

Head and Neck Squamous Cell Carcinoma Market: Epidemiology, Industry Trends, Share, Size, Growth, Opportunity, and Forecast 2024-2034

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Abstracts

The 7 major head and neck squamous cell carcinoma markets reached a value of US\$ 1.0 Billion in 2023. Looking forward, IMARC Group expects the 7MM to reach US\$ 2.4 Billion by 2034, exhibiting a growth rate (CAGR) of 8.16% during 2024-2034.

The head and neck squamous cell carcinoma market has been comprehensively analyzed in IMARC's new report titled "Head and Neck Squamous Cell Carcinoma Market: Epidemiology, Industry Trends, Share, Size, Growth, Opportunity, and Forecast 2024-2034". Head and neck squamous cell carcinoma is a type of cancer that arises in the squamous cells lining the mucosal layers of the head and neck region. This disease typically begins in the oral cavity, throat, and voice box but can also occur in other areas, such as the nasal passages, sinuses, salivary glands, etc. The symptoms of the ailment can vary depending on the specific location of the tumor. Some of the common indications associated with this condition include a persistent sore throat, hoarseness or voice changes, difficulty swallowing or chewing, a lump or mass in the neck, mouth ulcers, ear pain, unexplained weight loss, etc. The diagnosis of head and neck squamous cell carcinoma typically involves a combination of medical history review, clinical feature assessment, and a physical examination. Various imaging techniques, such as positron emission tomography scans, X-rays, magnetic resonance imaging, etc., are used to identify the extent and location of the tumor. In some cases, the healthcare provider may further perform an endoscopy to visualize the throat, larynx, and other areas of the upper digestive tract.

The increasing cases of excessive alcohol consumption and tobacco use, including smoking cigarettes, cigars, pipes, etc., which can cause DNA damage and lead to the formation of cancerous cells, are primarily driving the head and neck squamous cell

carcinoma market. In addition to this, the rising prevalence of chronic irritation and inflammation of the oral cavity, often associated with poor hygiene practices, is also creating a positive outlook for the market. Moreover, the widespread adoption of targeted drugs, like cetuximab and pembrolizumab, which are designed to specifically aim at and inhibit certain molecules or pathways involved in cancer spread, is further bolstering the market growth. Apart from this, the escalating application of brachytherapy, since it involves placing radioactive sources directly into or near the tumor site to deliver a precise dose of radiation, is acting as another significant growth-inducing factor. Additionally, the emerging popularity of combination treatment, such as chemoradiotherapy, owing to its several benefits, including enhanced effectiveness, reduced risk of local recurrence, improved survival rates, etc., is expected to drive the head and neck squamous cell carcinoma market during the forecast period.

IMARC Group's new report provides an exhaustive analysis of the head and neck squamous cell carcinoma market in the United States, EU4 (Germany, Spain, Italy, and France), United Kingdom, and Japan. This includes treatment practices, in-market, and pipeline drugs, share of individual therapies, market performance across the seven major markets, market performance of key companies and their drugs, etc. The report also provides the current and future patient pool across the seven major markets. According to the report, the United States has the largest patient pool for head and neck squamous cell carcinoma and also represents the largest market for its treatment. Furthermore, the current treatment practice/algorithm, market drivers, challenges, opportunities, reimbursement scenario, unmet medical needs, etc., have also been provided in the report. This report is a must-read for manufacturers, investors, business strategists, researchers, consultants, and all those who have any kind of stake or are planning to foray into the head and neck squamous cell carcinoma market in any manner.

Recent Developments:

In October 2023, Nanobiotix presented the final efficacy analysis from the phase 1 cohort expansion investigating radioenhancer NBTXR3 in locally advanced head and neck cancer. This trial indicated a median progression-free survival of 16.9 months and a median overall survival of 23.1 months in patients.

In October 2023, Bicara Therapeutics announced promising interim data from its open-label Phase 1/1b dose expansion study of BCA101, a first-in-class dual-purpose EGFR/TGF- β antibody, at the ESMO Congress 2023. In the Phase 1/1b research, BCA101 in combination with pembrolizumab persists to exhibit clinically meaningful preliminary anti-tumor behavior, consistent with previous outcomes, with an 89% disease control rate, a 57% overall response rate, and an acceptable safety profile in

the frontline HPV-negative, recurrent/metastatic head and neck squamous cell carcinoma.

In August 2023, Eisai and Merck & Co., Inc. provided a report on the phase 3 LEAP-010 trial assessing LENVIMA, Eisai's orally available multiple receptor tyrosine kinase inhibitor, along with KEYTRUDA, Merck & Co., Inc.'s anti-PD-1 therapy, as first-line therapy for individuals suffering from metastatic or recurrent head and neck squamous cell carcinoma whose tumors express PD-L1.

In July 2023, Rakuten Medical, Inc. revealed that new data from the ASP-1929-181 trial was displayed at the American Head and Neck Society's (AHNS) 11th International Conference on head and neck Cancer (AHNS2023). The study reported that the novel treatment approach of Alluminox treatment utilizing ASP-1929 in combination with anti-PD-1 therapy demonstrated encouraging early outcomes in patients with locoregional and/or metastatic head and neck squamous cell carcinoma.

In June 2023, Transgene and NEC Corporation announced the presentation of new results on TG4050, a customized neoantigen cancer vaccine for HPV-negative head and neck cancer. The data showed that all patients treated with TG4050 in the trial generated a particular immune response, as evidenced by subsequent immunological testing, and have remained disease-free to date.

