

Global Oncolytic Virus Therapy Pipeline Analysis

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Abstracts

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Though still in nascent stages, Oncolytic viruses have shown immense opportunities and potential to be tapped in the future to improve the treatment of cancer and the lives of the patients. Immunotherapy, the umbrella for Oncolytic viruses would not offer cures, but survival solutions with significant importance. Also, the side effects of this therapy would be tolerable by the patients, which could thus become the most important approach to treat cancer by 2020.

The form of Oncolytic virus, which has the maximum potential in the future and is the most promising, is the reovirus. This is a non-enveloped virus with a double-stranded, segmented RNA genome which forms particles of 60 to 90 nm size. The reovirus duplicates in those cancer cells which have a common mutation called “activated Ras pathway”. The normal cells are not impacted. Thus the virus is made intrinsically tumor selective without the need for any genetic manipulation.

“Global Oncolytic Virus Therapy Pipeline Analysis” by PNS Pharma gives comprehensive insight on the various Oncolytic virus drugs being developed for the treatment of multiple cancers. Research report covers all the ongoing Oncolytic Virus drugs being developed in various development phases. This report enables pharmaceutical companies, collaborators and other associated stake holders to identify and analyze the available investment opportunity in the Oncolytic Virus market based upon development process.

Following parameters for each Oncolytic Virus drug profile in development phase are covered in research report:

Drug Profile Overview

Alternate Names for Drug

Active Indication

Phase of Development

Mechanism of Action

Brand Name

Patent Information

Orphan Designation by Indication, Country & Organisation

Country for Clinical Trial

Owner / Originator/ Licensee/Collaborator

Administrative Route

Drug Class

ATC Codes

Oncolytic Virus Drug by Clinical Phase:

Research: 1

Preclinical: 16

Phase-I: 6

Phase-I/II: 5

Phase-II: 5

Phase-III: 2

Registered: 1

Discontinued: 16

Contents

1. ONCOLYTIC VIRUSES: POTENTIAL FUTURE CANCER THERAPY

2. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: RESEARCH

2.1 Overview

2.2 Drug Profiles in Clinical Phase

3. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: PRECLINICAL

3.1 Overview

3.2 Drug Profiles in Clinical Phase

4. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: PHASE-I

4.1 Overview

4.2 Drug Profiles in Clinical Phase

5. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: PHASE-I/II

5.1 Overview

5.2 Drug Profiles in Clinical Phase

6. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: PHASE-II

6.1 Overview

6.2 Drug Profiles in Clinical Phase

7. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: PHASE-III

7.1 Overview

7.2 Drug Profiles in Clinical Phase

8. ONCOLYTIC VIRUS THERAPY CLINICAL PHASE: REGISTERED

8.1 Overview

8.2 Drug Profiles in Clinical Phase

9. DISCONTINUED ONCOLYTIC VIRUS PROFILES

9.1 Overview

9.2 Drug Profiles

About

In recent times, chemotherapy is being used more in combination with other treatments having alternate methods to attack and kill cancer cells. However, it is very essential to be over-cautious when combining treatments. This is to ensure that the entire process of treatment does not become too toxic for patients to tolerate. The major objective that physicians have is to introduce those drugs to the patients which can be used along with a combination of chemotherapy to extend life and to improve the quality of life while undergoing treatment for the patients.

The Potential of Oncolytic Viruses

The form of oncolytic virus, which has the maximum potential in the future and is the most promising, is the reovirus. This is a non-enveloped virus with a double-stranded, segmented RNA genome which forms particles of 60 to 90 nm size. The reovirus duplicates in those cancer cells which have a common mutation called “activated Ras pathway”. The normal cells are not impacted. Thus the virus is made intrinsically tumor selective without the need for any genetic manipulation.

As a fact, it is challenging to provide a crystal-clear economic forecast for oncolytic viruses as a whole. However, a close indicator of their potential future sales earnings could be derived by analyzing four recently-launched anticancer therapies which are already in the market. these are erlotinib, branded as Tarceva, developed by OSI Pharmaceuticals and launched in 2004 by Roche/Genentech and OSI. This drug raised revenues of USD 20 million in 2004, USD 387 million in 2005, and USD 813 million in 2006. In 2009, the sales increased to USD 1.2 billion in 2009. The other therapy is the immunomodulatory and anti-angiogenic drug thalidomide (branded as Thalomid), developed by Celgene and launched in 2003. This therapy earned a sales revenue of USD 224 million in the first year of launch and reached USD 505 million by 2008. The third therapy is lenalidomide (branded as Revlimid and also developed by Celgene). The fourth is the oral alkylating agent temozolamide, branded as Temodar by Schering-Plough (now part of Merck) and approved as a glioblastoma (brain cancer) drug.

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