringent cutoff was applied for separating background noise from actual lipid peaks. Each sample was controlled and only accepted when fulfilling
30 the stringent acceptance criteria. Peak area counts (cps) of detected peaks were converted into a list of corresponding lipid names. Lipids were normalized to their

respective internal standard and sample volume or tissue weight to retrieve their concentrations.

Several quality controls were used in the lipidomic analyses. A calibration line using
5 synthetic or isolated standards was obtained prior to sample analysis. Synthetic standards were chosen based on application and had similar properties to the endogenous lipids or analyte(s) of interest. The calibration line consisted of a minimum of five standards points covering the expected quantification range. A sample extracted without standard and standards extracted with no matrix, were included with the
10 calibration line.

The calibration line was used to determine the dynamic quantification range for each lipid class monitored, *e.g.*, the linear quantification limits. As the internal standards used behave in the same way as endogenous lipids they were used for quantifying
15 endogenous lipid species. The calibration lines were based on the same internal standards that were used for quantification of the endogenous lipids.

In each sample extracted for lipids, the ratio of synthetic internal standards (IS) to corresponding post-extract spiked external standard (ES) was determined. The peak
20 area (cps) ratio of internal to external standard (IS/ES) was used for calculating the Coefficient of Variation (CV) across all samples. The IS/ES ratio enabled the calculation of lipid extraction recovery.

Instrument control (IC) was included at the start, middle and end of each run. IC sample
25 analyzed was an extracted reference plasma sample and a set of standards to monitor the instrument's performance, *i.e.*, the intra- and inter-assay variation.

For each platform, a stringent cutoff was applied for separating background noise from actual lipid peaks. Each sample was controlled and only accepted when fulfilling the
30 stringent acceptance criteria. Masses and counts of detected peaks were converted into

a list of corresponding lipid names. Lipids were normalized to their respective internal standard and sample volume to retrieve their concentrations.

Statistical analyses

- 5 Percentage changes in lipid concentrations between control and case groups were calculated as follows:
- $$100 * (\text{AVG}[C] \text{ in case group} - \text{AVG}[C] \text{ in control group}) / \text{AVG}[C] \text{ in control group}$$
- Statistical significance was assigned based on standard t-test p-values.
- 10 In addition, ROC curves were used for finding lipid molecules and concentration cutoffs that separate the best cases from controls. Selectivity is calculated as a number of correctly identified cases divided by the total number of cases. Specificity is calculated as a number of correctly identified controls divided by the total number of controls. Selectivity and specificity was calculated for each lipid concentration, lipid to
- 15 lipid ratio and ratio of lipid to clinical concentrations.

Example 3

Ethics

- The LURIC study was approved by the ethics review committee at the
- 20 "Landesärztekammer Rheinland-Pfalz" (Mainz, Germany). Written informed consent was obtained from each of the participants.

The SHAPS was approved by the Ethical Committee of the Sahlgrenska University hospital and informed consents were obtained from all patients.

25

Results

- In the LURIC study LDL-cholesterol concentrations were practically identical in both groups and therefore this traditionally used lipid marker was not predictive or diagnostic for atherosclerotic disease in this study population. Baseline HDL-
- 30 cholesterol concentrations were predictive for cardiovascular events; higher levels were related to better outcome and low levels associated with presence of cardiovascular

events as established in earlier studies. The HDL-cholesterol levels were higher in the controls than in the case group, however the difference was not statistically significant.

Multiple lipidomic markers appeared as significant predictors of the atherosclerotic disease (Tables 2-20). As a total 289 molecular lipids were quantified. The significant predictors were selected based on the top fifty candidates from each category, when available. The biomarker candidates based on molecular lipid concentrations are presented in Tables 2, 5, 8 and 11. The candidates were selected according to the following criteria: t-test p-value ≤ 0.05 or sensitivity $\geq 60\%$ and specificity $\geq 70\%$.

Note that none of the traditional clinical chemistry measures reached statistical significance of risk prediction. The predictive value of new lipidomic biomarkers was increased when their levels were expressed as distinct lipid-lipid ratios or lipid-clinical chemistry measure ratios (e.g. LDL-C or HDL-C). The biomarker candidates based on ratios are listed in the Tables 3, 4, 6, 7, 9, 10, 12 and 13. The top five biomarker candidates are presented in Table 20. Top five candidates from each category, when available, were selected. Selection criteria: t-test p-value ≤ 0.05 and sensitivity $\geq 60\%$ and specificity $\geq 70\%$. The top five biomarker candidates are presented in Table 20.

Table 2. Significant lipids in LURIC study. Lipid names, p-values and % change for negative correlation are presented.

Lipid name	p-value	Percentage change
Positive correlation		
Cer(d18:0/22:0)	0.014687562	43.8
Cer(d18:0/24:0)	0.03339923	37.3
Cer(d18:0/24:1)	0.010517368	55.2
Cer(d18:1/16:0)	0.001269262	38.5
Cer(d18:1/18:0)	0.038490767	31.9
Cer(d18:1/20:0)	0.045662261	23.7
Cer(d18:1/24:1)	0.014565589	25.8
GlcCer(d18:1/16:0)	0.035689877	22.5
GlcCer(d18:1/18:0)	0.046657262	22.2

LacCer(d18:1/18:0)	0.046016525	28.5
LacCer(d18:1/20:0)	0.044453103	28.2
LacCer(d18:1/22:0)	0.017297489	23.2
LacCer(d18:1/24:1)	0.024132839	24.9
Total LacCer	0.049400032	18.8
Negative correlation		
CE 14:0	0.0305898	-25.7
CE 16:0	0.018719781	-21.2
CE 17:1	0.018922863	-25.0
CE 20:3	0.043641037	-21.5
PC 35:3 (PC O-34:3)	0.049613882	-23.9
Total CE	0.028926956	-21.2

Second distinct molecular lipid ratios calculated and the most predictive molecular lipid ratios are shown in the table 3 and lipid to clinical ratios in table 4.

- 5 **Table 3.** Table of significant lipid to lipid ratios in LURIC. Lipid names, p-values, % change both for positive and negative correlation are presented.

Lipid name	p-value	Percentage change
Positive correlation		
CE 19:1/LPC 20:4	0.000471528	90.35934685
Cer(d18:1/16:0)/LPC 16:0	0.000467595	49.36747677
Cer(d18:1/16:0)/LPC 18:1	0.000199612	56.03521777
Cer(d18:1/16:0)/LPC 18:2	0.000118204	90.10795901
Cer(d18:1/16:0)/PC 16:0/20:4	0.000499877	83.81924555
Cer(d18:1/16:0)/PC 18:1/18:2	0.000244291	66.68678964
Cer(d18:1/16:0)/PC 33:2 (PC O-34:2)	0.000655229	66.24801848
Cer(d18:1/16:0)/PC 35:3 (PC O-36:3)	0.000418086	64.92705203
Cer(d18:1/16:0)/PC 35:4 (PC O-36:4)	0.000353999	68.34396351
Cer(d18:1/16:0)/PC 36:3	0.000834057	60.10383676
Cer(d18:1/16:0)/PC 36:4	0.00071284	68.85058536
Cer(d18:1/16:0)/PC 33:3 (PC O-34:3)	0.000252735	119.7334815

Cer(d18:1/16:0)/SM (d18:1/18:0)	0.000664844	57.71839776
Cer(d18:1/16:0)/SM (d18:1/23:0)		
(d18:1/22:1-OH)	0.00077468	72.84650523
Cer(d18:1/16:0)/SM (d18:1/24:0)		
(d18:1/23:1-OH)	0.000233605	76.04913286
Cer(d18:1/16:0)/SM (d18:1/24:1)		
(d18:1/23:2-OH)	0.000193486	65.5335903
Cer(d18:1/16:0)/SM (d18:1/25:1)		
(d18:1/24:2-OH)	0.000645822	76.30000298
Cer(d18:1/16:0)/Total CE	0.000222044	83.61322653
Cer(d18:1/16:0)/Total LPC	5.25E-05	56.40298751
Cer(d18:1/16:0)/Total PC	0.000567032	53.98721906
Cer(d18:1/20:0)/LPC 18:2	0.000700606	65.16225255
Cer(d18:1/22:0)/LPC 18:2	0.000224484	66.03962762
Cer(d18:1/22:0)/PC 33:3 (PC O-34:3)	0.000752028	103.4190831
Cer(d18:1/22:0)/SM (d18:1/24:0)		
(d18:1/23:1-OH)	0.000679158	61.18198803
Cer(d18:1/24:1)/LPC 18:2	8.77E-05	72.81688737
Cer(d18:1/24:1)/PC 33:3 (PC O-34:3)	0.000787728	110.0822885
Cer(d18:1/24:1)/SM (d18:1/23:0)		
(d18:1/22:1-OH)	0.000692488	61.73982957
Cer(d18:1/24:1)/SM (d18:1/24:0)		
(d18:1/23:1-OH)	0.000394736	67.04594956
Cer(d18:1/24:1)/SM (d18:1/25:1)		
(d18:1/24:2-OH)	0.000647979	64.08153764
GlcCer(d18:1/16:0)/LPC 18:2	0.000318577	76.07058679
GlcCer(d18:1/18:0)/LPC 18:2	0.000169434	77.26486553
GlcCer(d18:1/26:1)/SM (d18:1/25:1)		
(d18:1/24:2-OH)	0.000178336	63.26864438
LacCer(d18:1/18:0)/PC 36:4	0.000817473	59.93586644
LacCer(d18:1/22:0)/PC 16:0/20:4	0.00049939	64.33099382
LacCer(d18:1/22:0)/PC 18:0/20:4	0.000668645	56.7328978
LacCer(d18:1/22:0)/PC 35:4 (PC O-36:4)	0.000474923	58.48665386

LacCer(d18:1/22:0)/PC 36:4	0.000641968	56.20286668
LacCer(d18:1/22:0)/SM (d18:1/24:0)		
(d18:1/23:1-OH)	0.000383032	55.50328917
LacCer(d18:1/22:0)/SM (d18:1/25:1)		
(d18:1/24:2-OH)	0.000498406	67.63916268
LacCer(d18:1/22:0)/Total CE	0.000217583	61.14858395
LacCer(d18:1/24:1)/PC 16:0/20:4	0.000169903	71.04956344
LacCer(d18:1/24:1)/PC 18:0/20:4	0.000131686	63.66473081
LacCer(d18:1/24:1)/PC 36:4	0.000846325	61.12325433
LacCer(d18:1/24:1)/Total CE	0.00033074	64.00805641
PC 38:0/PC 38:5	0.000118576	49.99526445
Negative correlation		
LPC 20:4/PC 35:1 (PC O-36:1)	0.005469186	-42.92988466
CE 20:4/GlcCer(d18:1/26:1)	0.003370299	-41.21294541
CE 16:1/Total LacCer	0.004341879	-49.78676787
CE 22:6/LacCer(d18:1/22:0)	0.001791919	-35.98982311
CE 16:1/PC 37:2 (PC O-38:2)	0.001932003	-50.19239309
CE 16:0/GlcCer(d18:1/16:0)	0.002507744	-37.19500497
CE 22:6/Cer(d18:1/16:0)	0.001805802	-40.38963291
CE 14:0/PC 37:2 (PC O-38:2)	0.00389603	-47.2207302
CE 16:0/Total LacCer	0.003381303	-36.75585926
CE 18:2/Cer(d18:1/16:0)	0.001220921	-43.8001271
CE 16:0/LacCer(d18:1/22:0)	0.004788276	-36.68953669
CE 20:4/GlcCer(d18:1/24:1)	0.005069721	-42.14059744
CE 18:1/GlcCer(d18:1/16:0)	0.002524358	-37.23085101
CE 20:4/GlcCer(d18:1/16:0)	0.001477545	-41.83985223
CE 18:0/Cer(d18:1/16:0)	0.002075144	-42.03051749
LPC 20:4/PC 37:2 (PC O-38:2)	0.005821932	-47.30224648
CE 16:0/Cer(d18:1/24:1)	0.002978992	-37.07053992
CE 17:1/LacCer(d18:1/22:0)	0.00525151	-40.9476074
CE 18:2/GlcCer(d18:1/16:0)	0.002154967	-36.22537162
CE 22:6/GlcCer(d18:1/16:0)	0.003132181	-34.94277238
CE 14:0/PC 37:2 (PC O-38:2)	0.00389603	-47.2207302

