

ROBERT

ROSENSON:

So in individuals who down-titrate or discontinue we have a recent cardiovascular event are individuals that we want to recommend high-intensity statin therapy. We know in clinical trial data that high-intensity statin therapy is more effective than low to moderate intensity statin for reducing cardiovascular events. So in these individuals who down-titrate or discontinue the statin, they're not achieving the benefit of statin therapy that would occur in individuals that are highly adherent to a high-intensity statin. Those are the individuals we really want to monitor the LDL cholesterol and consider putting them on ezetimibe and/or a PCSK9 inhibitor. Randomized clinical trials with PCSK9 inhibitors, as well as the IMPROVE-IT trial with ezetimibe have been very clear. We need to be far more aggressive in lowering LDL cholesterol than we ever thought before.

So this is how I approach those individuals. Follow the evidence. Try and rechallenge with another high-intensity statin but also be pragmatic that not everybody can tolerate a high-intensity statin. And then I focused on the biomarker, the LDL cholesterol, which is in the causal pathway for coronary heart disease as well as cerebral vascular disease and lower extremity arterial disease and then try and lower that LDL cholesterol by whatever tool is available to me, which may be ezetimibe or a PCSK9 inhibitor, and sometimes both.