SPEAKER: So that is actually a central question, because until now we have been talking about the patients who easily qualify for PCSK9 inhibition by virtue of having either familiar hypercholesterolemia or presence or cardiovascular disease with inappropriate cholesterol. When we deal with diabetics, we know that they are pushing vascular degeneration to a degree that you don't get outside of diabetes. But sometimes, the LDL cholesterol is not the most impressive component. They have a combined dyslipidemia where maybe triglycerides are up, HDL is down, and LDL is simply inappropriate but not tremendously elevated-- let's say an LDL of 110 or 120, with triglycerides at 250 and an HDL at 39.

And providers are confused, and patients as well, on what are the right elements to go after. And I assume the answer is going after everything. So fixing the lipid panel, it's going to be the way of the future.

But when you look at the use of aggressive LDL lowering agents, I think for now the diabetic patient doesn't have a category. It's not in itself-- the diagnosis of diabetes-- an entry point for PCSK9 inhibition. But again, diabetic patients are at very high risk, so risk assessment strategies-- evaluating the presence of vascular disease-- many patients qualify under the second criteria of the FDA for PCSK9 add inhibitors, because many of them also have inappropriate LDL even if it's not that severely elevated.