

Physician Views: Life after Gleevec in the chronic myeloid leukaemia (CML) market?

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Abstracts

Novartis' Gleevec is widely credited as being one of the most important drug launches of all time, having revolutionised the treatment of chronic myeloid leukaemia (CML) and transformed what was a terminal disease into a chronic one. As a result, the drug has reaped significant commercial benefits for Novartis, generating global sales of \$4.7 billion in 2012.

However, the CML market has become increasingly crowded, following the launch of second-generation therapies – Novartis' own Tasigna and Bristol-Myers Squibb's Sprycel – and the recently launched third-generation therapy Iclusig, which is marketed by Ariad Pharmaceuticals.

Paragraph>Most usage of second- and third-generation therapies currently occurs in patients who do not gain sufficient benefit from Gleevec (which accounts for approximately 85 percent of first-line usage – which in turn accounts for around 82 percent of market share). However, some analysts and industry commentators believe that the more potent second- and third-generation products have an opportunity to be used more widely – built around a thesis that earlier use with these products produces a deeper and a faster response, which could potentially prolong overall survival (Novartis is seeking to demonstrate this benefit for Tasigna versus Gleevec).

However, there would appear to be a limited window of maximum commercial opportunity for the second- and third-generation CML therapies to displace Gleevec, given that Novartis' first-generation product will most likely face US patent expiry in 2015.

Set against this backdrop of uncertainty, this week's Physician Views poll will ask US-

based oncologists to share their opinions towards the CML treatment paradigm.
Specifically the poll will ask...

To what extent they expect to increase their front-line usage of second- and third-generation CML therapies

Which of the second/third-generation therapies they perceive to have the strongest clinical profile

To what extent they tailor their approach to treating Gleevec-refractory patients by mutation type

What percentage of total CML patients they expect to treat with branded second- and third-generation therapies once generic Gleevec becomes available

How they expect the CML treatment paradigm to evolve post-2015

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