SPEAKER: One important reality check we need to have is that there are patients-- I have patients-- who have established cardiovascular disease, multiple episodes of acute coronary syndromes, extensive coronary artery disease, and persistently elevated LDL cholesterol despite maximum statin therapy with or without ezetimibe. And I would like to use PCSK9 inhibitors in these patients. But currently, both in the US and in Europe, it can be challenging.

In some countries in Europe, such as my own country, France-- and this is highly dependent on each country reimbursement process-- access to PCSK9 inhibitors is still very, very restricted. For the time being, the reimbursement for aluricumab is mostly afforded by payers for patients was familial hypercholesterolemia, who have are candidates for LDL apheresis. So it's a very, very small proportion of patients.

For the rest of those patients, in whom I know from the trial data that they would derive benefit, that there's very little risk of the treatment, I'm not able to provide them with a prescription that would be reimbursed and, therefore, only those who are affluent enough to afford the substantial costs out of pocket of these agents can be using these agents. So that's a-- I think it's an important feature or issue that we need to keep in mind-- the discrepancy between the current state of evidence of benefit of these agents and the actual use in clinical practice because of the administrative and financial barriers to the use of these agents.