**SPEAKER:** If we look at the whole pattern of reduction of LDL cholesterol through the multiple-intervention trial that's been performed all the time, there is this possibility to draw a direct line connecting reduction of LDL cholesterol and reduction of events. And this is a straight line that doesn't look like to flatten down at a certain level of LDL cholesterol. So this has been taken as a suggestion that going down-- farther down to LDL cholesterol could provide an advantage.

In terms of whether this very low LDL cholesterol could be associated with other undesired side effects, this is not completely clear. So far, there have not been reports that the low LDL cholesterol is associated with unexpected events. So for the very high-risk individuals, still reduction in LDL cholesterol-- it's important to be achieved.

I'm a diabetologist. I would also suggest that together with LDL cholesterol, because of the multiple factors that contribute to cardiovascular risk in type 2 diabetes, every effort should be paid to control all the cardiovascular risk factors in this specific population, not forgetting any potential chances we may have of new pharmaceutical approaches that may provide further reduction to residual risk in these individuals.

Moreover, there is more to be explored in the diabetic individuals, because we are just focusing on the classic, if you want, major cardiovascular events. And when you talk about major cardiovascular events, we tend to think, of course, the cardiovascular mortality. We tend to think about stroke, ACS, myocardial infarction. But the type 2 diabetes is also associated with a major problem in peripheral arterial disease. And that is another area that should be explored, to see to which extent improving cardiovascular risk, including LDL cholesterol and non-HDL cholesterol may contribute in reducing the risk also for peripheral artery disease, which is still responsible for reducing the quality of life for diabetic individuals.