SPEAKER: So the other one that comes up, who we're really, and let's go to the kind of clinical scenarios here, you know, one thing that comes up with guidelines when you have table after table after table, sometimes it gets a little confusing as to who exactly are we thinking about?

But the first one is the patient that we think of. You can think of the burden and activity of atherosclerosis. That's the way I like to think of it biologically, clinically. So the person who keeps coming back with multiple events, that's somebody whose LDLs you need to see what are all the risk factors. But that's someone who if their LDL is 70, it may be let's get their non-HDL cholesterol. It may be that their non-HDL is over 100. Their LDL might be 60. That's someone who actually would have gone in the studies. Triglycerides are a little bit up.

So that's the one you can be thinking of that would benefit from therapy, the patient who has recent ACS, recurrent events, someone who's got PAD, they have terrible amount of atherosclerosis, multi-bed atherosclerosis. The other one I like to think of is the kind of the activity of atherosclerosis. So if someone's got diabetes, they have both more disease and kind of more progression of disease. That's a very powerful one. The person who's got poorly controlled risk factors, they're smoking, they've got atherosclerosis, their LDL is high, hypertension. That's person who's really going to need more intensive therapy.

So you can think of this clinically, high burden and activity disease. Who are those patients? Those are the ones who have the greatest benefit. And you can also count risk factors or do other things, but I think that clinical perception will guide you very well, and it's based upon the evidence from the outcome trials.