Cervical Cancer

Cervical cancer is reported to be the fourth most common form of cancer in women worldwide, despite the introduction of screening programs and vaccination programs against the virus known to cause cervical cancer (human papillomavirus or HPV), which have significantly reduced the incidence of cervical cancer. Two vaccines against HPV have been approved in the major markets: Merck & Co.’s Gardasil and GlaxoSmithKline’s Cervarix. For early-stage and locally advanced cervical cancer, surgery and chemoradiotherapy are the backbone of disease management; however, the FDA approval of bevacizumab (Genentech/Roche/Chugai’s Avastin) in August 2014 for persistent, recurrent, or metastatic cervical cancer offers the first targeted therapy for late-stage disease. Using primary research conducted with expert and European cervical cancer specialists, this report provides a comprehensive analysis of the competitive landscape and market opportunity for cervical cancer. It includes a comprehensive analysis of patient populations, current therapies and medical practices, unmet needs, and emerging therapies.

Questions Answered in This Report:

- Cervical cancer mainly arises in patients with persistent HPV infection. What is the size of the U.S. and EU5 (France, Germany, Italy, Spain, and the United Kingdom) cervical cancer patient population, and how will it change over the next ten years? What are the key cervical cancer patient populations?

- Treatment of cervical cancer may involve surgery, radiation treatment, and/or chemotherapy. What type of practitioner assumes care of cervical cancer patients, and does it differ depending on the stage of the disease and/or the geographical market? How are physicians currently managing treatment of cervical cancer patients?

- Bevacizumab is currently the only targeted therapy approved for treatment of cervical cancer. How is bevacizumab incorporated into the current treatment algorithm of cervical cancer, and does its use differ among the markets under study? Do we forecast that this use will change during our ten-year forecast period (2013-2023)? What therapies in clinical development, if any, pose a threat to bevacizumab’s current positioning?

- We have identified several unmet needs, challenges, and opportunities in the cervical cancer landscape. What are the key unmet needs in the treatment of cervical cancer according to interviewed thought leaders? Is it likely that these unmet needs will be addressed or partially addressed during our forecast period?
There are several different drug classes in later-stage clinical development for cervical cancer, such as immunotherapies and small-molecule inhibitors of angiogenesis or nuclear export. What do experts interviewed think about the prospects of these emerging therapies? Which agents, if any, do we forecast will launch for treatment of cervical cancer, and how, if at all, will they impact the cervical cancer landscape?

Scope:

Market covered: United States, France, Germany, Italy, Spain, and the United Kingdom.

Primary research: Eight country-specific interviews with thought-leaders (medical oncologists).

Epidemiology: Diagnosed incident cases of cervical cancer by stage of disease. Clinical- and market-relevant drug-treatable populations.

Emerging Therapies: Phase II: 13.

Report Details

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