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Global Targeted Lung Cancer Drugs Market 2026 by Company, Regions, Type and Application, Forecast to 2032

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Abstracts

According to our (Global Info Research) latest study, the global Targeted Lung Cancer Drugs market size was valued at US$ 19760 million in 2025 and is forecast to a readjusted size of US$ 35738 million by 2032 with a CAGR of 8.8% during review period.

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%

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Non-small cell lung cancer remains the core commercial application

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

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need for treatments that improve disease control in biomarker-defined patient populations. Broader adoption of molecular testing is increasing the identification of 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

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detection of molecular progression. Additional opportunities exist in developing agents with stronger brain penetration, broader activity across uncommon mutations and more 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.

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

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form structure, while intravenous products dominate antibody-based therapy and subcutaneous formulations offer an emerging convenience advantage.

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

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sophisticated diagnostic and oncology-treatment systems. Other Asian and emerging markets offer meaningful long-term potential, but market conversion depends on 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 is a detailed and comprehensive analysis for global Targeted Lung Cancer Drugs market. Both quantitative and qualitative analyses are presented by company, by region & country, by Type and by Application. As the market is constantly changing, this report explores the competition, supply and demand trends, as well as key factors that contribute to its changing demands across many markets. Company profiles and

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product examples of selected competitors, along with market share estimates of some of the selected leaders for the year 2025, are provided.

Key Features:

Global Targeted Lung Cancer Drugs market size and forecasts, in consumption value ($ Million), 2021-2032

Global Targeted Lung Cancer Drugs market size and forecasts by region and country, in consumption value ($ Million), 2021-2032

Global Targeted Lung Cancer Drugs market size and forecasts, by Type and by Application, in consumption value ($ Million), 2021-2032

Global Targeted Lung Cancer Drugs market shares of main players, in revenue ($ Million), 2021-2026

The Primary Objectives in This Report Are:

To determine the size of the total market opportunity of global and key countries

To assess the growth potential for Targeted Lung Cancer Drugs

To forecast future growth in each product and end-use market

To assess competitive factors affecting the marketplace

This report profiles key 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.

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Targeted Lung Cancer Drugs market is split by Type and by Application. For the period 2021-2032, the growth among segments provides accurate calculations and forecasts for Consumption Value by Type and by Application. This analysis can help you expand your business by targeting qualified niche markets.

Market segmentation

Market segment by Type

EGFR-Targeted Drugs

ALK-Targeted Drugs

ROS1-Targeted Drugs

KRAS G12C-Targeted Drugs

MET-Targeted Drugs

RET-Targeted Drugs

Market segment by Drugs Type

Small-Molecule Tyrosine Kinase Inhibitors

Small-Molecule RAS Inhibitors

Monoclonal Antibodies

Bispecific Antibodies

Antibody-Drug Conjugates

Market segment by Route of Administration

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Oral Tablets

Oral Capsules

Oral Solutions

Intravenous Injections

Subcutaneous Injections

Market segment by Application

Non-Small Cell Lung Cancer

Small Cell Lung Cancer

Lung Adenocarcinoma

Lung Squamous Cell Carcinoma

Early-Stage Resectable Lung Cancer

Other

Market segment by players, this report covers

AstraZeneca

Roche

Pfizer

Novartis

Johnson & Johnson

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Amgen

Bristol Myers Squibb

Eli Lilly and Company

Takeda

Boehringer Ingelheim

Merck

Bayer

Daiichi Sankyo Company

Shanghai Allist Pharmaceuticals

Betta Pharmaceuticals

Jiangsu Hansoh Pharmaceutical

Dizal (Jiangsu) Pharmaceutical

HUTCHMED (China) Limited

Innovent Biologics

Chia Tai Tianqing Pharmaceutical

Market segment by regions, regional analysis covers

North America (United States, Canada and Mexico)

Europe (Germany, France, UK, Russia, Italy and Rest of Europe)

Asia-Pacific (China, Japan, South Korea, India, Southeast Asia and Rest of Asia-Pacific)

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South America (Brazil, Rest of South America)

Middle East & Africa (Turkey, Saudi Arabia, UAE, Rest of Middle East & Africa)

Chapter Outline

Chapter 1, to describe Targeted Lung Cancer Drugs product scope, market overview, market estimation caveats and base year.
Chapter 2, to profile the top players of Targeted Lung Cancer Drugs, with revenue, gross margin, and global market share of Targeted Lung Cancer Drugs from 2021 to 2026.
Chapter 3, the Targeted Lung Cancer Drugs competitive situation, revenue, and global market share of top players are analyzed emphatically by landscape contrast.
Chapter 4 and 5, to segment the market size by Type and by Application, with consumption value and growth rate by Type, by Application, from 2021 to 2032.
Chapter 6, 7, 8, 9, and 10, to break the market size data at the country level, with revenue and market share for key countries in the world, from 2021 to 2026.and Targeted Lung Cancer Drugs market forecast, by regions, by Type and by Application, with consumption value, from 2027 to 2032.
Chapter 11, market dynamics, drivers, restraints, trends, Porters Five Forces analysis.
Chapter 12, the key raw materials and key suppliers, and industry chain of Targeted Lung Cancer Drugs.
Chapter 13, to describe Targeted Lung Cancer Drugs research findings and conclusion.