Total CE/Total LacCer	0.004077513	-36.83803507
CE 14:0/Cer(d18:1/24:1)	0.003928017	-42.19201662
CE 20:4/LacCer(d18:1/16:0)	0.003899791	-38.26867017
CE 22:6/Total LacCer	0.00254002	-34.08992839
CE 22:6/LacCer(d18:1/24:1)	0.003438579	-37.09419772
CE 18:1/Cer(d18:1/16:0)	0.001789273	-45.01233662
CE 16:1/Cer(d18:1/16:0)	0.004672328	-55.68777226
CE 16:1/LacCer(d18:1/22:0)	0.004046272	-49.73838349
CE 16:0/LacCer(d18:1/16:0)	0.005173921	-34.17652183
CE 16:1/CE 22:2	0.00374579	-52.31993179
CE 16:1/Cer(d18:1/24:1)	0.004187338	-50.43425055
CE 22:6/LacCer(d18:1/18:0)	0.002952058	-38.17114019
CE 22:6/LacCer(d18:1/20:0)	0.004327851	-38.50191326
CE 20:4/LacCer(d18:1/22:0)	0.003517591	-41.06206866
CE 20:4/Cer(d18:1/24:1)	0.002608289	-40.26726712
CE 16:1/CE 20:0	0.00482513	-61.11065611
CE 20:4/Cer(d18:1/16:0)	0.00355192	-48.24976193
LPC 20:4/PC 37:2 (PC O-38:2)	0.005821932	-47.30224648
CE 16:1/PC 37:2 (PC O-38:2)	0.001932003	-50.19239309
CE 20:4/Total GlcCer	0.00495873	-40.61979833
CE 20:4/Total LacCer	0.003017988	-40.88586792
CE 20:4/SM (d18:1/14:0) (d18:1/13:1-OH)	0.004440771	-26.86787737
LPC 20:4/PC 35:1 (PC O-36:1)	0.005469186	-42.92988466
CE 14:0/Cer(d18:1/16:0)	0.004068889	-49.34846012
CE 17:1/Cer(d18:1/16:0)	0.00265453	-48.06011055
CE 17:1/Cer(d18:1/24:1)	0.005136678	-41.02641962
CE 20:4/GlcCer(d18:1/18:0)	0.004173616	-38.62660227
CE 16:0/Cer(d18:1/16:0)	0.001040603	-43.89062683
CE 18:1/Cer(d18:1/24:1)	0.003643091	-37.90614466

Table 4. Table of significant lipid to clinical ratios in LURIC study. Lipid names and clinical measurement, p-values and percentage change both for positive and negative correlation are presented.

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Lipid name / Clinical measurement	p-value	Percentage
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		change
Positive correlation		
Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL)	0.002678941	62.12399702
Cer(d18:0/22:0)/apolipoprotein A-II (mg/dL)	0.001252968	63.54933064
Cer(d18:0/22:0)/HDL cholesterol ester (mg/dL)	0.002928701	73.44340777
Cer(d18:0/24:1)/apolipoprotein A-II (mg/dL)	0.00299459	77.0624651
Cer(d18:0/24:1)/cholesterol ester (mg/dL)	0.003754861	66.37295698
Cer(d18:0/24:1)/HDL cholesterol ester (mg/dL)	0.002469902	87.68140707
Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL)	0.000367724	61.54836937
Cer(d18:1/16:0)/apolipoprotein A-II (mg/dL)	0.000292416	67.12282079
Cer(d18:1/16:0)/apolipoprotein B (mg/dL)	0.003188845	42.31501975
Cer(d18:1/16:0)/apolipoprotein E (mg/dL)	0.003166915	58.84301337
Cer(d18:1/16:0)/body mass index (kg/m2)	0.000384355	47.60031056
Cer(d18:1/16:0)/cholesterol ester (mg/dL)	0.000629969	57.36345926
Cer(d18:1/16:0)/free cholesterol (mg/dL)	0.001778521	40.30056332
Cer(d18:1/16:0)/HDL cholesterol (EDTA) (mg/dL)	0.00208774	62.8262521
Cer(d18:1/16:0)/HDL cholesterol ester (mg/dL)	0.001929489	74.51017169
Cer(d18:1/16:0)/HDL phospholipid (mg/dL)	0.001737827	52.36019336
Cer(d18:1/16:0)/LDL phospholipid (mg/dL)	0.003014691	45.0838551
Cer(d18:1/16:0)/phospholipid (mg/dL)	0.001238176	45.16946746
Cer(d18:1/16:0)/total cholesterol (EDTA) (mg/dL)	0.000785706	51.6957508
Cer(d18:1/22:0)/apolipoprotein A-I (mg/dL)	0.003465037	39.8359832
Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL)	0.002247731	43.7098503
Cer(d18:1/24:1)/apolipoprotein A-I (mg/dL)	0.000839091	45.11297635
Cer(d18:1/24:1)/apolipoprotein A-II (mg/dL)	0.000752316	48.43414591
Cer(d18:1/24:1)/cholesterol ester (mg/dL)	0.000997776	39.02062567
Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL)	0.002160218	54.64058021
Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL)	0.001944642	34.55989651
GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL)	0.001747609	40.95349137
GlcCer(d18:1/16:0)/apolipoprotein A-II (mg/dL)	0.001655128	45.26221529
GlcCer(d18:1/16:0)/cholesterol ester (mg/dL)	0.001953793	38.03805769
GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL)	0.002507768	39.77171523
GlcCer(d18:1/18:0)/apolipoprotein A-II (mg/dL)	0.002967567	44.79796668

GlcCer(d18:1/18:0)/cholesterol ester (mg/dL)	0.003526205	35.94104407
GlcCer(d18:1/26:1)/apolipoprotein A-II (mg/dL)	0.002173729	42.55461531
GlcCer(d18:1/26:1)/cholesterol ester (mg/dL)	0.002872778	38.12528668
LacCer(d18:1/22:0)/apolipoprotein A-I (mg/dL)	0.000803998	44.38027847
LacCer(d18:1/22:0)/apolipoprotein A-II (mg/dL)	0.000931383	49.8603015
LacCer(d18:1/22:0)/cholesterol ester (mg/dL)	0.00171361	44.28362356
LacCer(d18:1/22:0)/HDL cholesterol (EDTA) (mg/dL)	0.00224985	43.63098656
LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL)	0.001926216	52.8411569
LacCer(d18:1/22:0)/LDL free cholesterol (mg/dL)	0.001966002	37.49255249
LacCer(d18:1/22:0)/total cholesterol (EDTA) (mg/dL)	0.003159661	39.0400307
LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL)	0.001170615	43.77660659
LacCer(d18:1/24:1)/apolipoprotein A-II (mg/dL)	0.001134222	49.89326123
LacCer(d18:1/24:1)/cholesterol ester (mg/dL)	0.002564795	44.0445289
LacCer(d18:1/24:1)/HDL cholesterol ester (mg/dL)	0.003076171	48.23813315
PC 18:0/20:3/VLDL apolipoprotein B (mg/dL)	0.003169362	95.78859327
Total Cer/apolipoprotein A-I (mg/dL)	0.002336548	37.51217992
Total Cer/apolipoprotein A-II (mg/dL)	0.001690797	41.27094891
Total LacCer/apolipoprotein A-I (mg/dL)	0.001634669	37.50538776
Total LacCer/apolipoprotein A-II (mg/dL)	0.001838827	42.21287876
Negative correlation		
CE 14:0/free fatty acids (mmol/L)	0.022047397	-51.0
CE 16:0/apolipoprotein C-III (mg/dL)	0.014736844	-31.5
CE 17:1/apolipoprotein C-III (mg/dL)	0.017520913	-32.9
CE 17:1/free fatty acids (mmol/L)	0.014911081	-51.9
CE 17:1/free glycerol (mg/dL)	0.011000139	-44.7
CE 18:0/apolipoprotein C-III (mg/dL)	0.018524136	-31.0
CE 18:1/apolipoprotein C-III (mg/dL)	0.013940569	-31.7
CE 18:2/apolipoprotein C-III (mg/dL)	0.011128685	-32.8
CE 20:3/free fatty acids (mmol/L)	0.018108486	-48.7
CE 20:4/apolipoprotein C-III (mg/dL)	0.012992834	-34.4
CE 20:4/free fatty acids (mmol/L)	0.012353504	-45.6

LPC 18:2/apolipoprotein C-III (mg/dL)	0.009297628	-37.0
PC 18:1/18:2/apolipoprotein C-III (mg/dL)	0.01355363	-30.8
PC 39:0 (PC O-40:0)/free fatty acids (mmol/L)	0.011590189	-43.3863065
PC 40:7/free fatty acids (mmol/L)	0.011590189	-43.4
SM (d18:1/23:0) (d18:1/22:1-OH)/apolipoprotein C-III (mg/dL)	0.020396809	-31.6
SM (d18:1/23:0) (d18:1/22:1-OH)/free fatty acids (mmol/L)	0.015883723	-41.5
SM (d18:1/25:1) (d18:1/24:2-OH)/free fatty acids (mmol/L)	0.009794403	50.98880228
Total CE/apolipoprotein C-III (mg/dL)	0.011184808	-31.9

The results of the SHAPS study were in line with the LURIC study observations. The SHAPS data is presented in the Tables 5-7.

- 5 **Table 5.** Table of significant lipids in SHAPS study. Lipid names, p-values and % change both for positive and negative correlation are presented.

Lipid name	p-value	Percentage change
Negative correlation		
CE 16:0	0.009455261	-19.5
Cer(d18:0/24:0)	0.00727472	-35.5
GD3-d18:1/16:0	0.011308821	-25.6
PC 16:0/16:1	0.009571408	-36.8
PC 37:5 (PC O-38:5)	0.013821916	-24.5
SM (d18:1/16:1) (d18:1/15:2-OH)	0.008131702	-28.1
SM (d18:1/18:1)	0.00468767	-31.0
SM (d18:1/23:1) (d18:1/22:2-OH)	0.000416109	-32.7
Total CE	0.013196365	-20.6
Total GD3	0.011308821	-25.6
Total PC O	0.002332179	-29.4
Total PC	0.002012004	-26.6

Table 6. Table of significant lipid to lipid ratios in SHAPS. Lipid names, p-values, percentage change both for positive and negative correlation are presented.

Lipid ratio name	p-value	Percentage change
Positive correlation		
Cer(d18:1/16:0)/Cer(d18:1/26:0)	0.000462142	37.01057987
DAG 16:1/16:1/PC 32:1	0.000164297	82.69222747
DAG 16:1/16:1/PI 38:4	0.000169401	59.75577881
GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2-OH)	0.000220977	55.99413212
GM3-d18:1/24:1/SM (d18:1/18:1)	0.000235142	57.78999778
GlcCer(d18:1/24:1)/SM (d18:1/23:1) (d18:1/22:2-OH)	0.000442436	84.60158129
SM (d18:1/16:0) (d18:1/15:1-OH)/SM (d18:1/16:1) (d18:1/15:2-OH)	0.000197947	27.33578644
Negative correlation		
CE 16:0/Cer(d18:1/24:1)	0.001360084	-27.64153039
CE 16:0/DAG 16:1/16:1	0.001578991	-28.95840866
CE 16:1/CE 20:3	0.003773885	-33.87140598
CE 16:1/Cer(d18:1/16:0)	0.0050017	-40.55114395
CE 16:1/Cer(d18:1/24:1)	0.001196265	-42.1521372
CE 16:1/DAG 16:1/16:1	0.000417254	-41.20191943
CE 16:1/GM3-d18:1/24:1	0.005651103	-46.81904893
CE 16:1/LPC 16:0	0.004834796	-33.21631623
CE 18:2/Cer(d18:1/16:0)	0.001278722	-27.54230998
CE 18:2/Cer(d18:1/24:1)	0.000880725	-31.80274825
CE 18:2/DAG 16:1/16:1	0.003603789	-32.1700757
CE 18:2/GlcCer(d18:1/24:1)	0.003812422	-34.69951322
CE 18:2/GM3-d18:1/24:1	0.002042845	-33.86056889
CE 18:3/Cer(d18:1/24:1)	0.002389841	-32.25076456
CE 20:4/DAG 16:1/16:1	0.005203443	-33.54106819
Cer(d18:0/22:0)/PE 36:2	0.004999648	-38.84047621
Cer(d18:0/24:0)/Cer(d18:1/16:0)	0.005651061	-40.35096815
Cer(d18:0/24:0)/DAG 16:1/16:1	0.002910156	-42.26869994

Cer(d18:1/24:0)/Cer(d18:1/24:1)	0.002299011	-24.76608144
GD3-d18:1/16:0/GlcCer(d18:1/24:1)	0.004342032	-32.0002382
GlcCer(d18:1/26:0)/GlcCer(d18:1/26:1)	0.00262958	-24.97108611
GM3-d18:1/18:0/GlcCer(d18:1/24:1)	0.003743069	-27.07575879
GM3-d18:1/18:0/GM3-d18:1/24:1	0.000109712	-23.84051852
GM3-d18:1/20:0/GM3-d18:1/24:1	4.05E-05	-25.790617
GM3-d18:1/21:0/GM3-d18:1/24:1	0.00025679	-29.69734028
GM3-d18:1/22:1/GM3-d18:1/24:1	2.27E-05	-22.64333818
GM3-d18:1/23:0/GM3-d18:1/24:1	0.001796684	-21.51709432
PC 16:0/18:2/PE 36:2	0.003018726	-33.0252666
PC 32:1/PC 36:1	0.005258614	-32.73307243
PC 34:1/PE 36:2	0.004286691	-36.87050262
PC 34:2/PE 36:2	7.75E-05	-39.56681037
PC 34:3/PE 36:2	0.00093778	-35.97189686
PC 36:2/PE 36:2	0.004881243	-38.02507206
SM (d18:1/16:1) (d18:1/15:2-OH)/SM (d18:1/24:1)		
(d18:1/23:2-OH)	0.003253011	-25.08641399
SM (d18:1/18:1)/SM (d18:1/24:1) (d18:1/23:2-OH)	0.004081104	-27.14819795
SM (d18:1/23:1) (d18:1/22:2-OH)/SM (d18:1/24:1)		
(d18:1/23:2-OH)	0.002697803	-30.33837495

Table 7. Table of significant lipid to clinical ratios in SHAPS. Lipid names, p-values, percentage change both for positive and negative correlation are presented.

