

SPEAKER: Given the fact that we now have these positive outcome results with these highly effective LDL lowering drugs, there's been a lot of discussion as to who is the right patient to receive a PCSK9 inhibitor. These are relatively expensive drugs, and we probably cannot afford to give every patient a PCSK9 inhibitor. So what we've learned is that, within the secondary prevention population, we need to risk stratify our patients similar to what we've done for years in our primary prevention patients. And there's no doubt that, amongst the patients with a history of cardiovascular disease, there are certain subgroups of patients who will have a higher risk of having an event. And therefore, we're going to see greater absolute risk reductions in those populations. We're going to see a smaller number needed to treat. And of course, this will translate into better cost effectiveness.

So amongst the groups in whom there will be greater benefit, of course, are patients with diabetes, very high-risk population, patients with higher starting LDL levels, patients with a history of peripheral arterial disease, patients with multiple previous cardiovascular events, patients with a more recent event. All of these are subgroups where we will see greater benefit from the LDL reduction.