

SPEAKER: The group I think, now, is becoming more and more [INAUDIBLE] to treat is the LDL between 70 and 100. And that's where-- above 100, its mortality benefit is well established now.

Between 70 and 100, that's where I think good, thoughtful analysis is helpful. So any higher risk in that group-- diabetes, more recent event, other risk factors, metabolic syndrome, low HDL, smoking. Those all factors lead to more intensive intervention at 70 to 100 population.

I would also argue that we have patients in our lipid clinic who have LDLs below 70 that we're starting on PCSK9 inhibitors, because they also have even higher risk features-- more recent events, elevated LPLA, diabetes, multiple vascular disease, peripheral arterial disease, where I think the clinical value is great, because bringing down LDL from 70 to 30, that 40 milligram per deciliter difference is still quite valuable for improving outcomes.