

Colorectal Cancer - KOL Insight Module

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Abstracts

The global market for colorectal cancer (CRC) drugs is undergoing a fundamental shift due to wider generic competition in cytotoxics and increasing adoption of anti-EGFR products as first line therapies. What will be the impact on market leader Roche/Genetech's Avastin and how do leading clinicians view the changes?

The main drivers of change in the CRC market

Avastin to come under pressure?

Roche/Genetech's all-conquering Avastin (bevacizumab) is expected to come under pressure in both primary and secondary settings. The principal driver of change in the primary setting is coming from more accurate diagnosis of disease sub types. Clinical studies with patients expressing the RAS wild-type phenotype suggest they may benefit more from BMS/ Merck KGaA's Erbitux (cetuximab) and Amgen's Vectibix (panitumumab). What will be the clinical and commercial impact of such a development on Avastin as the current first line therapy of choice?

Competition will intensify in the refractory setting

Bayer's Stivarga (regorafenib) is currently the last option for patients with metastatic CRC but is dogged by adverse side effects in many patients. The product is vulnerable to Taiho Pharmaceuticals' nucleoside analogue TAS-102 and Dainippon Sumitomo Pharma's stem cell inhibitor BBI 608. While not yet launched, these compounds are expected to improve outcomes for refractory patients in terms of overall survival and tolerability.

Cytotoxics go completely generic

Despite the arrival of targeted therapies, cytotoxic therapies are still essential in the treatment of CRC, and will remain so for the foreseeable future. Lower cost treatment options with the full range of generic cytotoxics will be available when Roche's Xeloda (capecitabine) loses patent protection in late 2013. At one time the only treatment option, cytotoxics no longer drive the value of the CRC market.

A thorough briefing with unique insider clinical opinion

This new KOL Insight report Colorectal Cancer - EGFR inhibitors on the verge of growth provides everyone interested in this dynamic cancer sector with a complete understanding of the product developments which are shaping the operating environment and influencing commercial progress and clinical options. The report illuminates this changing environment with key "real world" insights from leading clinicians in the US and Europe on current and future products and how improving patient selection, drug combinations and new products could lead to radical changes for companies and patients alike.

The benefits of this report

Learn in detail how improved patient selection will benefit EGFR inhibitors and why BMS/ Merck KGaA's Erbitux may experience greater gains than Amgen's Vectibix

Assess the threats to Roche/Genetech's Avastin (bevacizumab) in first and second line therapies: how real are they?

Appreciate how the treatment options will change for advanced patients: are clinicians in agreement about their benefits?

Learn why some KOL's are questioning if Dainippon Sumitomo Pharma's TAS-102 offers real clinical advantage

Compare clinical developments in new formulations of irinotecan: do they offer real advances?

Evaluate the challenges and benefits of Imclone's ramucirumab: does it offer a step change in treatment of just another VEGF alternative?

Assess the challenges for Regeneron/Bayers/Sanofi's Zaltrap (a flibcept) in finding a market position.

This report will allow you to:

Understand and evaluate the important drivers in CRC treatments

Know how the competitive landscape may change

Understand clinical opinions of current and futures products

Survey and appraise the late-stage product pipeline

Appreciate how screening and better diagnostics are impacting incidence worldwide

Clinicians speak out!

The report provides critical clinical insights from leading clinicians in the field who answer key questions such as:

What is your opinion of current therapies?

What are the current unmet needs in CRC treatment?

What is your opinion of pipeline therapies?

What is the significance of recent and ongoing clinical trials and how will the results impact prescribing trends?

What are the most significant future developments in the management of colorectal cancer?

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UNMET NEEDS IN COLORECTAL CANCER

CURRENT AND FUTURE TREATMENT ALGORITHM

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About

This FirstWord Therapy Trends report provides a qualitative overview of the current and future colorectal cancer market. This information was gathered from telephone discussions of 60 minutes held with each of thirteen key opinion leaders (KOLs) from the major colorectal cancer markets.

In order to critically select the most relevant KOLs for this report, a number of attributes were considered. These included each KOL's clinical experience, scientific publications, involvement in clinical trials and in the pharmaceutical industry, and their record of presenting at high-profile international conferences.

Subject matter for discussion in the interviews covered future diagnostic and therapeutic strategies for colorectal cancer, new drugs entering the market, and important ongoing clinical trials. These leading KOLs also gave their views on current research, the usefulness of existing colorectal cancer drug therapies, the cost of newer drugs and other concerns in the therapy area.

KOLs from North America:

Dr Thomas H Cartwright, MD, Medical Director, US Oncology Research and medical oncology and haematology specialist working in private practice at Ocala Oncology, Florida, USA. US Oncology Research is one of the largest community-based research networks in America, specialising in phase I-IV oncology clinical trials. Dr. Cartwright has more than 33 years of experience and his research interests include colon and pancreatic cancer. He is a member of various associations including Marion County Medical Society, Florida Medical Society, Academy of Hospice and Palliative Care Physicians, National Hospice Organization, Florida Society of Clinical Oncology, and American Society of Clinical Oncology. He has given numerous lectures on cancer care and has published more than 80 articles in journals such as Cancer Research, New England Journal of Medicine and the Journal of Clinical Oncology.

Requested Anonymous, Professor of Medicine in the Division of Medical Oncology at a large US academic medical center. His clinical expertise includes management of gastrointestinal malignancies and his research expertise includes the development of targeted therapies including immunotherapies for cancer. This professor has published extensively and is a national speaker on topics in cancer immunotherapy, targeted therapies, and gastrointestinal malignancies. He is an editor or on the editorial board of

three journals. Further, this professor is a funded investigator on NIH, DOD, Komen, and numerous industry-supported grants and has been principal investigator of a number of investigator-initiated and industry-supported Phase I and Phase II clinical trials of cancer immunotherapy and therapies for gastrointestinal malignancies.

Dr Al B Benson III, MD, FACP, Professor in Medicine-Hematology/Oncology Northwestern University Feinberg School of Medicine, Chicago, USA. Dr. Benson serves as Trustee and President-Elect of the Clinical Affairs Committee of the Association of Community Cancer Centers (ACCC). He served as the Chairman of the National Comprehensive Cancer Network (NCCN) and serves as its Director. He is an active member of the American Society of Clinical Oncology (ASCO) Task Force on Quality of Cancer Care, the co-chair of ASCO's Colorectal Cancer Surveillance Guidelines Panel, the Stage II Colon Cancer Guidelines Panel and the RFA for colorectal cancer liver metastases panel. He is a member of the Advisory Board of Patient Advocacy Foundation and the National Patient Advocacy Foundation. His interests include colorectal cancer, gastric cancer and pancreatic cancer, and he has authored or coauthored numerous reports, reviews and book chapters focusing on these topics. He has been awarded funding for his research in cancer therapy, biologics and cancer prevention from a variety of sources including the US National Institutes of Health (NIH).

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