

**SPEAKER:** So from the Canadian guideline perspective, we've always had a treat to target or a so-called LDL cholesterol goal. And that has moved progressively lower over the course of time as more and more clinical trial data have suggested that not only is lower better. But perhaps, lowest is absolutely the best.

It's true that there is no clear clinical trial or evidence based support for a specific number or range. And so we've maintained a level that has suggested, for example, in a high atherosclerotic cardiovascular risk patient that should be on statin therapy that the LDL cholesterol target should ideally be below about 2 millimoles per liter. And in patients with established atherosclerotic cardiovascular disease, and for example, a recent acute coronary syndrome, probably less than 1.81 millimoles per liter. So that translates into 70 mg per deciliter in the American units.

And so that's a target below which at least our 2016 Canadian guidelines recommended that we should be aiming towards. Now, I suspect that the American guidelines, and I have no knowledge-- we'll hear more very shortly-- and also the Canadian guidelines, if they land on any type of target or range, I suspect that should be even lower in high vascular risk patients. Because of trials like FOURIER and ODYSSEY Outcomes, where we actually use the treat to target range have consistently suggested that even going lower than that is associated with reduction in cardiovascular outcomes.