SPEAKER:

I really think patients that are younger with progressive disease are some of the highest-risk patients where we can do the most benefit because they have the most to gain from our therapies. And we see them in practice. Let's say it's a 50-year-old patient who comes in with their first myocardial infarction. They've got severe disease. I'm going to be as aggressive as possible in that patient at every axis of treatment, including lipid lowering. So I treat my younger patients with advanced disease, ones with premature family histories, LPLa elevation we do get some LPLa lowering with PCSK9 inhibitors extremely aggressively.

Polyvascular disease. Those patients may also have carotid disease, might have peripheral vascular disease. So I think we're going to push earlier in the disease process, at least earlier in terms of the age spectrum, when we're using these therapies. Those patients who have more upfront use than patients that are really high risk with myocardial infarction at a young age, for example, who have the most to gain from lifetime LDL lowering.

And once again, I find patients who are at a younger age but advanced sub-clinical atherosclerosis is a patient we can do an enormous amount of good over their lifetime of LDL lowering. So once again, family history, high LPLa had an MI, had a stent, or has advanced sub-clinical atherosclerosis. That's a patient population we might not have been as aggressive before. But now with the cost of these drugs, the safety of the drugs, understanding the ideas of lower is better, I think we're going to treat those patients earlier and more aggressively.

And once again, so there's disease that is somewhat stable, and there's disease that just you think a patient's so high risk. I think of recent acute coronary syndrome in particular. Myocardial infarction at a young age is sort of almost unique in a way where we need to be extremely aggressive and recognize those patients early. So those are the patients that I find to be the highest risk, and who have the most to gain from the drug, frankly.