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Global Targeted Lung Cancer Drugs Supply, Demand and Key Producers, 2026-2032

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Abstracts

The global Targeted Lung Cancer Drugs market size is expected to reach $ 35738 million by 2032, rising at a market growth of 8.8% CAGR during the forecast period (2026-2032).

Targeted Lung Cancer Drugs are prescription anticancer medicines designed to inhibit molecular abnormalities, signaling pathways or cell-surface targets that promote the development and progression of lung cancer. The research scope covers EGFR-, ALK-, ROS1-, KRAS G12C-, MET-, RET-, BRAF/MEK-, HER2-, NTRK- and VEGF/VEGFR-directed therapies. Major product forms include small-molecule tyrosine kinase inhibitors, RAS inhibitors, monoclonal antibodies, bispecific antibodies and antibody-drug conjugates, delivered primarily as oral tablets or capsules and intravenous or subcutaneous formulations. Treatment selection is generally guided by tumor histology, disease stage, genomic alterations and companion diagnostic results obtained through tissue testing, next-generation sequencing or liquid biopsy. The market primarily serves biomarker-defined non-small cell lung cancer, including lung adenocarcinoma and selected squamous-cell carcinoma populations, while also covering applicable targeted treatment settings in small cell lung cancer. Clinical applications extend from advanced and metastatic disease to postoperative adjuvant treatment, unresectable locally advanced disease, brain metastases and treatment following acquired drug resistance.

Key Findings

The average gross profit margin of this product is 82%

Non-small cell lung cancer remains the core commercial application

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EGFR-targeted therapies form the most mature product segment

Small-molecule kinase inhibitors remain the dominant therapeutic class

Combination and post-resistance regimens are expanding treatment value

North America leads commercialization while East Asia drives strategic demand

Market Trends

Targeted Lung Cancer Drugs are moving from a model centered on single-gene testing and later-line monotherapy toward comprehensive biomarker profiling and treatment across multiple disease stages. Multiplex next-generation sequencing is increasingly preferred because it can evaluate mutations, fusions and other actionable alterations within limited tissue samples, while circulating tumor DNA testing supports treatment selection when tissue is unavailable and helps identify resistance mechanisms after disease progression. Product development is also shifting toward earlier intervention, with targeted agents extending from metastatic disease into postoperative adjuvant treatment and unresectable stage III settings. Within advanced disease, first-line combinations, antibody-based regimens and therapies designed for patients progressing after established tyrosine kinase inhibitors are becoming more important. Development priorities increasingly emphasize intracranial activity, broader mutation coverage, longer response duration and improved tolerability. Oral therapies retain strong clinical convenience, while subcutaneous formulations of antibody products are emerging as an approach to reduce administration time and improve treatment efficiency. These changes are transforming the market from isolated mutation-specific niches into an integrated precision-oncology system linking diagnostics, drug selection, resistance monitoring and sequential treatment.

Market Dynamics

Drivers

The principal driver is the substantial clinical burden of lung cancer and the continuing need for treatments that improve disease control in biomarker-defined patient populations. Broader adoption of molecular testing is increasing the identification of

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actionable alterations, allowing more patients to enter targeted treatment pathways. Expansion of testing from EGFR, ALK and ROS1 toward KRAS, MET, RET, BRAF, HER2 and NTRK has enlarged the addressable treatment population and supported the development of increasingly specialized products. Regulatory approvals across first-line, post-resistance, locally advanced and adjuvant settings are extending treatment duration and increasing the number of eligible clinical scenarios. Improved central nervous system penetration, more effective resistance-directed drugs and closer integration between companion diagnostics and therapeutic development further support market demand.

Restraints

Market development is constrained by the high combined cost of genomic testing, targeted medicines and long-term treatment monitoring. Access to comprehensive molecular diagnostics remains uneven across healthcare systems, and insufficient tissue, long testing turnaround times or incomplete biomarker panels can prevent eligible patients from receiving matched therapy. Many targetable alterations occur in relatively small patient populations, limiting commercial scale and increasing the development cost per eligible patient. Targeted agents may also produce mutation-specific adverse events, drug interactions and cumulative toxicities that require specialist management. Reimbursement assessments, price negotiations and differences in national treatment guidelines can delay adoption after regulatory approval, particularly in healthcare systems with restricted oncology budgets. These factors create a persistent gap between scientific availability and real-world treatment penetration.

Opportunities

The strongest opportunities lie in expanding targeted treatment into earlier disease stages, addressing acquired resistance and serving molecular subgroups that currently have limited treatment options. Postoperative adjuvant therapy and treatment following chemoradiation can substantially enlarge the treated population beyond metastatic disease. Combination strategies involving small molecules, monoclonal antibodies, bispecific antibodies, antibody-drug conjugates and chemotherapy provide opportunities to suppress multiple signaling pathways and delay resistance. Improved liquid-biopsy sensitivity may enable faster treatment selection, longitudinal monitoring and earlier detection of molecular progression. Additional opportunities exist in developing agents with stronger brain penetration, broader activity across uncommon mutations and more

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convenient dosing formulations. In emerging healthcare markets, expansion of NGS capacity, inclusion of targeted medicines in reimbursement systems and locally developed products can convert a large diagnosed lung cancer population into more accessible precision-treatment demand.

Challenges

Acquired resistance remains the central scientific and commercial challenge because tumors can develop secondary mutations, activate bypass pathways or undergo histological transformation during treatment. The growing number of available therapies also makes treatment sequencing increasingly complex, particularly when several options are available for the same molecular alteration or after progression on a first-line agent. Rare mutations create difficulties in patient recruitment, clinical-trial design and generation of comparative evidence. Companies must coordinate therapeutic development with validated diagnostic assays while managing differences in regulatory requirements, biomarker definitions and reimbursement standards across markets. Intensifying competition within mature targets may shorten product differentiation cycles and increase pressure on pricing, clinical evidence and lifecycle management. Long-term success therefore depends not only on achieving initial response but also on demonstrating durable disease control, intracranial efficacy, manageable safety and a clear position within increasingly complex treatment pathways.