Lipid name / Clinical measurement	p-value	Percentage change
Positive correlation		
DAG 16:1/16:1/HDL	0.01291686	53.8
GM3-d18:1/24:2/HDL	0.015381289	31.6
GlcCer(d18:1/26:1)/HDL	0.043858869	49.4
Cer(d18:1/24:1)/LDL	0.026096231	31.1
GM3-d18:1/16:0/HDL	0.038988537	25.8
Cer(d18:1/24:1)/Chol	0.00527498	26.8
Cer(d18:1/16:0)/Chol	0.019503081	18.2

Cer(d18:1/24:1)/HDL	0.016111238	59.0
GM3-d18:1/24:1/HDL	0.00267968	51.0
GlcCer(d18:1/24:1)/HDL	0.013244877	63.3
Cer(d18:1/16:0)/HDL	0.036889394	45.8
Negative correlation		
CE 14:0/TG	0.012590071	-42.13588123
CE 16:0/TG	0.002583829	-36.7334504
CE 16:1/Chol	0.008389535	-28.33597812
CE 16:1/TG	0.002007089	-48.39087067
CE 18:0/TG	0.016144113	-41.13616053
CE 18:2/TG	0.002102339	-41.06062212
CE 18:3/TG	0.010621463	-40.40096544
CE 20:4/TG	0.022172682	-34.03007693
Cer(d18:0/22:0)/TG	0.000430556	-47.22783762
Cer(d18:0/24:0)/TG	0.000169562	-50.81345375
Cer(d18:0/24:1)/TG	0.004718764	-44.02645803
Cer(d18:1/24:0)/TG	0.006103094	-37.69337481
Cer(d18:1/26:0)/TG	0.011760588	-43.11323904
DAG 18:1/18:2/TG	0.001478738	-31.57202102
GD1-d18:1/16:0/TG	0.024026839	-48.92359261
GD3-d18:1/16:0/TG	0.008681266	-43.54025662
GM3-d18:1/18:0/TG	0.02443951	-35.77082537
GM3-d18:1/21:0/TG	0.014997258	-39.62591911
LacCer(d18:1/22:0)/TG	0.012167842	-41.61161247
PC 16:0/16:1/TG	0.010587549	-48.72854121
PC 16:0/18:1/TG	0.012957457	-38.82817743
PC 16:0/18:2/TG	0.001990548	-41.45635691
PC 16:0/20:4/TG	0.010350168	-41.16690299
PC 16:0/22:5/TG	0.021056239	-40.06186395
PC 16:0/22:6/TG	0.007844831	-41.90415263
PC 18:0/18:2/TG	0.014544147	-35.55584409
PC 18:0/20:3/TG	0.001935253	-44.80069954
PC 18:2/18:2/TG	0.009380936	-50.91970106

PC 30:0/TG	0.006982736	-45.07219763
PC 32:1/TG	0.01388029	-58.98862014
PC 34:1/TG	0.004027785	-42.82259496
PC 34:2/TG	0.002207437	-46.73076262
PC 34:3/TG	0.008706198	-42.28782691
PC 35:2/TG	0.016839779	-40.08953521
PC 36:2/TG	0.025577365	-44.56055525
PC 36:4/TG	0.010955026	-40.93262531
PC 38:3/TG	0.009115348	-43.20405649
PC 38:4/TG	0.022099265	-40.71964271
PC 40:6/TG	0.016443829	-39.33010265
PC 35:2 (PC O-36:2)/TG	0.016839779	-40.08953521
PI 36:2/TG	0.018414068	-33.26578536
PI 38:3/TG	0.00646278	-41.87676619
PI 38:4/TG	0.01586346	-36.68247363
SM (d18:1/14:0) (d18:1/13:1-OH)/TG	0.008912455	-44.8243579
SM (d18:1/16:1) (d18:1/15:2-OH)/TG	0.009812465	-43.3695667
SM (d18:1/17:0) (d18:1/16:1-OH)/TG	0.016419545	-42.86279216
SM (d18:1/18:1)/TG	0.005568449	-44.15754076
SM (d18:1/23:1) (d18:1/22:2-OH)/TG	0.005429528	-47.70207646
SM (d18:1/24:0) (d18:1/23:1-OH)/TG	0.015686293	-39.71612874

The biomarker ability of measured lipids was assessed also by calculating the sensitivity and specificity values for each lipid and their ratios to other lipids or classical biomarkers such as LDL-C and apolipoproteins. This ROC curve analysis revealed a number of biomarker candidates that have equal or higher than 75% sensitivity and specificity for predicting CVD risk (Tables 8- 13).

Table 8. Significant lipids in LURIC study. The lipids are sorted by top sensitivity and specificity.

Lipid name	Sensitivity	Specificity	Percentage change
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Positive correlation			
Cer(d18:1/16:0)	0,61	0,78	38,5
LacCer(d18:1/24:1)	0,61	0,78	24,9
LacCer(d18:1/22:0)	0,72	0,70	23,2
LacCer(d18:1/24:0)	0,61	0,73	20,7
Total Cer	0,61	0,70	19,6
Total LacCer	0,78	0,70	18,8
GlcCer(d18:1/24:0)	0,61	0,70	15,9
Total GlcCer	0,61	0,70	15,0
LacCer(d18:1/16:0)	0,61	0,70	14,7
Negative correlation			
PC 16:0/20:4	0,67	0,70	-12,4
CE 18:0	0,67	0,73	-17,9
Total CE	0,61	0,70	-21,2
CE 20:3	0,61	0,73	-21,5
CE 14:0	0,61	0,75	-25,7

Table 9. Table of significant lipid to lipid ratios in LURIC study. The lipid ratios are sorted by top sensitivity and specificity.

Lipid ratio name	Sensitivity	Specificity	Percentage change
Positive correlation			
PC 18:0/20:3/PC 33:3 (PC O-34:3)	0,87	0,70	104,1
CE 19:1/LPC 20:4	0,83	0,70	90,4
GlcCer(d18:1/26:1)/LPC 18:2	0,78	0,70	72,7
LacCer(d18:1/24:1)/Total CE	0,83	0,73	64,0
Cer(d18:1/24:1)/Total CE	0,78	0,73	63,1
LacCer(d18:1/22:0)/Total CE	0,78	0,73	61,1
Cer(d18:1/16:0)/PC 36:3	0,78	0,78	60,1
CE 22:2/LPC 20:4	0,83	0,71	59,7
Cer(d18:1/20:0)/SM (d18:1/23:0)			
(d18:1/22:1-OH)	0,78	0,72	56,8
Cer(d18:1/22:0)/Total CE	0,83	0,70	55,7
LacCer(d18:1/18:0)/PC 40:7	0,82	0,70	55,4
GlcCer(d18:1/16:0)/SM (d18:1/24:0)			
(d18:1/23:1-OH)	0,78	0,70	54,9
Cer(d18:1/16:0)/LPC 18:1	0,78	0,71	53,5
Cer(d18:1/24:1)/PC 35:4 (PC O-36:4)	0,78	0,73	53,3
Cer(d18:1/22:0)/SM (d18:1/23:0)			
(d18:1/22:1-OH)	0,78	0,82	52,1
Cer(d18:1/20:0)/Total CE	0,78	0,70	49,9

Cer(d18:1/16:0)/PC 36:2	0,78	0,73	49,5
Ccr(d18:1/16:0)/PC 18:0/18:2	0,83	0,70	48,7
Cer(d18:1/22:0)/PC 40:7	0,76	0,76	48,1
Cer(d18:1/22:0)/PC 39:0 (PC O-40:0)	0,76	0,76	48,1
GlcCer(d18:1/18:0)/LPC 18:1	0,78	0,72	42,5
CE 20:0/PC 40:4	0,80	0,73	40,5
GlcCer(d18:1/16:0)/PC 36:2	0,78	0,70	37,5
LacCer(d18:1/16:0)/PC 35:2 (PC O-36:2)	0,78	0,70	28,6
PC 39:7 (PC O-40:7)/Total CE	0,80	0,71	26,7
PC 38:0/Total CE	0,79	0,71	25,8
PC 38:0/PC 35:6 (PC O-36:5)	0,79	0,71	23,9
Total LacCer/Total PC O	0,78	0,70	23,4
SM (d18:1/14:0) (d18:1/13:1-OH)/SM (d18:1/23:0) (d18:1/22:1-OH)	0,83	0,71	21,8
Negative correlation			
SM (d18:1/23:0) (d18:1/22:1-OH)/Total Ccr	0,78	0,72	-24,9
CE 18:2/Cer(d18:1/22:0)	0,83	0,75	-28,0
PC 36:4/PC 38:0	0,79	0,74	-29,3
CE 18:2/Total Cer	0,78	0,70	-29,6
CE 20:4/Cer(d18:1/22:0)	0,78	0,70	-32,0
CE 18:1/LacCer(d18:1/16:0)	0,78	0,70	-34,4
CE 18:1/GlcCer(d18:1/18:0)	0,78	0,70	-34,5
CE 18:1/LacCer(d18:1/22:0)	0,78	0,70	-35,5
CE 22:6/LacCer(d18:1/22:0)	0,78	0,74	-36,0
Total CE/Total LacCer	0,83	0,73	-36,8
CE 18:1/Total LacCer	0,78	0,70	-36,9
CE 20:4/LacCer(d18:1/16:0)	0,78	0,70	-38,3
CE 18:1/LacCer(d18:1/24:1)	0,83	0,70	-39,1
CE 20:4/Cer(d18:1/24:1)	0,78	0,70	-40,3
LPC 18:2/LacCer(d18:1/22:0)	0,78	0,75	-40,9
CE 20:4/Total LacCer	0,78	0,70	-40,9
CE 17:1/LacCer(d18:1/20:0)	0,76	0,72	-42,7
CE 20:4/LacCer(d18:1/24:1)	0,83	0,70	-43,0
CE 16:1/GlcCer(d18:1/18:0)	0,78	0,73	-46,2
LPC 20:4/PC 38:0	0,82	0,73	-47,1

Table 10. Table of significant lipid to clinical ratios in LURIC study. The lipid ratios are sorted by top sensitivity and specificity.

