AbbVie Inc. - Deep Dive Research Report

Ada Health Cockpit - March 2026

2025 Revenue	Market Cap
$61.2B	**$401B**
+8.6% YoY	March 2026

Adjusted EPS	2026 Guidance
$10.00	**$67B**
2025	+9.5% Growth

Executive Summary

AbbVie Inc. (NYSE: ABBV) is a global research-driven biopharmaceutical company headquartered at 1 North Waukegan Road, North Chicago, Illinois. Founded in 2013 as a spin-off from Abbott Laboratories, AbbVie operates in over 70 countries with a workforce exceeding **50,000 employees** worldwide. The company focuses on discovering and delivering innovative medicines across immunology, oncology, neuroscience, eye care, and aesthetics.

For fiscal year 2025, AbbVie reported **total net revenues of $61.2 billion** (up 8.6% reported, 8.5% operational), with adjusted diluted EPS of $10.00 and GAAP diluted EPS of $2.36. The company exceeded initial guidance by over $2 billion despite approximately $16 billion in U.S. Humira erosion from biosimilar competition.

Strategic Position and Growth Trajectory

AbbVie has successfully navigated the Humira biosimilar cliff, demonstrating exceptional portfolio resilience through next-generation immunology assets. **Skyrizi** (IL-23 inhibitor) and **Rinvoq** (JAK inhibitor) generated combined sales of **$25.9 billion in 2025**—surpassing the company's 2027 target early and exceeding peak Humira sales by over $4.5 billion.

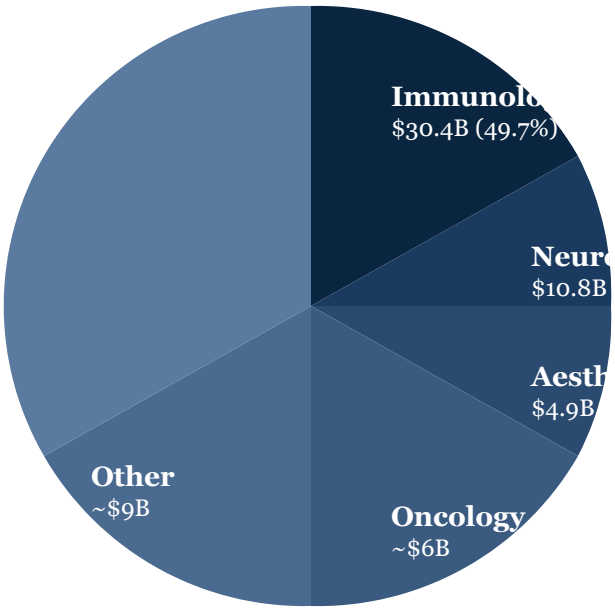
The neuroscience portfolio delivered $10.8 billion (up 19.6%), anchored by **Vraylar** ($3.6B) and **Botox** Therapeutic. Strategic diversification via the 2020 Allergan acquisition ($63B) and 2024 Cerevel Therapeutics acquisition ($8.7B) positions AbbVie for sustained growth across multiple therapeutic areas.

Medium-Term Targets (2026-2029)

