SPEAKER: So with respect to folks that are at apparent goal, for example, less than 70 milligrams per deciliter, with atherosclerotic cardiovascular disease, and yet are having recurrent events, again, those are the types of patients that wouldn't have been included in the [INAUDIBLE] ODYSSEY OUTCOMES study because the entry criteria for both trials mandated that they had to be having a level above 70 milligrams per deciliter. But that being said, these are clearly patients at high risk, and so even though we don't have outcome data to be definitive about that, there's certainly a rule to further lowering LDL cholesterol from some smaller non-outcome-based studies that suggest that a lower achieved level of LDL cholesterol, even below the 70 target, is associated with a reduction in events.

There's also some intravascular ultrasound-based-- some imaging-based data with PCSK9 inhibition with evolocumab that nicely shows that you can even see not only lack of progression of angiographic disease, but actual regression of arthroscopic coronary artery disease with lower levels of achieved LDL cholesterol, including patients who started below the guideline-recommended target of 70 on statin therapy. So even those individuals who had further lowering of LDL cholesterol with evolocumab compared to placebo had at least a surrogate sort of measures-- in other words, atheroma burden detected with intravascular ultrasound-- further reduction of potential regression.

So I think that even though there aren't outcome studies definitively addressing the patient that you describe, again, I think this is a high-enough-risk individual that how can you further reduce their risk? And PCSK9 inhibition would be a safe and effective way to do that, I believe.