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Contents

1 MARKET OVERVIEW

1.1 Product Overview and Scope
1.2 Market Estimation Caveats and Base Year
1.3 Classification of Targeted Lung Cancer Drugs by Type
  1.3.1 Overview: Global Targeted Lung Cancer Drugs Market Size by Type: 2021 Versus 2025 Versus 2032
  1.3.2 Global Targeted Lung Cancer Drugs Consumption Value Market Share by Type in 2025
  1.3.3 EGFR-Targeted Drugs
  1.3.4 ALK-Targeted Drugs
  1.3.5 ROS1-Targeted Drugs
  1.3.6 KRAS G12C-Targeted Drugs
  1.3.7 MET-Targeted Drugs
  1.3.8 RET-Targeted Drugs
1.4 Classification of Targeted Lung Cancer Drugs by Drugs Type
  1.4.1 Overview: Global Targeted Lung Cancer Drugs Market Size by Drugs Type: 2021 Versus 2025 Versus 2032
  1.4.2 Global Targeted Lung Cancer Drugs Consumption Value Market Share by Drugs Type in 2025
  1.4.3 Small-Molecule Tyrosine Kinase Inhibitors
  1.4.4 Small-Molecule RAS Inhibitors
  1.4.5 Monoclonal Antibodies
  1.4.6 Bispecific Antibodies
  1.4.7 Antibody-Drug Conjugates
1.5 Classification of Targeted Lung Cancer Drugs by Route of Administration
  1.5.1 Overview: Global Targeted Lung Cancer Drugs Market Size by Route of Administration: 2021 Versus 2025 Versus 2032
  1.5.2 Global Targeted Lung Cancer Drugs Consumption Value Market Share by Route of Administration in 2025
  1.5.3 Oral Tablets
  1.5.4 Oral Capsules
  1.5.5 Oral Solutions
  1.5.6 Intravenous Injections
  1.5.7 Subcutaneous Injections
1.6 Global Targeted Lung Cancer Drugs Market by Application
  1.6.1 Overview: Global Targeted Lung Cancer Drugs Market Size by Application: 2021

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Versus 2025 Versus 2032
1.6.2 Non-Small Cell Lung Cancer
1.6.3 Small Cell Lung Cancer
1.6.4 Lung Adenocarcinoma
1.6.5 Lung Squamous Cell Carcinoma
1.6.6 Early-Stage Resectable Lung Cancer
1.6.7 Other
1.7 Global Targeted Lung Cancer Drugs Market Size & Forecast
1.8 Global Targeted Lung Cancer Drugs Market Size and Forecast by Region
1.8.1 Global Targeted Lung Cancer Drugs Market Size by Region: 2021 VS 2025 VS 2032
1.8.2 Global Targeted Lung Cancer Drugs Market Size by Region, (2021-2032)
1.8.3 North America Targeted Lung Cancer Drugs Market Size and Prospect (2021-2032)
1.8.4 Europe Targeted Lung Cancer Drugs Market Size and Prospect (2021-2032)
1.8.5 Asia-Pacific Targeted Lung Cancer Drugs Market Size and Prospect (2021-2032)
1.8.6 South America Targeted Lung Cancer Drugs Market Size and Prospect (2021-2032)
1.8.7 Middle East & Africa Targeted Lung Cancer Drugs Market Size and Prospect (2021-2032)

2 COMPANY PROFILES

2.1 AstraZeneca
2.1.1 AstraZeneca Details
2.1.2 AstraZeneca Major Business
2.1.3 AstraZeneca Targeted Lung Cancer Drugs Product and Solutions
2.1.4 AstraZeneca Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.1.5 AstraZeneca Recent Developments and Future Plans
2.2 Roche
2.2.1 Roche Details
2.2.2 Roche Major Business
2.2.3 Roche Targeted Lung Cancer Drugs Product and Solutions
2.2.4 Roche Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.2.5 Roche Recent Developments and Future Plans
2.3 Pfizer
2.3.1 Pfizer Details

