SPEAKER: Now, we have always to bear in mind that there are two factors, they interplay in determining who will be the patient who will benefit the most from LDL lowering. One is the absolute risk, which is made up with the LDL cholesterol but other factors that are concomitant-- the presence of diabetes, having had an acute coronary syndrome, you name it. In the other hand, you have the level of LDL, because that's also important. It depends where you start from the benefit you will get, because bear in mind that each drug gives you a percent reduction that is constant throughout the panel. But 50% of 200 is 100 milligrams per deciliter. 50% of 70 is 35.

So the absolute benefit you will get is a mixture about the global risk of a patient and the starting point for LDL. And you say that higher the global risk, higher will be the benefit-- higher the LDL and the global risk, even higher would be the benefit. So patient with acute coronary syndromes, patient who had had a recent myocardial infarction, patient with peripheral arterial disease were very high risk. Patients who do have recurrent events, those are the patients, in my view, that are the ones that will benefit the most from a further profound lowering of LDL. Of course, the higher the level you start with LDL, the larger will be the benefit also in those patients.