gene transcription (RVX-208), nuclear hormone receptor agonists, HDL delipidation, whole HDL particle infusion with CER-001, MDCO-216, or CSL-112, and gene therapy using HDL-related proteins such as Apo A-I.5,21 Further clinical evaluation of direct infusion of mutant (Apo A-1 Milano) or wild-type Apo A-1, linked with a phospholipid carrier, appears warranted since their vascular benefits have been repeatedly demonstrated in animal models and small clinical studies.5,21 Despite well-established cardiovascular benefits of statins in CAD, there remains a substantial residual CHD risk which may be mitigated by the right HDL-based intervention and, therefore, we should not give up on HDL despite its split personality.

**Conflict of interest:** none declared.

**References**
The list of references is available in the online version of this paper.