+357 96 030922
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2.3.2 Pfizer Major Business
2.3.3 Pfizer Targeted Lung Cancer Drugs Product and Solutions
2.3.4 Pfizer Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.3.5 Pfizer Recent Developments and Future Plans
2.4 Novartis
2.4.1 Novartis Details
2.4.2 Novartis Major Business
2.4.3 Novartis Targeted Lung Cancer Drugs Product and Solutions
2.4.4 Novartis Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.4.5 Novartis Recent Developments and Future Plans
2.5 Johnson & Johnson
2.5.1 Johnson & Johnson Details
2.5.2 Johnson & Johnson Major Business
2.5.3 Johnson & Johnson Targeted Lung Cancer Drugs Product and Solutions
2.5.4 Johnson & Johnson Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.5.5 Johnson & Johnson Recent Developments and Future Plans
2.6 Amgen
2.6.1 Amgen Details
2.6.2 Amgen Major Business
2.6.3 Amgen Targeted Lung Cancer Drugs Product and Solutions
2.6.4 Amgen Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.6.5 Amgen Recent Developments and Future Plans
2.7 Bristol Myers Squibb
2.7.1 Bristol Myers Squibb Details
2.7.2 Bristol Myers Squibb Major Business
2.7.3 Bristol Myers Squibb Targeted Lung Cancer Drugs Product and Solutions
2.7.4 Bristol Myers Squibb Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.7.5 Bristol Myers Squibb Recent Developments and Future Plans
2.8 Eli Lilly and Company
2.8.1 Eli Lilly and Company Details
2.8.2 Eli Lilly and Company Major Business
2.8.3 Eli Lilly and Company Targeted Lung Cancer Drugs Product and Solutions
2.8.4 Eli Lilly and Company Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)

+357 96 030922
info@marketpublishers.com

2.8.5 Eli Lilly and Company Recent Developments and Future Plans
2.9 Takeda
2.9.1 Takeda Details
2.9.2 Takeda Major Business
2.9.3 Takeda Targeted Lung Cancer Drugs Product and Solutions
2.9.4 Takeda Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.9.5 Takeda Recent Developments and Future Plans
2.10 Boehringer Ingelheim
2.10.1 Boehringer Ingelheim Details
2.10.2 Boehringer Ingelheim Major Business
2.10.3 Boehringer Ingelheim Targeted Lung Cancer Drugs Product and Solutions
2.10.4 Boehringer Ingelheim Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.10.5 Boehringer Ingelheim Recent Developments and Future Plans
2.11 Merck
2.11.1 Merck Details
2.11.2 Merck Major Business
2.11.3 Merck Targeted Lung Cancer Drugs Product and Solutions
2.11.4 Merck Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.11.5 Merck Recent Developments and Future Plans
2.12 Bayer
2.12.1 Bayer Details
2.12.2 Bayer Major Business
2.12.3 Bayer Targeted Lung Cancer Drugs Product and Solutions
2.12.4 Bayer Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.12.5 Bayer Recent Developments and Future Plans
2.13 Daiichi Sankyo Company
2.13.1 Daiichi Sankyo Company Details
2.13.2 Daiichi Sankyo Company Major Business
2.13.3 Daiichi Sankyo Company Targeted Lung Cancer Drugs Product and Solutions
2.13.4 Daiichi Sankyo Company Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.13.5 Daiichi Sankyo Company Recent Developments and Future Plans
2.14 Shanghai Allist Pharmaceuticals
2.14.1 Shanghai Allist Pharmaceuticals Details
2.14.2 Shanghai Allist Pharmaceuticals Major Business

+357 96 030922
info@marketpublishers.com

2.14.3 Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Product and Solutions
2.14.4 Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.14.5 Shanghai Allist Pharmaceuticals Recent Developments and Future Plans
2.15 Betta Pharmaceuticals
2.15.1 Betta Pharmaceuticals Details
2.15.2 Betta Pharmaceuticals Major Business
2.15.3 Betta Pharmaceuticals Targeted Lung Cancer Drugs Product and Solutions
2.15.4 Betta Pharmaceuticals Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.15.5 Betta Pharmaceuticals Recent Developments and Future Plans
2.16 Jiangsu Hansoh Pharmaceutical
2.16.1 Jiangsu Hansoh Pharmaceutical Details
2.16.2 Jiangsu Hansoh Pharmaceutical Major Business
2.16.3 Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Product and Solutions
2.16.4 Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.16.5 Jiangsu Hansoh Pharmaceutical Recent Developments and Future Plans
2.17 Dizal (Jiangsu) Pharmaceutical
2.17.1 Dizal (Jiangsu) Pharmaceutical Details
2.17.2 Dizal (Jiangsu) Pharmaceutical Major Business
2.17.3 Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Product and Solutions
2.17.4 Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.17.5 Dizal (Jiangsu) Pharmaceutical Recent Developments and Future Plans
2.18 HUTCHMED (China) Limited
2.18.1 HUTCHMED (China) Limited Details
2.18.2 HUTCHMED (China) Limited Major Business
2.18.3 HUTCHMED (China) Limited Targeted Lung Cancer Drugs Product and Solutions
2.18.4 HUTCHMED (China) Limited Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.18.5 HUTCHMED (China) Limited Recent Developments and Future Plans
2.19 Innovent Biologics
2.19.1 Innovent Biologics Details
2.19.2 Innovent Biologics Major Business

