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If we have a wonderful new type of medicine, of course, it should be cost-effective. You want to really be treating your patients good. And it should be also a good deal with society.

JUKEMA:

So then you have to look, which type of patient is the most suitable patient for a novel drug that has proven itself in two large outcome trials, like the FOURIER and the ODYSSEY outcome trials. Where is the optimal place for which type of patient? Where is the biggest bang for the buck? And then you immediately think, of course-- I will not dwell on that. It is in high-risk primary prevention, let's say for familial hypercholesterolemia with severe disease.

But, of course, although not infrequent, this is not where the most patients are. The most patients in our daily practice-- and I'm doing interventional cardiology as well-- is the patients that come to you, have severe atherosclerosis, coronary atherosclerosis. And those are patients at really high risk.

Some of them are frequent flyers. You see them over and over again. And you try to do the best for those patients.

You give them a statin therapy, as much as they can tolerate. You add ezetimibe. Still they are frequent flyers. And it may be not a goal because you cannot do a better job than you have done with the current medication.

And I think this type of patients really could benefit for a PCSK9 inhibitor. For instance, a patient that has a myocardial infarction. Six months later, he comes back with novel complaints. You do a cath. And, oh, gosh, despite all the good medications you gave, there's clear progression of disease. Another reanalysis, but in another vessel or the same vessel in another place.

And so apparently this is not enough for this patient. So this is really the type of patient where you could say, OK, this patient will probably benefit from a PCSK9 inhibitor.

Patients that are clearly at enhanced risk. For instance, if they have myocardial infarction or multiple vessel disease, plus diabetes. We do know that these patients progress rapidly sometimes. Sometimes it's difficult to get them even near a reasonable LDL goal.

And also this type of patients, you try to do your utmost best. But very often you cannot get near to the goal. You know they have a high chance of coming back to you. And also this type of patient could be a real good patient for a PCSK9 inhibitor.

So we do have to look together, where is the biggest bang for the buck? It seems that it's obvious, and it's not trivial. But we do have to realize that. That we do have patients that are just-- with the current medications, we cannot get where we want. And if you have your patients across on the other side of the desk, I do think that we have now something to offer to these patients. So that's good.

If you look at the trials, like FOURIER, if you look at ODYSSEY outcomes, I think they identify this high-risk type of patients. And if you do like a cost analysis and you look what is reasonable for this type of patients, what the society can afford, I think we're getting in pretty good shape now. We do realize that this type of medication is not cheap. It's not suitable for everybody, also not necessary for everybody.

But if you really need it in this type of high-risk patients, I think we can do a good job over here. So I do think that this type of novel medication is a real good thing to all the type of medications we have currently.