

**ANDREAS**

**ZEIHER:**

I think that the target for coming below 50 are patients with multivessel disease, where we do know they do have a higher risk. It's patients who do have disease in multiple vascular beds. For example, not only the coronaries, but they also have carotid stenosis or peripheral arterial occlusive disease, which by itself makes them a high risk. And in those patients, actually, the data both from FOURIER as well as from ODYSSEY outcome, point towards an additional benefit if you can come below 50.

We don't know yet how low we should go and how low we can go because there might be some safety issues if you go too, too low. In the long term in both studies, both FOURIER and ODYSSEY outcome are limited with the time of follow-up up to 3 years, and ODYSSEY, at least some patients up to 3 and 1/2 and almost 4 years. But I think it's fair to say that in those high risk patients with polyvascular disease, coronary multivessel disease, it's fair to go below 50, because we do see an effect there.

And we have a very nice spline analysis of the ODYSSEY outcome trial, where actually the confidence interval for a household reduction actually cuts the one line exactly at the 50 milligrams per deciliter LDL cholesterol. So there is some retrospective indication that this would be a target to go for these patients.