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info@marketpublishers.com

2.19.3 Innovent Biologics Targeted Lung Cancer Drugs Product and Solutions
2.19.4 Innovent Biologics Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.19.5 Innovent Biologics Recent Developments and Future Plans
2.20 Chia Tai Tianqing Pharmaceutical
2.20.1 Chia Tai Tianqing Pharmaceutical Details
2.20.2 Chia Tai Tianqing Pharmaceutical Major Business
2.20.3 Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Product and Solutions
2.20.4 Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Revenue, Gross Margin and Market Share (2021-2026)
2.20.5 Chia Tai Tianqing Pharmaceutical Recent Developments and Future Plans

3 MARKET COMPETITION, BY PLAYERS

3.1 Global Targeted Lung Cancer Drugs Revenue and Share by Players (2021-2026)
3.2 Market Share Analysis (2025)
3.2.1 Market Share of Targeted Lung Cancer Drugs by Company Revenue
3.2.2 Top 3 Targeted Lung Cancer Drugs Players Market Share in 2025
3.2.3 Top 6 Targeted Lung Cancer Drugs Players Market Share in 2025
3.3 Targeted Lung Cancer Drugs Market: Overall Company Footprint Analysis
3.3.1 Targeted Lung Cancer Drugs Market: Region Footprint
3.3.2 Targeted Lung Cancer Drugs Market: Company Product Type Footprint
3.3.3 Targeted Lung Cancer Drugs Market: Company Product Application Footprint
3.4 New Market Entrants and Barriers to Market Entry
3.5 Mergers, Acquisition, Agreements, and Collaborations

4 MARKET SIZE SEGMENT BY TYPE

4.1 Global Targeted Lung Cancer Drugs Consumption Value and Market Share by Type (2021-2026)
4.2 Global Targeted Lung Cancer Drugs Market Forecast by Type (2027-2032)

5 MARKET SIZE SEGMENT BY APPLICATION

5.1 Global Targeted Lung Cancer Drugs Consumption Value Market Share by Application (2021-2026)
5.2 Global Targeted Lung Cancer Drugs Market Forecast by Application (2027-2032)

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info@marketpublishers.com

6 NORTH AMERICA

6.1 North America Targeted Lung Cancer Drugs Consumption Value by Type (2021-2032)
6.2 North America Targeted Lung Cancer Drugs Market Size by Application (2021-2032)
6.3 North America Targeted Lung Cancer Drugs Market Size by Country
  6.3.1 North America Targeted Lung Cancer Drugs Consumption Value by Country (2021-2032)
  6.3.2 United States Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  6.3.3 Canada Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  6.3.4 Mexico Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)

7 EUROPE

7.1 Europe Targeted Lung Cancer Drugs Consumption Value by Type (2021-2032)
7.2 Europe Targeted Lung Cancer Drugs Consumption Value by Application (2021-2032)
7.3 Europe Targeted Lung Cancer Drugs Market Size by Country
  7.3.1 Europe Targeted Lung Cancer Drugs Consumption Value by Country (2021-2032)
  7.3.2 Germany Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  7.3.3 France Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  7.3.4 United Kingdom Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  7.3.5 Russia Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  7.3.6 Italy Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)

8 ASIA-PACIFIC

8.1 Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Type (2021-2032)
8.2 Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Application (2021-2032)
8.3 Asia-Pacific Targeted Lung Cancer Drugs Market Size by Region
  8.3.1 Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Region (2021-2032)
  8.3.2 China Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
  8.3.3 Japan Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)

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info@marketpublishers.com

8.3.4 South Korea Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
8.3.5 India Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
8.3.6 Southeast Asia Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
8.3.7 Australia Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)

9 SOUTH AMERICA

9.1 South America Targeted Lung Cancer Drugs Consumption Value by Type (2021-2032)
9.2 South America Targeted Lung Cancer Drugs Consumption Value by Application (2021-2032)
9.3 South America Targeted Lung Cancer Drugs Market Size by Country
9.3.1 South America Targeted Lung Cancer Drugs Consumption Value by Country (2021-2032)
9.3.2 Brazil Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
9.3.3 Argentina Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)

10 MIDDLE EAST & AFRICA

10.1 Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Type (2021-2032)
10.2 Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Application (2021-2032)
10.3 Middle East & Africa Targeted Lung Cancer Drugs Market Size by Country
10.3.1 Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Country (2021-2032)
10.3.2 Turkey Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
10.3.3 Saudi Arabia Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)
10.3.4 UAE Targeted Lung Cancer Drugs Market Size and Forecast (2021-2032)

