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GILEAD SCIENCES SECOND QUARTER 2022
EARNINGS PREPARED REMARKS

Jacquie Ross, *VP, Investor Relations*

Thank you, Operator, and good afternoon everyone. Just after market close today, we issued a press release with earnings results for the second quarter of 2022. The press release, slides, and supplementary data are available on the investors section of our website at gilead.com.

The speakers on today's call will be our Chairman and Chief Executive Officer, Daniel O'Day, our Chief Commercial Officer, Johanna Mercier, our Chief Medical Officer, Merdad Parsey, and our Chief Financial Officer, Andrew Dickinson. After that, we'll open up the call to Q&A, where the team will be joined by Christi Shaw, the Chief Executive Officer of Kite.

[Slide 2] Before we get started, let me remind you that we will be making forward-looking statements, including those related to the impact of the COVID-19 pandemic on Gilead's business, financial condition and results of operations; plans and expectations with respect to products, product candidates, corporate strategy, business and operations, financial projections and the use of capital; and 2022 financial guidance, all of which involve certain assumptions, risks and uncertainties that are beyond our control and could cause actual results to differ materially from these statements.

A description of these risks can be found in the earnings press release and our latest SEC disclosure documents. All forward-looking statements are based on information currently available to Gilead, and Gilead assumes no obligation to update any such forward-looking statements.

Non-GAAP financial measures will be used to help you understand the company's underlying business performance. The GAAP to non-GAAP reconciliations are provided in the earnings press release, in our supplementary data sheet, as well as on the Gilead website.

Now, I'll turn the call over to Dan. [Slide 3]

Daniel O'Day, *Chairman and Chief Executive Office*

Thanks Jacquie, and good afternoon, everybody. Thank you for joining. We're looking forward to sharing our second quarter results today, which highlight a quarter of strong commercial and clinical execution.

[Slide 4] This was a very strong quarter for our business, delivering revenue of $6.1 billion**.** Excluding Veklury, total product sales grew 7% year-over-year. If we look at the underlying business, and also exclude the impact of the HIV LOEs and the currency headwinds in the second quarter, growth was actually 11%.

Our HIV portfolio continues to deliver, and this quarter was no exception, with higher demand for both treatment and PrEP. Biktarvy sales grew by 28% year over year, and we expect to see continued market growth for treatment and prevention with the ongoing market recovery.

This was a record quarter for our oncology business. Revenues topped half a billion dollars for the first time, with a strong contribution from Trodelvy and a standout performance by our cell therapies. Yescarta was approved by the FDA for second line relapsed or refractory LBCL in April. This increased awareness and drove demand not only for Yescarta second line patients, but also for those in later lines of treatment. Yescarta is a potentially curative therapy, and Kite has uniquely and effectively scaled manufacturing to meet the needs of patients who could benefit.

Turning towards clinical progress, our NDA submission has been accepted by the FDA for lenacapavir for heavily treatment experienced people living with HIV, and we are now expecting a decision in late December. If approved, lenacapavir will be the first approved capsid inhibitor and the first therapy with a six-month dosing schedule for HIV treatment.

Moving to Trodelvy, we are in discussions with the FDA regarding a potential regulatory pathway for late-stage HR+/HER2- patients, and we will update you as things progress. We have also begun screening patients in ASCENT-03 and ASCENT-04 evaluating Trodelvy in first-line metastatic TNBC patients. We dosed the first patient in our new Phase 2 study evaluating Trodelvy in non-small cell lung cancer, EVOKE-02. And earlier this month, we dosed the first patient in a new Trodelvy combination arm in our ongoing magrolimab TNBC study.

Also for magrolimab, we are targeting an interim analysis no later than early 2023 for ENHANCE, our Phase 3 study in first line high risk MDS. Additionally, we dosed the first patient for ENHANCE-3, a Phase 3 magrolimab study for 1L unfit AML.

Moving to slide [5], later this year we expect to initiate an additional five studies for Trodelvy, in a mix of monotherapy and combination studies. We also plan to start enrolling patients in three cell therapy trials and two domvanalimab combination trials. The extent of existing and planned studies really highlights the scale of our ambitious oncology program.

I want to take the opportunity thank the teams across Gilead and Kite for a terrific quarter of commercial execution, and for the continued momentum in our clinical programs that continues to lay the critical groundwork for Gilead's future success. With that, I'll invite Johanna [slide 6] to share an update on our second quarter commercial performance.

