

Global Monoclonal Antibodies Pipeline Insight 2015

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Abstracts

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Ever since the Nobel Prize was bestowed on the person who invented the technology which enabled the preparation of monoclonal antibodies in 1984, their use has considerably expanded far beyond the scientific realm. Paul Ehrlich framed a hypothesis that a “magic bullet” could be developed with an objective of targeting selective diseases. With the introduction and development of hybridoma technology by Kohler and Milstein, this hypothesis has become a reality. These monoclonal antibodies have come to be known as highly valuable therapeutic agents. This technology rendered mAbs to be highly potential of specific associations with their targeted antigens. Muromonab-CD3 (Orthoclone OKT3; Ortho Biotech) was the first of these antibodies which was approved in 1986, in the prevention of acute transplant rejection. This has been followed by an increasing number of other monoclonal antibodies, of which many were among the best-selling drugs across the globe.

Utility of mAbs in therapeutic treatment have been widely accepted among physicians and patients across the globe. This could be attributed to their high specificity due to which only diseased cells are eliminated while normal cells are spared. Their ability to bind target is high because they are made by using single antigen giving them high specificity. As a result, side effects are minimized as compared to other therapeutics available in global market. They are bit larger than other therapeutic molecules but they are highly customizable due to which they could be designed for particular disease. Clinical data has also shown that they have high safety and efficacy profiles due to which more patients are willing to include them in their regular therapeutic regime. They could be used to treat various ailments like cancer, auto-immune, anti-inflammatory and other disease indications. Out of these ailments, cancer mAb segment occupies major market shares and generates huge revenues across the globe. Pharmaceutical companies are trying to develop them for more ailments in other to generate diversify

and strengthen their portfolio.

Different mAbs have different action mechanism due to which they can be used against multiple malignancies. Depending upon malignancy in question, mAb could be customized due to which their dominance in global cancer market could be observed. For instance, rituximab is used for lymphoma treatment; it binds to the cancerous cells and makes it more susceptible to attack by immune system. On the other hand, Ibritumomab for Non-Hodgkin Lymphoma (NHL) treatment consists of radioactive payload to eliminate cancerous cells. Chemotherapeutics are one of the major contenders having largest market shares in cancer category but their severe side effects noticeable during treatment. To alleviate patients' medical condition pharmaceutical companies have also launched the mAb version of chemotherapeutics. For instance, ado-trastuzumab emtansine has been launched in market for Her 2 positive breast cancer treatment.

With existing product pipelines on the verge of being exhausted, it is most likely that the future years would witness an increased level of investments from the pharma companies so as to fill up their R&D pipelines. Additionally, a significant amount of research is being currently conducted to improve the level of potency of monoclonal antibodies. Cancer is becoming a major area where the use of monoclonal antibodies is increasing substantially in the recent years. In the future also, this field is expected to have the maximum application of mAbs.

“Global Monoclonal Antibodies Pipeline Insight 2015” Report Highlight:

Monoclonal Antibodies Classification

Mechanism of Monoclonal Antibodies

Global Monoclonal Antibodies Market Overview

Global Monoclonal Antibodies Clinical Pipeline by Company, Indication & Phase

Global Monoclonal Antibodies Clinical Pipeline: 1096 mAb

Marketed Monoclonal Antibodies: 66 mAb

Global Cancer Monoclonal Antibodies Clinical Pipeline: 602 mAb

Marketed Cancer Monoclonal Antibodies: 34 mAb

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