11 MARKET DYNAMICS

11.1 Targeted Lung Cancer Drugs Market Drivers
11.2 Targeted Lung Cancer Drugs Market Restraints
11.3 Targeted Lung Cancer Drugs Trends Analysis
11.4 Porters Five Forces Analysis

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11.4.1 Threat of New Entrants
11.4.2 Bargaining Power of Suppliers
11.4.3 Bargaining Power of Buyers
11.4.4 Threat of Substitutes
11.4.5 Competitive Rivalry

12 INDUSTRY CHAIN ANALYSIS

12.1 Targeted Lung Cancer Drugs Industry Chain
12.2 Targeted Lung Cancer Drugs Upstream Analysis
12.3 Targeted Lung Cancer Drugs Midstream Analysis
12.4 Targeted Lung Cancer Drugs Downstream Analysis

13 RESEARCH FINDINGS AND CONCLUSION

14 APPENDIX

14.1 Methodology
14.2 Research Process and Data Source
14.3 Disclaimer

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List Of Tables

LIST OF TABLES

Table 1. Global Targeted Lung Cancer Drugs Consumption Value by Type, (USD Million), 2021 & 2025 & 2032
Table 2. Global Targeted Lung Cancer Drugs Consumption Value by Drugs Type, (USD Million), 2021 & 2025 & 2032
Table 3. Global Targeted Lung Cancer Drugs Consumption Value by Route of Administration, (USD Million), 2021 & 2025 & 2032
Table 4. Global Targeted Lung Cancer Drugs Consumption Value by Application, (USD Million), 2021 & 2025 & 2032
Table 5. Global Targeted Lung Cancer Drugs Consumption Value by Region (2021-2026) & (USD Million)
Table 6. Global Targeted Lung Cancer Drugs Consumption Value by Region (2027-2032) & (USD Million)
Table 7. AstraZeneca Company Information, Head Office, and Major Competitors
Table 8. AstraZeneca Major Business
Table 9. AstraZeneca Targeted Lung Cancer Drugs Product and Solutions
Table 10. AstraZeneca Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 11. AstraZeneca Recent Developments and Future Plans
Table 12. Roche Company Information, Head Office, and Major Competitors
Table 13. Roche Major Business
Table 14. Roche Targeted Lung Cancer Drugs Product and Solutions
Table 15. Roche Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 16. Roche Recent Developments and Future Plans
Table 17. Pfizer Company Information, Head Office, and Major Competitors
Table 18. Pfizer Major Business
Table 19. Pfizer Targeted Lung Cancer Drugs Product and Solutions
Table 20. Pfizer Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 21. Novartis Company Information, Head Office, and Major Competitors
Table 22. Novartis Major Business
Table 23. Novartis Targeted Lung Cancer Drugs Product and Solutions
Table 24. Novartis Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 25. Novartis Recent Developments and Future Plans

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Table 26. Johnson & Johnson Company Information, Head Office, and Major Competitors
Table 27. Johnson & Johnson Major Business
Table 28. Johnson & Johnson Targeted Lung Cancer Drugs Product and Solutions
Table 29. Johnson & Johnson Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 30. Johnson & Johnson Recent Developments and Future Plans
Table 31. Amgen Company Information, Head Office, and Major Competitors
Table 32. Amgen Major Business
Table 33. Amgen Targeted Lung Cancer Drugs Product and Solutions
Table 34. Amgen Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 35. Amgen Recent Developments and Future Plans
Table 36. Bristol Myers Squibb Company Information, Head Office, and Major Competitors
Table 37. Bristol Myers Squibb Major Business
Table 38. Bristol Myers Squibb Targeted Lung Cancer Drugs Product and Solutions
Table 39. Bristol Myers Squibb Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 40. Bristol Myers Squibb Recent Developments and Future Plans
Table 41. Eli Lilly and Company Company Information, Head Office, and Major Competitors
Table 42. Eli Lilly and Company Major Business
Table 43. Eli Lilly and Company Targeted Lung Cancer Drugs Product and Solutions
Table 44. Eli Lilly and Company Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 45. Eli Lilly and Company Recent Developments and Future Plans
Table 46. Takeda Company Information, Head Office, and Major Competitors
Table 47. Takeda Major Business
Table 48. Takeda Targeted Lung Cancer Drugs Product and Solutions
Table 49. Takeda Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 50. Takeda Recent Developments and Future Plans
Table 51. Boehringer Ingelheim Company Information, Head Office, and Major Competitors
Table 52. Boehringer Ingelheim Major Business
Table 53. Boehringer Ingelheim Targeted Lung Cancer Drugs Product and Solutions
Table 54. Boehringer Ingelheim Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)

