

**SPEAKER:** That question is a continuous debate. And obviously, with the new guidelines from the American societies, we are onstage again to discuss the thresholds. Because I view it, of course, from a European perspective and also the European recommendations derived from the guidelines, I must say that the requirement of a at least 50% LDL reduction in established coronary heart disease is a very interesting one.

Because when we operate in Europe with the threshold of 1.8 millimoles per liter, we see actually that many patients do achieve this goal. And does that mean that we shouldn't optimize their cholesterol lowering treatment? No. Because if you look at that at least 50% reduction, I think then it gives us the opportunity to explain to the patients that they will achieve even a better prognosis if therapy is intensified.

And the question about how long should we go, that is overshadowing our discussions about cholesterol therapy for the last 25 years. Since we have so robust data now to make conclusions about the levels, the achieved levels and the target levels, I must clearly state that there is not necessarily a cutoff at 1.8 millimoles per liter any longer, because the extra advantage is achieved-- the lower the better.

So if you ask me for an absolute minimum level, I think it would be at 0.8 millimoles per liter or something. So we can really go low. And we will confer an advantage of prognosis to a patient with established coronary heart disease.