Johanna Mercier, *Chief Commercial Officer*

Thanks Dan, and good afternoon, everyone.

Turning to slide [7], we had a very strong second quarter with total product sales excluding Veklury of $5.7 billion, up 7% year-over-year, driven by HIV, Cell Therapy, and Trodelvy, and offset in part by HCV. Sequentially, total product sales, excluding Veklury were up 14%, driven by the seasonal pricing and inventory dynamics we see coming out of the first quarter of every year, primarily in our HIV business, as well as higher demand across our total portfolio.

On slide [8], HIV sales were up 7% year-over-year to $4.2 billion, primarily driven by channel mix associated with lower government utilization leading to a higher average realized price as well as higher demand for both treatment and PrEP. Excluding the impact of the loss of exclusivity of Truvada and Atripla, HIV sales increased 11%.

Quarter-over-quarter, HIV sales were up 14%, due to demand and channel mix leading to higher average realized price as well as the favorable seasonal inventory dynamics that we typically see in the second quarter relative to the first.

Year-over-year, the HIV treatment market grew over 4% in the U.S., and was largely flat in Europe but, sequentially grew over 2% in the U.S. and 1% in Europe. We're encouraged to see the market recovering and, on a year-over-year basis, continue to expect annual treatment market growth in the 2% to 3% range.

Descovy sales in the second quarter were $460 million, up 6% year-over-year and 23% sequentially. We are pleased to see continued PrEP market growth with broader awareness and market volumes that are well above pre-pandemic levels. For the quarter, the overall market growth was up 25% year-over-year, and 5% sequentially, highlighting both robust recovery and growing adoption of PrEP.

Despite generic and other market participants, Descovy share in PrEP is holding in the mid-40 percent range. As awareness continues to grow and the overall market expands, we expect Descovy to continue to play an important role in PrEP, and really look forward to adding lenacapavir as a potential long-acting alternative for those seeking preventative care, as early as 2025.

Onto slide [9], Biktarvy grew 28% year-over-year to $2.6 billion, primarily driven by strong demand and channel mix. Biktarvy's market share in the U.S. grew from 40% in Q2 of last year to 44% in the second quarter of 2022, and continues – by a wide margin – to be the leading treatment for HIV, as well as the fastest growing. In fact, Biktarvy's differentiated clinical profile was once again reinforced this past weekend at the International AIDS Conference in Montreal. At five years, Biktarvy had zero cases of treatment failure due to resistance, as well as sustained efficacy and a demonstrated safety profile in people living with HIV. Notably, this 5-year trial duration demonstrating zero cases of resistance is unprecedented for an HIV regimen.

Share also increased sequentially, up 1% from the first quarter of 2022, contributing to 19% growth in Biktarvy revenue quarter-over-quarter, in addition to the channel mix and the seasonal inventory dynamics we referenced earlier.

Moving to slide [10], HCV sales in the quarter were down 18% year-over-year due to channel mix leading to lower average realized price and fewer patient starts, partially offset by higher volume in Eastern Europe. Sequentially, HCV was up 12%, driven by the timing of a large order, in addition to higher patient starts.

Overall in HCV, we maintained steady market share of 50-60% both in the U.S. as well as Europe.

For HBV and HDV on slide [11], sales were roughly flat quarter-over-quarter and year-over-year, driven by unfavorable adjustments associated with the recent Volume Based Procurement updates in China, offset by higher year-over-year demand and volume growth in all other regions.

Veklury revenues in the second quarter were $445 million as shown on slide [12]. As expected, sales declined both year-over-year and quarter-over-quarter as hospitalization rates declined in most geographies. Additionally, U.S. revenue reflected inventory draw-down in the second quarter.

While COVID-19 is still prevalent, the most recent subvariants have been less severe and contributed to fewer hospitalized patients, although roughly 60% of hospitalized COVID-19 patients that are being treated in the U.S. are receiving Veklury.

We continue to be committed to supporting patients with COVID-19 globally. Last month, we signed our second Joint Procurement Agreement with the European Commission that enables participating countries to purchase Veklury for a period of up to 18 months. Additionally, the European Medicines Agency's Committee for Medicinal Products for Human Use, or CHMP, adopted a positive opinion recommending Veklury receive full marketing authorization for the treatment of appropriate patients with COVID-19. This builds on our prior, conditional authorization, and we look forward to the final decision by the European Commission later this year.

