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Colorectal Cancer KOL Insight 2016

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Abstracts

KOLs embrace novel MoAs as low survival rates drive search for new treatments

Faced with persistently low survival rates, KOLs are calling for new approaches to treat late-stage colorectal cancer (CRC). Some say novel therapies are the key. Others argue that a deeper understanding of the disease may have more of an impact by enabling personalised treatments.

Find out how the treatment algorithm is likely to evolve over the next five years in KOL Insight: Colorectal Cancer.

You'll get 12 North American and European KOLs' candid thoughts on 6 recently marketed CRC treatments and 13 more currently in the pipeline.

Discover how PD-1/PD-L1 inhibitors, BRAF/MEK inhibitors, and other new therapies are likely to be used, how they'll affect current mainstays such as anti-VEGF therapies and EGFR inhibitors, and which new combination therapies show the most promise.

Download sample pages

"I think the lesson we have learnt in colon cancer is that if we want to push the survival number up and up and up, we have to think of ways of combining different strategies."

Take a tour of the report now:

The table of contents

The key questions answered

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The key KOL quotes

See the 19 therapies covered

Find out who the 12 EU & US KOLs are

Review an extract from the report - 1 drug profile

Sample of brands covered:

Avastin (bevacizumab; Roche/Chugai)

Keytruda (pembrolizumab; Merck & Co.)

Tecentriq (atezolizumab; Roche)

Encorafenib and Binimetinib (Array BioPharma)

Cobimetinib (Cotellic; Exelixis/Roche)

Plus 13 more – download the full list now

Sample of KOLS interviewed

Dr Al B. Benson III. Professor of Medicine, Division of Hematology/Oncology, Northwestern University's Feinberg School of Medicine, Chicago, Illinois, US.

Dr Bassel F. El-Rayes. Director of the GI Oncology Clinical and Translational Research Program, Associate Cancer Research Director for Clinical Research, Winship Cancer Institute of Emory University; John Kauffman Family Professor of Hematology and Oncology, Emory University School of Medicine, Atlanta, Georgia, US.

Dr Marwan Fakih. Professor and Section Head Chief for GI Oncology, City of Hope Comprehensive Cancer Center, Los Angeles, California, US.

Dr Michael Morse. Professor of Medicine in the Division of Medical Oncology

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and Professor in the Department of Surgery, Duke University Medical Center, Durham, North Carolina, US.

Professor Jaafar Bennouna. Head of Department at ICO Paul Papin et René Gauducheau Hospital, Saint-Herblain, France.

Plus 8 more - download the full list now

Top Takeaways

Unmet need is the #1 concern: Many CRC subtypes have a poor prognosis. Which patient population represents the greatest unmet need? Which new therapies do KOLs expect to help most?

Deeper understanding required: Some KOLs believe that better physical and molecular classification of CRC, combined with increased use of biomarkers, may have more of an impact than new medicines.

Outlook unclear for anti-VEGFs and EGFR inhibitors: KOLs are split on whether these backbone therapies will see continued widespread use as front-line and later line treatments respectively. What will determine their positions in the treatment algorithm?

KOLs enthusiastic about PD-1/PD-L1 inhibitors: Although some note that immunotherapies like Keytruda and Tecentriq are most effective in a small subset of patients. How are they likely to be used?

New combinations on the horizon: While chemotherapy-backed combinations are widely used in CRC, some KOLs believe targeted therapy combinations may prove more effective for many patients.

Hunger for alternative treatments: KOLs are upbeat about novel mechanisms of action—but not all of them. Which pipeline therapies are they most excited about? Which ones are they most sceptical of?

Mixed feelings about biosimilar bevacizumab: With at least six Avastin biosimilars on the way, KOLs are cautiously optimistic. What are their concerns, and what will biosimilars have to show to achieve widespread uptake?

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Cost concerns are mounting: KOLs anticipate that new CRC treatments will come with a high price tag. How will that affect treatment and regulatory decisions?

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