SPEAKER: I mean, one of the patient groups that's had the greatest benefit from the development of new lipid-lowering agents are patients with FH. We know that even when we use conventional agents such as statins, many of these patients have unacceptably high levels of LDL cholesterol. That continues to put them at a higher risk of having a cardiovascular event. And so that's a patient I really worry about. I think PCSK9 inhibitors will help us get many more patients with FH down to LDL cholesterol levels that are going to be associated with a lower risk of having an event.

Does it mean we should just jump straight in and give everybody a PCSK9 inhibitor and not treat with a statin? I don't think that's the case at all. We have 20 years of good data from statin trials. They lower cholesterol. They reduce events. And many patients tolerate pretty good doses of statins.

So my practice with these patients will be to try and intensify statin therapy as much as the patient can tolerate. I will use ezetimibe in some of these patients in addition to that. But in the patient whose LDL cholesterol is still unacceptably high, with FH, despite that, I would then be looking to use a PCSK9 inhibitor.