SPEAKER: I think one of the things we've learned from doing lipid-lowering trials in general, is that we've been able, over the years, to continue to lower the bar. And that's important in terms of we're driving LDL cholesterol levels to lower and lower levels. Our guidelines reflect that. And what they really are doing is they're synthesizing the body data.

And they're telling us that the high risk patients benefit from getting their LDL cholesterol lower and lower. We have this number of 70 in most guidelines. That's largely driven from the experience of the statin trials. But now, we have the experience from adding ezitimibe to a statin, lower LDL cholesterol to 50. We see a bigger benefit for patients with an acute coronary syndrome, the PCSK9 inhibitor trials. Again, lower LDL cholesterol to 50 and below.

We see added benefit. And that really suggests to me that the high risk patients in particular, are going to derive a greater benefit from driving their LDL cholesterol to lower and lower levels. We know on imaging, that once you get your LDL cholesterol below 70, you start to regress and shrink those plaques. And in fact, the lower you get, the better you do. And we've seen that now in the large outcome trials.

There's no low level of LDL cholesterol at which we don't continue to see greater benefit. So when I kind of weigh up how I'm going to manage my patients, it's that balance between what's their risk of having an event, and what's their cholesterol. And for that high risk patient, I want their LDL cholesterol to be as low as I think it can get. And so I'm going to treat that patient aggressively.

And I think, over the coming years, I think we're going to see the guidelines become increasingly more aggressive in terms of driving LDL cholesterol levels even lower than 70. And I think the trials will inform them.