Industry Chain Analysis

The upstream segment of the Targeted Lung Cancer Drugs industry includes active pharmaceutical ingredients, advanced intermediates, chemical reagents, biologic cell lines, culture media, excipients and specialized manufacturing materials. Antibody-drug conjugates additionally require antibodies, cytotoxic payloads, linkers and controlled conjugation technologies. Companion-diagnostic inputs, including sequencing reagents, probes, reference materials and sample-preparation systems, form another strategically important upstream component because biomarker confirmation determines patient eligibility. The reliability of raw materials, process consistency and intellectual-property control directly influence manufacturing cost, regulatory compliance and supply continuity.

The midstream segment covers target discovery, molecular design, preclinical validation, clinical development, drug-substance and finished-dose manufacturing,

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quality control, regulatory registration and post-marketing evidence generation. Small-molecule products generally benefit from scalable chemical synthesis and oral delivery but require substantial investment in molecular selectivity and resistance management. Antibodies, bispecific products and antibody-drug conjugates involve more complex manufacturing, analytical control and cold-chain requirements, creating higher technical barriers. Downstream participants include molecular pathology laboratories, hospitals, oncology centers, specialty pharmacies, distributors and reimbursement institutions. Value is created through the integration of proprietary molecules, companion diagnostics, clinical evidence, regulatory access and physician adoption. Products with differentiated efficacy in first-line treatment, resistance settings or brain metastases generally capture greater value, while mature targets face increasing pressure from therapeutic alternatives, reimbursement negotiations and lifecycle competition.

Segment Insights

By molecular target, EGFR-targeted drugs represent the most mature segment because of established testing practices, multiple generations of tyrosine kinase inhibitors and broad use across advanced, adjuvant and locally advanced disease. ALK-, ROS1-, RET- and MET-directed therapies address smaller but clinically well-defined populations, where high biomarker specificity supports substantial therapeutic value. KRAS G12C inhibitors have expanded targeted treatment into a historically difficult signaling pathway, while HER2-targeted drugs, antibody-drug conjugates and bispecific antibodies represent important areas of product innovation. BRAF/MEK-, NTRK- and VEGF/VEGFR-directed products provide additional treatment options, although their clinical positioning varies by mutation frequency, disease stage and availability of competing regimens.

By therapeutic class, small-molecule tyrosine kinase inhibitors remain dominant because they cover most established oncogenic drivers, support oral administration and can be optimized for central nervous system penetration. Monoclonal antibodies and bispecific antibodies are becoming more relevant where simultaneous pathway blockade or immune-mediated tumor-cell elimination can address complex resistance biology. Antibody-drug conjugates provide a differentiated route for delivering cytotoxic payloads to target-expressing tumors. Biomarker-matched monotherapy remains the foundation of the market, but targeted combinations and post-resistance therapies are gaining strategic importance. Oral tablets and capsules account for the principal dosage-form structure, while intravenous products dominate antibody-based therapy and subcutaneous formulations offer an emerging convenience advantage.

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Downstream Market Opportunities

Advanced and metastatic non-small cell lung cancer remains the largest downstream application because molecular testing is most established in this setting and treatment is frequently continued until progression or unacceptable toxicity. Lung adenocarcinoma accounts for the principal biomarker-matched population, while selected squamous-cell carcinoma patients may also benefit when actionable alterations are detected. Early-stage resectable disease, postoperative adjuvant therapy and unresectable locally advanced disease are becoming increasingly important as targeted medicines move closer to initial diagnosis. Patients with brain metastases create demand for agents with reliable intracranial activity, while acquired resistance generates recurring opportunities for repeat testing, next-generation inhibitors and combination regimens. Small cell lung cancer remains a more selective targeted-treatment application, but increasing understanding of molecular subtypes and cell-surface targets may support additional specialized therapies over the longer term.

Regional Insights

This report assesses North America as the leading commercial region for Targeted Lung Cancer Drugs, supported by broad molecular-testing infrastructure, relatively early regulatory access to new therapies, specialist oncology networks and comparatively strong capacity to fund high-value precision medicines. The United States remains an important launch market for mutation-specific therapies and new treatment combinations, enabling companies to establish clinical adoption before broader international expansion. Europe is also a mature market, although health-technology assessment, national reimbursement negotiations and differences in diagnostic access can produce variation in adoption among countries.

East Asia represents one of the most strategically important demand and innovation regions. The comparatively high prevalence of actionable molecular alterations in Asian lung adenocarcinoma populations, particularly EGFR mutations, supports extensive testing, clinical development and targeted-drug utilization. China combines a large lung cancer patient population with expanding genomic-testing capacity, domestic drug development and broader reimbursement coverage, while Japan maintains sophisticated diagnostic and oncology-treatment systems. Other Asian and emerging markets offer meaningful long-term potential, but market conversion depends on

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laboratory infrastructure, affordability, regulatory timelines and reimbursement access. Regional competition will therefore be shaped by both disease epidemiology and the ability of healthcare systems to connect patients with testing and matched treatment.

Competitive Landscape Analysis

The competitive landscape combines multinational pharmaceutical groups with broad global oncology platforms and China-based companies focused on locally prevalent mutations, differentiated molecules and domestic market access. AstraZeneca, F. Hoffmann-La Roche, Pfizer, Novartis, Johnson & Johnson, Amgen, Bristol Myers Squibb, Eli Lilly, Takeda Pharmaceutical, Boehringer Ingelheim, Merck KGaA, Bayer and Daiichi Sankyo compete through established targeted-drug portfolios, multinational clinical-development capabilities, companion-diagnostic partnerships and lifecycle expansion into earlier treatment lines or combination regimens. Their competitive advantages generally derive from global regulatory execution, large clinical-trial networks, physician familiarity and the ability to support sequential treatment strategies. Shanghai Allist Pharmaceuticals, Betta Pharmaceuticals, Jiangsu Hansoh Pharmaceutical Group, Dizal Pharmaceutical, HUTCHMED China, Shanghai Haihe Biopharma, Innovent Biologics and Chia Tai Tianqing Pharmaceutical Group strengthen competition through China-centered clinical development, local commercialization capabilities, pricing flexibility and products designed around clinically relevant molecular subgroups. Competition is increasingly shifting from the availability of a drug for a specific target toward comparative efficacy, resistance coverage, brain-metastasis control, safety, dosing convenience and positioning within treatment sequences. Companies with integrated diagnostic strategies, differentiated clinical evidence and access to both international and regional markets are better positioned to sustain product value as individual target categories become more crowded.