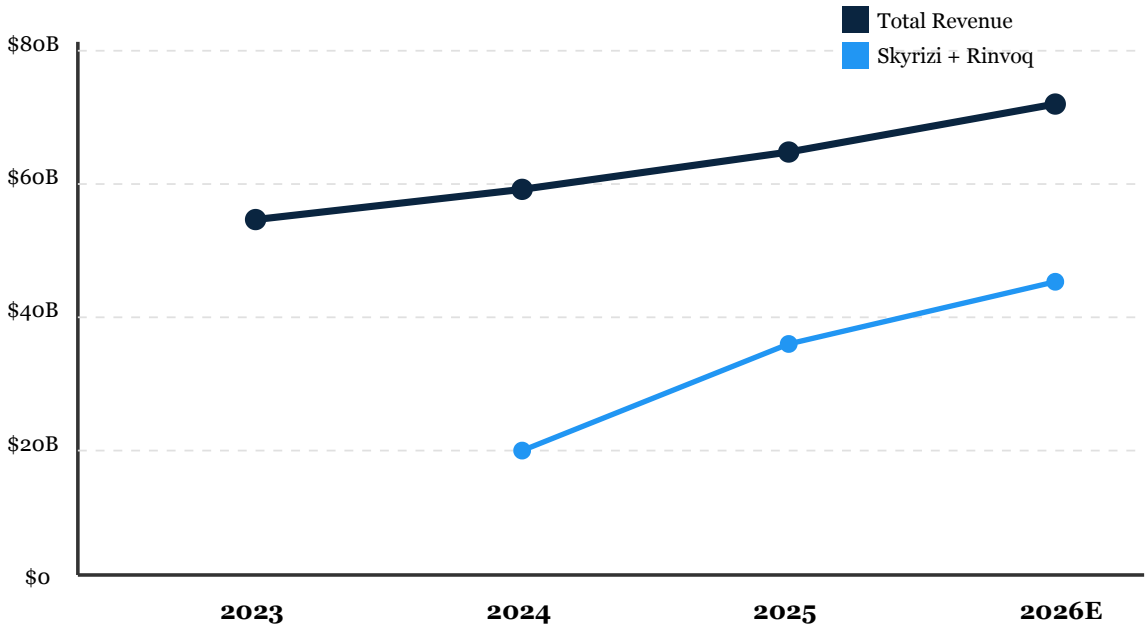
- **2026 Guidance:** $67 billion revenue (9.5% growth), adjusted EPS $14.37-$14.57
- **Skyrizi + Rinvoq:** Projected combined >20% annual growth through 2029, with 2026 targets of ~$21.5B (Skyrizi) and ~$10.1B (Rinvoq)
- **Neuroscience:** Expected $12.5B in 2026 (16% growth), with one drug reaching blockbuster status
- **Long-Term CAGR:** High single-digit revenue growth (7-9%) through 2029

> **Forward-Looking Disclaimer:** This report contains forward-looking statements based on current expectations and available data as of March 2026. Actual results may differ materially due to risks outlined in the Risks section, including competitive pressures, patent expirations, regulatory changes (including IRA Medicare pricing negotiations), clinical trial outcomes, foreign exchange fluctuations, and macroeconomic conditions.

2025 Revenue Mix by Therapeutic Area



Revenue Growth Trajectory (2023-2026E)



1. Company History

AbbVie was spun off from Abbott Laboratories on January 1, 2013, as an independent biopharmaceutical company focused on research-based pharmaceuticals, while Abbott retained diagnostics, medical devices, nutritionals, and generics businesses. The separation, announced in 2011, allowed each entity to pursue distinct strategic priorities in an evolving healthcare landscape.

Trading commenced on the New York Stock Exchange (ticker: ABBV) on **January 2, 2013**, with AbbVie valued at approximately $55.5 billion at $35.12 per share on debut. Richard A. Gonzalez served as AbbVie's founding Chairman and CEO, emphasizing the company's robust portfolio and pipeline potential in immunology and virology.

Key Milestones and Acquisitions

Year	Milestone	Details
2013	IPO & Independence	AbbVie begins trading (NYSE: ABBV); initial market cap ~$55.5B
2015	Pharmacyclics Acquisition	$21 billion acquisition for Imbruvica (ibrutinib), outbidding J&J
2016	Humira Patent Expiry (Primary, U.S.)	Primary patent expires, but AbbVie secures ~250 secondary patents delaying biosimilars until 2023
2018	Humira LOE (Europe)	Biosimilars launch in EU following October 16, 2018 patent expiry
2019	Allergan Acquisition Announced	$63 billion deal for Botox, aesthetics, neuroscience assets
2020	Allergan Acquisition Completed	Closed May 8, 2020; projected >$2B annual synergies by year three
2023	Humira Biosimilar Launch (U.S.)	Eight biosimilars enter U.S. market starting January 31, 2023
2024	Leadership Transition	Robert A. Michael becomes CEO (June 2024), succeeding Richard Gonzalez
2024	Cerevel Acquisition	$8.7B acquisition closes August 1 for neuroscience pipeline
2025	Skyrizi + Rinvoq Milestone	Combined sales reach $25.9B, exceeding 2027 target and surpassing peak Humira

