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HEALTHSPAN & PREVENTIVE MEDICINE
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Patient Name:

Date of Birth:

Date of Assessment: 2026-07-01

Attending Provider: Michael Leone, MD

Overall Assessment & Clinical Summary

Dear

It was a pleasure reviewing your history and labs for your Healthspan Blueprint. Based on your intake, your primary focus seems to be preserving your quality of life into old age while working on fat loss now and controlling long-term disease risk. Your 10-year cardiovascular risk is 23.8%, which is higher than expected for a male of your age, largely driven by your current cholesterol markers despite being on statin therapy. Your 30-year neurocognitive risk of 71.0% is also higher than expected, given your family history and current sleep apnea diagnosis. From a metabolic standpoint, your current glucose and A1c levels (a three-month average of your blood sugar) are reassuring, placing your metabolic risk in a better position than many of your peers. Since you are unsure about how aggressive you want to be, this report provides a balanced evidence-based middle ground, focusing on high-impact changes you could make to your health that will yield the greatest long-term protection with the least amount of risk.

Calculated Disease Risk Scores

Computed natively from 29 extracted biometrics using delaeMD's Healthspan Engine.

Disease Module	10-yr Risk	30-yr Risk
Cardiovascular	23.8%	57.8%
Metabolic	33.6%	57.8%
Cancer	17.9%	45.2%
Neurocognitive	5.5%	71.0%

Cardiovascular = clinically significant atherosclerotic disease such as heart attack or stroke. Metabolic = type 2 diabetes. Cancer = all forms of cancer. Neurocognitive = all forms of dementia.

Comprehensive Health Domain Assessments

▪ Cardiovascular Disease Prevention

Your cardiovascular profile shows that there is more work to be done despite taking Crestor. Your ApoB (a count of the cholesterol-carrying particles most responsible for clogging arteries) is 95 mg/dL, and your LDL (often called 'bad' cholesterol) is 110 mg/dL. Both are above our targets of 80 mg/dL and 100 mg/dL, respectively. Additionally, your triglycerides (fats in the blood) are elevated

at 166 mg/dL, and your Lipoprotein(a)—a genetically determined particle that increases heart disease risk—is comfortably low at 25 nmol/L.

Given that these numbers remain elevated while on a statin, it might be worth either implementing cholesterol reducing lifestyle behaviors or increasing your dose of Crestor. Achieving lower ApoB levels significantly reduces the chance of plaque buildup over the coming decades. I would recommend you discuss a potential dose adjustment or the addition of a second agent with your doctor to get these numbers into a truly protective range. You could also consider getting a Coronary Artery Calcium Score (about $100 out of pocket) to see how much plaque build up you already have. The results of this may help you decide whether to increase your Crestor or not.

- **Metabolic Disease Prevention**

  Your metabolic health is a current strength. Your fasting glucose of 91 mg/dL and Hemoglobin A1c (three-month blood sugar average) of 5.4% are both within the ideal ranges for longevity. Using your fasting insulin of 10.3 and glucose, your calculated HOMA-IR (a measure of how well your body responds to insulin) is 2.31, which suggests very mild insulin resistance.

  Your ALT of 28 U/L is a reassuring marker of liver health, though your triglycerides are slightly high at 166 mg/dL (although this can be elevated if you were not fasting). If high despite fasting, elevation in blood fats often relates to the 'weekend' dietary patterns you mentioned. Based on your height and weight, your BMI is 26.5, which barely falls into the 'overweight' category. Focusing on body composition by reducing visceral fat (the fat deep around your organs) will be the most effective way to keep your insulin sensitivity high and your metabolic risk low as you move into older age.

- **Early Cancer Detection**

  You are currently up to date with colonoscopy, which is excellent as it allows for the direct removal of pre-cancerous polyps. At age 57, you are in the window where consistent screening is most impactful.

  I recommend you continue following the interval suggested by your gastroenterologist based on your last findings. Since you mentioned no other recent screenings, ensure you are receiving annual skin checks with your PCP or dermatologist. A manual prostate exam with your PCP is worth considering for prostate cancer as well as a yearly PSA. While you are above age 45, the threshold where we begin mentioning options like whole-body MRI or Galleri blood tests, these remain supplemental and should not replace your standard-of-care screenings. These supplemental cancer screening tests (whole-body MRI and Galleri tests) also come with some risks which, given that you are unsure with how aggressive you want to be, should be discussed first with a doctor before pursuing.

- **Neurocognitive Disease Prevention**

  This is an area where we have a significant opportunity to be proactive. Your mother's diagnosis of Alzheimer's at 84 and your own history of sleep apnea are two primary factors to manage. Sleep apnea is closely linked to cognitive decline because it disrupts the 'glymphatic system,' which is essentially the brain's waste-clearance system that operates most effectively during deep sleep.

  You might consider ApoE testing to understand your genetic predisposition for Alzheimer's. This information can be a double-edged sword: it offers a clear look at your risk, but it also carries implications for long-term insurance and family. Regardless of genetics, the best for your 'cognitive reserve' (the brain's ability to withstand age-related changes) involves ensuring your blood pressure is within normal range, sleep quality is optimized, and alcohol intake is kept to a minimum. In general, what's good for the heart is also good for the brain, so achieving greater control of your cholesterol by increasing your Crestor can help reduce your risk of dementia as well.

