

SPEAKER: The decision on PCSK9 inhibitors is yes or no, that's binary. But risk is not binary. Risk is continuous. And not only is it continuous as a single curve, that whole curve is shifted depending upon the constellation of risk factors in that individual. So it'd be really nice to be able to say to a clinician, if your patient is at X, boom, they're in. And actually, if they are heterozygous FH, if they've had recurrent vascular events, if they've failed to achieve LDLs of, let's say, 100 on ezetimibe and high-dose statin, then they're in.

But there's another group with progressive vascular disease. And we see them, the recurrent events, and the diffuse vascular events. And we're really worried about them. What I would urge clinicians to do is to look not only at the single numbers, but the collection of risk factors in these individuals. Because that is what's determining the outcome events. And look backwards. Because if this patient has a pattern of recurrent events, then these are the individuals that we should really target.