

SPEAKER 1: When we look at our patient population, the people that come to clinic and say I want to know if it's safe for me to run as often as I do, or what has happened to my family? Am I at risk for these things to happen to me? The different agents that can reduce risk are used with different potential.

For example, if you're looking at PCSK9 inhibitors, these are agents that drastically reduce cholesterol. And so where do you want to drastically reduce cholesterol? Well, in a couple of patient types. One is the people who are born with extreme problems of cholesterol. Let's say, familia hypercholesterolemia, a genetic disease that raises your bad cholesterol to well above 200 in many cases from early in life.

The other group is people who, for whatever reason, got surprised by a heart attack or a stroke. And with all the medications that we use, the LDL-- even though they were not born with a genetic disease of LDL their LDL doesn't go into what we consider a safe zone. And our concept of a safe zone has been changing over the years.

We are all in agreement that the LDL must drop by a big amount, maybe 50%, and it must be tucked in below 100, below 70. And some guidelines even say below 55. The PCSK9 inhibitors are for those types of patients.

However, there are plenty of people out there whose cholesterol has never been a concern. And the question is, if cholesterol is [INAUDIBLE] and you remain at high risk, what are the other agents that can be good for you? And the question there is still whether a PCSK9 inhibitor or driving LDL to very low levels can help people where the LDL risk factor itself was never a big component of the picture in the patient.