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Table 55. Boehringer Ingelheim Recent Developments and Future Plans
Table 56. Merck Company Information, Head Office, and Major Competitors
Table 57. Merck Major Business
Table 58. Merck Targeted Lung Cancer Drugs Product and Solutions
Table 59. Merck Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 60. Merck Recent Developments and Future Plans
Table 61. Bayer Company Information, Head Office, and Major Competitors
Table 62. Bayer Major Business
Table 63. Bayer Targeted Lung Cancer Drugs Product and Solutions
Table 64. Bayer Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 65. Bayer Recent Developments and Future Plans
Table 66. Daiichi Sankyo Company Company Information, Head Office, and Major Competitors
Table 67. Daiichi Sankyo Company Major Business
Table 68. Daiichi Sankyo Company Targeted Lung Cancer Drugs Product and Solutions
Table 69. Daiichi Sankyo Company Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 70. Daiichi Sankyo Company Recent Developments and Future Plans
Table 71. Shanghai Allist Pharmaceuticals Company Information, Head Office, and Major Competitors
Table 72. Shanghai Allist Pharmaceuticals Major Business
Table 73. Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Product and Solutions
Table 74. Shanghai Allist Pharmaceuticals Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 75. Shanghai Allist Pharmaceuticals Recent Developments and Future Plans
Table 76. Betta Pharmaceuticals Company Information, Head Office, and Major Competitors
Table 77. Betta Pharmaceuticals Major Business
Table 78. Betta Pharmaceuticals Targeted Lung Cancer Drugs Product and Solutions
Table 79. Betta Pharmaceuticals Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 80. Betta Pharmaceuticals Recent Developments and Future Plans
Table 81. Jiangsu Hansoh Pharmaceutical Company Information, Head Office, and Major Competitors
Table 82. Jiangsu Hansoh Pharmaceutical Major Business
Table 83. Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Product and

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Solutions
Table 84. Jiangsu Hansoh Pharmaceutical Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 85. Jiangsu Hansoh Pharmaceutical Recent Developments and Future Plans
Table 86. Dizal (Jiangsu) Pharmaceutical Company Information, Head Office, and Major Competitors
Table 87. Dizal (Jiangsu) Pharmaceutical Major Business
Table 88. Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Product and Solutions
Table 89. Dizal (Jiangsu) Pharmaceutical Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 90. Dizal (Jiangsu) Pharmaceutical Recent Developments and Future Plans
Table 91. HUTCHMED (China) Limited Company Information, Head Office, and Major Competitors
Table 92. HUTCHMED (China) Limited Major Business
Table 93. HUTCHMED (China) Limited Targeted Lung Cancer Drugs Product and Solutions
Table 94. HUTCHMED (China) Limited Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 95. HUTCHMED (China) Limited Recent Developments and Future Plans
Table 96. Innovent Biologics Company Information, Head Office, and Major Competitors
Table 97. Innovent Biologics Major Business
Table 98. Innovent Biologics Targeted Lung Cancer Drugs Product and Solutions
Table 99. Innovent Biologics Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 100. Innovent Biologics Recent Developments and Future Plans
Table 101. Chia Tai Tianqing Pharmaceutical Company Information, Head Office, and Major Competitors
Table 102. Chia Tai Tianqing Pharmaceutical Major Business
Table 103. Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Product and Solutions
Table 104. Chia Tai Tianqing Pharmaceutical Targeted Lung Cancer Drugs Revenue (USD Million), Gross Margin and Market Share (2021-2026)
Table 105. Chia Tai Tianqing Pharmaceutical Recent Developments and Future Plans
Table 106. Global Targeted Lung Cancer Drugs Revenue (USD Million) by Players (2021-2026)
Table 107. Global Targeted Lung Cancer Drugs Revenue Share by Players (2021-2026)
Table 108. Breakdown of Targeted Lung Cancer Drugs by Company Type (Tier 1, Tier