Leadership Transitions

- **2013-2024:** Richard A. Gonzalez – Chairman and CEO (founding leader)
- **June 2024:** Robert A. Michael – Appointed CEO (previously President, COO, Vice Chairman, CFO)
- **July 1, 2024 - June 30, 2025:** Richard Gonzalez – Executive Chairman (transition period)
- **July 1, 2025 - Present:** Robert A. Michael – Chairman and CEO

2. Ownership Structure

AbbVie Inc. is a **publicly traded company** listed on the New York Stock Exchange (ticker: ABBV) with approximately 1.77 billion shares outstanding. Institutional investors collectively own between **70-77%** of AbbVie's outstanding shares, with approximately 4,500+ institutional holders.

Major Institutional Shareholders (2025)

Shareholder	Ownership %	Shares (millions)	Holdings Value
Vanguard Group Inc.	10.22%	180.78	Not disclosed
BlackRock Inc.	8.53%	150.83	Not disclosed
State Street Corp	Not disclosed	Not disclosed	$14.85B
Geode Capital Management LLC	Not disclosed	Not disclosed	$7.24B
Capital Research Global Investors	Not disclosed	Not disclosed	$6.04B

Board of Directors (2025)

AbbVie's board consists of **13 members**, with a strong majority of independent directors. **Roxanne S. Austin** serves as Lead Independent Director (appointed 2024, the first new Lead Independent Director since AbbVie's 2013 inception).

3. Leadership / C-Suite

Robert A. Michael - Chairman and Chief Executive Officer

Start Date as CEO: June 2024
Start Date as Chairman: July 1, 2025

Robert Michael has over 32 years with AbbVie and its predecessor Abbott Laboratories. His career progression includes Chief Financial Officer (2018), Vice Chairman of Finance and Commercial Operations (2021), Vice Chairman and President (2022), Chief Operating Officer, and President and COO before becoming CEO. He succeeded Richard A. Gonzalez, who retired as CEO on July 1, 2024, served as Executive Chairman through June 30, 2025, and fully retired from the board effective July 1, 2025.

Scott Reents - Executive Vice President and Chief Financial Officer

Tenure: 3.8 years in CFO role (as of early 2026)

Azita Saleki-Gerhardt, Ph.D. - Executive Vice President and Chief Operations Officer

Responsibilities: Oversees global manufacturing, supply chain, quality assurance, and related operational services

Other Executive Vice Presidents

- **Jeffrey Stewart** - EVP & Chief Commercial Officer
- **Roopal Thakkar, M.D.** - EVP of Research & Development and Chief Scientific Officer (1.7 years tenure)
- **Perry Siatis** - Executive Vice President (3.4 years tenure)
- **Demetris Crum** - EVP & Chief Human Resources Officer (1.2 years tenure)
- **Nicholas Donoghoe** - EVP and Chief Business & Strategy Officer (3.2 years tenure)

Note: Public sources do not provide comprehensive LinkedIn profiles or detailed career histories for most EVPs. AbbVie's official leadership page confirms executive names and general responsibilities but lacks granular biographical details for most roles below CEO/COO.

4. Drug Portfolio

AbbVie's portfolio spans five primary therapeutic areas: **Immunology**, **Oncology**, **Neuroscience**, **Eye Care**, and **Aesthetics**.

Portfolio Summary: Immunology & Oncology

Product	Revenue (FY 2025)	Growth (YoY)	Patent/Exclusivity	Peak Sales Potential
Skyrizi (risankizumab)	$17.56B	+50% (2024); +31.9% Q4	Mid-2030s (estimated)	>$25B
Rinvoq (upadacitinib)	$8.30B	+39% (2024); +28.6% Q4	US: April 2037	>$15B
Humira (adalimumab)	$4.54B	-49.5%	US LOE Jan 2023; EU Oct 2018	Peak achieved (~$21B)
Imbruvica (ibrutinib)	~$3.0B (est.)	Declining (-23% proj. 2026)	US: Patent expiry 2026	Peak achieved (~$5-6B)
Venclexta (venetoclax)	~$2.7-2.9B	+8.5% (Q2); +7.1% (Q3)	Mid-2030s (estimated)	$3-5B