Lipid name / Clinical measurement	Sensitivity	Specificity	Percentage change
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Positive correlation			
Cer(d18:1/16:0)/apolipoprotein A-II (mg/dL)	0,72	0,73	67,1
LacCer(d18:1/24:1)/apolipoprotein E (mg/dL)	0,72	0,70	55,1
Cer(d18:1/24:1)/HDL cholesterol ester (mg/dL)	0,72	0,73	54,6
LacCer(d18:1/22:0)/HDL cholesterol ester (mg/dL)	0,72	0,73	52,8
LacCer(d18:1/24:0)/HDL cholesterol ester (mg/dL)	0,72	0,70	47,7
LacCer(d18:1/24:0)/apolipoprotein C-II (mg/dL)	0,76	0,70	47,5
GlcCer(d18:1/16:0)/HDL cholesterol ester (mg/dL)	0,72	0,70	47,3
LacCer(d18:1/24:1)/apolipoprotein A-I (mg/dL)	0,72	0,75	43,8
Total LacCer/HDL cholesterol ester (mg/dL)	0,72	0,73	43,8
Cer(d18:1/22:0)/apolipoprotein A-II (mg/dL)	0,72	0,70	43,7
LacCer(d18:1/22:0)/HDL cholesterol (EDTA) (mg/dL)	0,72	0,78	43,6
Cer(d18:1/20:0)/apolipoprotein A-I (mg/dL)	0,72	0,70	42,7
LacCer(d18:1/24:0)/HDL cholesterol (EDTA) (mg/dL)	0,72	0,70	40,7
LacCer(d18:1/18:0)/LDL cholesterol (EDTA) (mg/dL)	0,72	0,70	40,4
Cer(d18:1/22:0)/apolipoprotein A-I (mg/dL)	0,72	0,73	39,8
GlcCer(d18:1/18:0)/apolipoprotein A-I (mg/dL)	0,72	0,70	39,8
LacCer(d18:1/16:0)/HDL cholesterol ester (mg/dL)	0,72	0,73	39,6
Cer(d18:1/24:1)/cholesterol ester (mg/dL)	0,72	0,70	39,0
Total LacCer/apolipoprotein A-I (mg/dL)	0,72	0,73	37,5
Cer(d18:1/20:0)/HDL phospholipid (mg/dL)	0,72	0,70	35,6
Total LacCer/cholesterol ester (mg/dL)	0,78	0,70	35,6
LacCer(d18:1/24:1)/LDL cholesterol ester (mg/dL)	0,78	0,70	35,4
Cer(d18:1/24:1)/total cholesterol (EDTA) (mg/dL)	0,72	0,70	34,6
GlcCer(d18:1/24:0)/apolipoprotein A-I (mg/dL)	0,72	0,70	33,9
LacCer(d18:1/24:1)/LDL cholesterol	0,78	0,70	33,7

(EDTA) (mg/dL)			
Cer(d18:1/24:1)/LDL phospholipid (mg/dL)	0,72	0,70	33,2
Total GlcCer/apolipoprotein A-I (mg/dL)	0,72	0,83	32,9
LacCer(d18:1/24:1)/LDL free cholesterol (mg/dL)	0,72	0,80	32,8
Cer(d18:1/22:0)/cholesterol ester (mg/dL)	0,78	0,73	32,6
LacCer(d18:1/24:1)/apolipoprotein B (mg/dL)	0,72	0,73	31,5
Cer(d18:1/22:0)/LDL cholesterol (EDTA) (mg/dL)	0,72	0,70	31,4
Total Cer/cholesterol ester (mg/dL)	0,78	0,70	30,5
LacCer(d18:1/16:0)/cholesterol ester (mg/dL)	0,72	0,75	29,8
Cer(d18:1/22:0)/total cholesterol (EDTA) (mg/dL)	0,72	0,70	28,7
LacCer(d18:1/24:1)/HDL free cholesterol (mg/dL)	0,72	0,70	27,9
Total LacCer/LDL cholesterol ester (mg/dL)	0,78	0,75	27,7
Total LacCer/LDL cholesterol (EDTA) (mg/dL)	0,78	0,75	26,7
Total Cer/total cholesterol (EDTA) (mg/dL)	0,72	0,73	26,6
Total LacCer/phospholipid (mg/dL)	0,72	0,75	25,4
GlcCer(d18:1/20:0)/cholesterol ester (mg/dL)	0,72	0,73	23,8
Total LacCer/HDL free cholesterol (mg/dL)	0,72	0,75	23,7
Total LacCer/apolipoprotein B (mg/dL)	0,72	0,78	22,6
LacCer(d18:1/16:0)/LDL cholesterol ester (mg/dL)	0,72	0,78	22,1
Total LacCer/LDL phospholipid (mg/dL)	0,78	0,70	21,8
LacCer(d18:1/16:0)/LDL cholesterol (EDTA) (mg/dL)	0,72	0,73	21,4
Negative correlation			
CE 20:4/apolipoprotein C-III (mg/dL)	0,72	0,75	-34,4
CE 14:0/apolipoprotein C-III (mg/dL)	0,72	0,75	-36,1
CE 20:4/free fatty acids (mmol/L)	0,72	0,70	-45,6
LPC 20:4/free fatty acids (mmol/L)	0,77	0,79	-51,3
Total PC O/C-reactive protein (mg/dL)	0,72	0,78	-63,9

Table 11. Table of significant lipids in SHAPS study. The lipids are sorted by top sensitivity and specificity.

Lipid name	Sensitivity	Specificity	Percentage change
Negative correlation			
Cer(d18:1/26:1)	0,67	0,80	-4,1
CE 15:0	0,73	0,73	-12,4
SM (d18:1/15:0) (d18:1/14:1-OH)	0,75	0,73	-15,5
GM3-d18:1/18:0	0,67	0,73	-16,6
PC 37:5 (PC O-36:5)	0,75	0,73	-19,0
CE 16:0	0,83	0,80	-19,5
Total CE	0,75	0,93	-20,6
GM3-d18:1/21:0	0,75	0,73	-21,1
PC 16:0/18:2	0,67	0,80	-22,6
Total PI	0,83	0,80	-23,6
SM (d18:1/17:0) (d18:1/16:1-OH)	0,70	0,92	-23,8
GD3-d18:1/16:0	0,83	0,71	-25,6
Total GD3	0,83	0,71	-25,6
Cer(d18:1/26:0)	0,75	0,73	-25,6
PC 18:0/20:5	0,82	0,85	-26,6
Total PC	0,83	0,80	-26,6
PI 38:3	0,83	0,73	-26,8
PC 40:5	0,75	0,73	-27,3
GM2-d18:1/18:0	0,73	0,87	-27,6
Total GM2	0,73	0,87	-27,6
GD1-d18:1/16:0	0,92	0,77	-28,1
PC 16:0/20:5	0,83	0,87	-28,1
PC 16:0/22:5	0,75	0,73	-28,5
PC 18:0/20:3	0,75	0,79	-28,7
PC 16:0/22:6	0,83	0,73	-29,3
Total PC O	0,83	0,80	-29,4
PI 38:4	0,83	0,80	-29,5
SM (d18:1/18:1)	0,83	0,87	-31,0
PC 16:0/20:4	0,67	0,73	-31,7
SM (d18:1/23:1) (d18:1/22:2-OH)	0,83	0,73	-32,7

Table 12. Table of significant lipid to lipid ratios in SHAPS study. The lipid ratios are sorted by top sensitivity and specificity.

Lipid ratio name	Sensitivity	Specificity	Percentage change
Positive correlation			
LPC 18:1/PC 32:1	0,92	0,77	81,5

Cer(d18:1/24:1)/PC 32:1	1	0,73	75,1
GM3-d18:1/24:1/SM (d18:1/23:1)			
(d18:1/22:2-OH)	1	0,73	73,6
GM3-d18:1/24:1/PC 32:1	0,92	0,73	62,5
DAG 16:1/16:1/PC 30:0	0,92	0,79	62,0
Cer(d18:1/24:1)/SM (d18:1/18:1)	0,92	0,73	60,9
GM3-d18:1/24:1/SM (d18:1/18:1)	0,92	0,93	57,8
GM3-d18:1/24:1/SM (d18:1/16:1)			
(d18:1/15:2-OH)	0,92	0,73	56,0
Cer(d18:1/16:0)/PC 32:1	0,92	0,73	55,4
LacCer(d18:1/16:0)/PC 40:6	0,92	0,80	55,1
Cer(d18:1/24:1)/PC 38:4	0,92	0,73	54,2
LPC 18:0/PC 32:1	0,92	0,79	53,8
Cer(d18:1/24:1)/PC 34:2	0,92	0,80	51,8
GM3-d18:1/24:2/SM (d18:1/23:1)			
(d18:1/22:2-OH)	0,92	0,80	50,2
GM3-d18:1/24:2/PC 32:1	0,92	0,73	49,5
GM3-d18:1/24:1/PC 34:2	0,92	0,73	49,4
GlcCer(d18:1/16:0)/PC 32:1	0,92	0,73	46,9
GM3-d18:1/24:1/PC 36:4	0,92	0,73	45,9
GM3-d18:1/16:0/SM (d18:1/23:1)			
(d18:1/22:2-OH)	0,92	0,87	44,8
GM3-d18:1/24:1/PC 34:1	0,92	0,73	42,8
Cer(d18:1/16:0)/PC 34:2	0,92	0,73	40,4
GlcCer(d18:1/16:0)/PC 34:2	0,92	0,73	38,4
GM3-d18:1/16:0/PC 32:1	1	0,73	38,3
Cer(d18:1/16:0)/PC 34:1	0,92	0,73	35,0
Cer(d18:1/24:1)/PC 34:3	0,92	0,73	34,4
GlcCer(d18:1/16:0)/PC 34:1	1	0,73	29,6
GM3-d18:1/18:0/PC 32:1	0,92	0,73	25,8
Cer(d18:1/16:0)/PC 34:3	1	0,73	20,0
GlcCer(d18:1/16:0)/PC 34:3	1	0,73	17,7
LPC 16:0/SM (d18:1/14:0)			
(d18:1/13:1-OH)	0,92	0,80	16,6
GlcCer(d18:1/20:0)/PC 34:3	1	0,73	9,7
GlcCer(d18:1/18:0)/PC 34:3	0,92	0,73	5,5
Negative correlation			
GM3-d18:1/20:0/GM3-d18:1/22:0	0,92	0,73	-11,2
GM3-d18:1/22:1/GM3-d18:1/24:1	0,92	0,93	-22,6
Cer(d18:1/26:0)/GlcCer(d18:1/16:0)	0,92	0,73	-23,4
GM3-d18:1/20:0/GM3-d18:1/24:1	1	0,73	-25,8
CE 18:2/Cer(d18:1/16:0)	0,92	0,80	-27,5
CE 18:2/GlcCer(d18:1/26:1)	0,92	0,73	-29,5

CE 18:3/Cer(d18:1/16:0)	0,92	0,80	-30,0
CE 18:2/Cer(d18:1/24:1)	0,92	0,87	-31,8
GD3-d18:1/16:0/GM3-d18:1/24:1	0,92	0,79	-32,0
Cer(d18:1/26:0)/GlcCer(d18:1/24:1)	0,92	0,73	-33,3
CE 16:1/LPC 16:0	0,92	0,73	-33,5
CE 16:1/CE 20:3	0,92	0,80	-33,9
CE 16:1/LPC 18:1	0,92	0,73	-40,0
CE 16:1/Cer(d18:1/16:0)	0,92	0,73	-40,6
CE 16:1/DAG 16:1/16:1	0,92	0,93	-41,2
CE 16:1/LacCer(d18:1/16:0)	0,92	0,73	-41,7

Table 13. Table of significant lipid to clinical ratios in SHAPS study. The lipid ratios are sorted by top sensitivity and specificity.

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Lipid name / Clinical measurement	Sensitivity	Specificity	Percentage change
Positive correlation			
GlcCer(d18:1/24:1)/HDL	0,83	0,80	63,3
DAG 16:1/16:1/HDL	0,67	0,79	53,8
Cer(d18:1/24:1)/LDL	0,67	0,80	31,1
Cer(d18:1/24:1)/Chol	0,92	0,73	26,8
Cer(d18:1/16:0)/Chol	0,75	0,73	18,2
Negative correlation			
Cer(d18:1/24:0)/Chol	0,67	0,73	-3,6
CE 18:0/LDL	0,83	0,71	-7,8
CE 18:2/LDL	0,75	0,73	-10,9
Cer(d18:1/26:0)/Chol	0,75	0,73	-13,8
CE 18:2/Chol	0,67	0,87	-14,0
CE 20:5/LDL	0,67	0,73	-15,8
CE 18:3/Chol	0,92	0,80	-16,4
CE 20:5/Chol	0,75	0,73	-22,5
PE 38:5/TG	0,73	0,70	-24,3
CE 17:0/TG	0,67	0,80	-25,1
CE 16:1/Chol	0,67	0,80	-28,3
Cer(d18:1/22:0)/TG	0,67	0,80	-28,8
PE 38:4/TG	0,75	0,73	-29,2
Cer(d18:1/18:0)/TG	0,67	0,73	-29,3
CE 22:6/TG	0,67	0,73	-30,4
CE 15:0/TG	0,73	0,73	-30,4

DAG 18:1/18:2/TG	1	0,79	-31,6
PC 18:0/20:5/TG	0,73	0,77	-34,3
PC 32:0/TG	0,83	0,73	-36,0
CE 16:0/TG	0,83	0,73	-36,7
Cer(d18:1/24:0)/TG	0,83	0,80	-37,7
CE 20:5/TG	0,67	0,80	-38,8
PC 40:6/TG	0,83	0,73	-39,3
GM3-d18:1/21:0/TG	0,75	0,73	-39,6
SM (d18:1/24:0) (d18:1/23:1-OH)/TG	0,83	0,73	-39,7
PC 35:2 (PC O-36:2)/TG	0,83	0,73	-40,1
CE 18:3/TG	0,92	0,73	-40,4
PC 35:2 (PC O-34:2)/TG	0,75	0,73	-40,9
PC 16:0/20:5/TG	0,75	0,80	-41,0
CE 18:2/TG	0,83	0,73	-41,1
CE 18:0/TG	0,83	0,86	-41,1
PC 16:0/18:2/TG	0,92	0,73	-41,5
PC 16:0/22:6/TG	0,83	0,73	-41,9
CE 14:0/TG	0,83	0,73	-42,1
PC 34:1/TG	0,83	0,73	-42,8
SM (d18:1/17:0) (d18:1/16:1-OH)/TG	0,70	0,75	-42,9
PC 36:5/TG	0,75	0,73	-43,1
PC 38:3/TG	0,75	0,73	-43,2
PC 18:0/20:3/TG	0,83	0,71	-44,8
SM (d18:1/14:0) (d18:1/13:1-OH)/TG	0,83	0,73	-44,8
PC 34:2/TG	0,92	0,73	-46,7
SM (d18:1/23:1) (d18:1/22:2-OH)/TG	0,75	0,73	-47,7
CE 16:1/TG	0,92	0,80	-48,4
PC 18:2/18:2/TG	0,75	0,73	-50,9
PC 32:1/TG	0,83	0,80	-59,0

The preferred embodiments of the invention were selected from the broad list of findings as follows. About 15 lipids or lipid ratios each with positive or negative CVD correlations were selected using highest p-values and subjectively ensuring the balanced representation of all lipid classes. Sensitivity and specificity thresholds were annotated in cases where the threshold of 60 and 70 were reached respectively. The preferred embodiment lipids, lipid-lipid ratios and lipid – clinical ratios are presented in tables 14 – 19.

