SPEAKER 1: The problem is that just diabetes alone will not fulfill the indications, unless they have coronary disease, or they have probable familial hypercholesterolemia, heterozygous. So where I tend to be aggressive in patients with diabetes, but they need to be on as much statin as they can tolerate, probably ezetimibe. And they need all of their other risk factors addressed.

So there's no-- one needs to address the blood glucose control, consider some of the newer diabetes agents that actually seem to show a decrease in coronary events, and work with the patients that way. But it's just not everybody with diabetes is going to qualify for PCSK9. And I don't know that that indication is going to be available anytime soon. I don't see that coming right away.

So where I am with patients with diabetes depends on what else is going on. So the high risk diabetic patient, the patient with albuminuria, the patient with hypertension, it may be reasonable in those patients to look and see if they do have peripheral arterial disease, for example, because that would definitely qualify.

I'm not sure that other imaging is, necessarily, going to help you. This is not-- this is the kind of patient that I would be working with closely and examining carefully. But I'm not sure that they're, necessarily, going to be able to qualify for PSCK9.