FREEK VERHEUGT: Yeah, so when we look back at the lipid profiling, we first started statins, then ezetimibe came, and now we have PCSK9. I think that the follow up of these innovative strategies is very positive, yet we should realize that in Europe, we always kept on the targets, where the US, during several years, did not look at targets anymore and just talked about the highly-tolerable statin, which was very pleasant. We really liked that in Europe, that the medicalization which you get with targets was now abolished in the US.

But now we have PCSK9 inhibitors. And the targets are back in play again, which I think it's good. I think that is better for the patients.

But still, working with targets is not so pleasant for patients, because they are very disappointed when they do not meet their targets, although they feel well, take all their medication. So there is also a downside of targets. But given, especially the FOURIER trial, it's clear that we now, again, need targets to be sure that these expensive agents are hitting their goal.