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Pulmonary Embolism – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031) Market -

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PULMONARY EMBOLISM PIPELINE ANALYSIS
• Pulmonary embolism is best described as the blockage of a pulmonary artery that travels to the lungs from other parts of the body by the formation of blood clots.
• It is caused due to deep vein thrombosis that occurs due to inactivity and an injury. Some of the symptoms of pulmonary embolism include irregular heartbeat, cough, leg pain or swelling, excessive sweating, anxiety, chest pain, weak pulse, and confusion.
• Predisposing factors include cardiovascular disease and high blood pressure. Around 80% of patients with pulmonary embolism have signs of deep vein thrombosis, and approximately 50% of patients with proven proximal deep vein thrombosis have an associated pulmonary embolism. Treatment includes anticoagulants and thrombolytics.
• Immediate therapeutic anticoagulation is triggered for patients with suspected pulmonary embolism (PE) or deep venous thrombosis (DVT). XARELTO® is the only first and oral anticoagulant approved to treat DVT and PE.
• Newly, FDA approved Savaysa (edoxaban), a Factor Xa inhibitor and worked as an anticoagulant is used in the treatment of deep vein thrombosis, pulmonary embolism and risk of embolism due to atrial fibrillation and stroke. Anticoagulation therapy with heparin has shown a reduction of mortality rates from 30% to less than 10%. Anticoagulation is essential, but anticoagulation alone does not guarantee a successful outcome.
• Anticoagulant medications that are used in treating pulmonary embolism include warfarin (Coumadin), heparin (Hepariv-B), fondaparinux (Arixtra) and low-molecular-weight heparin (such as Lovenox or Dalteparin). The other drugs for treating pulmonary embolism includes Acenocoumarol (Nistrom), Danaparoid, Dextran (Rallidex), Dipyridamole (Persantin), Streptokinase (Thrombosolv), Urokinase (Dukinase). Only less number of studies are found in clinical trial development among which only 9

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studies are going on in phase 3 trial of development including Edoxaban by Daiichi Sankyo, Furosemide, Dabigatran etexilate, Tinzaparin (Innohep), Apixaban and 4 studies in phase 2 clinical trial of development including Ateplase (Inderparin) by Tasly Pharmaceuticals, Enoxaparin, DS-1040b, and others.

• Only 8 studies are found to be in early phase and phase 1 clinical trial development including TS23 Biological drug by Translational sciences, Ferumoxytol, and others.

• The growth in the number of cancer patients, and an increase in per-capita healthcare expenditure, the aging population, etc. are expected to increase the pulmonary embolism diagnostic market. Yet the market faces some challenges, such as the prohibition of Technegas (an agent of V/Q Scan) in the US and introduction of Novel Oral Anticoagulants.

• Globally, the rise in the awareness among people regarding existing treatments for pulmonary embolism, development of efficient and advanced technology, increasing government initiatives across the globe, growing prevalence and incidence rate of pulmonary embolism are the prime growth drivers of the pulmonary embolism treatment market.

• However, higher cost of R&D, and entangled government regulatory approvals are the key restraints for the pulmonary embolism treatment market.

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