

# Cellular-mesenchymal Epithelial Transition Factor (C-Met) Mutated Non-small Cell Lung Cancer (NSCLC)- Epidemiology Forecast to 2030

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## Abstracts

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DelveInsight's 'Cellular-mesenchymal Epithelial Transition Factor (C-Met) Mutated Non-small Cell Lung Cancer (NSCLC)- Epidemiology Forecast to 2030' report delivers an in-depth understanding of the disease, historical and forecasted c-Met Mutated NSCLC epidemiology in the 7MM, i.e., the United States, EU5 (Germany, France, Italy, Spain, and the United Kingdom), and Japan.

### C-Met Mutated NSCLC Understanding

Non-small cell lung cancer (NSCLC) is the most common type of lung cancer accounted for approximately 85% of all lung cancers. It can be defined as any type of epithelial lung cancer other than SCLC. It is mainly subcategorized into adenocarcinomas, squamous cell carcinomas, large cell carcinomas and several other types that occur less frequently include adenosquamous carcinomas, and sarcomatoid carcinomas. In these subtypes adenocarcinoma accounts for highest number of cases, i.e., approximately 47% followed by Squamous Cell Carcinoma and Large Cell Carcinoma.

There are several mutation associated with NSCLC but the most common are EGFR, KRAS, ROS-1 , BRAF , C-Met , PD-L1 expression and others. Among all the mutations C-Met accounted for approximately 4% of the total cases of NSCLC.

C-Met is a tyrosine kinase receptor, which is encoded in part by mesenchymal-epidermal transition (MET) exon 14. Mutations in the MET gene can cause increased c-MET signaling and oncogenic stimulation. Although c-MET mutation is rare, it is a

targetable driver mutation.

For diagnosis of mutation associated with NSCLC a laboratory test is done to check for certain genes, proteins, or other molecules in a sample of tissue, blood, or other body fluid. Molecular tests check for certain gene or chromosome changes that occur in NSCLC. The guidelines do not recommend routine screening before treatment decision, there are drugs that can be used in patients who have c-MET mutation or amplification.

### Epidemiology Perspective by DelveInsight

The C-Met mutated NSCLC epidemiology division provides the insights about historical and current patient pool and forecasted trend for each seven major countries. The C-Met mutated NSCLC epidemiology data are studied through C-Met mutated NSCLC possible division to give a better understanding of the Disease scenario in the 7MM.

The disease epidemiology covered in the report provides historical as well as forecasted C-Met mutated NSCLC epidemiology [segmented as Total Incident Cases of NSCLC, Total Incident Cases of NSCLC Patients by Histology, Total Diagnosed Cases of NSCLC Patients by Stages, Total NSCLC Cases of Patients by Genetic mutation/Biomarkers, and Treated Patient Pool of NSCLC] scenario of C-Met mutated NSCLC in the 7MM covering United States, EU5 countries (Germany, France, Italy, Spain, and United Kingdom), and Japan from 2017 to 2030.

### C-Met Mutated NSCLC Detailed Epidemiology Segmentation

In histology-specific cases of NSCLC, Adenocarcinoma accounts for highest number of cases, i.e., approximately 47% followed by Squamous Cell Carcinoma and Large Cell Carcinoma.

In genetic-mutation specific cases of NSCLC, most number of cases is from PD-L1 followed by KRAS, and EGFR. On the other hand, ROS-1 accounted for least number of cases whereas C-Met accounted for approximately 4% of cases.

The total incident cases of C-Met mutated NSCLC in the 7MM were found to be 16,658 in 2017 which is expected to grow during the study period, i.e., 2017–2030

Estimates shows that the highest incident population of C-Met mutated NSCLC is in the United States, followed by Germany, Japan, United Kingdom, and

France in 2017.

The United States accounted for approximately 7,202 cases of C-Met NSCLC in 2017.

The total cases of C-Met mutated NSCLC in Germany, France, Italy, UK and Japan was found to be around 2,138, 1,508, 1,277, 1,664, and 2,000, respectively in 2017.