Report Scope

This report studies the global Targeted Lung Cancer Drugs demand, key companies, and key regions.

This report is a detailed and comprehensive analysis of the world market for Targeted Lung Cancer Drugs, and provides market size (US$ million) and Year-over-Year (YoY) growth, considering 2025 as the base year. This report explores demand trends and competition, as well as details the characteristics of Targeted Lung Cancer Drugs that

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contribute to its increasing demand across many markets.

Highlights and key features of the study

Global Targeted Lung Cancer Drugs total market, 2021-2032, (USD Million)

Global Targeted Lung Cancer Drugs total market by region & country, CAGR, 2021-2032, (USD Million)

U.S. VS China: Targeted Lung Cancer Drugs total market, key domestic companies, and share, (USD Million)

Global Targeted Lung Cancer Drugs revenue by player, revenue and market share 2021-2026, (USD Million)

Global Targeted Lung Cancer Drugs total market by Type, CAGR, 2021-2032, (USD Million)

Global Targeted Lung Cancer Drugs total market by Application, CAGR, 2021-2032, (USD Million)

This report profiles major players in the global Targeted Lung Cancer Drugs market based on the following parameters - company overview, revenue, gross margin, product portfolio, geographical presence, and key developments. Key companies covered as a part of this study include AstraZeneca, Roche, Pfizer, Novartis, Johnson & Johnson, Amgen, Bristol Myers Squibb, Eli Lilly and Company, Takeda, Boehringer Ingelheim, etc.

This report also provides key insights about market drivers, restraints, opportunities, new product launches or approvals.

Stakeholders would have ease in decision-making through various strategy matrices used in analyzing the world Targeted Lung Cancer Drugs market

Detailed Segmentation:

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Each section contains quantitative market data including market by value (US$ Millions), by player, by regions, by Type, and by Application. Data is given for the years 2021-2032 by year with 2025 as the base year, 2026 as the estimate year, and 2027-2032 as the forecast year.

Global Targeted Lung Cancer Drugs Market, By Region:

United States

China

Europe

Japan

South Korea

ASEAN

India

Rest of World

Market Segmentation

Global Targeted Lung Cancer Drugs Market, Segmentation by Type:

EGFR-Targeted Drugs

ALK-Targeted Drugs

ROS1-Targeted Drugs

KRAS G12C-Targeted Drugs

MET-Targeted Drugs

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RET-Targeted Drugs

Global Targeted Lung Cancer Drugs Market, Segmentation by Drugs Type:

Small-Molecule Tyrosine Kinase Inhibitors

Small-Molecule RAS Inhibitors

Monoclonal Antibodies

Bispecific Antibodies

Antibody-Drug Conjugates

Global Targeted Lung Cancer Drugs Market, Segmentation by Route of Administration:

Oral Tablets

Oral Capsules

Oral Solutions

Intravenous Injections

Subcutaneous Injections

Global Targeted Lung Cancer Drugs Market, Segmentation by Application:

Non-Small Cell Lung Cancer

Small Cell Lung Cancer

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Lung Adenocarcinoma

Lung Squamous Cell Carcinoma

Early-Stage Resectable Lung Cancer

Other

Companies Profiled:

AstraZeneca

Roche

Pfizer

Novartis

Johnson & Johnson

Amgen

Bristol Myers Squibb

Eli Lilly and Company

Takeda

Boehringer Ingelheim

Merck

Bayer

Daiichi Sankyo Company

Shanghai Allist Pharmaceuticals

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Betta Pharmaceuticals

Jiangsu Hansoh Pharmaceutical

Dizal (Jiangsu) Pharmaceutical

HUTCHMED (China) Limited

Innovent Biologics

Chia Tai Tianqing Pharmaceutical

Key Questions Answered

1. How big is the global Targeted Lung Cancer Drugs market?
2. What is the demand of the global Targeted Lung Cancer Drugs market?
3. What is the year over year growth of the global Targeted Lung Cancer Drugs market?
4. What is the total value of the global Targeted Lung Cancer Drugs market?
5. Who are the Major Players in the global Targeted Lung Cancer Drugs market?
6. What are the growth factors driving the market demand?

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Contents

1 SUPPLY SUMMARY

1.1 Targeted Lung Cancer Drugs Introduction
1.2 World Targeted Lung Cancer Drugs Market Size & Forecast (2021 & 2025 & 2032)
1.3 World Targeted Lung Cancer Drugs Total Market by Region (by Headquarter Location)
  1.3.1 World Targeted Lung Cancer Drugs Market Size by Region (2021-2032), (by Headquarter Location)
  1.3.2 United States Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
  1.3.3 China Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
  1.3.4 Europe Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
  1.3.5 Japan Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
  1.3.6 South Korea Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
  1.3.7 ASEAN Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
  1.3.8 India Based Company Targeted Lung Cancer Drugs Revenue (2021-2032)
1.4 Market Drivers, Restraints and Trends
  1.4.1 Targeted Lung Cancer Drugs Market Drivers
  1.4.2 Factors Affecting Demand
  1.4.3 Major Market Trends

2 DEMAND SUMMARY

2.1 World Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.2 World Targeted Lung Cancer Drugs Consumption Value by Region
  2.2.1 World Targeted Lung Cancer Drugs Consumption Value by Region (2021-2026)
  2.2.2 World Targeted Lung Cancer Drugs Consumption Value Forecast by Region (2027-2032)
2.3 United States Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.4 China Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.5 Europe Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.6 Japan Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.7 South Korea Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.8 ASEAN Targeted Lung Cancer Drugs Consumption Value (2021-2032)
2.9 India Targeted Lung Cancer Drugs Consumption Value (2021-2032)