Table 14. The preferred embodiment lipids selected from significant lipids detected from LURIC sample set.

Lipid name	p-value	Percentage change	Sensitivity	Specificity
Positive correlation				
Cer(d18:0/22:0)	0,014688	43,8		
Ccr(d18:0/24:0)	0,033399	37,3		
Cer(d18:0/24:1)	0,010517	55,2		
Cer(d18:1/16:0)	0,001269	38,5	0,6111111	0,775
Cer(d18:1/18:0)	0,038491	31,9		
Ccr(d18:1/24:1)	0,014566	25,8		
GlcCer(d18:1/16:0)	0,03569	22,5		
GlcCer(d18:1/18:0)	0,046657	22,2		
LacCer(d18:1/18:0)	0,046017	28,5		
LacCer(d18:1/20:0)	0,044453	28,2		
LacCer(d18:1/22:0)	0,017297	23,2	0,7222222	0,7
LacCer(d18:1/24:1)	0,024133	24,9		
Negative correlation				
CE 16:0	0,01872	-21,2		
CE 17:1	0,018923	-25,0		
PC 35:3 (PC O-34:3)	0,049614	-23,9		
CE 14:0	0,03059	-25,7	0,6111111	0,75
CE 20:3	0,043641	-21,5	0,6111111	0,725
Total CE	0,028927	-21,2	0,6111111	0,7

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Table 15. Preferred embodiment lipids from significant lipids detected from SHAPS sample set.

Lipid name	p-value	Percentage change	Sensitivity	Specificity
Negative correlation				
Cer(d18:0/24:0)	0,007275	-35,5		
GD3-d18:1/16:0	0,011309	-25,6	0,8333333	0,71428571
PC 16:0/16:1	0,009571	-36,8		

PC 37:5 (PC O-38:5)	0,013822	-24,5	0,75	0,73333333
SM (d18:1/18:1)	0,004688	-31,0	0,83333333	0,86666667
SM (d18:1/23:1)				
(d18:1/22:2-OH)	0,000416	-32,7	0,83333333	0,73333333
SM (d18:1/16:1)				
(d18:1/15:2-OH)	0,008132	-28,1		
Total GD3	0,011309	-25,6	0,83333333	0,71428571
CE 16:0	0,009455	-19,5	0,83333333	0,8
Total CE	0,013196	-20,6	0,75	0,93333333
Total PC	0,002012	-26,6	0,83333333	0,8

Table 16. Preferred embodiments from significant lipid to lipid ratios detected from LURIC sample set.

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Lipid ratio name	p-value	Percentage change	Sensitivity	Specificity
Positive correlation				
CE 19:1/LPC 20:4	0,000472	90,35934685	0,83333333	0,7
Cer(d18:1/24:1)/LPC				
18:2	8,77E-05	72,81688737		
Cer(d18:1/16:0)/LPC				
18:2	0,000118	90,10795901		
PC 38:0/PC 38:5	0,000119	49,99526445		
LacCer(d18:1/24:1)/PC				
16:0/20:4	0,00017	71,04956344		
GlcCer(d18:1/26:1)/SM				
(d18:1/24:2-OH)				
(d18:1/25:1)	0,000178	63,26864438		
Cer(d18:1/16:0)/SM				
(d18:1/24:1) (d18:1/23:2-				
OH)	0,000193	65,5335903		
Cer(d18:1/16:0)/PC				
18:1/18:2	0,000244	66,68678964		
Cer(d18:1/16:0)/PC 35:3	0,000253	119,7334815		

(PC O-34:3)				
GlcCer(d18:1/16:0)/LPC				
18:2	0,000319	76,07058679		
LacCer(d18:1/22:0)/SM				
(d18:1/24:0) (d18:1/23:1-OH)				
	0,000383	55,50328917		
LacCer(d18:1/22:0)/PC				
35:4 (PC O-36:4)	0,000475	58,48665386		
LacCer(d18:1/24:1)/Total				
CE	0,000331	64,00805641	0,8333333	0,725
Cer(d18:1/16:0)/PC 36:3	0,000834	60,10383676	0,7777778	0,775
Cer(d18:1/16:0)/LPC				
18:1	0,0002	56,03521777	0,7777778	0,71052632
LacCer(d18:1/22:0)/PC				
16:0/20:4	0,000499	64,33099382		
Negative correlation				
-				
CE 16:0/Cer(d18:1/16:0)	0,001041	43,89062683		
CE 18:2/Cer(d18:1/16:0)	0,001221	-43,8001271		
CE		-		
20:4/GlcCer(d18:1/16:0)	0,001478	41,83985223		
-				
CE 18:1/Cer(d18:1/16:0)	0,001789	45,01233662		
-				
CE 22:6/Cer(d18:1/16:0)	0,001806	40,38963291		
CE 16:1/PC 37:2 (PC O-38:2)		-		
	0,001932	50,19239309		
-				
CE 18:0/Cer(d18:1/16:0)	0,002075	42,03051749		
CE		-		
18:2/GlcCer(d18:1/16:0)	0,002155	36,22537162		
CE		-		
16:0/GlcCer(d18:1/16:0)	0,002508	37,19500497		

LPC 20:4/PC 35:1 (PC O-36:1)	0,005469	42,92988466	-	
Total CE/Total LacCer	0,004078	36,83803507	0,8333333	0,725
CE 20:4/Cer(d18:1/24:1)	0,002608	40,26726712	0,7777778	0,7

Table 17. Preferred embodiments from significant lipid to lipid ratios detected from SHAPS sample set.

Lipid ratio name	p-value	Percentage change	Sensitivity	Specificity
Positive correlation				
Cer(d18:1/16:0)/Cer(d18:1 /26:0)	0,000462	37,01057987		
DAG 16:1/16:1/PC 32:1	0,000164	82,69222747		
GM3-d18:1/24:1/SM (d18:1/16:1) (d18:1/15:2- OH)	0,000221	55,99413212	0,9166667	0,7333333
GM3-d18:1/24:1/SM (d18:1/18:1)	0,000235	57,78999778	0,9166667	0,9333333
Negative correlation				
CE 16:1/DAG 16:1/16:1	0,000417	-41,20191943	0,9166667	0,92857143
CE 18:2/Cer(d18:1/24:1)	0,000881	-31,80274825	0,9166667	0,8666667
CE 18:2/Cer(d18:1/16:0)	0,001279	-27,54230998	0,9166667	0,8
Cer(d18:1/24:0)/Cer(d18:1 /24:1)	0,002299	-24,76608144		
Cer(d18:0/24:0)/DAG 16:1/16:1	0,00291	-42,26869994		
Cer(d18:0/24:0)/Cer(d18:1 /16:0)	0,005651	-40,35096815		
GD3- d18:1/16:0/GlcCer(d18:1/ 24:1)	0,004342	-32,0002382		

GlcCer(d18:1/26:0)/GlcCe				
r(d18:1/26:1)	0,00263	-24,97108611		
GM3-d18:1/22:1/GM3-				
d18:1/24:1	2,27E-05	-22,64333818	0,9166667	0,93333333
GM3-d18:1/20:0/GM3-				
d18:1/24:1	4,05E-05	-25,790617	1	0,73333333
GM3-				
d18:1/18:0/GlcCer(d18:1/				
24:1)	0,003743	-27,07575879		
PC 16:0/18:2/PE 36:2	0,003019	-33,0252666		
SM (d18:1/23:1)				
(d18:1/22:2-OH)/SM				
(d18:1/24:1) (d18:1/23:2-				
OH)	0,002698	-30,33837495		
CE 16:1/CE 20:3	0,003774	-33,87140598	0,9166667	0,8
CE 16:1/Cer(d18:1/16:0)	0,005002	-40,55114395	0,9166667	0,73333333
CE 16:1/LPC 16:0	0,004835	-33,21631623	0,9166667	0,73333333

Table 18. Preferred embodiments from significant lipid to clinical ratios from LURIC sample set.

Lipid name / Clinical measurement	p-value	Percentage change	Sensitivity	Specificity
Positive correlation				
Cer(d18:0/22:0)/apolipoprotein A-I (mg/dL)	0,002679	62,12399702		
Cer(d18:0/24:1)/cholesterol ester (mg/dL)	0,003755	66,37295698		
Cer(d18:1/16:0)/apolipoprotein A-I (mg/dL)	0,000368	61,54836937		
Cer(d18:1/24:1)/apolipoprotein A-I (mg/dL)	0,000839	45,11297635		
GlcCer(d18:1/16:0)/apolipoprotein A-I (mg/dL)	0,001748	40,95349137		
GlcCer(d18:1/18:0)/apolipoprotein	0,002508	39,77171523	0,7222222	0,7

A-I (mg/dL)				
LacCer(d18:1/22:0)/apolipoprotein				
A-I (mg/dL)	0,000804	44,38027847		
LacCer(d18:1/22:0)/HDL				
cholesterol ester (mg/dL)	0,001926	52,8411569		
Cer(d18:1/24:1)/HDL cholesterol				
ester (mg/dL)	0,00216	54,64058021	0,7222222	0,725
LacCer(d18:1/22:0)/total				
cholesterol (EDTA) (mg/dL)	0,00316	39,0400307		
Cer(d18:1/24:1)/total cholesterol				
(EDTA) (mg/dL)	0,001945	34,55989651	0,7222222	0,7
Cer(d18:1/16:0)/apolipoprotein A-				
II (mg/dL)	0,000292	67,12282079	0,7222222	0,725
Cer(d18:1/22:0)/apolipoprotein A-				
II (mg/dL)	0,002248	43,7098503	0,7222222	0,7
LacCer(d18:1/24:1)/apolipoprotein				
A-I (mg/dL)	0,001171	43,77660659		
Negative correlation				
LPC 18:2/apolipoprotein C-III				
(mg/dL)	0,009298	-37,0		
SM (d18:1/25:1) (d18:1/24:2-				
OH)/free fatty acids (mmol/L)	0,009794	-51,0	0,7222222	0,75
CE 18:2/apolipoprotein C-III				
(mg/dL)	0,011129	-32,8		
CE 20:4/apolipoprotein C-III				
(mg/dL)	0,012993	-34,4		

Table 19. Preferred embodiments from significant lipid to clinical ratios from SHAPS sample set.

Lipid name / Clinical measurement	p-value	Percentage change	Sensitivity	Specificity
Positive correlation				
Cer(d18:1/16:0)/HDL	0,036889	45,8		
Cer(d18:1/24:1)/HDL	0,016111	59,0	0,8333333	0,8

DAG 16:1/16:1/HDL	0,012917	53,8	0,6666667	0,78571429
GlcCer(d18:1/24:1)/HDL	0,013245	63,3	0,8333333	0,8
GlcCer(d18:1/26:1)/HDL	0,043859	49,4		
GM3-d18:1/16:0/HDL	0,038989	25,8		
GM3-d18:1/24:1/HDL	0,00268	51,0		
Cer(d18:1/24:1)/Chol	0,005275	26,8	0,9166667	0,73333333
GM3-d18:1/24:2/HDL	0,015381	31,6		
Negative correlation				
		-		
Cer(d18:0/24:0)/TG	0,00017	50,81345375		
		-		
DAG 18:1/18:2/TG	0,001479	31,57202102	1	0,78571429
		-		
PC 18:0/20:3/TG	0,001935	44,80069954	0,8333333	0,71428571
		-		
CE 18:2/TG	0,002102	41,06062212	0,8333333	0,73333333
		-		
SM (d18:1/18:1)/TG	0,005568	44,15754076		
		-		
Cer(d18:1/24:0)/TG	0,006103	37,69337481	0,8333333	0,8
		-		
PI 38:3/TG	0,006463	41,87676619		
		-		
GD3-d18:1/16:0/TG	0,008681	43,54025662		
		-		
LacCer(d18:1/22:0)/TG	0,012168	41,61161247		
		-		
GM3-d18:1/21:0/TG	0,014997	39,62591911	0,75	0,73333333
		-		
GD1-d18:1/16:0/TG	0,024027	48,92359261		
		-		
GM3-d18:1/18:0/TG	0,02444	35,77082537		
PC 16:0/18:2/TG	0,001991	-	0,9166667	0,73333333

		41,45635691			
		-			
CE 16:1/TG	0,002007	48,39087067	0,9166667	0,8	
SM (d18:1/14:0) (d18:1/13:1-OH)/TG	0,008912	-44,8243579	0,8333333	0,7333333	
SM (d18:1/23:1) (d18:1/22:2-OH)/TG	0,00543	47,70207646	0,75	0,7333333	
		-			
PC 18:2/18:2/TG	0,009381	50,91970106	0,75	0,7272727	
		-			
CE 16:1/Chol	0,00839	28,33597812			

Table 20. Top five candidates from each category, if available, are listed. The best candidates were selected based on following criteria: t-test p-value ≤ 0.05 and sensitivity ≥ 60% and specificity ≥ 70%.

