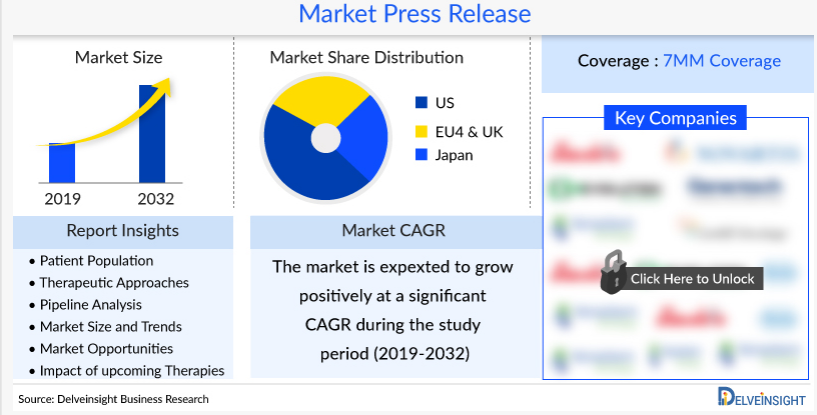
Familial Adenomatous Polyposis Market Size is expected to grow by 2032, estimates DelveInsight

Familial Adenomatous Polyposis Market



Familial Adenomatous Polyposis Market

LAS VEGAS, NEVADA, UNITED STATES, March 26, 2024 /EINPresswire.com/ -- DelveInsight's "Familial Adenomatous Polyposis Market Insights, Epidemiology, and Market Forecast-2032" report delivers an in-depth understanding of the Familial Adenomatous Polyposis, historical and forecasted epidemiology as well as the Familial Adenomatous Polyposis market trends in the United States, EU5 (Germany, Spain, Italy, France, and United Kingdom) and Japan.

Key Takeaways from the Familial Adenomatous Polyposis Market Research Report

• According to data by Carr et al. (2023) FAP occurs in 1 in 10000 individuals and is the second most common inherited colorectal cancer syndrome. Overall, the syndrome is rare and contributes to only 1% of diagnosed colorectal cancer. About 30% of individuals with FAP have no known family history and represent de novo APC mutations.

• As per the information provided by the National Organization for Rare Disorders (NORD),Familial adenomatous polyposis affects males and females in equal numbers. It occurs in approximately one in 5,000 to 10,000 individuals in the United States and accounts for about 0.5% of all cases of colorectal cancer.

• The leading Familial Adenomatous Polyposis Companies working in the market include Emtora Biosciences, SLA Pharma, Cancer Prevention Pharmaceuticals, Janssen Biotech, Cellix Bio, Zikani Therapeutics, TherapyX, FunPep, and others.

• Promising Familial Adenomatous Polyposis Pipeline Therapies in the various stages of development include Azithromycin Tablets, REC-4881, Eicosapentaenoic Acid, Eflornithine, and others.

• March 2024: University Hospital, Toulose announced a study of Phase 2 clinical trials for Rapamycin. The hypothesize of this research is that rapamycin is effective and well-tolerated in teenagers with familial adenomatous polyposis (FAP). Rapamycin could be effective in blocking

the formation of adenomas and/or their evolution by decreasing their size and number. Researchers aim to assess the safety profile of rapamycin in FAP adolescents using a 2 low dose regimen.

- March 2024: Recursion Pharmaceuticals announced a study of Phase 1 & 2 clinical trials for REC-4881. This is a Phase 1b/2, trial to evaluate efficacy, safety, pharmacokinetics and pharmacodynamics of REC-4881 in participants with Familial Adenomatous Polyposis (FAP). This two-part study will treat participants with phenotypic classical FAP with disease involvement of the duodenum or the residual colon/rectum/pouch as the primary disease site.

Discover which therapies are expected to grab the Familial Adenomatous Polyposis market share @ Familial Adenomatous Polyposis Market Outlook

Familial Adenomatous Polyposis Overview

Familial Adenomatous Polyposis (FAP) is a genetic condition. It is diagnosed when a person develops more than 100 adenomatous colon polyps. An adenomatous polyp is an area where normal cells that line the inside of a person's colon form a mass on the inside of the intestinal tract. Most patients are asymptomatic for years until the adenomas are large and numerous, and cause rectal bleeding or even anemia, or cancer develops. Generally, cancers start to develop a decade after the appearance of the polyps. Nonspecific symptoms may include constipation or diarrhea, abdominal pain, palpable abdominal masses, and weight loss.

