

SPEAKER: So what about our patients who have a recent myocardial infarction who have LDL cholesterol levels that are at 70 mg per deciliter above? These are clearly high-risk individuals, where at that LDL cholesterol level and possibly at that Lipoprotein(a) level, you still have atherogenic burden, where you're getting these atherogenic lipoproteins that are contributing to plaque growth, which is a process that may result in a plaque rupture, in acute coronary syndrome.

Those are the individuals who derive the greatest benefit from PCSK9 inhibitors, a recent myocardial infarction in the previous two years. That was shown in the FOURIER trial. And, of course, the entry criteria for ODYSSEY Outcome was post-ACS population. These are precisely the individuals that we want to treat the most aggressively.

We know that lowering LDL cholesterol can decrease the size of the plaque, as shown by a coronary intravascular ultrastenography. And we know that decreasing lipid accumulation in the plaque will decrease the metabolic activity of the macrophages and decrease the vulnerability of the plaque or the rapid plaque growth, which are factors that contribute to plaque rupture and plaque erosions.