5

		Perce					
Measure	Measurement	P-	ntage				
ment	Measurement	valu	chang	Sensiti	Specifi	Thres	Change
type	name	e	e	vity	city	hold	direction
Lipid	Cer(d18:1/16:0)	0.00				0.336	
conc.		1	38.5	0.61	0,78	μM	Increased
Lipid	LacCer(d18:1/22:0)	0.01				0.879	
conc.		7	23.2	0.72	0,70	μM	Increased
Lipid	LacCer(d18:1/24:1)	0.02				3.389	
conc.		4	24.9	0.61	0,78	μM	Increased
Lipid		0.03				29.43	
conc.	CE 14:0	1	-25.7	0.61	0,75	μM	Decreased
Lipid		0.04				42.63	
conc.	CE 20:3	4	-21.5	0.61	0,73	μM	Decreased
Lipid	Cer(d18:1/16:0) / LPC 18:1	0.00					
ratio		0	56.0	0.78	0,71	0.01	Increased
	LacCer(d18:1/24:1) / Total	0.00					
Lipid							
ratio	CE	0	64.0	0.83	0,73	0.0006	Increased
Lipid	CE 19:1/LPC	0.00	90.4	0.83	0,70	9.5	Increased

ratio	20:4	0					
Lipid	Cer(d18:1/16:	0.00					
ratio	0)/PC 36:3	1	60.1	0.78	0,78	0.0008	Increased
	CE						
Lipid	20:4/Ccr(d18:	0.00					
ratio	1/24:1)	3	-40.3	0.78	0,70	141.50	Decreased
	GlcCer(d18:1/						
Lipid -	18:0)/						
clinical	apolipoprotein	0.00					
ratio	A-I(mg/dL)	3	39.8	0.72	0,70	0.0018	Increased

Lipidomic analysis proved to be efficient in identifying novel plasma biomarkers for atherosclerotic disease. Figure 1 illustrates the great potential of lipidomic markers and indicates the superiority of the new potentials markers over know clinically used markers such as LDL-cholesterol.

As the absolute molecular lipid plasma concentration differences in general between healthy individuals and atherosclerotic patients seem to be between 30-70 %, it might be reasonable to calculate and use different ratios instead of absolute concentrations only. As lipoprotein particles (e.g. LDL, HDL, and VLDL) are serving as carriers for most of the lipids in the blood stream it is appropriate to relate molecular lipid concentrations to lipoprotein data. Thus, the molecular lipid to HDL-cholesterol, LDL-cholesterol, apolipoprotein A-I and apolipoprotein B ratios were calculated, which in fact turned out to be better biomarkers than absolute plasma concentrations alone.

The plaque data shows that human atherosclerotic plaques are enriched in lipids such as ceramides and cerebroside. Thus, lowering the content of these lipids in artery walls by reducing their synthesis *in situ* or in other tissues (e.g. liver), blocking transport of these lipids to vessel wall (e.g. by LDL or macrophage) or increasing their transport from the artery wall will inhibit plaque and atherosclerosis development and thus reduce the risk of CVD. Statins and other lipid metabolism affecting drugs can be used to modify ceramide and cerebroside accumulation in human atherosclerotic plaques. Biomarker lipids associate significantly with apolipoproteins (ApoA1, ApoA2 and

ApoB) and earlier data shows that they (e.g. ceramides and cerebroside) are bound to lipoprotein particles (VLDL, LDL and HDL) (Figure 2), it is obvious that biomarker lipid measurement directly in lipoprotein fraction will be more accurate than total plasma or serum. Therefore, molecular lipid levels in different lipoprotein fractions can
5 be used as significant biomarkers for CVD risk.

Lipidomic measurement can also be used to characterize the efficacy of e.g. plasma lipid modifying compounds such as statins and ezetimibe (Figure 3). These data can now also be linked to an individual's lipid biomarker concentrations / profile and thus
10 select the right/optimal/best/targeted treatment to each patient.

Molecular lipid to molecular lipid ratio could be an important indicator of cellular lipid metabolism including e.g. enzyme activities in the lipid metabolism pathways. Thus, these ratios may provide more information as the absolute plasma concentrations of the
15 molecular lipids alone. In fact, a number of ratios between the concentrations of different molecular lipids outperformed absolute plasma concentrations as disease biomarkers in CVD patients.

As the detected lipids are carried in the lipoprotein particles (LDL, VLDL and HDL) it
20 is obvious that the corresponding lipoprotein fraction concentrations will even improve the prediction potential of molecular lipids from the results of the present study in total serum/plasma samples.

The lipid lowering drug efficiency measurements have so far been based on LDL-C and HDL-C assays. As the inventors have herein observed more potential biomarkers that
25 predict CVD risk better than these classical analyses future drug efficiency profiling should be based on new sensitive and specific biomarkers that are more directly related to cardiovascular risk than LDL-C.

Those skilled in the art will recognize, or be able to ascertain using no more than
30 routine experimentation, numerous equivalents to the specific embodiments described

herein both in the Examples in in the body of the entire patent description. Such equivalents are considered to be within the scope of this invention and are covered by the following claims.

CLAIMS

1. A method for determining whether a subject is at risk to develop, or is suffering from, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, the method comprising:

detecting an increased concentration of one or more lipids in the sample relative to a control sample, each of the one or more lipids having the increased concentration selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0); and

determining that the subject is at risk to develop, or is suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, based on the increased concentration of the one or more lipids in the sample.

2. A method for evaluating effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising:

detecting a decreased concentration of one or more lipids in the sample relative to a control sample, each of the one or more lipids having the decreased concentration selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0); and

determining effectiveness of the treatment based on the decreased concentration of the one or more lipids in the sample.

3. A method for selecting an appropriate treatment for atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, for a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising:

detecting an increased concentration of one or more lipids in the sample relative to a control sample, each of the one or more lipids having the increased concentration selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0); and

determining that the subject is in need of treatment or a change in, or supplementation of, an already administered treatment, based on the increased concentration of the one or more lipids in the sample.

4. The method of claim 2 or 3, wherein the treatment comprises a lipid modifying treatment.
5. The method of claim 1 or 3, wherein the one or more lipids having the increased concentration comprises Cer(d18:1/18:0), Cer(d18:1/24:1), or Cer(d18:1/16:0).
6. The method of claim 2, wherein the one or more lipids having the decreased concentration comprises Cer(d18:1/18:0), Cer(d18:1/24:1), or Cer(d18:1/16:0).
7. The method of any one of claims 1 to 6, wherein at least 2, at least 3, at least 4, at least 5, at least 6, or at least 7 lipids having the increased or decreased concentration are detected.
8. A method for determining whether a subject is at risk to develop, or is suffering from, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, the method comprising:

detecting an increased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more increased lipid-lipid ratios selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM

(d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); or

detecting a decreased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more decreased lipid-lipid ratios selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0); and

determining that the subject is at risk to develop, or is suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, based on the one or more increased lipid-lipid ratios or the one or more decreased lipid-lipid ratios in the sample.

9. A method for evaluating effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising:

detecting a decreased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more decreased lipid-lipid ratios selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM

(d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); or

detecting an increased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more increased lipid-lipid ratios selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0); and

determining effectiveness of the treatment based on the one or more increased lipid-lipid ratios or the one or more decreased lipid-lipid ratios in the sample.

10. A method for selecting an appropriate treatment for atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, for a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising:

detecting an increased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more increased lipid-lipid ratios selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); or

detecting a decreased lipid-lipid ratio of one or more lipid-lipid ratios in the sample relative to a control sample, each of the one or more decreased lipid-lipid ratios selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0); and

determining that the subject is in need of treatment or a change in, or supplementation of, an already administered treatment, based on the one or more increased lipid-lipid ratios or the one or more decreased lipid-lipid ratios in the sample.

11. The method of claim 9 or 10, wherein the treatment comprises a lipid modifying treatment.
12. The method of claim 8 or 10, wherein the one or more increased lipid-lipid ratios comprises Cer(d18:1/16:0)/Cer(d18:1/26:0), Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, or Cer(d18:1/16:0)/LPC 16:0, or the one or more decreased lipid-lipid ratios comprises Cer(d18:1/24:0)/Cer(d18:1/24:1), or Cer(d18:0/24:0)/Cer(d18:1/16:0).
13. The method of claim 9, wherein the one or more decreased lipid-lipid ratios comprises Cer(d18:1/16:0)/Cer(d18:1/26:0), Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, or Cer(d18:1/16:0)/LPC 16:0, or the one or more increased lipid-lipid ratios comprises Cer(d18:1/24:0)/Cer(d18:1/24:1), or Cer(d18:0/24:0)/Cer(d18:1/16:0).
14. The method of any one of claims 8 to 13, wherein at least 2, at least 3, at least 4, at least 5, at least 6, at least 7, or at least 8 increased lipid-lipid ratios and/or decreased lipid-lipid ratios are detected.
15. A method for determining whether a subject is at risk to develop, or is suffering from, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, the method comprising:

detecting an increased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more increased lipid-clinical concentration ratios selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; or

detecting a decreased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more decreased lipid-clinical concentration ratios selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG; and

determining that the subject is at risk to develop, or is suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, based on the one or more increased lipid-clinical concentration ratios or the one or more decreased lipid-clinical concentration ratios in the sample.

16. A method for evaluating effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in a subject known to be at risk

to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising:

detecting a decreased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more decreased lipid-clinical concentration ratios selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; or

detecting an increased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more increased lipid-clinical concentration ratios selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG; and

determining effectiveness of the treatment based on the one or more increased lipid-clinical concentration ratios or the one or more decreased lipid-clinical concentration ratios in the sample.

17. A method for selecting an appropriate treatment for atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, for a subject known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the method comprising:

detecting an increased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more increased lipid-clinical concentration ratios selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; or

detecting a decreased lipid-clinical concentration ratio of one or more lipid-clinical concentration ratios in the sample relative to a control sample, each of the one or more decreased lipid-clinical concentration ratios selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG; and

determining that the subject is in need of treatment or a change in, or supplementation of, an already administered treatment, based on the one or more increased lipid-clinical

concentration ratios or the one or more decreased lipid-clinical concentration ratios in the sample.

18. The method of claim 16 or 17, wherein the treatment comprises a lipid modifying treatment.
19. The method of any one of claims 15 to 18, wherein at least 2, at least 3, at least 4, at least 5, at least 6, at least 7, or at least 8 increased lipid-clinical concentration ratios and/or decreased lipid-clinical concentration ratios are detected.
20. The method of any one of claims 1 to 19, wherein:
 - (a) the CVD is characterized by one or more of coronary artery disease, peripheral artery disease, a stroke and CVD death; or
 - (b) the subject has atherosclerosis; or
 - (c) both (a) and (b); or
 - (d) the subject does not have atherosclerosis.
21. The method of any one of claims 1 to 20, wherein:
 - (a) the method further comprises detecting one or more of total cholesterol, low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), Apolipoprotein B (ApoB) and Apolipoprotein C-III (ApoC-III) in the sample; or
 - (b) the subject does not have elevated serum levels of one or more of total cholesterol, low-density lipoprotein cholesterol (LDL-C), Apolipoprotein C-III (ApoC-III) and Apolipoprotein B (ApoB), or a decreased serum level of HDL-cholesterol (HDL-C); or
 - (c) both (a) and (b).
22. The method of any one of claims 1 to 21, wherein the subject:
 - (a) is undergoing or has undergone treatment with one or more statins or any other HMG-CoA reductase inhibitor; or
 - (b) has not yet undergone statin therapy or therapy with any other HMG-CoA reductase inhibitor.
23. The method of claim 22, wherein the statin is selected from the group consisting of atorvastatin, cerivastatin, fluvastatin, fluvastatin XL, lovastatin, pitavastatin, pravastatin, rosuvastatin and simvastatin.

