SPEAKER: So there are a number of people with diabetes who are reasonably well controlled with their glucose and blood pressure and are on a high-intensity statin. They've had a previous MI. And they keep having minor cardiovascular events. They have acute coronary syndrome without an MI. They keep coming into hospital. They get chest pain off and on. Perhaps they have TIAs.

And although they haven't had their second event, they're like a time bomb ticking under them. And then we need to do something to prevent that second event, because the more events these people have, the greater the risk of mortality, and also the development of congestive heart failure, which is a complete game changer in terms of prognosis. So that's a very good group to intervene in.

There's also a subset of people, who despite taking a high-intensity statin, have an LDL that's not a goal, sometimes even a little above 100. It's possible-- and they have not been well investigated-- that they may have a heterozygous familial hypercholesterolemia in addition to their diabetes. All these are indications for using aggressive therapy. That could mean a referral to a lipid clinic or just starting a PCSK9 inhibitor.

Some of these people have tried ezetimibe and still are not getting to where they need to be. And the AACE Guidelines defined the goal for those people at less than 55 based on results from IMPROVE-IT and bolstered by results from FOURIER and ODYSSEY. And I think that's what these people need. It's not for everybody, but a well-defined group of people, many of whom have diabetes. And we can do a lot for them.