**SECONDARY PREVENTION OF CARDIOVASCULAR EVENTS**

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Cardiovascular risk among individuals with manifest cardiovascular disease remains high and has been termed “residual risk”. Results from a meta-analysis of statin trials involving 90,056 individuals found that the rate of a major vascular event occurring during 5 years of follow-up among statin-treated patients was 21.7% (1 in 5) for individuals with prior cardiovascular disease. Results from contemporary trials and registries of patients with optimally treated cardiovascular disease also indicate a high rate of residual vascular events. The mechanisms underlying this residual risk are uncertain. This presentation will discuss residual risk determinants, including lipid-related residual risk, inflammatory-related residual risk, and other clinical determinants of residual risk. Furthermore, while it is commonly believed that the risk factors responsible for vascular events among statin-treated patients are the same as those for patients not taking statins, new data suggest there may be differences. Recognition of these factors is important for more effective tailoring of risk reduction strategies to match the individual level of risk and for development of new therapeutic targets.