Let me touch upon a couple of other things you will hear more about. KRAS mutation is the most frequent mutation in lung cancer. It has not been possible to target this mutation with drugs for decades. Numerous labs have been working on it but never succeeded. Suddenly, we have a drug that can target a subgroup of KRAS mutations called G12C, which is, incidentally, the most frequent subgroup of KRAS mutations in lung cancer. And today, we have very encouraging data with these treatments.

We see here two drugs, Sotorasib and Adagrasib, both FDA-approved for patients with this particular mutation. We can see here that we have a disease control rate — meaning either response or stable disease, which is also a good outcome — in 80-90% of the patients with this particular abnormality, and a response rate around 40% to 50%. These are patients who have failed previous treatments, so this is second or third-line therapy with these encouraging results. You will hear more about it later today. Just take this as an example, how important it is to have molecular profiling of the tumor.