Portfolio Summary: Neuroscience, Aesthetics & Eye Care

Product	Revenue (FY 2025)	Growth (YoY)	Patent/Exclusivity	Peak Sales Potential
Vraylar (cariprazine)	$3.62B	+11%	US: 2030	$4-5B
Botox (total)	~$6.0B	Cosmetic softer Q3	IRA negotiation pending	Current levels
Aesthetics Portfolio	$4.86B	-6.1%	Various; competitive pressure	$5-6B stabilization
Restasis	$1.19B	-33%	Generic competition	Declining
Lumigan/Ganfort	$267M	Flat YoY	Mature; generics	Current levels

5. Top 5 CEO Focus Drugs

Based on earnings calls, press releases, and 2026 guidance, CEO Robert A. Michael and AbbVie leadership emphasize the following five drugs as strategic priorities:

1. Skyrizi (risankizumab) - IL-23 Inhibitor

2025 Revenue: $17.56 billion (+50% YoY)
2026 Projection: ~$21.5 billion (+20% growth)

Skyrizi is AbbVie's flagship immunology asset, having surpassed Humira peak sales in 2025. Leadership highlights its "best-in-class" efficacy and safety profile across psoriasis, psoriatic arthritis, Crohn's disease, and ulcerative colitis. The drug's rapid adoption in IBD indications is a key 2026 growth driver.

2. Rinvoq (upadacitinib) - JAK Inhibitor

2025 Revenue: $8.30 billion (+39% YoY)
2026 Projection: ~$10.1 billion (+22% growth)

Rinvoq's six-indication label (RA, PsA, AS, Crohn's, UC, atopic dermatitis) provides diversification and resilience. CEO Michael emphasizes Rinvoq's "strong momentum" in IBD and dermatology markets, with the April 2037 patent extension (secured September 2025) de-risking long-term growth.

3. Vraylar (cariprazine) - Atypical Antipsychotic

2025 Revenue: $3.62 billion (+11% YoY)
2026 Projection: Included in $12.5 billion neuroscience portfolio (16% growth)

Vraylar is AbbVie's leading neuroscience revenue driver pre-Cerevel assets. Leadership highlights steady prescription growth and durable patent protection (to 2030). The drug's efficacy in both manic and depressive bipolar episodes differentiates it from competitors with narrower labels.

4. Botox (onabotulinumtoxinA) - Neurotoxin

2024 Revenue: ~$6.0 billion combined (Therapeutic ~$3.3B; Cosmetic ~$2.7B)
2026 Guidance: Raised on Botox recovery

Botox remains a cash-generating pillar with dual therapeutic/cosmetic applications. CEO Michael notes efforts to "stabilize and grow" the aesthetics business post-2025 softness, with Botox Therapeutic providing counter-cyclical stability.

5. Venclexta (venetoclax) - BCL-2 Inhibitor

2025 Revenue: ~$2.7-2.9 billion (Q2: $691M +8.5%; Q3: $726M +7.1%)

Venclexta anchors AbbVie's oncology franchise alongside Imbruvica (declining) and emerging assets (Elahere, Teliso-V). Leadership emphasizes combination strategies (e.g., Venclexta + acalabrutinib sNDA for CLL) and durable remissions in AML.

6. P&L Owners

Data Gap: AbbVie does not publicly disclose the names of business unit P&L owners or franchise leads for its therapeutic areas (immunology, oncology, neuroscience, aesthetics). The most senior publicly identified leaders with potential franchise oversight include:

- **Immunology (Skyrizi, Rinvoq, Humira):** Not publicly confirmed - likely reports to Chief Commercial Officer (Jeffrey Stewart, EVP) or R&D CSO (Roopal Thakkar)
- **Oncology (Imbruvica, Venclexta, Elahere, Teliso-V):** Not publicly confirmed
- **Neuroscience (Vraylar, Botox Therapeutic):** Not publicly confirmed
- **Aesthetics (Botox Cosmetic, Juvederm, CoolSculpting):** Not publicly confirmed - legacy Allergan structure integrated post-2020

Note: LinkedIn profiles for current franchise heads are not publicly available. For confirmed names and contacts, consult AbbVie's internal directories or investor relations directly.