24. The method of any one of claims 1 to 23, wherein the method comprises one or more of the following techniques: mass spectrometry, nuclear magnetic resonance spectroscopy, fluorescence spectroscopy, dual polarisation interferometry, a high performance separation technique, an immunoassay and use of a binding moiety that specifically binds the lipid or a biomolecule that provides the clinical concentration.
25. The method of any one of claims 1 to 24, wherein the method is for one or more of:
- (a) determining a risk of the patient to develop CVD;
 - (b) determining early warning signs of CVD in the patient;
 - (c) determining or predicting the occurrence of atherosclerosis in a patient; and
 - (d) predicting or diagnosing CVD or one or more of the following CVD complications: death, myocardial infarction (MI), angina pectoris, transient ischemic attack (TIA) and stroke.
26. The method of any one of claims 1 to 25, wherein the subject has suffered from a cardiovascular disease.
27. The method of any one of claims 1 to 26, wherein the sample from the subject is a blood sample or a serum sample.
28. The method of any one of claims 1 to 27, wherein the control sample is from a healthy individual, a generalized population of healthy individuals, a CAD patient that has remained free of any major CVD complications, or a group of CAD patients that has remained free of any major CVD complications.
29. The method of any one of claims 1 to 28, wherein the one or more complications of atherosclerosis to be prevented is one or more of: myocardial infarction, acute myocardial infarction, angina pectoris, transient ischemic attack, stroke and death, and wherein the one or more complications of atherosclerosis to be treated is one or more of: myocardial infarction, acute myocardial infarction, angina pectoris, transient ischemic attack and stroke.
30. Use of a sample from a subject for diagnosing the presence of, or a risk of developing, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, the sample having an increased concentration of one or more lipids as compared to a control sample,
- each of the one or more lipids with an increased concentration being selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0).

31. Use of a sample from a subject for evaluating the effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having a decreased concentration of one or more lipids as compared to a control sample,

each of the one or more lipids with a decreased concentration being selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0).

32. Use of a sample from a subject for selecting an appropriate treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having an increased concentration of one or more lipids as compared to a control sample,

each of the one or more lipids with an increased concentration being selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0).

33. The use of claim 31 or 32, wherein the treatment comprises a lipid modifying treatment.

34. The use of claim 30 or 32, wherein the one or more lipids having the increased concentration comprises Cer(d18:1/18:0), Cer(d18:1/24:1), or Cer(d18:1/16:0).

35. The use of claim 31, wherein the one or more lipids having the decreased concentration comprises Cer(d18:1/18:0), Cer(d18:1/24:1), or Cer(d18:1/16:0).

36. The use of any one of claims 30 to 35, wherein the sample has at least 2, at least 3, at least 4, at least 5, at least 6, or at least 7 lipids with an increased or decreased concentration.

37. Use of a sample from a subject for diagnosing the presence of, or a risk of developing, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis,

in the subject, the sample having one or more increased or decreased lipid-lipid ratios as compared to a control sample,

each of the one or more lipid-lipid ratios that is increased selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); and

each of the one or more lipid-lipid ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

38. Use of a sample from a subject for evaluating the effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having one or more increased or decreased lipid-lipid ratios as compared to a control sample,

each of the one or more lipid-lipid ratios that is decreased selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); and

each of the one or more lipid-lipid ratios that is increased selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

39. Use of a sample from a subject for selecting an appropriate treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having one or more increased or decreased lipid-lipid ratios as compared to a control sample,

each of the one or more lipid-lipid ratios that is increased selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3),

Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/ Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0); and

each of the one or more lipid-lipid ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

40. The use of claim 38 or 39, wherein the treatment comprises a lipid modifying treatment.
41. The use of claim 37 or 39, wherein the one or more increased lipid-lipid ratios comprises Cer(d18:1/16:0)/Cer(d18:1/26:0), Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, or Cer(d18:1/16:0)/LPC 16:0, or the one or more decreased lipid-lipid ratios comprises Cer(d18:1/24:0)/Cer(d18:1/24:1), or Cer(d18:0/24:0)/Cer(d18:1/16:0).
42. The use of claim 38, wherein the one or more decreased lipid-lipid ratios comprises Cer(d18:1/16:0)/Cer(d18:1/26:0), Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, or Cer(d18:1/16:0)/LPC 16:0, or the one or more increased lipid-lipid ratios comprises Cer(d18:1/24:0)/Cer(d18:1/24:1), or Cer(d18:0/24:0)/Cer(d18:1/16:0).
43. The use of any one of claims 37 to 42, wherein the sample has at least 2, at least 3, at least 4, at least 5, at least 6, at least 7, or at least 8 increased lipid-lipid ratios and/or decreased lipid-lipid ratios.
44. Use of a sample from a subject for diagnosing the presence of, or a risk of developing, atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis,

in the subject, the sample having one or more increased or decreased lipid-clinical concentration ratios as compared to a control sample,

each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; and

each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

45. Use of a sample from a subject for evaluating the effectiveness of a treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having one or more increased or decreased lipid-clinical concentration ratios as compared to a control sample,

each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; and

each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

46. Use of a sample from a subject for selecting an appropriate treatment of atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis, in the subject, who is known to be at risk to develop, or known to be suffering from, atherosclerosis or CVD or one or more complications of atherosclerosis, the sample having one or more increased or decreased lipid-clinical concentration ratios as compared to a control sample,

each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol; and

each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG, Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG, Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

47. The use of claim 45 or 46, wherein the treatment comprises a lipid modifying treatment.
48. The use of any one of claims 44 to 47, wherein the sample has at least 2, at least 3, at least 4, at least 5, at least 6, at least 7, or at least 8 increased lipid-clinical concentration ratios and/or decreased lipid-clinical concentration ratios .
49. The use of any one of claims 30 to 48, wherein:
 - (a) the CVD is characterized by one or more of coronary artery disease, peripheral artery disease, a stroke and CVD death; or
 - (b) the subject has atherosclerosis; or
 - (c) both (a) and (b); or
 - (d) the subject does not have atherosclerosis.

50. The use of any one of claims 30 to 49, wherein:
- (a) the use further comprises use of one or more of total cholesterol, low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), Apolipoprotein B (ApoB) and Apolipoprotein C-III (ApoC-III) in the sample; or
 - (b) the subject does not have elevated serum levels of one or more of total cholesterol, low-density lipoprotein cholesterol (LDL-C), Apolipoprotein C-III (ApoC-III) and Apolipoprotein B (ApoB), or a decreased serum level of HDL-cholesterol (HDL-C); or
 - (c) both (a) and (b).
51. The use of any one of claims 30 to 50, wherein the subject:
- (a) is undergoing or has undergone treatment with one or more statins or any other HMG-CoA reductase inhibitor; or
 - (b) has not yet undergone statin therapy or therapy with any other HMG-CoA reductase inhibitor.
52. The use of claim 51, wherein the statin is selected from the group consisting of atorvastatin, cerivastatin, fluvastatin, fluvastatin XL, lovastatin, pitavastatin, pravastatin, rosuvastatin and simvastatin.
53. The use of any one of claims 30 to 52, wherein the use comprises use of one or more of the following techniques: mass spectrometry, nuclear magnetic resonance spectroscopy, fluorescence spectroscopy, dual polarisation interferometry, a high performance separation technique, an immunoassay and use of a binding moiety that specifically binds the lipid or a biomolecule that provides the clinical concentration.
54. The use of any one of claims 30 to 53, wherein the use is for one or more of:
- (a) determining a risk of the patient to develop CVD;
 - (b) determining early warning signs of CVD in the patient;
 - (c) determining or predicting the occurrence of atherosclerosis in a patient; and
 - (d) predicting or diagnosing CVD or one or more of the following CVD complications: death, myocardial infarction (MI), angina pectoris, transient ischemic attack (TIA) and stroke.
55. The use of any one of claims 30 to 54, wherein the subject has suffered from a cardiovascular disease.

56. The use of any one of claims 30 to 55, wherein the sample from the subject is a blood sample or a serum sample.
57. The use of any one of claims 30 to 56, wherein the use further comprises use of a control sample from: a healthy individual, a generalized population of healthy individuals, a CAD patient that has remained free of any major CVD complications, or a group of CAD patients that has remained free of any major CVD complications.
58. The use of any one of claims 30 to 57, wherein the one or more complications of atherosclerosis to be prevented is one or more of: myocardial infarction, acute myocardial infarction, angina pectoris, transient ischemic attack, stroke and death, and wherein the one or more complications of atherosclerosis to be treated is one or more of: myocardial infarction, acute myocardial infarction, angina pectoris, transient ischemic attack and stroke.
59. A kit for predicting or detecting atherosclerosis or cardiovascular disease (CVD), wherein the kit comprises:
- (a) a lipid standard chosen from the lipids defined in any one of claims 1, 8 and 15;
 - and
 - (b) one or more control lipidomic markers.
60. The kit of claim 59, further comprising an antibody against any one of the lipids defined in any one of claims 1, 8, 15, 30, 37 and 44.
61. The kit of claim 59 or 60, further comprising reagents for performing the methods.
62. Use of a kit as defined in any one of claims 59 to 61 for predicting or detecting atherosclerosis or cardiovascular disease (CVD), wherein the use comprises mass spectrometry.
63. Use of a drug for preventing or treating atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis in a subject,
- wherein the drug is a statin or any other HMG-CoA reductase inhibitor; niacin (nicotinic acid); a cholesterol absorption inhibitor; a cholesteryl ester transfer protein (CETP); a bile acid sequestrant; a fibrate; or a phytosterol;
- and wherein the subject has previously been identified as having an increased concentration of one or more lipids as compared to a control sample,
- each of the one or more lipids with an increased concentration selected from the group consisting of:

Cer(d18:1/16:0), Cer(d18:1/18:0), Cer(d18:1/20:0), Cer(d18:1/24:1),
Cer(d18:0/24:1), and Cer(d18:1/26:0).

64. Use of a drug for preventing or treating atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis in a subject,

wherein the drug is a statin or any other HMG-CoA reductase inhibitor; niacin (nicotinic acid); a cholesterol absorption inhibitor; a cholesteryl ester transfer protein (CETP); a bile acid sequestrant; a fibrate; or a phytosterol;

and wherein the subject has previously been identified as having one or more increased or decreased lipid-lipid ratios as compared to a control sample,

each of the one or more lipid-lipid ratios that is increased selected from the group consisting of:

Cer(d18:1/16:0)/PC 16:0/20:4, Cer(d18:1/16:0)/PC 18:0/18:2, Cer(d18:1/16:0)/PC 32:1, Cer(d18:1/24:1)/PC 32:1, Cer(d18:1/16:0)/PC 33:2 (PC O-34:2), Cer(d18:1/16:0)/PC 33:3 (PC O-34:3), Cer(d18:1/22:0)/PC 33:3 (PC O-34:3), Cer(d18:1/24:1)/PC 33:3 (PC O-34:3), Cer(d18:1/16:0)/PC 34:1, Cer(d18:1/16:0)/PC 34:2, Cer(d18:1/24:1)/PC 34:2, Cer(d18:1/16:0)/PC 34:3, Cer(d18:1/24:1)/PC 34:3, Cer(d18:1/16:0)/PC 35:3 (PC O-36:3), Cer(d18:1/16:0)/PC 35:4 (PC O-36:4), Cer(d18:1/24:1)/PC 35:4 (PC O-36:4), Cer(d18:1/16:0)/PC 36:2, Cer(d18:1/16:0)/PC 36:4, Cer(d18:1/24:1)/PC 38:4, Cer(d18:1/22:0)/PC 39:0 (PC O-40:0), Cer(d18:1/22:0)/PC 40:7, Cer(d18:1/16:0)/LPC 16:0, Cer(d18:1/20:0)/LPC 18:2, Cer(d18:1/22:0)/LPC 18:2, Cer(d18:0/22:0)/PE 36:2, Cer(d18:1/16:0)/Total LPC, Cer(d18:1/16:0)/Total PC, Cer(d18:1/16:0)/PC 18:1/18:2, Cer(d18:1/16:0)/LPC 18:1, Cer(d18:1/16:0)/PC 36:3, Cer(d18:1/24:1)/LPC 18:2, Cer(d18:1/16:0)/LPC 18:2, Cer(d18:1/16:0)/SM (d18:1/24:1) (d18:1/23:2-OH), Cer(d18:1/16:0)/PC 35:3 (PC O-34:3), and Cer(d18:1/16:0)/Cer(d18:1/26:0),

and each of the one or more lipid-lipid ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Cer(d18:1/24:1), Cer(d18:0/24:0)/Cer(d18:1/16:0), CE 16:0/Cer(d18:1/16:0), CE 18:2/Cer(d18:1/16:0), CE 18:1/Cer(d18:1/16:0), CE 22:6/Cer(d18:1/16:0), CE 18:0/Cer(d18:1/16:0), CE 20:4/Cer(d18:1/24:1), CE

18:2/Cer(d18:1/24:1), CE 18:2/Cer(d18:1/16:0), Cer(d18:0/24:0)/DAG 16:1/16:1, and CE 16:1/Cer(d18:1/16:0).

