

ULF Working in the cath lab, I see a lot of patients with coronary disease. And of course, beyond optimal
LANDMESSER: interventional treatment of these patients, we think how we can limit the progression of disease. And regarding PSK9 inhibition, what comes first to my mind is to really-- that we are careful in identifying patients who have familial hypercholesterolemia.

And as you know, many of these patients are actually not diagnosed with this disease. So that would be the first aim, to really get better at identifying patients who have familial hypercholesterolemia who don't-- even on starting statin monotherapy, achieve at a reasonable level of cholesterol, need to be treated more intensely.

Then, of course, we see patients who have progressive disease despite statin therapy. And here, in particular, I think to young patients with extensive coronary disease. And there, clearly, we can envisage that in the long term, these patients would then fit for more intense LDL lowering. This would be a second group of patients that comes to my mind and, I think, who really will benefit from this additional new therapy.