

SPEAKER: So conventionally, in Europe, targets for secondary prevention in patients with established cardiovascular disease have been to get LDL cholesterol below 70 milligrams per deciliter using statins or statins and ezetimibe, and of course, diet and lifestyle interventions. Now, this is likely to change probably in the coming months and years because we now have evidence that going lower is actually associated with benefit. In fact, ODYSSEY outcomes was one of the very few trials that proposally tested a new target.

Previous statin trials did not test a target. They tested an intervention. FOURIER tested an intervention. What ODYSSEY outcomes did was truly take patients above 70 and proposally try to get them below 50. And we did find that this was associated with benefit and reduction in cardiovascular outcomes and lower all-cause mortality. So it does argue strongly for lowering the target to below 50 and whether going even further below would be beneficial, I think, remains to be examined.