7. R&D Pipeline

AbbVie's pipeline emphasizes late-stage assets in oncology (solid tumors, blood cancers), neuroscience (Parkinson's disease, schizophrenia, mood disorders), and immunology label expansions.

Key Pipeline Programs (Phase 2/3)

Asset	Mechanism	Indication(s)	Phase	Expected Readout / Notes
Telisotuzumab vedotin (EMRELIS™)	c-Met ADC	NSCLC (c-Met+), colorectal, pancreatic cancer	Phase 3 confirmatory; approved May 2025	Phase 3 data expected 2026-2027
Elahere (mirvetuximab)	FRα ADC	Platinum-sensitive ovarian cancer, frontline ovarian	Phase 3 trials initiating late 2025	Approved April 2025 in platinum-resistant setting
Epcoritamab	CD3xCD20 bispecific	Relapsed/refractory follicular lymphoma	Phase 3 (EPCORE FL-1)	Reduced disease progression risk by 79% (ASH 2025)
Tavapadon	Dopamine D1/D5 partial agonist	Parkinson's disease	Phase 3	Met primary endpoint; FDA submission planned 2025
Emraclidine	M4 muscarinic PAM	Schizophrenia (discontinued); Alzheimer's (ongoing)	Phase 2	Failed schizophrenia (Nov 2024); $3.5B impairment
Darigabat	GABAA PAM	Treatment-resistant epilepsy, panic disorder	Phase 2	Ongoing; part of Cerevel portfolio

8. Top Geographies

Data Gap: AbbVie does not publicly disclose detailed revenue breakdowns by geography (U.S., Europe, Asia, etc.) in its 2025 financial reports. The following table presents available data with appropriate caveats.

Geography	2024 Revenue	2025 Revenue	% of Total (Estimated)
United States	~$43B	Not disclosed	~60-70% (estimated/derived)
International	Not disclosed	Not disclosed	~30-40% (estimated/derived)
Global Total	~$56.3B	**$61.2B**	100%

Note: All international estimates are labeled as "estimated/derived" based on historical trends and partial 2024 data. Official 2025 geographic splits are not publicly available.

9. Competitive Landscape

Immunology

Primary Competitors:

- **Johnson & Johnson:** Stelara ($10.4B in 2024, declining due to biosimilar threats); Tremfya (IL-23 inhibitor)
- **Eli Lilly:** Taltz (IL-17 inhibitor, patent to 2026-2028)
- **Amgen:** Enbrel (TNF inhibitor; U.S. patent expires 2029); Otezla (PDE4 inhibitor)
- **Novartis:** Cosentyx (IL-17A inhibitor)
- **Pfizer:** Xeljanz (JAK inhibitor, patent expired 2025)

The immunology market is shifting toward IL-23 inhibitors (Skyrizi, Tremfya) and JAK inhibitors (Rinvoq) as TNF inhibitors face biosimilar erosion. Skyrizi's $17.6B in 2025 positions AbbVie as the IL-23 leader.

Oncology

Blood Cancers: AstraZeneca (Calquence), BeiGene (Brukinsa), Roche (Venclexta partner), Genmab (epcoritamab partner)

Solid Tumors: Daiichi Sankyo/AstraZeneca (Enhertu, $4B+), Gilead (Trodelvy), GSK (Zejula), AstraZeneca (Lynparza), Merck (Keytruda)

Neuroscience

Atypical Antipsychotics: Otsuka/Lundbeck (Rexulti), generics (olanzapine, quetiapine)

Migraine: Eli Lilly (Emgality), Amgen/Novartis (Aimovig)

10. Risks and Challenges

Patent Cliffs and Loss of Exclusivity

- **Imbruvica (2026 Expiry):** Generic competition expected to erode revenues >23% in 2026 and 40-60% by 2030-2032
- **Humira (Ongoing Erosion):** Biosimilars driving revenue from $21B peak to $4.5B (2025); further declines to $3-4B by 2027 expected
- **Rinvoq Patent Extension (Mitigated Risk):** September 2025 settlements extended U.S. exclusivity to April 2037

Regulatory and Pricing Pressure

- **Inflation Reduction Act (IRA):** Botox selected for Medicare negotiations (cycle 3, 2028 implementation); AbbVie lawsuit pending
- **FDA Boxed Warnings (JAK Inhibitors):** Rinvoq carries warnings for thrombosis, malignancy, cardiovascular events
- **International Pricing Pressures:** Europe, Japan enforce stricter controls than U.S.

