

ALBERICO

Current guidelines in Europe started with the assumption that LDL is causal. This has been the basic point. So

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LDL, it will be containing lipoprotein, a causal [INAUDIBLE] sclerosis. And this has been demonstrated over and over from biology, from genetics, from randomized clinical trials, you name it.

Having said that, in Europe, we set the goals and the percent reduction, which people didn't really appreciate. But the latest guidelines, 2016, state for very high risk and high risk people, not only the goal of LDL, which is for the very high risk people below 70, but also at least 50% reduction. That makes one point clear-- that the goals are fine, not because they are proven over and over by clinical trials, but because they will help the physicians to be more intensive in therapy.

In the other hand, you have the percent reduction. We will secure at least a 50% reduction in those who are close to the goal, even without any therapy. So in other words, we were aiming to provide everyone, no matter what, with at least one [INAUDIBLE] of reduction, which in turn comes back with at least a 20%, 22% reduction in cardiovascular events.

How PCSK9 trials will modify the future of the guidelines, because those were released in 2016 when IMPROVE-IT was available, but not the two main trials-- the ODYSSEY, which was published very recently, and the FOURIER. They will certainly make us reconsider the percent reduction as well as the goals. We do not know where we would go. The new guidelines would be in 2019, but I believe that we will be able to keep the goals and the percent reductions.