## Scope of the Report

The C-Met mutated NSCLC report covers a detailed overview explaining its causes, symptoms, classification, pathophysiology, diagnosis and treatment patterns.

The C-Met mutated NSCLC Report and Model provide an overview of the risk factors and global trends of C-Met mutated NSCLC in the seven major markets (7MM: United States, Germany, France, Italy, Spain, and the United Kingdom, and Japan)

The report provides insight about the historical and forecasted patient pool of C-Met mutated NSCLC in seven major markets covering the United States, EU5 (Germany, France, Italy, Spain, and the United Kingdom), and Japan.

The report helps to recognize the growth opportunities in the 7MM with respect to the patient population.

The report assesses the disease risk and burden and highlights the unmet needs of C-Met mutated NSCLC.

The report provides the segmentation of the NSCLC epidemiology by incident cases of NSCLC patients by histology in the 7MM.

The report provides the segmentation of the NSCLC epidemiology by diagnosed cases of NSCLC patients by stages in the 7MM.

The report provides the segmentation of the NSCLC epidemiology by genetic mutation/biomarkers in the 7MM.

The report provides the segmentation of the NSCLC epidemiology by treated patient pool of NSCLC in the 7MM.

## Report Highlights

11-Year Forecast of C-Met mutated NSCLC epidemiology

7MM Coverage

Total Incident Cases of NSCLC

Incident Cases according to segmentation: Histology, Stage, Genetic Mutation/Biomarker

Treated cases of NSCLC

## KOL-Views

We interview, KOL's and SME's opinion through primary research to fill the data gaps and validate our secondary research. The opinion helps to understand the total patient population and current treatment pattern. This will support the clients in potential upcoming novel treatment by identifying the over C-Met mutated NSCLC scenario of the indications.

## Key Questions Answered

What will be the growth opportunities in the 7MM with respect to the patient population pertaining to C-Met mutated NSCLC?

What are the key findings pertaining to the C-Met mutated NSCLC epidemiology across the 7MM and which country will have the highest number of patients during the study period (2017–2030)?

What would be the total number of patients of C-Met mutated NSCLC across the 7MM during the study period (2017–2030)?

Among the EU5 countries, which country will have the highest number of patients during the study period (2017–2030)?

At what CAGR the patient population is expected to grow in the 7MM during the study period (2017–2030)?

What are the various recent and upcoming events which are expected to improve the diagnosis of C-Met mutated NSCLC?

## Reasons to buy

The C-Met mutated NSCLC Epidemiology report will allow the user to -

- Develop business strategies by understanding the trends shaping and driving the global C-Met mutated NSCLC market

- Quantify patient populations in the global C-Met mutated NSCLC market to improve product design, pricing, and launch plans

- Organize sales and marketing efforts by identifying the age groups and sex that present the best opportunities for C-Met mutated NSCLC therapeutics in each of the markets covered

- Understand the magnitude of C-Met mutated NSCLC population by its severity

- The C-Met mutated NSCLC epidemiology report and model were written and developed by Masters and PhD level epidemiologists

- The C-Met mutated NSCLC Epidemiology Model developed by DelveInsight is easy to navigate, interactive with dashboards, and epidemiology based with transparent and consistent methodologies. Moreover, the model supports data presented in the report and showcases disease trends over 11-year forecast period using reputable sources

## Key Assessments

### Patient Segmentation

Disease Risk and Burden

Risk of disease by the segmentation

Factors driving growth in a specific patient population

## Geographies Covered

The United States

EU5 (Germany, France, Italy, Spain, and the United Kingdom)

Japan

Study Period: 2017–2030

Total cases of C-Met mutated NSCLC in the 7MM was assessed to be 16,658 in 2017, and are expected to increase during the study period. Among the European 5 countries, the Germany had highest incident population of C-Met NSCLC, followed by United Kingdom and France. On the other hand, Spain had the lowest incident population of C-Met NSCLC, in 2017. Furthermore, Japan accounts for about 12% of the total 7MM incident population of C-Met NSCLC (in 2017).

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