

## T-Cell Redirecting Bispecific Antibodies 2016: A competitive landscape analysis of stakeholders, technologies, pipelines and deals

URL:	<a href="https://marketpublishers.com/r/T10DC529C94EN.html">https://marketpublishers.com/r/T10DC529C94EN.html</a>
Date:	May 11, 2016
Pages:	230
Price:	US\$ 2,197.00
ID:	T10DC529C94EN

### T-Cell Redirecting Bispecific Antibodies 2016:

A competitive landscape analysis of stakeholders, technologies, pipelines and deals

Immunotherapy of cancer with direct or indirect use of T-cells is one of the most exciting fields of cancer research. Direct T-cell therapy implies the ex vivo engineering of autologous or allogeneic T-cells for tumor targeting by chimeric antigen receptors (CAR) or T-cell receptors (TCR). Despite stunning clinical results with CD19-targeted CAR T-cells, many major pharmaceutical companies have not embarked on this field of adoptive cell therapy, probably because cell products are a world completely different from that of small molecules or recombinant proteins and antibodies.

Tremendous progress in bispecific antibody technologies during the last decade and the clinical success of a first generation bispecific T-cell engager (BiTE) antibody molecule directed against CD19 lead to an explosion of T-cell redirecting bispecific antibodies in clinical development. Within 18 months, the number of clinical stage T-cell or natural killer (NK) cells redirecting bispecific antibodies has increased from 4 to 21 and further 16 molecules could enter clinical development within the next 12 months.

This report T-Cell Redirecting Bispecific Antibodies 2016: A competitive landscape analysis of stakeholders, technologies, pipelines and deals &ldquo; as of May 2016 brings you up-to-date information about and analysis of 34 corporate players, 22 key technologies, 47 T-cell and NK-cell redirecting bispecific antibody profiles, business deals and private and public financing rounds.

The report analyzes the pipeline of T-cell and NK-cell redirecting bispecific antibody molecules regarding preferred targets, molecular constructs, dosing schedules, clinical experience, combination study plans, competition with other treatment modalities and the next wave of T-cell and NK-cell redirecting antibodies.

Preferences in bispecific antibody technologies are evaluated regarding drug candidate output, partnering, technological features and impact on clinical administration regimens.

The report highlights the commercial value of T-cell redirecting bispecific antibody immunotherapeutics in terms of drug prices, sales, company acquisition prices, economic terms of partnering deals, and private or public financing rounds.

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All information in the report is fully referenced with 159 scientific references, in many cases with hyperlinks leading to the source of information (abstracts, Posters, papers). Non-scientific references, such as press releases, annual reports or company presentations are disclosed within the text with an embedded hyperlink leading to the online source of information.

## What will you find in the report?

- Profiles of 34 companies active in the field;
- Comprehensive description of 23 established and emerging T-cell or NK-cell redirecting antibodies
- Profiles of two approved and 45 T-cell or NK-cell redirecting bispecific antibodies in all phases of development;
- Technology selection and preferences of major pharma;
- Key characteristics of technologies with clinical stage drug candidates
- Emerging alternative bi- and trispecific formats
- Target selection and competition in drug candidates
- Competition of recombinant bispecific molecules with alternative treatment modalities
- Dosing schedules of clinical stage drug candidates based on molecular features
- Economic terms of collaboration and licensing deals;

## Who will benefit from the report?

- Venture capital, private equity and investment managers;
- Financial analysts;
- CFO;
- Business development and licensing (BDL) specialists;
- Marketing managers;
- CEO, COO and managing directors;
- Corporate strategy, product and portfolio analysts and managers;
- Chief Technology Officer;
- Cell technology and manufacturing specialists;
- Clinical and preclinical development specialists.

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- 6.6 AFM24
- 6.7 AMG
- 6.8 AMG
- 6.9 AMV-564
- 6.10 BI 836909
- 6.11 Bispecific anti-CD3-folate
- 6.12 Blincyto
- 6.13 CD79b-TDB
- 6.14 COVA420
- 6.15 DR5xCD3 DART
- 6.16 EM801
- 6.17 EphA2xCD3 DART
- 6.18 ERY974
- 6.19 ES414
- 6.20 ES425
- 6.21 GBR1302
- 6.22 GBR1342
- 6.23 Her2-TDB
- 6.24 IL13R? DART
- 6.25 IMCgp100
- 6.26 JNJ-63709178
- 6.27 JNJ-64052781
- 6.28 M-706
- 6.29 M-802
- 6.30 MCLA-117
- 6.31 MGD006
- 6.32 MGD007
- 6.33 MGD009
- 6.34 MGD014
- 6.35 Pasotuxizumab
- 6.36 PF-06671008
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- 6.38 PSMA-CD3
- 6.39 REGN1979
- 6.40 Removab
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- 6.43 ROR1xCD3 DART
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