We are proud of our track record of meeting global demand for Veklury since the Fall of 2020, and will maintain our readiness to supply Veklury where it is needed and have increased our full year guidance to reflect anticipated patient need in the second half.

Turning to Oncology, and beginning with Trodelvy on slide [13], sales of $159 million grew 79% year-over-year and 9% quarter-over-quarter. Sequentially, Trodelvy grew 41% outside the U.S., with particularly strong growth in Germany and France due to increased awareness and adoption. Sequential 7% volume growth in the U.S. was offset by unfavorable pricing dynamics. We expect to see continued growth in the second half, driven by the impact of our expanded sales force in the U.S. as well as reimbursement approvals in the EU.

We are committed to broadening access for Trodelvy and continue to work with regulators and payers around the world. We're pleased with the recent decisions by both NCCN in the U.S. and NICE in the UK, recognizing the significant clinical benefit of Trodelvy in patients with metastatic triple-negative breast cancer based on the Phase 3 ASCENT trial. These decisions add to the building support for Trodelvy's use following positive Health Technology Assessments in a number of other countries.

Trodelvy is the first ADC to demonstrate statistically significant and clinically meaningful overall survival benefit in this mTNBC patient population. In fact, the NCCN guidelines elevated Trodelvy to a Category 1 recommendation for second-line and later mTNBC, its highest recommendation available. Additionally,

while Trodelvy is not approved by FDA for use in the HR+/HER2- setting, we are pleased that the NCCN has issued a Category 2A recommendation for Trodelvy's use for these patients with advanced disease.

Turning to slide [14], I'm pleased to share some incredibly strong results on behalf of Christi and the Kite team. Cell Therapy sales for the second quarter were $368M, up 68% year-over-year and 34% sequentially, driven by a very strong U.S. 2L launch for Yescarta in relapsed or refractory LBCL, which exceeded our expectations, and continued strong growth in 3L+ Yescarta.

As a reminder, strong data and an NCCN recommendation which pre-dated the 2L approval, helped drive our impressive early uptake, especially in large volume authorized treatment centers with a high familiarity with CAR T therapies. Additionally, Yescarta 2L LBCL is already available in two other large markets; in France – through the early access program – and in Germany, through a reimbursement decision ahead of approval. The decision on Yescarta 2L LBCL approval in Europe is expected later this fall.

Third line plus LBCL deliveries also increased sequentially and year-over-year, reflecting growing overall awareness and confidence in the use of Yescarta. This follows the presentation of 5-year ZUMA-1 data at last year's American Society of Hematology meeting and, more recently, our second line approval in the U.S.

For the quarter overall, Yescarta sales of $295M were up 66% year-over-year and 40% sequentially. Of note, Yescarta deliveries increased 67% year-over-year and 39% sequentially, demonstrating the effectiveness of Kite's manufacturing expansion strategy and our ability to meet demand for our cell therapies. We are proud of our reputation for consistent and reliable deliveries that further differentiates Kite's cell therapies, and was a continued source of strength in Q2. While we saw very strong demand growth in the first half of 2022, we expect this growth to normalize in Q3 as 2L usage expands beyond the early adopters and more towards community referrals.

Turning to Tecartus, sales for the quarter were $73 million, up 78% year-over-year and 16% sequentially, driven by continued demand and expansion into new geographies for relapsed or refractory mantle cell lymphoma, as well as uptake in adult acute lymphoblastic leukemia in the U.S.

Christi is available for Q&A later on the call. In summary this was a really strong quarter for the entire Gilead and Kite commercial organization.

With that, I'll hand the call over to Merdad for an update on our pipeline. Merdad?

[Slide 15]

Merdad Parsey, MD, PhD, *Chief Medical Officer*

Thank you, Johanna. From a clinical perspective, we made solid progress in the second quarter, including a wealth of data updates spanning our oncology and virology portfolios.

Starting with HIV on slide [16], we are very pleased to share that our NDA submission for lenacapavir for heavily treatment experienced people living with HIV was accepted last week, and we now have a PDUFA date set for the end of December.