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3 WORLD TARGETED LUNG CANCER DRUGS COMPANIES COMPETITIVE ANALYSIS

3.1 World Targeted Lung Cancer Drugs Revenue by Player (2021-2026)
3.2 Industry Rank and Concentration Rate (CR)
  3.2.1 Global Targeted Lung Cancer Drugs Industry Rank of Major Players
  3.2.2 Global Concentration Ratios (CR4) for Targeted Lung Cancer Drugs in 2025
  3.2.3 Global Concentration Ratios (CR8) for Targeted Lung Cancer Drugs in 2025
3.3 Targeted Lung Cancer Drugs Company Evaluation Quadrant
3.4 Targeted Lung Cancer Drugs Market: Overall Company Footprint Analysis
  3.4.1 Targeted Lung Cancer Drugs Market: Region Footprint
  3.4.2 Targeted Lung Cancer Drugs Market: Company Product Type Footprint
  3.4.3 Targeted Lung Cancer Drugs Market: Company Product Application Footprint
3.5 Competitive Environment
  3.5.1 Historical Structure of the Industry
  3.5.2 Barriers of Market Entry
  3.5.3 Factors of Competition
3.6 Mergers & Acquisitions Activity

4 UNITED STATES VS CHINA VS REST OF WORLD (BY HEADQUARTER LOCATION)

4.1 United States VS China: Targeted Lung Cancer Drugs Revenue Comparison (by Headquarter Location)
  4.1.1 United States VS China: Targeted Lung Cancer Drugs Revenue Comparison (2021 & 2025 & 2032) (by Headquarter Location)
  4.1.2 United States VS China: Targeted Lung Cancer Drugs Revenue Market Share Comparison (2021 & 2025 & 2032)
4.2 United States Based Companies VS China Based Companies: Targeted Lung Cancer Drugs Consumption Value Comparison
  4.2.1 United States VS China: Targeted Lung Cancer Drugs Consumption Value Comparison (2021 & 2025 & 2032)
  4.2.2 United States VS China: Targeted Lung Cancer Drugs Consumption Value Market Share Comparison (2021 & 2025 & 2032)
4.3 United States Based Targeted Lung Cancer Drugs Companies and Market Share, 2021-2026
  4.3.1 United States Based Targeted Lung Cancer Drugs Companies, Headquarters (States, Country)
  4.3.2 United States Based Companies Targeted Lung Cancer Drugs Revenue,

+357 96 030922
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(2021-2026)
4.4 China Based Companies Targeted Lung Cancer Drugs Revenue and Market Share, 2021-2026
4.4.1 China Based Targeted Lung Cancer Drugs Companies, Company Headquarters (Province, Country)
4.4.2 China Based Companies Targeted Lung Cancer Drugs Revenue, (2021-2026)
4.5 Rest of World Based Targeted Lung Cancer Drugs Companies and Market Share, 2021-2026
4.5.1 Rest of World Based Targeted Lung Cancer Drugs Companies, Headquarters (Province, Country)
4.5.2 Rest of World Based Companies Targeted Lung Cancer Drugs Revenue (2021-2026)

5 MARKET ANALYSIS BY TYPE

5.1 World Targeted Lung Cancer Drugs Market Size Overview by Type: 2021 VS 2025 VS 2032
5.2 Segment Introduction by Type
5.2.1 EGFR-Targeted Drugs
5.2.2 ALK-Targeted Drugs
5.2.3 ROS1-Targeted Drugs
5.2.4 KRAS G12C-Targeted Drugs
5.2.5 MET-Targeted Drugs
5.2.6 RET-Targeted Drugs
5.3 Market Segment by Type
5.3.1 World Targeted Lung Cancer Drugs Market Size by Type (2021-2026)
5.3.2 World Targeted Lung Cancer Drugs Market Size by Type (2027-2032)
5.3.3 World Targeted Lung Cancer Drugs Market Size Market Share by Type (2027-2032)

6 MARKET ANALYSIS BY DRUGS TYPE

6.1 World Targeted Lung Cancer Drugs Market Size Overview by Drugs Type: 2021 VS 2025 VS 2032
6.2 Segment Introduction by Drugs Type
6.2.1 Small-Molecule Tyrosine Kinase Inhibitors
6.2.2 Small-Molecule RAS Inhibitors
6.2.3 Monoclonal Antibodies
6.2.4 Bispecific Antibodies

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6.2.5 Antibody-Drug Conjugates
6.3 Market Segment by Drugs Type
6.3.1 World Targeted Lung Cancer Drugs Market Size by Drugs Type (2021-2026)
6.3.2 World Targeted Lung Cancer Drugs Market Size by Drugs Type (2027-2032)
6.3.3 World Targeted Lung Cancer Drugs Market Size Market Share by Drugs Type (2027-2032)

7 MARKET ANALYSIS BY ROUTE OF ADMINISTRATION

7.1 World Targeted Lung Cancer Drugs Market Size Overview by Route of Administration: 2021 VS 2025 VS 2032
7.2 Segment Introduction by Route of Administration
7.2.1 Oral Tablets
7.2.2 Oral Capsules
7.2.3 Oral Solutions
7.2.4 Intravenous Injections
7.2.5 Subcutaneous Injections
7.3 Market Segment by Route of Administration
7.3.1 World Targeted Lung Cancer Drugs Market Size by Route of Administration (2021-2026)
7.3.2 World Targeted Lung Cancer Drugs Market Size by Route of Administration (2027-2032)
7.3.3 World Targeted Lung Cancer Drugs Market Size Market Share by Route of Administration (2027-2032)

8 MARKET ANALYSIS BY APPLICATION

8.1 World Targeted Lung Cancer Drugs Market Size Overview by Application: 2021 VS 2025 VS 2032
8.2 Segment Introduction by Application
8.2.1 Non-Small Cell Lung Cancer
8.2.2 Small Cell Lung Cancer
8.2.3 Lung Adenocarcinoma
8.2.4 Lung Squamous Cell Carcinoma
8.2.5 Early-Stage Resectable Lung Cancer
8.2.6 Other
8.3 Market Segment by Application
8.3.1 World Targeted Lung Cancer Drugs Market Size by Application (2021-2026)
8.3.2 World Targeted Lung Cancer Drugs Market Size by Application (2027-2032)

