

Well, in the European guidelines, we clearly recommend that patients who have very high cardiovascular risk should have an LDL level target below 70 milligrams per deciliter. That is, of course, what we aim for in all our patients. It starts, of course, with intense statin therapy. It would be then accompanied by other LDL lowering therapy, in particular ezetimibe.

We have not yet discussed, of course, the new data from REDUCE-IT, which also will be a discussion for the guidelines in the future, and, of course, PCSK9, which is particularly powerful in lowering LDL cholesterol levels. And so we really consider that we want to have our patients certainly under 70 milligrams per deciliter. And that means if you have a patient who is substantially away from this target-- so he would be, for example, with an LDL above 140-- it's clear that you can reach the target only with an effective therapy. So they would be, certainly, good candidates for PCSK9 inhibition.

I think the new American guidelines also have given consideration now for these target LDL cholesterol levels. And they are in a very similar range, which I think is good so that we don't have a big difference between America and Europe in what we want to achieve. And they have actually, in my mind, given quite a strong recommendation for PCSK9 inhibition, because it's 2a recommendation if a patient has an LDL level above 70 despite statin and ezetimibe use.