

comes trial for torcetrapib, intravascular ultrasonography and other imaging techniques would not be sensitive to detect nonatherosclerotic vascular toxicity or other safety problems with any new drug. It is reassuring that even in the absence of a failed clinical outcomes trial for torcetrapib, our study would not have supported regulatory approval. Ultimately, any novel antiatherosclerotic therapy must demonstrate favorable results in clinical events trials, and atherosclerosis imaging will probably not replace the need for such outcomes studies. However, our results support the cautious use of intravascular ultrasonography and other imaging methods in the initial assessment of new antiatherosclerotic agents to select candidate therapies for large-scale clinical trials.

Finally, our findings demonstrate the great difficulty in developing therapies to interrupt the

atherosclerotic disease process. Twenty years after the introduction of statins, we are still waiting for the next breakthrough.

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