+357 96 030922
info@marketpublishers.com

8.3.3 World Targeted Lung Cancer Drugs Market Size Market Share by Application (2021-2032)

9 COMPANY PROFILES

9.1 AstraZeneca
9.1.1 AstraZeneca Details
9.1.2 AstraZeneca Major Business
9.1.3 AstraZeneca Targeted Lung Cancer Drugs Product and Services
9.1.4 AstraZeneca Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.1.5 AstraZeneca Recent Developments/Updates
9.1.6 AstraZeneca Competitive Strengths & Weaknesses
9.2 Roche
9.2.1 Roche Details
9.2.2 Roche Major Business
9.2.3 Roche Targeted Lung Cancer Drugs Product and Services
9.2.4 Roche Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.2.5 Roche Recent Developments/Updates
9.2.6 Roche Competitive Strengths & Weaknesses
9.3 Pfizer
9.3.1 Pfizer Details
9.3.2 Pfizer Major Business
9.3.3 Pfizer Targeted Lung Cancer Drugs Product and Services
9.3.4 Pfizer Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.3.5 Pfizer Recent Developments/Updates
9.3.6 Pfizer Competitive Strengths & Weaknesses
9.4 Novartis
9.4.1 Novartis Details
9.4.2 Novartis Major Business
9.4.3 Novartis Targeted Lung Cancer Drugs Product and Services
9.4.4 Novartis Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.4.5 Novartis Recent Developments/Updates
9.4.6 Novartis Competitive Strengths & Weaknesses
9.5 Johnson & Johnson
9.5.1 Johnson & Johnson Details

+357 96 030922
info@marketpublishers.com

9.5.2 Johnson & Johnson Major Business
9.5.3 Johnson & Johnson Targeted Lung Cancer Drugs Product and Services
9.5.4 Johnson & Johnson Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.5.5 Johnson & Johnson Recent Developments/Updates
9.5.6 Johnson & Johnson Competitive Strengths & Weaknesses
9.6 Amgen
9.6.1 Amgen Details
9.6.2 Amgen Major Business
9.6.3 Amgen Targeted Lung Cancer Drugs Product and Services
9.6.4 Amgen Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.6.5 Amgen Recent Developments/Updates
9.6.6 Amgen Competitive Strengths & Weaknesses
9.7 Bristol Myers Squibb
9.7.1 Bristol Myers Squibb Details
9.7.2 Bristol Myers Squibb Major Business
9.7.3 Bristol Myers Squibb Targeted Lung Cancer Drugs Product and Services
9.7.4 Bristol Myers Squibb Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.7.5 Bristol Myers Squibb Recent Developments/Updates
9.7.6 Bristol Myers Squibb Competitive Strengths & Weaknesses
9.8 Eli Lilly and Company
9.8.1 Eli Lilly and Company Details
9.8.2 Eli Lilly and Company Major Business
9.8.3 Eli Lilly and Company Targeted Lung Cancer Drugs Product and Services
9.8.4 Eli Lilly and Company Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.8.5 Eli Lilly and Company Recent Developments/Updates
9.8.6 Eli Lilly and Company Competitive Strengths & Weaknesses
9.9 Takeda
9.9.1 Takeda Details
9.9.2 Takeda Major Business
9.9.3 Takeda Targeted Lung Cancer Drugs Product and Services
9.9.4 Takeda Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.9.5 Takeda Recent Developments/Updates
9.9.6 Takeda Competitive Strengths & Weaknesses
9.10 Boehringer Ingelheim

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info@marketpublishers.com

9.10.1 Boehringer Ingelheim Details
9.10.2 Boehringer Ingelheim Major Business
9.10.3 Boehringer Ingelheim Targeted Lung Cancer Drugs Product and Services
9.10.4 Boehringer Ingelheim Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.10.5 Boehringer Ingelheim Recent Developments/Updates
9.10.6 Boehringer Ingelheim Competitive Strengths & Weaknesses
9.11 Merck
9.11.1 Merck Details
9.11.2 Merck Major Business
9.11.3 Merck Targeted Lung Cancer Drugs Product and Services
9.11.4 Merck Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.11.5 Merck Recent Developments/Updates
9.11.6 Merck Competitive Strengths & Weaknesses
9.12 Bayer
9.12.1 Bayer Details
9.12.2 Bayer Major Business
9.12.3 Bayer Targeted Lung Cancer Drugs Product and Services
9.12.4 Bayer Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.12.5 Bayer Recent Developments/Updates
9.12.6 Bayer Competitive Strengths & Weaknesses
9.13 Daiichi Sankyo Company
9.13.1 Daiichi Sankyo Company Details
9.13.2 Daiichi Sankyo Company Major Business
9.13.3 Daiichi Sankyo Company Targeted Lung Cancer Drugs Product and Services
9.13.4 Daiichi Sankyo Company Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.13.5 Daiichi Sankyo Company Recent Developments/Updates
9.13.6 Daiichi Sankyo Company Competitive Strengths & Weaknesses
9.14 Shanghai Allist Pharmaceuticals
9.14.1 Shanghai Allist Pharmaceuticals Details
9.14.2 Shanghai Allist Pharmaceuticals Major Business
9.14.3 Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Product and Services
9.14.4 Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.14.5 Shanghai Allist Pharmaceuticals Recent Developments/Updates

+357 96 030922
info@marketpublishers.com

9.14.6 Shanghai Allist Pharmaceuticals Competitive Strengths & Weaknesses
9.15 Betta Pharmaceuticals
9.15.1 Betta Pharmaceuticals Details
9.15.2 Betta Pharmaceuticals Major Business
9.15.3 Betta Pharmaceuticals Targeted Lung Cancer Drugs Product and Services
9.15.4 Betta Pharmaceuticals Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.15.5 Betta Pharmaceuticals Recent Developments/Updates
9.15.6 Betta Pharmaceuticals Competitive Strengths & Weaknesses
9.16 Jiangsu Hansoh Pharmaceutical
9.16.1 Jiangsu Hansoh Pharmaceutical Details
9.16.2 Jiangsu Hansoh Pharmaceutical Major Business
9.16.3 Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Product and Services
9.16.4 Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.16.5 Jiangsu Hansoh Pharmaceutical Recent Developments/Updates
9.16.6 Jiangsu Hansoh Pharmaceutical Competitive Strengths & Weaknesses
9.17 Dizal (Jiangsu) Pharmaceutical
9.17.1 Dizal (Jiangsu) Pharmaceutical Details
9.17.2 Dizal (Jiangsu) Pharmaceutical Major Business
9.17.3 Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Product and Services
9.17.4 Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.17.5 Dizal (Jiangsu) Pharmaceutical Recent Developments/Updates
9.17.6 Dizal (Jiangsu) Pharmaceutical Competitive Strengths & Weaknesses
9.18 HUTCHMED (China) Limited
9.18.1 HUTCHMED (China) Limited Details
9.18.2 HUTCHMED (China) Limited Major Business
9.18.3 HUTCHMED (China) Limited Targeted Lung Cancer Drugs Product and Services
9.18.4 HUTCHMED (China) Limited Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.18.5 HUTCHMED (China) Limited Recent Developments/Updates
9.18.6 HUTCHMED (China) Limited Competitive Strengths & Weaknesses
9.19 Innovent Biologics
9.19.1 Innovent Biologics Details
9.19.2 Innovent Biologics Major Business

