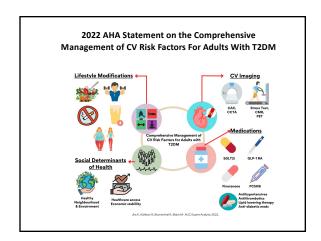
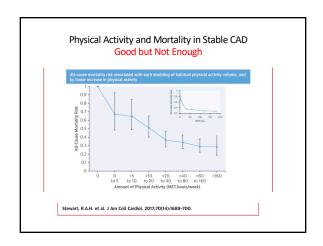
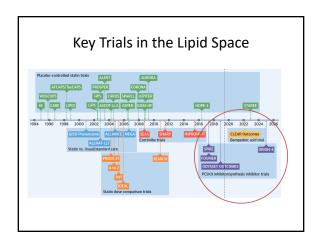


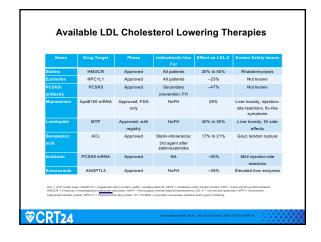
## Step 1: Lifestyle Modification

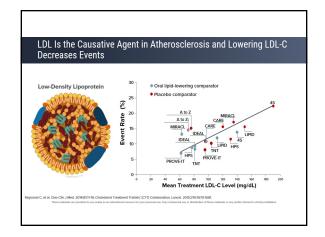


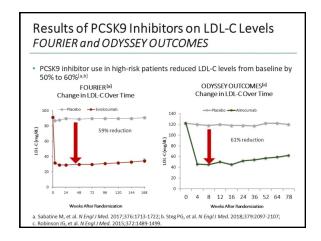


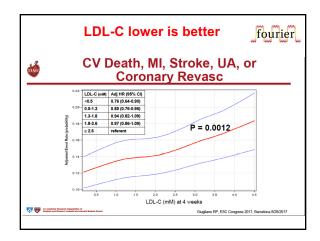
## Pharmacotherapy

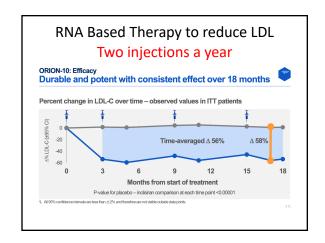


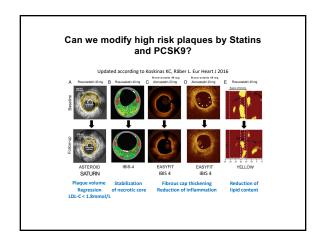


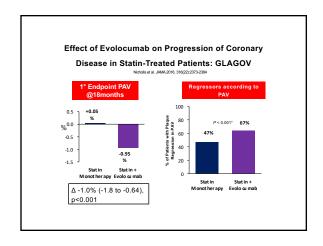


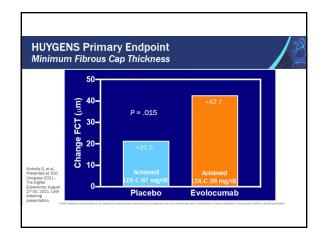


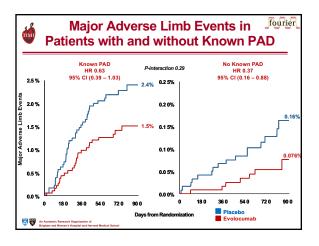


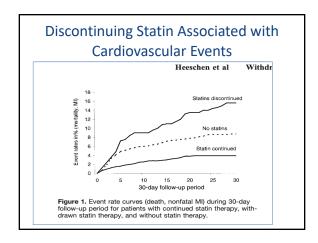


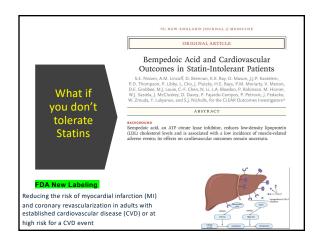


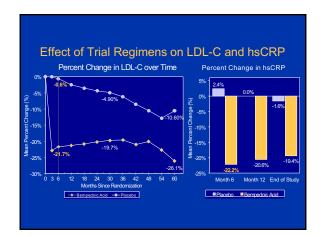


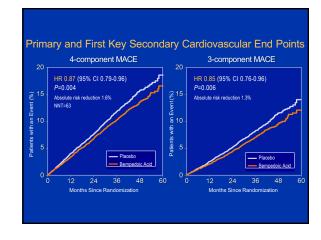


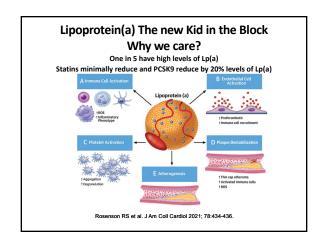


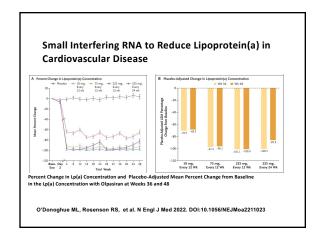




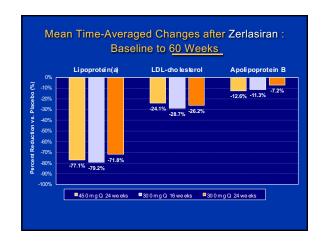












## Take home points and Final Punch

- · LDL is the garbage of lipid metabolism
- Lifestyle management is welcome but not sufficient to reduce LDL-C and CVD events
- Data from large randomized studies: Furrier, Odyssey, and Orion 10 supports that dropping LDL-C reduce cardiovascular events including in patients with PAD
- Statin and PCSK9 reducing the lipid core within the plaque and Shrink it per intravascular imaging by OCT IVUS and NIRS
- Discontinuation of these drugs results with increase of events
- Elevated Lp(a) is a common independent atherosclerotic CVD risk factor that should be measured.
- If you have high LDL-C and not taking these agents you are in denial

