ANDREAS ZEIHER: But there are some highly interesting additional results clearly showing that if you go below 50 milligrams per deciliter of LDL, there's an additional benefit. This is especially true for patients who did start, actually, with an LDL above 100. So they have a very profound decrease in LDL. And those seem to be the patients who do not only benefit with respect to lesser adverse cardiac events. But there also is a signal that those patients have a significantly lower mortality rate, at least in the ODYSSEY outcomes trial.

The discussions always circle around this mortality benefit of the alirocumab drug in the ODYSSEY outcome trial. Because you may recall that the p value was nominally significant. But due to the hierarchical testing, it cannot be used as statistically significant because there were two other endpoints being non-statistical up front of the total mortality and therefore just for statistical reasons.

But in our view, and especially in my view, it counts how many patients actually die. And the reduction in mortality is essentially significant. It's especially pronounced in those patients starting with an LDL above 100 and coming down to the very low levels below 50 and being treated for three years or longer, which also points towards what we all hypothesized that as long are you can aggressively lower LDL cholesterol, as better the outcome, as better the effect on overall outcome, including all cause mortality as well as cardiovascular mortality in the end.