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9.19.3 Innovent Biologics Targeted Lung Cancer Drugs Product and Services
9.19.4 Innovent Biologics Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.19.5 Innovent Biologics Recent Developments/Updates
9.19.6 Innovent Biologics Competitive Strengths & Weaknesses
9.20 Chia Tai Tianqing Pharmaceutical
9.20.1 Chia Tai Tianqing Pharmaceutical Details
9.20.2 Chia Tai Tianqing Pharmaceutical Major Business
9.20.3 Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Product and Services
9.20.4 Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
9.20.5 Chia Tai Tianqing Pharmaceutical Recent Developments/Updates
9.20.6 Chia Tai Tianqing Pharmaceutical Competitive Strengths & Weaknesses

10 INDUSTRY CHAIN ANALYSIS

10.1 Targeted Lung Cancer Drugs Industry Chain
10.2 Targeted Lung Cancer Drugs Upstream Analysis
10.3 Targeted Lung Cancer Drugs Midstream Analysis
10.4 Targeted Lung Cancer Drugs Downstream Analysis

11 RESEARCH FINDINGS AND CONCLUSION

12 APPENDIX

12.1 Methodology
12.2 Research Process and Data Source
12.3 Disclaimer

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List Of Tables

LIST OF TABLES

Table 1. World Targeted Lung Cancer Drugs Revenue by Region (2021, 2025 and 2032) & (USD Million), (by Headquarter Location)
Table 2. World Targeted Lung Cancer Drugs Revenue by Region (2021-2026) & (USD Million), (by Headquarter Location)
Table 3. World Targeted Lung Cancer Drugs Revenue by Region (2027-2032) & (USD Million), (by Headquarter Location)
Table 4. World Targeted Lung Cancer Drugs Revenue Market Share by Region (2021-2026), (by Headquarter Location)
Table 5. World Targeted Lung Cancer Drugs Revenue Market Share by Region (2027-2032), (by Headquarter Location)
Table 6. Major Market Trends
Table 7. World Targeted Lung Cancer Drugs Consumption Value Growth Rate Forecast by Region (2021 & 2025 & 2032) & (USD Million)
Table 8. World Targeted Lung Cancer Drugs Consumption Value by Region (2021-2026) & (USD Million)
Table 9. World Targeted Lung Cancer Drugs Consumption Value Forecast by Region (2027-2032) & (USD Million)
Table 10. World Targeted Lung Cancer Drugs Revenue by Player (2021-2026) & (USD Million)
Table 11. Revenue Market Share of Key Targeted Lung Cancer Drugs Players in 2025
Table 12. World Targeted Lung Cancer Drugs Industry Rank of Major Player, Based on Revenue in 2025
Table 13. Global Targeted Lung Cancer Drugs Company Evaluation Quadrant
Table 14. Head Office of Key Targeted Lung Cancer Drugs Players
Table 15. Targeted Lung Cancer Drugs Market: Company Product Type Footprint
Table 16. Targeted Lung Cancer Drugs Market: Company Product Application Footprint
Table 17. Targeted Lung Cancer Drugs Mergers & Acquisitions Activity
Table 18. United States VS China Targeted Lung Cancer Drugs Revenue Comparison, (2021 & 2025 & 2032) & (USD Million)
Table 19. United States VS China Targeted Lung Cancer Drugs Consumption Value Comparison, (2021 & 2025 & 2032) & (USD Million)
Table 20. United States Based Targeted Lung Cancer Drugs Companies, Headquarters (States, Country)
Table 21. United States Based Companies Targeted Lung Cancer Drugs Revenue, (2021-2026) & (USD Million)

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Table 22. United States Based Companies Targeted Lung Cancer Drugs Revenue Market Share (2021-2026)
Table 23. China Based Targeted Lung Cancer Drugs Companies, Headquarters (Province, Country)
Table 24. China Based Companies Targeted Lung Cancer Drugs Revenue, (2021-2026) & (USD Million)
Table 25. China Based Companies Targeted Lung Cancer Drugs Revenue Market Share (2021-2026)
Table 26. Rest of World Based Targeted Lung Cancer Drugs Companies, Headquarters (Province, Country)
Table 27. Rest of World Based Companies Targeted Lung Cancer Drugs Revenue (2021-2026) & (USD Million)
Table 28. Rest of World Based Companies Targeted Lung Cancer Drugs Revenue Market Share (2021-2026)
Table 29. World Targeted Lung Cancer Drugs Market Size by Type, (USD Million), 2021 & 2025 & 2032
Table 30. World Targeted Lung Cancer Drugs Market Size Value by Type (2021-2026) & (USD Million)
Table 31. World Targeted Lung Cancer Drugs Market Size by Type (2027-2032) & (USD Million)
Table 32. World Targeted Lung Cancer Drugs Market Size by Drugs Type, (USD Million), 2021 & 2025 & 2032
Table 33. World Targeted Lung Cancer Drugs Market Size Value by Drugs Type (2021-2026) & (USD Million)
Table 34. World Targeted Lung Cancer Drugs Market Size by Drugs Type (2027-2032) & (USD Million)
Table 35. World Targeted Lung Cancer Drugs Market Size by Route of Administration, (USD Million), 2021 & 2025 & 2032
Table 36. World Targeted Lung Cancer Drugs Market Size Value by Route of Administration (2021-2026) & (USD Million)
Table 37. World Targeted Lung Cancer Drugs Market Size by Route of Administration (2027-2032) & (USD Million)
Table 38. World Targeted Lung Cancer Drugs Market Size by Application, (USD Million), 2021 & 2025 & 2032
Table 39. World Targeted Lung Cancer Drugs Market Size by Application (2021-2026) & (USD Million)
Table 40. World Targeted Lung Cancer Drugs Market Size by Application (2027-2032) & (USD Million)
Table 41. AstraZeneca Basic Information, Manufacturing Base and Competitors

