SPEAKER 1: It's always hard to translate outcomes trials. Because we typically don't see the patient with the exact characteristics who is enrolled in a clinical trial more than about one out of every eight to one out of every 12 patients we see in our practice. But I think the principles from the outcome trials are that, in patients with high cardiovascular disease burden-- whether it's a recent ACS with the ODYSSEY outcomes, or as it was in half the patients with FOURIER, or it's additional cardiovascular disease burden, like diabetics or those with PVD, we know that lowering LDL below 70 offers an additional risk reduction versus 70 alone. And I think we learned from FOURIER, that there is no level of LDL to which we lower patients that is harmful or that doesn't continue to reduce cardiovascular events.

So I think we need to tailor the therapies for every patient we see. Make an assessment with them. Talk with them about what you think their one year, five year, 10, 20, 30 year risks are.

Talk about what you think the cost and benefit of aggressive versus nonaggressive treatment, about the risks. And if they're willing to be a partner with you, then I think you start. And you continue on the journey until data at least tells us that it's not safe or not appropriate or not effective to do that.