PHILIPPE GABRIEL STEG: Things have become very standardized in terms of secondary prevention after ACS and PCI for patients with established coronary arterial disease worldwide. We generally start a high-dose intensive statin therapy immediately at the time of hospitalization, even before PCI, if possible. And we routinely use high doses of atorvastatin or rosuvastatin, regardless of baseline LDL cholesterol levels.

We will try to achieve the minimum goal of 100 and generally, the recommended target of less than 70. And ideally, now that we have the results of ODYSSEY Outcome, I tend to even target slightly lower values below 50 because that is the target we had in ODYSSEY Outcomes, and it was associated with additional benefit.

To do this, I start off with intensive statin therapy immediately in hospital and continued as long as possible. I routinely add ezetimibe if this is not sufficient. Now, if this does not achieve the minimum target of 100 in a patient with established coronary arterial disease in whom I've done an intervention, I would consider adding additional therapy, and that would be a PCSK9 inhibitor.