Outside the U.S., we received a positive CHMP opinion for this indication, based on data from the Phase 2/3 CAPELLA trial. Week 26 data from this trial were published in the *New England Journal of Medicine* in May with updated, 1-year data presented at the Conference on Retroviruses and Opportunistic Infections earlier this year. In this very difficult to treat population, 83-86% of those treated with lenacapavir achieved virologic suppression at 1-year – sustaining the rates achieved at Week 26. We continue to expect a decision from the European Commission later this year.

Looking at Trodelvy on slide [17], we shared new data at ASCO that increases our confidence in Trodelvy's potential applicability across a broad range of tumor types. These positive data from the Phase 3 ASCENT study reinforced Trodelvy's survival and health-related quality of life benefit over treatment of physician's choice in patients with metastatic triple negative breast cancer.

We also highlighted positive PFS and quality of life data from our Phase 3 TROPiCS-02 study, demonstrating a statistically significant and clinically meaningful 34% reduction in the risk of disease progression or death in late line endocrine-resistant patients with HR+/HER2- metastatic breast cancer who have received 3 median prior lines of chemotherapy in the metastatic setting. This study also demonstrated a positive trend in overall survival at the first interim analysis.

The TROPiCS-02 data, coupled with the NCCN recommendation, support Trodelvy's potential as a treatment option for late line HR+/HER2- patients. As Dan mentioned, our discussions with the FDA are ongoing on the potential regulatory path, and we will update you when we can. In the meantime, TROPiCS-02 continues, with patients followed for subsequent, planned OS analyses.

Separately, we continue to expand our Trodelvy clinical program. We began screening for patients in ASCENT-03 evaluating Trodelvy in first-line metastatic TNBC patients who have PD-L1 negative tumors, as well as in ASCENT-04 evaluating first-line patients with PD-L1 positive metastatic TNBC.

Moving to Trodelvy in bladder cancer, the ongoing Phase 3 TROPiCS-04 study is our confirmatory trial designed to enable global registration for Trodelvy in patients with locally advanced or metastatic urothelial cancer. This study follows the encouraging data from TROPHY-U01 supporting accelerated approval of Trodelvy in the U.S. for patients with mUC. Pending results from our 1L expansion cohorts in the Phase 2 TROPHY-U01 study, we plan to open two Phase 3 studies in 1L mUC.

In our Trodelvy lung program, we initiated the Phase 2 EVOKE-02 non-small cell lung cancer study in the second quarter evaluating the combination of Trodelvy with Merck's Keytruda in patients without actionable genomic mutations.

Looking forward to the second half of this year, we expect to begin enrolling patients for the Phase 3 EVOKE-03 or KEYNOTE-D46 study in first-line non-small cell lung cancer with PD-L1 expression $\geq$50%, in

collaboration with Merck. Additionally, later this year we expect to initiate several other Trodelvy combinations, including evaluating Trodelvy in castrate-resistant prostate cancer.

Moving to magrolimab on slide [18], we are pleased that both divisions of the FDA have now lifted the partial clinical holds on magrolimab. All magrolimab programs have resumed enrolling patients – without FDA requiring any additional protocol changes. Our confidence in magrolimab's potential efficacy and safety profile is unchanged.

At ASCO, we shared MDS and AML data from our Phase 1b study, where magrolimab continues to demonstrate high and durable response rates in high-risk MDS with encouraging complete response rates of 33% compared with historical rates with azacitadine-alone. We also observed promising efficacy in patients with TP53m AML with an ORR of 49% and a CR of 33%.

Notably, our Phase 3 study in 1L HR MDS, ENHANCE, is enrolling nicely and we expect the interim analysis no later than early 2023.

Moving to Cell Therapy on slide [19], and on behalf of Christi and the Kite team, it is gratifying to see that more patients are benefiting from our cell therapies given the growing body of clinical evidence. Building on ZUMA-7 data, we presented real-world data at ASCO that demonstrated consistent outcomes for survival and safety, regardless of race and ethnicity. And in a sub-analysis of ZUMA-7 patients over 65, Yescarta demonstrated more than 8 times greater median Event Free Survival and a clinically meaningful improvement in quality of life.

These data further establish the efficacy and safety profile of Yescarta for patients with relapsed or refractory LBCL, and support ongoing exploration of Yescarta in more settings. We expect to enroll our first patient for ZUMA-24, a Phase 2 study to evaluate Yescarta in 2L LBCL in an outpatient setting, as well as ZUMA-23, a Phase 3 study to evaluate Yescarta in first line, high-risk LBCL patients in the second half of this year.