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Table 42. AstraZeneca Major Business
Table 43. AstraZeneca Targeted Lung Cancer Drugs Product and Services
Table 44. AstraZeneca Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 45. AstraZeneca Recent Developments/Updates
Table 46. AstraZeneca Competitive Strengths & Weaknesses
Table 47. Roche Basic Information, Manufacturing Base and Competitors
Table 48. Roche Major Business
Table 49. Roche Targeted Lung Cancer Drugs Product and Services
Table 50. Roche Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 51. Roche Recent Developments/Updates
Table 52. Roche Competitive Strengths & Weaknesses
Table 53. Pfizer Basic Information, Manufacturing Base and Competitors
Table 54. Pfizer Major Business
Table 55. Pfizer Targeted Lung Cancer Drugs Product and Services
Table 56. Pfizer Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 57. Pfizer Recent Developments/Updates
Table 58. Pfizer Competitive Strengths & Weaknesses
Table 59. Novartis Basic Information, Manufacturing Base and Competitors
Table 60. Novartis Major Business
Table 61. Novartis Targeted Lung Cancer Drugs Product and Services
Table 62. Novartis Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 63. Novartis Recent Developments/Updates
Table 64. Novartis Competitive Strengths & Weaknesses
Table 65. Johnson & Johnson Basic Information, Manufacturing Base and Competitors
Table 66. Johnson & Johnson Major Business
Table 67. Johnson & Johnson Targeted Lung Cancer Drugs Product and Services
Table 68. Johnson & Johnson Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 69. Johnson & Johnson Recent Developments/Updates
Table 70. Johnson & Johnson Competitive Strengths & Weaknesses
Table 71. Amgen Basic Information, Manufacturing Base and Competitors
Table 72. Amgen Major Business
Table 73. Amgen Targeted Lung Cancer Drugs Product and Services
Table 74. Amgen Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)

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Table 75. Amgen Recent Developments/Updates
Table 76. Amgen Competitive Strengths & Weaknesses
Table 77. Bristol Myers Squibb Basic Information, Manufacturing Base and Competitors
Table 78. Bristol Myers Squibb Major Business
Table 79. Bristol Myers Squibb Targeted Lung Cancer Drugs Product and Services
Table 80. Bristol Myers Squibb Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 81. Bristol Myers Squibb Recent Developments/Updates
Table 82. Bristol Myers Squibb Competitive Strengths & Weaknesses
Table 83. Eli Lilly and Company Basic Information, Manufacturing Base and Competitors
Table 84. Eli Lilly and Company Major Business
Table 85. Eli Lilly and Company Targeted Lung Cancer Drugs Product and Services
Table 86. Eli Lilly and Company Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 87. Eli Lilly and Company Recent Developments/Updates
Table 88. Eli Lilly and Company Competitive Strengths & Weaknesses
Table 89. Takeda Basic Information, Manufacturing Base and Competitors
Table 90. Takeda Major Business
Table 91. Takeda Targeted Lung Cancer Drugs Product and Services
Table 92. Takeda Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 93. Takeda Recent Developments/Updates
Table 94. Takeda Competitive Strengths & Weaknesses
Table 95. Boehringer Ingelheim Basic Information, Manufacturing Base and Competitors
Table 96. Boehringer Ingelheim Major Business
Table 97. Boehringer Ingelheim Targeted Lung Cancer Drugs Product and Services
Table 98. Boehringer Ingelheim Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 99. Boehringer Ingelheim Recent Developments/Updates
Table 100. Boehringer Ingelheim Competitive Strengths & Weaknesses
Table 101. Merck Basic Information, Manufacturing Base and Competitors
Table 102. Merck Major Business
Table 103. Merck Targeted Lung Cancer Drugs Product and Services
Table 104. Merck Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 105. Merck Recent Developments/Updates
Table 106. Merck Competitive Strengths & Weaknesses

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Table 107. Bayer Basic Information, Manufacturing Base and Competitors
Table 108. Bayer Major Business
Table 109. Bayer Targeted Lung Cancer Drugs Product and Services
Table 110. Bayer Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 111. Bayer Recent Developments/Updates
Table 112. Bayer Competitive Strengths & Weaknesses
Table 113. Daiichi Sankyo Company Basic Information, Manufacturing Base and Competitors
Table 114. Daiichi Sankyo Company Major Business
Table 115. Daiichi Sankyo Company Targeted Lung Cancer Drugs Product and Services
Table 116. Daiichi Sankyo Company Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 117. Daiichi Sankyo Company Recent Developments/Updates
Table 118. Daiichi Sankyo Company Competitive Strengths & Weaknesses
Table 119. Shanghai Allist Pharmaceuticals Basic Information, Manufacturing Base and Competitors
Table 120. Shanghai Allist Pharmaceuticals Major Business
Table 121. Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Product and Services
Table 122. Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 123. Shanghai Allist Pharmaceuticals Recent Developments/Updates
Table 124. Shanghai Allist Pharmaceuticals Competitive Strengths & Weaknesses
Table 125. Betta Pharmaceuticals Basic Information, Manufacturing Base and Competitors
Table 126. Betta Pharmaceuticals Major Business
Table 127. Betta Pharmaceuticals Targeted Lung Cancer Drugs Product and Services
Table 128. Betta Pharmaceuticals Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 129. Betta Pharmaceuticals Recent Developments/Updates
Table 130. Betta Pharmaceuticals Competitive Strengths & Weaknesses
Table 131. Jiangsu Hansoh Pharmaceutical Basic Information, Manufacturing Base and Competitors
Table 132. Jiangsu Hansoh Pharmaceutical Major Business
Table 133. Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Product and Services
Table 134. Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Revenue,