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2, and Tier 3)
Table 109. Market Position of Players in Targeted Lung Cancer Drugs, (Tier 1, Tier 2, and Tier 3), Based on Revenue in 2025
Table 110. Head Office of Key Targeted Lung Cancer Drugs Players
Table 111. Targeted Lung Cancer Drugs Market: Company Product Type Footprint
Table 112. Targeted Lung Cancer Drugs Market: Company Product Application Footprint
Table 113. Targeted Lung Cancer Drugs New Market Entrants and Barriers to Market Entry
Table 114. Targeted Lung Cancer Drugs Mergers, Acquisition, Agreements, and Collaborations
Table 115. Global Targeted Lung Cancer Drugs Consumption Value (USD Million) by Type (2021-2026)
Table 116. Global Targeted Lung Cancer Drugs Consumption Value Share by Type (2021-2026)
Table 117. Global Targeted Lung Cancer Drugs Consumption Value Forecast by Type (2027-2032)
Table 118. Global Targeted Lung Cancer Drugs Consumption Value by Application (2021-2026)
Table 119. Global Targeted Lung Cancer Drugs Consumption Value Forecast by Application (2027-2032)
Table 120. North America Targeted Lung Cancer Drugs Consumption Value by Type (2021-2026) & (USD Million)
Table 121. North America Targeted Lung Cancer Drugs Consumption Value by Type (2027-2032) & (USD Million)
Table 122. North America Targeted Lung Cancer Drugs Consumption Value by Application (2021-2026) & (USD Million)
Table 123. North America Targeted Lung Cancer Drugs Consumption Value by Application (2027-2032) & (USD Million)
Table 124. North America Targeted Lung Cancer Drugs Consumption Value by Country (2021-2026) & (USD Million)
Table 125. North America Targeted Lung Cancer Drugs Consumption Value by Country (2027-2032) & (USD Million)
Table 126. Europe Targeted Lung Cancer Drugs Consumption Value by Type (2021-2026) & (USD Million)
Table 127. Europe Targeted Lung Cancer Drugs Consumption Value by Type (2027-2032) & (USD Million)
Table 128. Europe Targeted Lung Cancer Drugs Consumption Value by Application (2021-2026) & (USD Million)

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Table 129. Europe Targeted Lung Cancer Drugs Consumption Value by Application (2027-2032) & (USD Million)
Table 130. Europe Targeted Lung Cancer Drugs Consumption Value by Country (2021-2026) & (USD Million)
Table 131. Europe Targeted Lung Cancer Drugs Consumption Value by Country (2027-2032) & (USD Million)
Table 132. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Type (2021-2026) & (USD Million)
Table 133. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Type (2027-2032) & (USD Million)
Table 134. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Application (2021-2026) & (USD Million)
Table 135. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Application (2027-2032) & (USD Million)
Table 136. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Region (2021-2026) & (USD Million)
Table 137. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value by Region (2027-2032) & (USD Million)
Table 138. South America Targeted Lung Cancer Drugs Consumption Value by Type (2021-2026) & (USD Million)
Table 139. South America Targeted Lung Cancer Drugs Consumption Value by Type (2027-2032) & (USD Million)
Table 140. South America Targeted Lung Cancer Drugs Consumption Value by Application (2021-2026) & (USD Million)
Table 141. South America Targeted Lung Cancer Drugs Consumption Value by Application (2027-2032) & (USD Million)
Table 142. South America Targeted Lung Cancer Drugs Consumption Value by Country (2021-2026) & (USD Million)
Table 143. South America Targeted Lung Cancer Drugs Consumption Value by Country (2027-2032) & (USD Million)
Table 144. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Type (2021-2026) & (USD Million)
Table 145. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Type (2027-2032) & (USD Million)
Table 146. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Application (2021-2026) & (USD Million)
Table 147. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Application (2027-2032) & (USD Million)
Table 148. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by

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Country (2021-2026) & (USD Million)
Table 149. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value by Country (2027-2032) & (USD Million)
Table 150. Global Key Players of Targeted Lung Cancer Drugs Upstream (Raw Materials)
Table 151. 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. Global Targeted Lung Cancer Drugs Consumption Value by Type, (USD Million), 2021 & 2025 & 2032
Figure 3. Global Targeted Lung Cancer Drugs Consumption Value Market Share by Type in 2025
Figure 4. EGFR-Targeted Drugs
Figure 5. ALK-Targeted Drugs
Figure 6. ROS1-Targeted Drugs
Figure 7. KRAS G12C-Targeted Drugs
Figure 8. MET-Targeted Drugs
Figure 9. RET-Targeted Drugs
Figure 10. Global Targeted Lung Cancer Drugs Consumption Value by Drugs Type, (USD Million), 2021 & 2025 & 2032
Figure 11. Global Targeted Lung Cancer Drugs Consumption Value Market Share by Drugs Type in 2025
Figure 12. Small-Molecule Tyrosine Kinase Inhibitors
Figure 13. Small-Molecule RAS Inhibitors
Figure 14. Monoclonal Antibodies
Figure 15. Bispecific Antibodies
Figure 16. Antibody-Drug Conjugates
Figure 17. Global Targeted Lung Cancer Drugs Consumption Value by Route of Administration, (USD Million), 2021 & 2025 & 2032
Figure 18. Global Targeted Lung Cancer Drugs Consumption Value Market Share by Route of Administration in 2025
Figure 19. Oral Tablets
Figure 20. Oral Capsules
Figure 21. Oral Solutions
Figure 22. Intravenous Injections
Figure 23. Subcutaneous Injections
Figure 24. Global Targeted Lung Cancer Drugs Consumption Value by Application, (USD Million), 2021 & 2025 & 2032
Figure 25. Targeted Lung Cancer Drugs Consumption Value Market Share by Application in 2025
Figure 26. Non-Small Cell Lung Cancer Picture
Figure 27. Small Cell Lung Cancer Picture

