

SPEAKER: Right. So in the very high-risk patient, people used to think about 70 as being a target. I think that it's important to think about 70 as being a threshold. If you have an LDL above 70 and you are a very high-risk person-- so particularly, premature CAD, multiple vascular beds involved, you start adding in some chronic kidney disease, you add in hypertension, diabetes, peripheral vascular disease, high Lipoprotein little a, 70 is probably not good enough.

I think that the lower, the better, in terms of decreasing progression. There are some data with getting LDLs down below 50, where you do see a little bit of athero volume decrease. It is not a huge amount. It's about 1% in most of the studies.

But also, in many of those patients, when you get that low, you see a decrease in progression and a decrease in event rate. So I think that once people have very severe established coronary disease, I don't think it's going to be possible to cure them. They already have the disease. But you'd like to decrease their likelihood of having events.

You'd like to make it so that if they do have a little worsening of their atherosclerosis, it's a very slow process and that we're not talking about repeated MIs or stroke. So the prevention of MI and stroke I think is very important. And that's why we want to get as low as possible.

From a vascular biology standpoint, when you start getting much lower levels, below 50, you probably see some decrease in entry of atherogenic particles into plaque. And also, lowering LDL decreases inflammation at the arterial level in many patients-- possibly not in the very high Lp little a people. That's still an area where we need work.

But in people without high Lp(a) levels, you probably see a significant decrease in vascular inflammation once you get the LDL lower.