

I also want to discuss another patient I saw recently who had really more moderate disease, but very persistent disease, who could get her disease in pretty decent disease control, but still had significant-- probably had about 12% body surface area. So remember, 1% is the hand. So count up 12 hands on the body worth of atopic dermatitis.

And so I went through, and this was my first evaluation with her. And I went through a whole discussion, trying to get a sense of the impact. And she definitely-- she was like-- the checks were going off that had an incredible disease impact. She had sleep disturbances. It impacted on her relationships with individuals. She didn't do athletics and working out because it would worsen her eczema.

And the quantity of her disease that I saw that day was less impressive than it had been over time and what she was relating. And when we got to the discussion of systemic therapy, she and her mom were like all over it. They were like, this sounds incredible. So much of what we've been doing over the last sets of years has been about the eczema.

And again, we didn't make the decision on the first visit, though they were ready to go for it for the first division, at the first visit. I had them come back again a few weeks later, after doing my more intensive topicals. And they were like, all-- they were ready. They were ready to try this life change.

So I think we should be open to assessing both what we're seeing on the skin, as well as what we're hearing in history in terms of what the course of the disease has been over time objectively to the patient, as well as the subjective in terms of the disease impact, and be open to using this medicine, both for our moderate patients, as well as our more severe patients, and give them the chance of really changing the course of the disease and their lives.