

## Vedolizumab, MLN0002, Ulcerative colitis, Crhon's disease, integrin inhibitor, Remicade, Humira, Simponi, Tysabri, Etrolizumab, Tofacitinib, GEMINI 1,2, STELARA, GSK-1605786, Vercirnon, Traficet-EN

https://marketpublishers.com/r/VF9D4E8ED13EN.html

Date: September 2013 Pages: 7 Price: US\$ 250.00 (Single User License) ID: VF9D4E8ED13EN

## **Abstracts**

Takeda received priority review status from US FDA for its late stage candidate Vedolizumab (filed for UC and Crhon's disease (CD), a4ß7 integrin inhibitor) to treat ulcerative colitis indication. Vedolizumab targets the disease by preventing leukocyte extravasations through inhibiting a4ß7 integrin in the gut which is different from currently used second line options, mainly anti-TNFs (Remicade, Humira, Simponi). The key limitations with these drugs are their low response rate (~40% do not respond) and lost of response over time (~30%-40%). We understand that dose escalation and switch to a second anti-TNF recapture the response in 40-80% of patients but after 12 months the response rate drops significantly. This creates a huge unmet need for a drug which ......On pipeline front........The report discuss in details unmet need, late stage pipeline drugs and competitive landscape of ulcerative colitis and crohn's disease treatment



## I would like to order

Product name: Vedolizumab, MLN0002, Ulcerative colitis, Crhon's disease, integrin inhibitor, Remicade, Humira, Simponi, Tysabri, Etrolizumab, Tofacitinib, GEMINI 1,2, STELARA, GSK-1605786, Vercirnon, Traficet-EN

Product link: https://marketpublishers.com/r/VF9D4E8ED13EN.html

Price: US\$ 250.00 (Single User License / Electronic Delivery) If you want to order Corporate License or Hard Copy, please, contact our Customer Service: info@marketpublishers.com

## Payment

To pay by Credit Card (Visa, MasterCard, American Express, PayPal), please, click button on product page <u>https://marketpublishers.com/r/VF9D4E8ED13EN.html</u>

To pay by Wire Transfer, please, fill in your contact details in the form below:

First name: Last name: Email: Company: Address: City: Zip code: Country: Tel: Fax: Your message:

\*\*All fields are required

Custumer signature \_\_\_\_

Please, note that by ordering from marketpublishers.com you are agreeing to our Terms & Conditions at <u>https://marketpublishers.com/docs/terms.html</u>

To place an order via fax simply print this form, fill in the information below



and fax the completed form to +44 20 7900 3970