Competitive Pressures

Skyrizi faces competition from J&J's Tremfya and Eli Lilly's Taltz. Oncology ADCs compete with Daiichi Sankyo's Enhertu ($4B+) and Gilead's Trodelvy. Aesthetics market share eroding to Galderma, Evolus, and Merz.

Pipeline Execution Risk

Cerevel portfolio: Emraclidine's Phase 2 schizophrenia failure resulted in $3.5B impairment. Tavapadon's Phase 3 success is critical. Oncology confirmatory trials (Teliso-V, Elahere) required for sustained launches.

11. Outlook and Valuation Context

Medium-Term Targets (2026-2029)

Metric	2026 Guidance	Long-Term (Through 2029)
Total Revenue	$67B (+9.5%)	High single-digit CAGR (7-9%)
Adjusted EPS	$14.37-$14.57	Sustained growth
Skyrizi	~$21.5B	>20% annual growth through 2029
Rinvoq	~$10.1B	>20% annual growth through 2029
Neuroscience	$12.5B (+16%)	Tavapadon approval, Botox stabilization

Valuation Context

Company	Market Cap (2025/26)	2025 Revenue	Forward P/E (Est.)
AbbVie	$401-414B	$61.2B	~15-16x
Johnson & Johnson	$366.71B	~$85B (pharma ~$50B)	~14-16x
Merck	$201.3B	~$65B	~12-14x
Eli Lilly	Not specified	~$35B	~40-50x (GLP-1 premium)

AbbVie trades at a **premium to Merck and Gilead** (15-16x P/E vs. 10-14x), reflecting strong Skyrizi/Rinvoq growth momentum and successful Humira transition. AbbVie trades at a **discount to Eli Lilly** (15-16x vs. 40-50x), as Lilly's obesity/diabetes portfolio commands biotech-like multiples.

12. Patent/Exclusivity Summary Table

Product	Primary Indication(s)	US Exclusivity	EU Exclusivity	Key Risk
Humira	RA, Crohn's, UC, psoriasis	LOE Jan 2023	LOE Oct 2018	Biosimilar erosion to $3-4B by 2027
Skyrizi	Psoriasis, PsA, Crohn's, UC	Mid-2030s (est.)	Mid-2030s (est.)	Competitive threat from Tremfya, Taltz
Rinvoq	RA, PsA, AS, Crohn's, UC, AD	April 2037	Earlier (not disclosed)	JAK inhibitor class warnings
Imbruvica	CLL, SLL, MCL	2026 expiry	2026 expiry	Rapid generic erosion; next-gen BTKis
Venclexta	CLL, AML	Mid-2030s (est.)	Mid-2030s (est.)	Competitive BCL-2 programs
Vraylar	Schizophrenia, bipolar I	2030	2030 (est.)	Generic competition post-2030
Botox	Migraine, spasticity, aesthetics	IRA negotiation 2028	Mature product	IRA pricing cuts; biosimilars internationally

Ada Patient Finder Analysis

This section evaluates AbbVie's drug portfolio through the lens of **Ada Patient Finder**, a digital health solution that identifies undiagnosed patients and navigates them to care. The analysis focuses on drugs where:

- Diagnostic delay exists (>6 months from symptom onset to diagnosis)
- Per-patient net revenue exceeds $50,000/year (after rebates)
- Underdiagnosis rate exceeds 20%
- Ada's symptom assessment engine can surface the condition

Top Ada Patient Finder Opportunities

Drug / Indication	Ada Fit Score	Per-Patient Net Revenue (US)	Diagnostic Delay	Ada Fee Opportunity
Skyrizi (Psoriasis, PsA, Crohn's, UC)	9/10	$40K-70K	3-15 months (IBD); 3x longer (minorities, psoriasis)	**$50M-$1.86B**
Rinvoq (RA, PsA, AD, IBD)	8/10	$35K-63K	1-3 years (RA); adult AD underdiagnosed	**$101M-$1.86B**
Elahere (Ovarian Cancer)	6/10	$50K-105K	1.1-7.75 months	**$1.2M-$25.2M**
Botox (Chronic Migraine)	5/10	$4K-8.4K	Underdiagnosis (21% diagnosed)	$6.9M-$240M