Familial Adenomatous Polyposis Epidemiology Segmentation in the 7MM

- Prevalent Cases
- Prevalent cases based on mutation
- Type-specific Prevalence

Download the report to understand which factors are driving Familial Adenomatous Polyposis epidemiology trends @ Familial Adenomatous Polyposis Epidemiological Insights

Familial Adenomatous Polyposis Market Insights

FAP is associated with a 100% risk for developing colorectal or extracolonic cancers, treatment options need to be considered when polyps are first observed. Options for treatment include surgical procedures, chemotherapy, and newer immunotherapies. Chemo preventive strategies have also been studied in FAP patients to delay the development of adenomas in the upper and lower gastrointestinal tract, as well as to prevent recurrence of adenomas in the retained rectum of patients after surgery. Gene therapy is being explored as a therapeutic option. The premise is that by introducing a complete and functional APC gene into an APC-derived colorectal cancer cell line, cellular repair of the error may occur and be biologically sustained.

Familial Adenomatous Polyposis Treatment Landscape

the treatment paradigm for FAP includes surgical intervention such as Colectomy with ileorectal anastomosis (IRA), Restorative proctocolectomy with formation of ileoanal pouch (RPC) and Total proctocolectomy with ileoanal anastomosis (TPC). Postoperative treatment strategies for familial

adenomatous polyposis (FAP) depend on cancer staging and nodal involvement. Chemotherapy regimens like FOLFOX (leucovorin, 5-fluorouracil, and oxaliplatin) are utilized for adenocarcinoma from FAP. While irinotecan and oxaliplatin have been used, their additional benefits are unclear. Immunotherapy with panitumumab and erlotinib may have a role, but efficacy is undetermined. Anti-inflammatory agents like COX-2 inhibitors, ascorbate, and sulindac reduce polyp burden in clinical trials. Resistant starch shows no reduction, and aspirin's impact varies. Gene therapy explores introducing a functional APC gene to induce cellular repair in APC-derived colorectal cancer cells.

Familial Adenomatous Polyposis Drugs Uptake
SLA Pharma is conducting a clinical trial, which is in Phase III developmental stage to assess the capability of Eicosapentaenoic acid free fatty acid (EPA-FFA) for the treatment of Familial Adenomatous Polyposis (FAP). Eicosapentaenoic acid lowers serum lipid concentration, reduces incidence of cardiovascular disorders, prevents platelet aggregation, and inhibits arachidonic acid conversion into the thromboxane-2 and prostaglandin-2 families. Upon administration, EPA gets incorporated in cell membrane phospholipids and replaces arachidonic acid, which inhibits its conversion into thromboxanes and prostaglandin E2 (PGE2). This results in suppression of colonic neoplasia and reduces polyp formation and growth through as of yet not fully elucidated mechanisms. In 2011, the US FDA granted eicosapentaenoic acid with Orphan drug designation.

Panbela Therapeutics is currently developing Eflornithine (CPP-1X), which is in Phase III clinical stage of development in combination with Sulindac for the treatment of Familial Adenomatous Polyposis (FAP). On Oral administration of Eflornithine, it decreases the polyamine synthesis by irreversibly blocking ornithine decarboxylase (ODC1) and sulindac increases polyamine elimination by increasing polyamine catabolism and export up-regulating transport genes (PPARγ and SAT), thereby reducing polyamines. The drug has received Orphan Drug Designation in The United States as well as Europe for the treatment of Familial Adenomatous Polyposis (FAP). The drug has also been granted with Fast Track Designation status by the US FDA for FAP.

Emtora Biosciences is currently developing eRapa, which is in Phase II clinical stage of development. It is a proprietary, patented, microencapsulated formulation of rapamycin that protects the active ingredient from rapid, low pH degradation in the stomach. The eRapa (encapsulated rapamycin) drug product consists of sub-micron rapamycin particles incorporated into poly (methyl methacrylate) polymer. eRapa has composition of matter and manufacturing patent protection through 2035. It modulates the mTOR pathway, which controls cell growth, proliferation, nutrient transport, autophagy, and survival by enhancing immature and naive populations of lymphocytes. The drug has received Orphan Drug Designation by the FDA for the treatment of Familial Adenomatous Polyposis (FAP).

Scope of the Familial Adenomatous Polyposis Market Report
- Coverage- 7MM
- Study Period- 2019-2032

• Familial Adenomatous Polyposis Companies- Emtora Biosciences, SLA Pharma, Cancer Prevention Pharmaceuticals, Janssen Biotech, Cellix Bio, Zikani Therapeutics, TherapyX, FunPep, and others.
• Familial Adenomatous Polyposis Pipeline Therapies- Azithromycin Tablets, REC-4881, Eicosapentaenoic Acid, Eflornithine, and others.
• Familial Adenomatous Polyposis Market Dynamics: Familial Adenomatous Polyposis Market Drivers and Barriers

Discover more about Familial Adenomatous Polyposis Drugs in development @ Familial Adenomatous Polyposis Ongoing Clinical Trials Analysis

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ahead of the growth curve.

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