SPEAKER 1: So this is an interesting situation in that we are having the implementation of statins now for decades. And with the advent of ezetimibe, I see an increased uptake of this combination in many populations post myocardial infarction. I basically talk now about secondary prevention.

So the alternative of considering PCSK9 instead of ezetimibe on top of a statin, is not a strategy that I and we have usually used. Because it makes sense to exploit the utility of that compilation at first. Now there is always the possibility of intolerance, in which case, the picture changes in favor of PCSK9. And there is always, of course, the aspect of the payers. And there we have to negotiate very clearly what are the accepted thresholds when PCSK9 is actually reimbursed.