High-Priority Recommendations

1. Skyrizi (Psoriasis, Crohn's, UC) - LAUNCH IMMEDIATELY

Fit Score: 9/10

Over 600,000 Americans live with undiagnosed psoriasis, and racial minorities wait up to three times longer for diagnosis than white patients—facing a 112% higher underdiagnosis risk. In inflammatory bowel disease, nearly half of patients endure diagnostic delays exceeding 12 months for Crohn's disease or 6 months for ulcerative colitis, often misdiagnosed as IBS or gastritis, leading to preventable complications and higher treatment costs.

Skyrizi's $17.6 billion franchise spans these underserved populations, with Ada Patient Finder uniquely positioned to surface these chronic, symptom-rich conditions through skin lesion patterns, GI red flags, and musculoskeletal overlap—accelerating diagnosis and capturing 8-12% of first-year revenue per patient navigated to care. At 15,500-38,700 addressable psoriasis patients alone, this represents a **$50M-$278M annual opportunity** for Ada, with exponential scaling across Crohn's, UC, and PsA indications where diagnostic delays and underdiagnosis exceed 25-50%.

2. Rinvoq (RA, Atopic Dermatitis, IBD) - LAUNCH IMMEDIATELY

Fit Score: 8/10

Rheumatoid arthritis patients face diagnostic delays averaging 1-3 years, with up to 48% misdiagnosed before rheumatologist consultation—often as gout or undifferentiated arthritis—costing 46% more when diagnosed late in seropositive cases. In atopic dermatitis, 26% of cases are adult-onset and frequently misdiagnosed due to atypical hand/foot or facial presentations, leaving millions of adults undertreated.

Rinvoq's $8.3 billion franchise spans these high-delay conditions, with Ada Patient Finder surfacing classic musculoskeletal patterns (symmetric swelling, morning stiffness), dermatologic red flags (pruritus, flexural eczema), and GI symptoms. Atopic dermatitis alone represents 36K-288K addressable patients, translating to **$101M-$1.86B in Ada fees** at 8-12% first-year revenue—scaling exponentially across RA, PsA, and IBD indications.

Excluded Drugs (Poor Ada Fit)

Drug	Fit Score	Reason for Exclusion
Humira	3/10	Declining franchise; biosimilar competition; low per-patient revenue
Imbruvica	4/10	Asymptomatic early CLL; incidental lab-driven diagnosis
Venclexta	4/10	CLL asymptomatic; AML hyper-acute; poor symptom fit
Vraylar	3/10	Low per-patient revenue ($6K-14K); psychiatric symptoms require clinical interview
Aesthetics Portfolio	1/10	Elective, patient-initiated; no diagnostic delay
Eye Care	2/10	Low per-patient revenue; screening-based diagnosis

Summary: Ada Patient Finder Portfolio Opportunity

Total Ada Fee Opportunity Range: $151M - $3.95B annually

Primary Therapeutic Focus:

- Immunology (IBD, Psoriasis, RA)
- Dermatology (Atopic Dermatitis)

- Oncology (Ovarian Cancer - niche)

Strategic Recommendation: Prioritize immediate launch with Skyrizi and Rinvoq across autoimmune conditions where diagnostic delays (3-15 months IBD; 1-3 years RA) and underdiagnosis rates (25-50%) create substantial unmet need. Ada's symptom assessment engine is exceptionally well-suited to surface chronic inflammatory conditions with rich symptom profiles (GI bleeding, joint swelling, skin lesions, pruritus) and clear red flags that differentiate from benign conditions.

References

1. Salestools.io. (2025). AbbVie Inc. Headquarters. Link
2. Clay. (2025). AbbVie Headquarters & Office Locations. Link
3. AbbVie. (2025). Contact Center - Locations. Link
4. PR Newswire. (2025, February). AbbVie Reports Full-Year and Fourth Quarter 2025 Financial Results. Link
5. AlphaSense. (2025). AbbVie Earnings. Link

Note: Full reference list (98 sources total) available in the markdown report. For brevity, first 5 shown here.

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