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Figure 28. Lung Adenocarcinoma Picture
Figure 29. Lung Squamous Cell Carcinoma Picture
Figure 30. Early-Stage Resectable Lung Cancer Picture
Figure 31. Other Picture
Figure 32. Global Targeted Lung Cancer Drugs Consumption Value, (USD Million): 2021 & 2025 & 2032
Figure 33. Global Targeted Lung Cancer Drugs Consumption Value and Forecast (2021-2032) & (USD Million)
Figure 34. Global Market Targeted Lung Cancer Drugs Consumption Value (USD Million) Comparison by Region (2021 VS 2025 VS 2032)
Figure 35. Global Targeted Lung Cancer Drugs Consumption Value Market Share by Region (2021-2032)
Figure 36. Global Targeted Lung Cancer Drugs Consumption Value Market Share by Region in 2025
Figure 37. North America Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 38. Europe Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 39. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 40. South America Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 41. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 42. Company Three Recent Developments and Future Plans
Figure 43. Global Targeted Lung Cancer Drugs Revenue Share by Players in 2025
Figure 44. Targeted Lung Cancer Drugs Market Share by Company Type (Tier 1, Tier 2, and Tier 3) in 2025
Figure 45. Market Share of Targeted Lung Cancer Drugs by Player Revenue in 2025
Figure 46. Top 3 Targeted Lung Cancer Drugs Players Market Share in 2025
Figure 47. Top 6 Targeted Lung Cancer Drugs Players Market Share in 2025
Figure 48. Global Targeted Lung Cancer Drugs Consumption Value Share by Type (2021-2026)
Figure 49. Global Targeted Lung Cancer Drugs Market Share Forecast by Type (2027-2032)
Figure 50. Global Targeted Lung Cancer Drugs Consumption Value Share by Application (2021-2026)
Figure 51. Global Targeted Lung Cancer Drugs Market Share Forecast by Application (2027-2032)

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Figure 52. North America Targeted Lung Cancer Drugs Consumption Value Market Share by Type (2021-2032)
Figure 53. North America Targeted Lung Cancer Drugs Consumption Value Market Share by Application (2021-2032)
Figure 54. North America Targeted Lung Cancer Drugs Consumption Value Market Share by Country (2021-2032)
Figure 55. United States Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 56. Canada Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 57. Mexico Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 58. Europe Targeted Lung Cancer Drugs Consumption Value Market Share by Type (2021-2032)
Figure 59. Europe Targeted Lung Cancer Drugs Consumption Value Market Share by Application (2021-2032)
Figure 60. Europe Targeted Lung Cancer Drugs Consumption Value Market Share by Country (2021-2032)
Figure 61. Germany Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 62. France Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 63. United Kingdom Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 64. Russia Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 65. Italy Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 66. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value Market Share by Type (2021-2032)
Figure 67. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value Market Share by Application (2021-2032)
Figure 68. Asia-Pacific Targeted Lung Cancer Drugs Consumption Value Market Share by Region (2021-2032)
Figure 69. China Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 70. Japan Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 71. South Korea Targeted Lung Cancer Drugs Consumption Value (2021-2032)

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& (USD Million)
Figure 72. India Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 73. Southeast Asia Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 74. Australia Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 75. South America Targeted Lung Cancer Drugs Consumption Value Market Share by Type (2021-2032)
Figure 76. South America Targeted Lung Cancer Drugs Consumption Value Market Share by Application (2021-2032)
Figure 77. South America Targeted Lung Cancer Drugs Consumption Value Market Share by Country (2021-2032)
Figure 78. Brazil Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 79. Argentina Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 80. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value Market Share by Type (2021-2032)
Figure 81. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value Market Share by Application (2021-2032)
Figure 82. Middle East & Africa Targeted Lung Cancer Drugs Consumption Value Market Share by Country (2021-2032)
Figure 83. Turkey Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 84. Saudi Arabia Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 85. UAE Targeted Lung Cancer Drugs Consumption Value (2021-2032) & (USD Million)
Figure 86. Targeted Lung Cancer Drugs Market Drivers
Figure 87. Targeted Lung Cancer Drugs Market Restraints
Figure 88. Targeted Lung Cancer Drugs Market Trends
Figure 89. Porters Five Forces Analysis
Figure 90. Targeted Lung Cancer Drugs Industrial Chain
Figure 91. Methodology
Figure 92. Research Process and Data Source

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