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Gross Margin and Market Share (2021-2026) & (USD Million)
Table 135. Jiangsu Hansoh Pharmaceutical Recent Developments/Updates
Table 136. Jiangsu Hansoh Pharmaceutical Competitive Strengths & Weaknesses
Table 137. Dizal (Jiangsu) Pharmaceutical Basic Information, Manufacturing Base and Competitors
Table 138. Dizal (Jiangsu) Pharmaceutical Major Business
Table 139. Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Product and Services
Table 140. Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 141. Dizal (Jiangsu) Pharmaceutical Recent Developments/Updates
Table 142. Dizal (Jiangsu) Pharmaceutical Competitive Strengths & Weaknesses
Table 143. HUTCHMED (China) Limited Basic Information, Manufacturing Base and Competitors
Table 144. HUTCHMED (China) Limited Major Business
Table 145. HUTCHMED (China) Limited Targeted Lung Cancer Drugs Product and Services
Table 146. HUTCHMED (China) Limited Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 147. HUTCHMED (China) Limited Recent Developments/Updates
Table 148. HUTCHMED (China) Limited Competitive Strengths & Weaknesses
Table 149. Innovent Biologics Basic Information, Manufacturing Base and Competitors
Table 150. Innovent Biologics Major Business
Table 151. Innovent Biologics Targeted Lung Cancer Drugs Product and Services
Table 152. Innovent Biologics Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 153. Innovent Biologics Recent Developments/Updates
Table 154. Innovent Biologics Competitive Strengths & Weaknesses
Table 155. Chia Tai Tianqing Pharmaceutical Basic Information, Manufacturing Base and Competitors
Table 156. Chia Tai Tianqing Pharmaceutical Major Business
Table 157. Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Product and Services
Table 158. Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026) & (USD Million)
Table 159. Chia Tai Tianqing Pharmaceutical Recent Developments/Updates
Table 160. Chia Tai Tianqing Pharmaceutical Competitive Strengths & Weaknesses
Table 161. Global Key Players of Targeted Lung Cancer Drugs Upstream (Raw Materials)

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Table 162. Global Targeted Lung Cancer Drugs Typical Customers

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List Of Figures

LIST OF FIGURES

Figure 1. Targeted Lung Cancer Drugs Picture
Figure 2. World Targeted Lung Cancer Drugs Total Revenue: 2021 & 2025 & 2032, (USD Million)
Figure 3. World Targeted Lung Cancer Drugs Total Revenue (2021-2032) & (USD Million)
Figure 4. World Targeted Lung Cancer Drugs Revenue by Region (2021, 2025 and 2032) & (USD Million), (by Headquarter Location)
Figure 5. World Targeted Lung Cancer Drugs Revenue Market Share by Region (2021-2032), (by Headquarter Location)
Figure 6. United States Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 7. China Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 8. Europe Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 9. Japan Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 10. South Korea Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 11. ASEAN Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 12. India Based Company Targeted Lung Cancer Drugs Revenue (2021-2032) & (USD Million)
Figure 13. Targeted Lung Cancer Drugs Market Drivers
Figure 14. Factors Affecting Demand
Figure 15. World Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 16. World Targeted Lung Cancer Drugs Consumption Value Market Share by Region (2021-2032)
Figure 17. United States Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 18. China Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 19. Europe Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)

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Figure 20. Japan Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 21. South Korea Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 22. ASEAN Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 23. India Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 24. Producer Shipments of Targeted Lung Cancer Drugs by Player Revenue ($MM) and Market Share (%): 2025
Figure 25. Global Four-firm Concentration Ratios (CR4) for Targeted Lung Cancer Drugs Markets in 2025
Figure 26. Global Four-firm Concentration Ratios (CR8) for Targeted Lung Cancer Drugs Markets in 2025
Figure 27. United States VS China: Targeted Lung Cancer Drugs Revenue Market Share Comparison (2021 & 2025 & 2032)
Figure 28. United States VS China: Targeted Lung Cancer Drugs Consumption Value Market Share Comparison (2021 & 2025 & 2032)
Figure 29. World Targeted Lung Cancer Drugs Market Size by Type, (USD Million), 2021 & 2025 & 2032
Figure 30. World Targeted Lung Cancer Drugs Market Size Market Share by Type in 2025
Figure 31. EGFR-Targeted Drugs
Figure 32. ALK-Targeted Drugs
Figure 33. ROS1-Targeted Drugs
Figure 34. KRAS G12C-Targeted Drugs
Figure 35. MET-Targeted Drugs
Figure 36. RET-Targeted Drugs
Figure 37. World Targeted Lung Cancer Drugs Market Size Market Share by Type (2021-2032)
Figure 38. World Targeted Lung Cancer Drugs Market Size by Drugs Type, (USD Million), 2021 & 2025 & 2032
Figure 39. World Targeted Lung Cancer Drugs Market Size Market Share by Drugs Type in 2025
Figure 40. Small-Molecule Tyrosine Kinase Inhibitors
Figure 41. Small-Molecule RAS Inhibitors
Figure 42. Monoclonal Antibodies
Figure 43. Bispecific Antibodies
Figure 44. Antibody-Drug Conjugates

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Figure 45. World Targeted Lung Cancer Drugs Market Size Market Share by Drugs Type (2021-2032)
Figure 46. World Targeted Lung Cancer Drugs Market Size by Route of Administration, (USD Million), 2021 & 2025 & 2032
Figure 47. World Targeted Lung Cancer Drugs Market Size Market Share by Route of Administration in 2025
Figure 48. Oral Tablets
Figure 49. Oral Capsules
Figure 50. Oral Solutions
Figure 51. Intravenous Injections
Figure 52. Subcutaneous Injections
Figure 53. World Targeted Lung Cancer Drugs Market Size Market Share by Route of Administration (2021-2032)
Figure 54. World Targeted Lung Cancer Drugs Market Size by Application, (USD Million), 2021 & 2025 & 2032
Figure 55. World Targeted Lung Cancer Drugs Market Size Market Share by Application in 2025
Figure 56. Non-Small Cell Lung Cancer
Figure 57. Small Cell Lung Cancer
Figure 58. Lung Adenocarcinoma
Figure 59. Lung Squamous Cell Carcinoma
Figure 60. Early-Stage Resectable Lung Cancer
Figure 61. Other
Figure 62. World Targeted Lung Cancer Drugs Market Size Market Share by Application (2021-2032)
Figure 63. Targeted Lung Cancer Drugs Industrial Chain
Figure 64. Methodology
Figure 65. Research Process and Data Source

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