Key Highlights:

According to GLOBOCAN estimates, head and neck squamous cell carcinoma accounts for approximately 4.5% of cancer diagnoses and deaths.

The combined effects of heavy consumption of alcohol and tobacco increase the risk of head and neck squamous cell carcinoma by 40-fold.

Across the globe, head and neck squamous cell carcinoma is more common in males than in women, with a male-to-female ratio of about 2:1, and in adults over 50 years of age.

The incidence rates of head and neck squamous cell carcinoma are highest in Southeast and South Asia (where consumption of the carcinogenic areca nut is prevalent), followed by Eastern and Central Europe, as well as South America.

India has the highest incidence rates, with tobacco accounting for up to 80% of all head and neck squamous cell carcinoma cases.

Drugs:

ERBITUX (cetuximab) is a monoclonal antibody (IgG1 Mab) developed to suppress the action of the epidermal growth factor receptor, a molecular structure found on the surface of normal and malignant cells. Cetuximab is given by intravenous infusion for the treatment of head and neck cancer.

Ladiratuzumab vedotin is developed on Seattle Genetics' patented antibody-drug conjugate (ADC) technology and is comprised of a LIV-1-targeted monoclonal antibody associated with a potent microtubule-disrupting chemical, monomethyl auristatin E (MMAE), via a protease-cleavable linker. The ADC is intended to attach to LIV-1 on cancer cells and release the cell-killing chemical into target cells once internalized. Ladiratuzumab vedotin may have anticancer efficacy through additional pathways, such as immune response stimulation via immunogenic cell death induction.

LENVIMA is an orally available multiple receptor tyrosine kinase inhibitor which blocks the kinase activities of vascular endothelial growth factor (VEGF) receptors, like VEGFR1 (FLT1), VEGFR2 (KDR), and VEGFR3 (FLT4). LENVIMA inhibits various other kinases associated with pathogenic angiogenesis, tumor growth, and cancer progression, such as FGFR1-4, PDGFR?, KIT, and RET.

Time Period of the Study

Base Year: 2023

Historical Period: 2018-2023

Market Forecast: 2024-2034

Countries Covered

United States

Germany

France

United Kingdom

Italy

Spain

Japan

Analysis Covered Across Each Country

Historical, current, and future epidemiology scenario

Historical, current, and future performance of the head and neck squamous cell carcinoma market

Historical, current, and future performance of various therapeutic categories in the market

Sales of various drugs across the head and neck squamous cell carcinoma market

Reimbursement scenario in the market
In-market and pipeline drugs

Competitive Landscape:

This report also provides a detailed analysis of the current head and neck squamous cell carcinoma marketed drugs and late-stage pipeline drugs.

In-Market Drugs

Drug Overview

Mechanism of Action

Regulatory Status

Clinical Trial Results

Drug Uptake and Market Performance

Late-Stage Pipeline Drugs

Drug Overview

Mechanism of Action

Regulatory Status

Clinical Trial Results

Drug Uptake and Market Performance

*Kindly note that the drugs in the above table only represent a partial list of marketed/pipeline drugs, and the complete list has been provided in the report.

Key Questions Answered in this Report:

Market Insights

How has the head and neck squamous cell carcinoma market performed so far and how will it perform in the coming years?

What are the markets shares of various therapeutic segments in 2023 and how are they expected to perform till 2034?

What was the country-wise size of the head and neck squamous cell carcinoma market across the seven major markets in 2023 and what will it look like in 2034?

What is the growth rate of the head and neck squamous cell carcinoma market across the seven major markets and what will be the expected growth over the next ten years?

What are the key unmet needs in the market?

Epidemiology Insights

What is the number of prevalent cases (2018-2034) of head and neck squamous cell carcinoma across the seven major markets?

What is the number of prevalent cases (2018-2034) of head and neck squamous cell carcinoma by age across the seven major markets?

What is the number of prevalent cases (2018-2034) of head and neck squamous cell carcinoma by gender across the seven major markets?

How many patients are diagnosed (2018-2034) with head and neck squamous cell carcinoma across the seven major markets?

What is the size of the head and neck squamous cell carcinoma patient pool (2018-2023) across the seven major markets?

What would be the forecasted patient pool (2024-2034) across the seven major markets?

What are the key factors driving the epidemiological trend of head and neck squamous cell carcinoma?

What will be the growth rate of patients across the seven major markets?

Head and Neck Squamous Cell Carcinoma: Current Treatment Scenario, Marketed Drugs and Emerging Therapies

What are the current marketed drugs and what are their market performance?

What are the key pipeline drugs and how are they expected to perform in the coming years?

How safe are the current marketed drugs and what are their efficacies?

How safe are the late-stage pipeline drugs and what are their efficacies?

What are the current treatment guidelines for head and neck squamous cell carcinoma drugs across the seven major markets?

Who are the key companies in the market and what are their market shares?

What are the key mergers and acquisitions, licensing activities, collaborations, etc. related to the head and neck squamous cell carcinoma market?

What are the key regulatory events related to the head and neck squamous cell carcinoma market?

What is the structure of clinical trial landscape by status related to the head and neck squamous cell carcinoma market?

What is the structure of clinical trial landscape by phase related to the head and neck squamous cell carcinoma market?

What is the structure of clinical trial landscape by route of administration related to the

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