SPEAKER: Well, I think if we look at the patients who are enrolled in the studies, I think these are patients with established cardiovascular disease, such as a prior myocardial infarction or known disease-- either coronary artery disease, or disease in other territories such as the peripheral arteries, who actually are on statin therapy, or as much as they can tolerate, who've had events and who you want to reduce the risk of future events.

And so, in my practice, I'm focusing on primarily patients with coronary artery disease who have had previous MI events, who have not achieved standard lipid lowering goals with a statin and/or ezitimibe, and that is if their LDL remains above 70 despite maximum use of other therapies, I add on a PCSK9 inhibitor. I think there is a particular patient group who's very high risk. And that's a group who has what we call polyvascular disease. That means they have coronary artery disease plus disease in another bed, typically, the peripheral arteries. And those patients also, I am very aggressive with trying to lower their LDL values, given that they're known to have a very high risk of events.

They'll have continued events. I call them recidivists, meaning, that they're going to have continued events. They may be non-fatal events. They may be fatal events. Either case, they add to the cumulative morbidity and then subsequent mortality. So my feeling is the patients who I'm treating, I only want to see them in my clinic in the future. I don't to see them in the hospital. And so I'm trying to prevent events, help them live longer and with better quality of life. And I think failing to achieve maximum LDL reduction in those patients is not helping to accomplish those goals.