Additionally, we expect FPI in a new Phase 3 trial evaluating the use of Yescarta in 2L HR follicular lymphoma patients, ZUMA-22, later this year.

Now to slide [20]. As Dan mentioned, we made steady progress in the first half of the year and continue to focus on clinical execution. The key clinical milestones in the second half include:

- an update on our regulatory discussions for Trodelvy for late line HR+/HER2- patients in the US;
- a number of potential regulatory decisions, including for lenacapavir, Yescarta, and Tecartus;
- at least 6 more trial initiations spanning Trodelvy, cell therapy and domvanalimab;
- as well as several data updates with our partner Arcus, including Phase 2 data from ARC-7.

Later this year, we also expect to have interim Phase 2 data for etruma from the ARC-6 study as well as ARC-8's Phase 2 data for quemli.

We are encouraged with early Phase 1 data for GS-5245, our investigational novel oral nucleoside in development for the treatment of COVID-19. We are discussing these early data with regulatory agencies and are planning to move into the clinic.

We are also pleased to see our earlier stage pipeline with our partners, such as Tizona and Pionyr, continue to advance nicely. For example, Tizona's HLA-G program is currently enrolling for its dose expansion cohorts and Tizona expects to share interim data mid-2023.

With our robust internal pipeline and external partners, we are confident our portfolio across virology, oncology, and inflammation will deliver many life-changing treatments to help those patients in need.

With that, I'll hand the call over to Andy.

[Slide 21]

Andrew Dickinson, *Chief Financial Officer*

Thank you Merdad, and good afternoon everyone.

Before I discuss our second quarter results, and starting on slide [22], I would like to remind everyone that following the SEC guidance earlier this year, similar to our peers, acquired in-process R&D expenses – or IPR&D - including upfront payments for business development transactions – are now included in our non-GAAP financial measures, and reported under Acquired IPR&D.

As a reminder, the $300 million payment associated with the Dragonfly collaboration announced in May is included in our Q2 results but was NOT reflected in our prior 2022 full year guidance.

Additionally, we have shifted prior period milestone and opt-in payments from R&D to Acquired IPR&D. We believe this presentation better reflects the total costs incurred to acquire IPR&D projects. The most notable example is the $625 million opt-in payment we made to Arcus that we reported in the fourth quarter of last year. There are a few other, smaller, payments that have been moved, and this slide highlights the changes that you'll now see reflected in our 2021 P&L.

I'll further note that this change impacts our 2022 R&D guidance because our R&D guidance is given relative to 2021 results. I'll touch on that again later in this call.

Moving to our second quarter results starting on slide [23], this was a very strong quarter with a notable contribution from both our HIV and oncology businesses. As expected, Veklury sales were substantially lower sequentially and year-over-year, reflecting the lower COVID hospitalization rates in the quarter.

Total product sales, excluding Veklury, were up 7% year-over-year. Foreign currency impacted second quarter sales, excluding Veklury, by approximately $65 million, net of hedges. If we exclude this impact as well as the impact of the HIV LOEs, total underlying sales growth year-over-year was 11% in the quarter.

For the first half, total product sales growth excluding Veklury, was 5%. Also excluding FX and the impact of the HIV LOEs, underlying growth for the first half was 8%.

Back to our reported results on slide [24], Johanna took you through our revenue results and the drivers there.

Non-GAAP product gross margin was 85.6% for the second quarter, down 80 basis points year-over year primarily due to the Biktarvy-related royalty following the settlement in Q1.

Non-GAAP R&D, excluding acquired IPR&D expenses, such as milestones and upfront payments, was $1.1 billion, up 6% year-over-year, primarily due to increased investment in development and timing of clinical trial activities, primarily for Oncology business.

Acquired IPR&D for the quarter was $330 million, including $300 million related to the Dragonfly collaboration.

Non-GAAP SG&A was $1.3 billion, up 13% year-over-year, primarily due to increased promotional and marketing activities, including for Trodelvy, as well as higher corporate expenses, including IT investments and grants.

Non-GAAP operating margin was 43%, reflecting higher operating expenses and the upfront Dragonfly payment. Excluding the Dragonfly payment, non-GAAP operating margin was 47.5%.

Moving to tax, our non-GAAP effective tax rate in the second quarter was 19.3%.