In addition, exercise, specifically aerobic training, and engaging in cognitively stimulating activities are high yield lifestyle behaviors that can prevent cognitive decline. The MIND diet, which is similar to the Mediterranean diet, is also worth looking into, as it has been suggested to be neuroprotective as well.

- **Exercise**

  You have a solid foundation with hockey and treadmill work, but we can refine this to better build 'physiological reserve'—the surplus capacity in your muscles and heart that ensures you stay independent as you age. Your resistance training hits the major muscle groups, but I suggest ensuring you are doing the '6 Core Movements' (squat, hinge, push, pull, carry, and rotation) to maximize functional strength (the movements that will be crucial as you age). You can Google these movements online and find exercises you're most comfortable with.

  Your Zone 2 incline walking is excellent for metabolic health, but adding one dedicated session of High-Intensity Interval Training (HIIT) would be beneficial, especially for cognitive health. HIIT, such as 4 minutes of hard effort followed by 4 minutes of recovery, specifically helps improve your VO2 max (your body's maximum ability to use oxygen). A higher VO2 max is one of the strongest predictors of a long, healthy life.

- **Nutrition**

  Your weekday routine is high in lean protein (1.4 - 2.0 grams per kilogram is our target) and fiber, which is perfect for maintaining muscle mass. However, the 'weekend' pattern is likely what is stalling your fat loss goals. The extra carbs and fats, combined with alcohol, can quickly negate a weekly calorie deficit. Aim to be adherent to your high quality diet 90-95% of the time.

  I suggest focusing on the 'why' behind protein and fiber: protein stimulates muscle synthesis, especially if spread throughout the day, while fiber binds to bile acids in the gut and helps your body clear excess cholesterol. Try to keep your weekend 'treats' to a single meal rather than a full two-day window to maintain your fat-loss momentum.

- **Sleep**

  Your sleep apnea is a top-tier health priority. Using a mouthguard is a good start, but if you are still feeling unrefreshed or if your 'up at 8 AM' is due to multiple awakenings, we should be more thorough.

  You currently go to bed at 1 AM, which may be limiting your window for deep, restorative sleep. However, going to be late and sleeping in may just be your "normal". During deep sleep, the brain expands its fluid channels to flush out metabolic waste, including proteins linked to Alzheimer's. Shifting your bedtime earlier and ensuring your mouthguard is effectively preventing oxygen drops is vital for protecting your brain health long-term.

- **Other Lifestyle**

  Your current alcohol consumption of 10-15 drinks weekly is a meaningful contributor to your cardiovascular and neurocognitive risk. Alcohol produces acetaldehyde, a byproduct that accelerates 'epigenetic aging' (chemical changes to your DNA that make your cells act older than they are).

  For a patient with a family history of dementia and struggles with fat loss, reducing alcohol is one of the highest-yield moves you can make. It will improve your sleep quality, lower your triglycerides, and make it much easier to maintain the calorie deficit you are seeking for your body composition goals.

Strategic Clinical Plan & Recommendations

Self-Directed Lifestyle Recommendations

1. Try shifting your bedtime to 11:30 PM to allow for a longer sleep window and better glymphatic clearance of brain waste.
2. Reduce alcohol intake to no more than 7 standard drinks per week to lower biological aging and improve sleep architecture.
3. Add one weekly session of HIIT (4 minutes on, 4 minutes off for 4 sets) to increase your VO2 max and cardiovascular efficiency.
4. Ensure your resistance training includes 'carries' (like walking with heavy dumbbells) and 'rotation' (like cable wood chops) to build functional durability.
5. Limit processed carbohydrates and alcohol on the weekends to help maintain the calorie deficit needed for fat loss.
6. Continue your Creatine (5g daily) as it supports both muscle cell energy and cognitive function.
7. Consider adding a high-quality Omega-3 supplement (aiming for 2g of combined EPA/DHA) to support heart health and lower triglycerides.
8. Continue your Folic Acid as prescribed, but discuss with your PCP if a B-complex is better suited for your homocysteine levels if they were ever elevated.

Recommendations for Primary Care Collaboration

1. Request a repeat lipid panel at your next visit to discuss if your Crestor dose should be increased or if ezetimibe should be added to reach an ApoB target of <80 mg/dL.
2. Consider getting a Coronary Artery Calcium Scan to further stratify your risk of heart disease.
3. Discuss a follow-up sleep study (or a home sleep apnea test) to ensure your mouthguard is effectively treating your sleep apnea.
4. Ask your doctor about a standing referral for a yearly skin cancer screening given your age or ask them to do it themselves.
5. If you're interested in advanced cancer screening such as the whole-body MRI or Galleri tests, discuss the risks and benefits with your doctor or join the waitlist for our Healthspan Partnership program and discuss with one of our delaeMD physicians.

Transitioning to Longitudinal Management

Shifting from an initial risk assessment to longitudinal healthspan management requires ongoing diagnostic coordination. delaeMD will soon offer a dedicated, continuous care membership tier for individuals seeking a long-term healthspan specialist. Interested patients can log their contact preferences on our website at delaemd.com to receive notification when panel enrollment opens.

Warmly,

Michael Leone, MD
delaeMD Healthspan Physician