

SPEAKER: So as you know, many people don't like the conversation about diabetics as they are one type. Diabetics are lots of different people. They can be young and well controlled. They can be diagnosed six months ago. They can be older. They can be poorly controlled. They may have been carrying this disease for 11 years, 15 years.

They may be carrying complications of diabetes. They may be hypertensive and dyslipogenic at the same time. Or they may just have diabetes as the only component that they work very aggressively at fixing. So there is not one group.

But I think for the sake of initiation of PCSK9 therapy, the biggest differentiation is whether or not the diabetic patient has cardiovascular disease. Because again, the PCSK9 inhibitors are given to two types of people. One is familia hypercholesterolemia, and a diabetic patient very often doesn't have familia hypercholesterolemia. The other group is presence of cardiovascular disease with an appropriate LDL.

And the majority of patients with diabetes of a certain age, even if they don't have symptomatic disease, if you explore-- and again, I recommend coronary artery calcium scoring via chest CT or a Doppler of the carotid or, if your institution offers it, carotid intima-media thickness, which is a different way to evaluate carotid arteries by ultrasound-- but if any of these things gives you the possibility of defining the patient as vasculopathic with atherosclerosis, then it's likely that the patient can qualify for PSCK9 inhibitor therapy because the LDL in diabetic patients is rarely below 70, even when they tolerate statin therapy. So there is a good number of patients that could become recipients of PCSK9 therapy who have diabetes, but they need to be worked out with risk assessment in the proper way.