Dr. Francisco Lopera, we have a question from Pam Belluck at the New York Times. Can you describe more about how the family members are feeling about these results? Are they sad, disappointed? Also, what is the current cognitive status of participants in the trial?

Families in-- afflicted with Alzheimer disease with this type of patient are 3,000 members, and 1,200 of them are carriers. And we were inviting 300 of them to participate in the [INAUDIBLE] clinical trial. But we were able only to include 252 members of the family because the inclusion criteria was very, very strong, or very difficult.

And then we didn't get the 300 volunteers we needed, but anyway, with 252, we started. And at the end, 90% of the members that was participating in the clinical trial finished the trial. And this is very important because this is a very good attendance and result.

Now, we have the [? answers ?] of the question we did at the beginning of this study. We know the neuroscience group of [INAUDIBLE] university and the participants of the families, all we know that prevention is the best way looking for the solution for Alzheimer's disease, even if today we don't have a good result. Anyway, we are going to continue working in prevention of Alzheimer's disease because these population are the most interesting population in the world to answer the question in prevention of Alzheimer's disease. This is the way [? anyway. ?]

Thank you, Dr. Lopera.

Dr. Rachelle Doody, we'll be back over to you.

Forgive me, that just scrolled. I'm trying to read it. Annalee Armstrong from Fierce Biotech. Is there a path forward for crenezumab, or maybe another type of Alzheimer's or any other populations?

I think it's much too soon to say anything about that. I think, as Dr. Tariot mentioned, we still have samples that need to be analyzed. We still have data analyses that need to be performed. We want to understand everything that we can about the disease, as we've been discussing.

What did we learn about this disease in this population, and what did we learn about the molecule? And so it's much too soon to say whether anything more could or should be done with the molecule, the paradigm. And we just have to analyze the data that we have and come to a complete understanding.

Dr. Lopera, we received a question from Gary Stix at Scientific American. Will the testing infrastructure set up for this trial in Medellin be used in the future? Is there anything specific you have in mind at this point?

Please repeat the question. I didn't understand.

Yes. Will the testing infrastructure that was set up for this trial be used in the future?

Are you asking about the-- in United States?

No. If I may, Dr. Lopera, will GNA continue to conduct further trials?

OK. Of course. We are ready to continue because this is [INAUDIBLE] research. Then we were waiting for a good result, but anyway we have learned, and we are going to learn so much about the clinical trial we have finished. And we are going to start a new clinical trial with a large phase one. And we are going to talk about what is the future with the [INAUDIBLE] Colombia population.

And also, we are going to start clinical trial with DIAN at the end of the year, in primary and secondary prevention clinical trials with other populations that we have in Colombia with other different mutations in presenilin-1 because this clinical trial in Colombia was in only one mutation, in the [? A, ?] 2A, [? TA, ?] presenilin [INAUDIBLE] presenilin-1 mutation.

But we have 12 more different mutations present in one gene in different region in Colombia. And with this other population, we are going to start the clinical trial, primary and secondary prevention with DIAN.

Thank you, Dr. Lopera. And we'll bring it over to Dr. Eric Reiman, actually, to help build a little bit on that one regarding the testing infrastructure specific to the API ADAD trial and how can it be used in the future.

We have loved working with Dr. Lopera and his colleagues in this study. And the infrastructure that has been developed, the enrollment registry, the interest of research participants themselves, and the other capabilities that have been developed is an invaluable resource. We have a strong interest in exploring ways to continue to follow many members of this kindred observationally, and including with blood tests and cognitive assessments.

And we have a range of options that we're thinking about for these volunteers at different ages and different clinical stages, in terms of what might make the most sense, what might be scientifically most impactful in this group. As we get more information from this trial, that will inform us about what the best options to pursue are.

Well, these were great questions today. And I appreciate the participation and engagement from all of our attendees, as well as our experts. We have reached the end of our media briefing, and I want to thank everyone for joining us.

As a reminder, a high-resolution video, transcript, and available assets will be published at BannerHealth.com/Newsroom. Please give us about two hours to post all these materials for you to use. If you have any follow up questions, please send those to media@BannerHealth.com. With that, I would like to hand it back to Dr. Reiman for our closing remarks.

Thank you, Jen. I want to thank again everybody who's participated in this study, especially our courageous research participants, who we continue to work with over time. When President Kennedy announced a commitment to landing a man on the moon before the end of the decade and then harnessing a wide range of resources in the public and private sector to reach their destination ahead of schedule, I'm reminded that we've had an equally ambitious goal as a field to find and support the approval of a prevention therapy in a relatively short period of time.

The field is working hard in many different areas. We now have the resources to make this happen. We have launched the era of Alzheimer's prevention research. We are on our way. We are not yet to the moon, but we think we have an opportunity to get there. And it is my personal hope that we might still be able to get there and find an effective prevention therapy within the next few years, depending on the results of some ongoing studies and readouts. Thank you all.