Our non-GAAP diluted earnings per share was $1.58 in the second quarter of 2022, compared to $1.81 for the same period last year, reflecting the Dragonfly payment, which represented $0.18 on a post-tax per share basis, as well as the Biktarvy-related royalty.

Overall, we had a strong first half of the year, as shown on slide [25], with growth across HIV, Cell Therapy, and Trodelvy, offset in part by HCV. Of note, currency headwinds impacted first half total product sales by approximately $185 million, net of hedges, compared with the first half of 2021.

Moving to slide [26], we are increasing our full year sales guidance to reflect our year-to-date results and expectations for the second half, including our expectations for FX. In addition to the impact in the first half, we expect continued FX headwinds in the second half, impacting total product sales by approximately $200 million in the second half, compared to our initial February guidance.

For Revenues:

- We now expect Total Product Sales of $24.5 to $25.0 billion, compared to our previous range of $23.8 to $24.3 billion. This reflects the strong performance year-to-date, notably very strong growth in Cell Therapy and HIV, and it also incorporates our expectations for the broader macro environment.
    - In HIV, we expect modest sequential growth in the third quarter, keeping in mind the strength we experienced in the second quarter.
    - And in Cell Therapy, we expect flat to modestly higher revenue in the third quarter compared to Q2. Following the launch bolus of orders we experienced in the second quarter, we expect demand to stabilize.

- Moving to Veklury, and with first half revenue of almost $2 billion, we are increasing our expectations to approximately $2.5 billion for the year. Following inventory draw down in the second quarter, we expect sales to increase sequentially in the U.S. and to continue to track hospitalization rates. Note that our Veklury guidance assumes no significant increase in hospitalization rates from Q2 levels.

- Excluding Veklury, we expect our Total Product Sales to be $22.0 billion to $22.5 billion, representing growth of 3% to 5% year-over year, and compared to our prior range of $21.8 to $22.3 billion.

As for the rest of the Non-GAAP P&L:

- There is no change to our Product Gross Margin guidance range of 85% to 86%.

- R&D, as described earlier, will no longer include BD-related payments such as milestones and opt-in fees. These will be reported as Acquired IPR&D, along with upfront payments. With this change, we have moved $762 million of full-year 2021 expense from R&D to Acquired IPR&D.

- As a result of this change, we now expect full year R&D expense to *increase* by a mid-single digit percentage compared to the new 2021 baseline of $4.5 billion. Our expectations for full year R&D expense remain largely unchanged from the start of the year, and this guidance revision reflects *only* the recasting of Acquired IPR&D items – including Arcus – previously reported in R&D in 2021.

- Moving to Acquired IPR&D, we are not issuing guidance for the full year and – similar to what we did with Dragonfly this quarter – will update our EPS guidance quarterly as needed to reflect any relevant activity during the quarter. What we have included here is the year-to-date Acquired IPR&D amount.

- For SG&A, with our continued investment across our commercial organization, and expectations for higher costs as a result of inflation, we now expect SG&A expenses to grow by a low-single digit percentage compared to 2021.

- Altogether, we expect Operating Income to be $11.0 to $11.6 billion for the full-year, compared to $10.7 to $11.5 billion previously.

- Similarly, we now expect our Non-GAAP Diluted Earnings Per Share to range between $6.35 to $6.75, up from $6.20 to $6.70 previously.

On a GAAP basis, we expect our Diluted Earnings Per Share to range between $2.90 and $3.30, compared to $3.00 and $3.50 previously, primarily reflecting net unrealized losses from strategic equity investments.

As a reminder, this revised EPS guidance reflects the $300 million upfront payment associated with the Dragonfly collaboration we announced in May which was NOT included in our previous guidance, as well as our FX expectations and operating expenses for the second half.

The guidance shared today does NOT include additional upfront payments related to normal course of business partnerships or licensing deals that we might announce in the third or fourth quarters. As discussed previously, we will continue to update our guidance as needed to reflect the impact of new business development transactions closed in the prior quarter.

Finally, on slide [27], you can see there is no change to our capital allocation priorities. In the quarter, we returned almost a billion dollars to shareholders, including $920 million in dividend payments. And – just after the close of the quarter – we repaid $1 billion of debt, fulfilling our commitment to repay $1.5 billion of debt this year. I'm pleased to share that as of July 1, we have returned to the same debt level we were at prior to the Immunomedics acquisition.

With that, I'll invite the Operator to open the Q&A.