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Chronic Lymphocytic Leukaemia: KOL Insight

https://marketpublishers.com/r/C9A2E64B9E9EN.html
Date: July 2016
Pages: 0
Price: US$ 7,900.00 (Single User License)
ID: C9A2E64B9E9EN

Abstracts

How will established and emerging agents reshape the CLL treatment landscape?

How do key opinion leaders (KOLs) see the future treatment paradigm for chronic lymphocytic leukaemia (CLL) shaping up? Will Gazyva's/Gazyvaro's superior efficacy compared to Rituxan/MabThera influence prescribing decisions? How will familiarity, convenience and tolerability influence Imbruvica's continued uptake? What pipeline therapies do KOLs have their eyes on? Do KOLs predict a significant change in the CLL treatment paradigm in the future? Download sample pages now

overing 6 marketed drugs and 7 late-stage pipeline therapies, this report reveals candid insights about the CLL landscape from 12 KOLs in North America and Europe. You'll learn which treatments KOLs consistently choose (and why!), what influences their prescribing of other treatment options, and which pipeline drugs they're most excited about.

"Everything will change. How we will be treating our patients in one year to 18 months will be completely different. Venclexta is coming. Maybe we will be treating all patients in first-line with the BTK inhibitors, and we will be treating all patients in the relapsed/refractory setting with Venclexta.' US KOL

Expert insight into the COPD treatment landscape

Take a tour of the report now:

The table of contents

The key questions answered

The key KOL quotes

See the 13 therapies covered

Find out who the 12 EU & US KOLs are

Review an extract from the report - 1 drug profile

Sample of brands covered:

Venclexta (venetoclax, AbbVie/Roche)

Imbruvica (ibrutinib, AbbVie/Johnson & Johnson)

Acalabrutinib (Acerta Pharmaceuticals/AstraZeneca)

TGR-1202 (TG Therapeutics)

Plus 9 more – download the full list now

Sample of KOLS interviewed

Michael J. Keating. Professor of Medicine and Internist, University of Texas MD Anderson Cancer Center, TX.

Daniel Catovsky. Emeritus Professor and Fellow, Institute of Cancer Research, London, UK.

Emili Montserrat. Professor of Medicine and Director of the Institute of Haematology and Oncology, Hospital Clinic of Barcelona, Spain.

Anthony R. Mato. Assistant Professor of Medicine, Hospital of the University of Pennsylvania, PA.

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TOP TAKEAWAYS

Anti-CD20 mAb therapy and chemotherapy dominate at first line – for now. KOLs want to see chemotherapies in first-line replaced by other options. Which agents do they find particularly exciting, and why?

While Imbruvica gets high marks for efficacy, its indeterminate treatment schedule is a drawback. What else are KOLs looking for in future treatments? And how could new clinical studies influence thinking?

KOLs would like to see more investigation into combination therapy regimens. Find out how experts think combinations could challenge established treatment paradigms.

Experts are concerned about the toxicity of CLL treatments. Have FDA safety alerts relegated Zydelig to last-resort status? Will unanswered questions affect the uptake of emerging treatment choices?

KOLs provide their views on the use of rituximab biosimilars as treatments for CLL. Should a rituximab biosimilar be approved as a treatment for CLL via indication extrapolation, will it be used? Will cost be the key driver of uptake? Or will Gazyva's/Gazyvaro's superior efficacy limit adoption of rituximab biosimilars altogether?

Experts concur that the efficacy reported with acalabrutinib to date is impressive. But do they think it could completely replace Imbruvica in CLL? If not, why not?

Venclexta is a 'game-changer' in CLL. In the context of high enthusiasm for Venclexta, how do KOLs perceive other pipeline agents, in particular PI3K delta or dual inhibitors of P13K delta/gamma?

Experts note that Revlimid and CDK inhibitors offer novel mechanisms of action. Are they impressed, and will these options have any potential in CLL?

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