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The treatment market for head and neck squamous cell carcinoma (head and neck cancer) will expand almost four-fold from $386 million in 2014 to $1.53 billion by 2024, representing a strong Compound Annual Growth Rate (CAGR) of 14.8%, according to research and consulting firm GlobalData.

The company's latest report states that the major drivers of this impressive growth, which will occur across the seven major markets (7MM) of the US, France, Germany, Italy, Spain, the UK and Japan, include an increase in disease prevalence, and the launch of multiple premium-priced therapies for recurrent and metastatic disease.

These will be led by immuno-oncology products including Bristol-Myers Squibb's Opdivo and Merck's Keytruda, which are anticipated to enter the head and neck cancer market in late 2016 and 2017 respectively.

Dr Amy Yip, GlobalData's Analyst covering Oncology, states that the release of new immuno-oncology agents, particularly immune checkpoint inhibitors, has created much interest of late.

Dr Yip explains: "Monoclonal antibodies targeting programmed cell death 1 (PD-1) receptor or programmed death-ligand 1 (PD-L1), including Opdivo, Keytruda, and durvalumab, have generated much excitement in the medical community, with their promising early data and good patient responses.

"GlobalData expects a high patient uptake for these drugs when they are approved, with Keytruda appearing as the market leader in the head and neck cancer space. This is due to its early launch in first-line therapy for recurrent or metastatic head and neck squamous cell carcinoma, allowing it to garner a larger target patient pool compared with Opdivo, which is anticipated to launch only in the second-line setting."

As a result, GlobalData forecasts that Keytruda will achieve peak sales in head and neck cancer treatment of almost $500 million by 2024 in the 7MM.

Despite the enthusiasm surrounding upcoming immuno-therapies, which could command an annual cost of therapy in the US of $150,000 in other cancer indications such as melanoma, there are no biomarkers available able to identify how well a given patient will respond to these treatments.

Dr Yip concludes: "With such a high price tag, a reliable predictive biomarker to aid patient selection and to avoid giving therapeutics to those who are unlikely to respond is highly desirable. Indeed, it would encourage greater uptake in biomarker-positive patients and avoid unnecessary financial burdens for biomarker-negative patients."