SPEAKER: The folks with diabetes within the FOURIER and the ODYSSEY OUTCOMES trial, by definition, had underlying atherosclerotic cardiovascular disease. So in FOURIER, to qualify, you either had to have coronary disease with a prior MI-- about 81% of the population-- or a cerebral vascular disease-- previous stroke, for example-- and/or peripheral arterial disease.

In the ODYSSEY OUTCOME study, we exclusively focused on post-ACS patients-- 1 to 12 months. And so the diabetes folks within those two trials had manifest atherosclerotic cardiovascular disease. But interestingly, when you look at the subgroup with diabetes in both of the trials, there is, obviously, a high-baseline risk of these individuals that's even higher than the average risk of the total population all with established vascular disease. And so the relative benefit is very consistent with PCSK9 inhibition in both of those trials amongst the diabetes patients.

But again, the absolute risk reduction is even greater. And so the biggest bang for the buck would be realized in a patient's with manifest atherosclerotic cardiovascular disease and diabetes, with respect to the use of PCSK9 inhibition.