65. Use of a drug for preventing or treating atherosclerosis or cardiovascular disease (CVD) or one or more complications of atherosclerosis in a subject,

wherein the drug is a statin or any other HMG-CoA reductase inhibitor; niacin (nicotinic acid); a cholesterol absorption inhibitor; a cholesteryl ester transfer protein (CETP); a bile acid sequestrant; a fibrate; or a phytosterol;

and wherein the subject has previously been identified as having one or more increased or decreased lipid-clinical concentration ratios as compared to a control sample,

each of the one or more lipid-clinical concentration ratios that is increased selected from the group consisting of:

Cer(d18:1/16:0)/apolipoprotein B, Cer(d18:1/16:0)/HDL cholesterol, Cer(d18:1/16:0)/HDL cholesterol ester, Cer(d18:1/16:0)/HDL phospholipid, Cer(d18:1/16:0)/total cholesterol, Cer(d18:1/16:0)/Chol, Cer(d18:1/16:0)/cholesterol ester, Cer(d18:1/16:0)/free cholesterol, Cer(d18:1/16:0)/LDL phospholipid, Cer(d18:1/16:0)/phospholipid, Cer(d18:1/16:0)/apolipoprotein E, Cer(d18:1/16:0)/body mass index, Cer(d18:1/20:0)/apolipoprotein A-I, Cer(d18:1/20:0)/HDL phospholipid, Cer(d18:0/22:0)/apolipoprotein A-II, Cer(d18:0/22:0)/HDL cholesterol ester, Cer(d18:1/22:0)/apolipoprotein A-I, Cer(d18:1/22:0)/cholesterol ester, Cer(d18:1/22:0)/LDL cholesterol, Cer(d18:1/22:0)/total cholesterol, Cer(d18:0/24:1)/apolipoprotein A-II, Cer(d18:0/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-II, Cer(d18:1/24:1)/cholesterol ester, Cer(d18:1/24:1)/LDL, Cer(d18:1/24:1)/LDL phospholipid, Cer(d18:1/16:0)/apolipoprotein A-I, Cer(d18:1/16:0)/apolipoprotein A-II, Cer(d18:1/16:0)/HDL, Cer(d18:0/22:0)/apolipoprotein A-I, Cer(d18:0/24:1)/cholesterol ester, Cer(d18:1/24:1)/apolipoprotein A-I, Cer(d18:1/24:1)/HDL cholesterol ester, Cer(d18:1/24:1)/total cholesterol, Cer(d18:1/22:0)/apolipoprotein A-II, Cer(d18:1/24:1)/HDL, and Cer(d18:1/24:1)/Chol;

and each of the one or more lipid-clinical concentration ratios that is decreased selected from the group consisting of:

Cer(d18:1/24:0)/Chol, Cer(d18:1/26:0)/Chol, Cer(d18:1/18:0)/TG,
 Cer(d18:1/22:0)/TG, Cer(d18:1/26:0)/TG, Cer(d18:0/22:0)/TG,
 Cer(d18:0/24:1)/TG, Cer(d18:0/24:0)/TG, and Cer(d18:1/24:0)/TG.

66. The use of any one of claims 63 to 65, wherein the cholesterol absorption inhibitor is ezetimibe or SCH-48461; the cholesteryl ester transfer protein (CETP) inhibitor is torcetrapib, anacetrapib or JTT-705; the bile acid sequestrant is colesevelam, cholestyramine or colestipol; or the fibrate is fenofibrate, gemfibrozil, clofibrate, or bezafibrate.
67. The use of any one of claims 63 to 66, wherein the statin is atorvastatin, cerivastatin, fluvastatin, fluvastatin XL, lovastatin, pitavastatin, pravastatin, rosuvastatin or simvastatin.
68. The use of any one of claims 63 to 67, wherein the subject has suffered from a cardiovascular disease.
69. The use of any one of claims 63 to 68, wherein the control sample is from a healthy individual, a generalized population of healthy individuals, a CAD patient that has remained free of any major CVD complications, or a group of CAD patients that has remained free of any major CVD complications, wherein the control sample is a blood sample, or a serum sample.
70. The use of any one of claims 63 to 69, wherein the one or more complications of atherosclerosis to be prevented is one or more of: myocardial infarction, acute myocardial infarction, angina pectoris, transient ischemic attack, stroke and death, and wherein the one or more complications of atherosclerosis to be treated is one or more of: myocardial infarction, acute myocardial infarction, angina pectoris, transient ischemic attack and stroke.
71. The use of any one of claims 63 to 70, wherein the drug is for administration at such a dose that the one or more lipid concentrations, lipid-lipid ratios or lipid-clinical concentration ratios do not significantly change when compared to a control sample.

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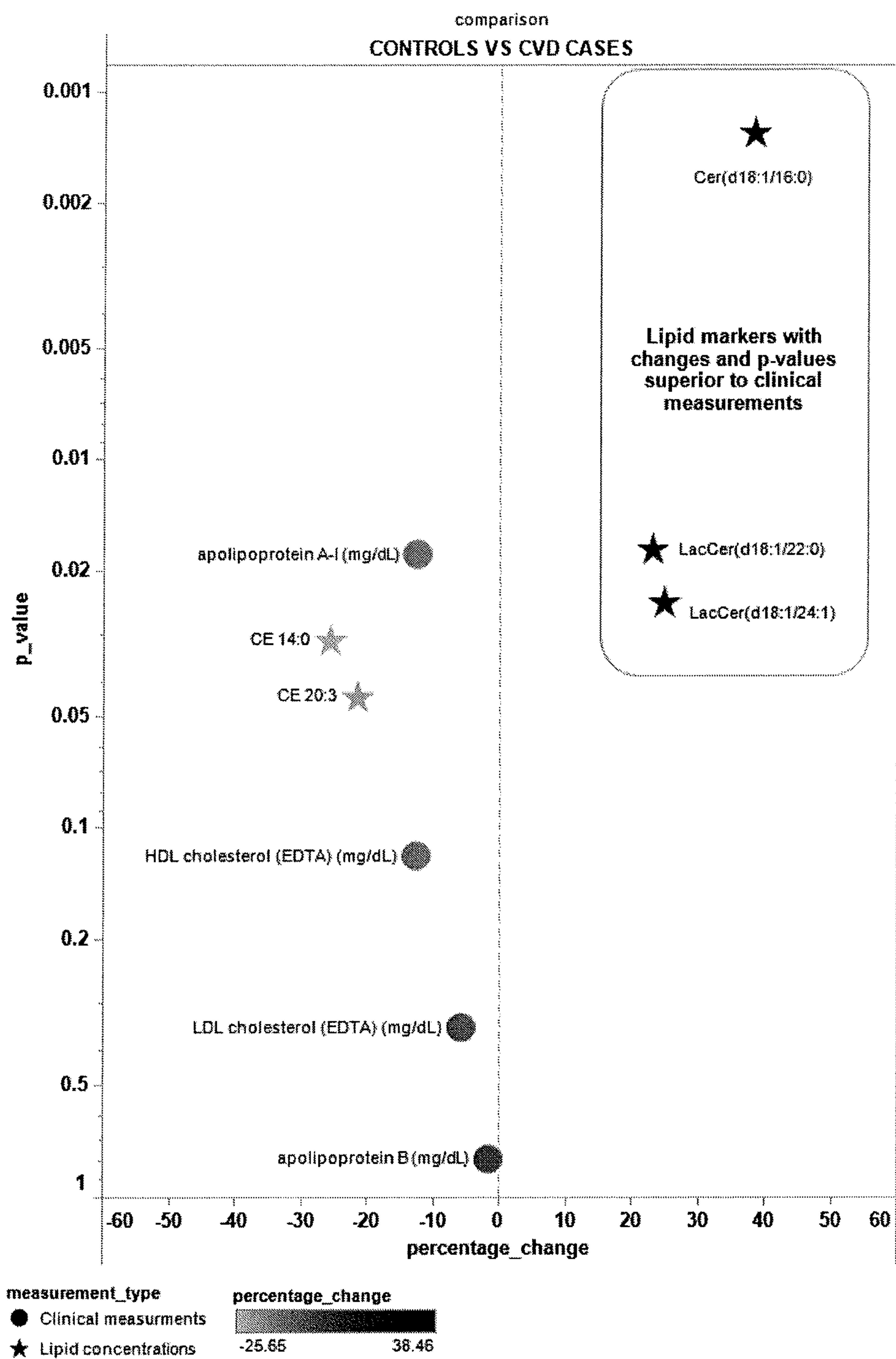


Figure 1.

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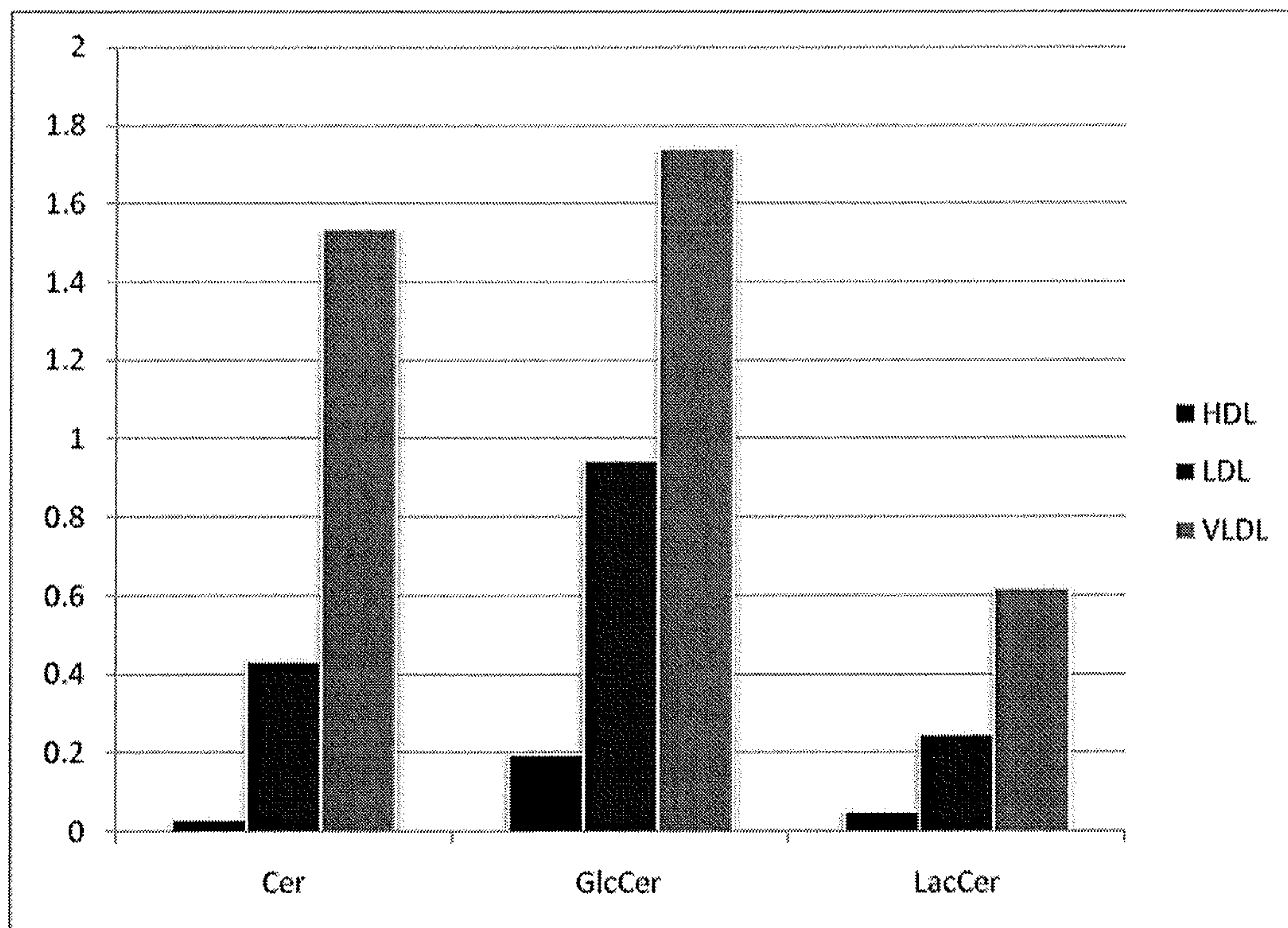
**Figure 2.**

Figure 3.

