

SPEAKER: So for the patient population that has diabetes but hasn't yet manifested with atherosclerotic cardiovascular disease, we don't have clinical outcome studies with PCSK9 inhibition to definitively say that that's a patient that should, in addition to statin, plus or minus ezetimibe, who hasn't achieved an LDL target or goal that we necessarily are mandated to put that high risk patient on PCSK9 inhibition. If it was me, if it was my dad, I would lean in that direction, even though we don't have outcome data. So from a clinical standpoint, we all recognize those are high risk patients. And the fact that they haven't yet had an episode of chest pain or had the misfortune of having a heart attack doesn't mean that they aren't at particularly high risk.

And that's not all patients with diabetes. But this is going to be dependent on the duration of their diabetes, and some other comorbidities, like hypertension, smoking, other things that are going to accelerate the atherosclerotic process. So while it's not definitive, in terms of the use of PCSK9 inhibition and reducing outcomes in patients with diabetes in the absence of yet manifest atherosclerotic cardiovascular disease, I think, clinically, it's certainly a group to think about.