

**STEPHEN J. NICHOLLS:** I mean, I think the last two years have been a really important time for PCSK9 inhibitors. We've taken the data about their benefits within the blood in terms of lowering cholesterol levels. We've seen the benefits at the level of the vessel wall. We can shrink plaques with these drugs. But more importantly, we've now got large outcome trials that show significant reductions in cardiovascular morbidity and mortality now in two large outcome trials.

And I think that's important. It shows us that there are benefits for lowering cholesterol above and beyond statin therapy, particularly for high-risk patients. And I think that's really an important point, in that we've now started to see a deeper dive from these studies as we've tried to understand, well, who are the patients who are likely to derive even the greatest benefit. And we know that, in addition to patients who have particularly high LDL levels, they derive a greater benefit, but we've also seen patients who have had recurrent events, progressive disease, disease in multiple vascular territories-- these are patients that are likely to not only benefit from adding a PCSK9 inhibitor to a statin, but, in fact, they derive a greater benefit than patients who aren't in those subgroups.

And that's important because it will tell us that, in fact, we need to treat less of those patients to derive a benefit in terms of preventing future events. And so that helps us understand who are likely to be the patients in my clinical practice that I would start to use these agents more and more.