Breast Cancer Drug Market to Surpass US$ 52.3 Billion by 2030, Shows New mDataPartners Analysis

mDataPartners's Breast Cancer Drugs Market Global Outlook (2018-2030). Data has been updated to reflect the first nine months of 2025.

Leading Innovators Shaping the Future of Breast Cancer Treatment

THANE, MAHARASHTRA, INDIA, December 4, 2025 /EINPresswire.com/ -- Driven by its high global prevalence, breast cancer - the world's most studied disease – commands a major share of oncology research, which itself is a cornerstone of the clinical development industry. The global Breast Cancer Drugs market size was valued at US$ 19.73 billion in 2018 and US$ 34.8 billion in 2024. Global revenues are projected to be US$ 37.43 billion in 2025 and US$ 52.35 billion in 2030 growing at a CAGR of 7.05% from 2024 to 2030.

Key Market Trends & Insights from the Breast Cancer Drugs Market Report

> Advances in antibody–drug conjugates , next-gen hormonal therapies like Oral SERDs & PROTACs, bispecific antibodies and PI3K pathway inhibitors are reshaping breast cancer treatment pathways."
>
> *Jyoti Surwade*

• Based on therapy, the targeted therapy segment captured the largest share of 86% in 2024. Targeted therapy drugs used to treat breast cancer include Monoclonal antibodies, Antibody-drug conjugates, Kinase inhibitors, CDK4/6 inhibitors, mTOR inhibitor, PI3K inhibitors, AKT inhibitor and PARP inhibitors.

• Antibody-drug conjugates: ADCs are revolutionizing the treatment of breast cancer. They are poised to become a standard of care across various stages of breast cancer. This class holds the strongest near-term potential with revenues projected to exceed USD 10 billion by 2030. HER2-targeted ADCs currently in Phase III

trials (including candidates such as trastuzumab pamirtecan, ARX788, sacituzumab tirumotecan (sac-TMT), Trastuzumab botidotin, Patritumab deruxtecan, and JSKN003, to name a few) are being developed to demonstrate superiority or non-inferiority against the current standard.

• HER2-targeted therapy led the market with the largest revenue share of 39.6% in 2024 followed by CDK4/6 inhibitors (36.5% share in 2024). Lilly's Verzenio® (abemaciclib), CDK4/6 inhibitor has firmly established a leading position, holding 15% market share ($5.31 billion) in 2024 driven by strong clinical efficacy, expanding indications, and rapid adoption in both high-risk early and metastatic settings in HR+/HER2– breast cancer. HR+/HER2– breast cancer accounted to have the largest market size in 2024.

• AstraZeneca and Daiichi Sankyo's Enhertu- T-DXd is positioned to become the biggest breast cancer drug ever in 2030 (approximately $11.5 billion from all indications); its rapid uptake in approved patient populations (Eligible Patient Opportunity for ENHERTU® will Grow to > 80k in 2026 (HER2+ mBC; HER2+ eBC; HER2 low BC).

• Roche's Itovebi is set to become a cornerstone therapy in PIK3CA-mutated, HR-positive, HER2-negative breast cancer, propelled by the INAVO-120 trial's landmark 33% overall survival benefit — a first in the PI3K inhibitor class. With a safer profile and first line approval, Itovebi has clear clinical differentiation over Piqray, which remains confined to second-line use and lacks OS benefit.

• Triple-Negative Breast Cancer smallest but fastest growing segment accounted for approximately 8% of total breast cancer spending in 2024. Forecast to expand dramatically to $5 billion by 2030, maintaining a CAGR of ~12.5% from 2024 to 2030. Growth driven by immunotherapies like bispecific antibodies, PARP inhibitors, and ADC innovation (e.g. Datroway, Trodelvy). Datroway is projected to be the second-largest ADC launch of 2025, with global sales forecast at ~$6 billion by 2030.

• Next-generation hormonal therapies like Oral SERDs, PROTACs are poised to drive the next wave of breast cancer innovation by 2030, with market potential expected to exceed USD 6 billion beyond 2030. Key candidates include recently FDA-approved Lilly's Inluriyo (imlunestrant) as well as several Phase III candidates: Vepdegestrant (ARV-471) by Arvinas and Pfizer Inc., Camizestrant by AstraZeneca, Giredestrant by Genentech (Roche) & Gedatolisib by Celcuity Inc.

• Genetech (Roche) led the market in 2024 with a 28% market share, driven by its strong breast cancer portfolio —Perjeta, Kadcyla, Phesgo, and Herceptin—which collectively accounted for roughly 70% of HER2-therapy revenues in 2024.

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Scope of the report includes below the therapies:

Targeted Therapy
- HER2-positive breast cancer:
  - Monoclonal antibodies
  - Antibody-drug conjugates
  - Kinase inhibitors

- Hormone receptor-positive (HR+) breast cancer:
  - CDK4/6 inhibitors
  - mTOR inhibitors
  - PI3K inhibitors
  - AKT inhibitors

- BRCA-mutated breast cancer:
  - PARP inhibitors

- Triple-negative breast cancer (TNBC):
  - Antibody-drug conjugates

Immunotherapy (Immune Checkpoint Inhibitors)
- PD-1 inhibitors

Endocrine (Hormone) Therapy
- Selective Estrogen Receptor Modulators (SERMs)
- Selective Estrogen Receptor Degraders (SERDs)
- Aromatase Inhibitors (AIs)

Chemotherapy

Pipeline Insights:

Some of the drugs in the pipeline include

- Trastuzumab pamirtecan (BNT323/DB-1303) by BioNTech SE and Duality Biologics (Suzhou) Co., Ltd.
- Sacituzumab Tirumotecan (sac-TMT) by Kelun-Biotech/Merck
- Giredestrant by ROCHE
- RLY-2608 by Relay Therapeutics
- Camizestrant by AstraZeneca
- Saruparib (AZD5305) by AstraZeneca
- palazestrant (OP-1250) by Olema Oncology
- Gedatolisib by Celcuity Inc.
- vepdegestrant (ARV-471) by Pfizer and Arvinas
- JNJ-0683 (ARX788) by Johnson & Johnson

Dive Into Emerging Breast Cancer Pipelines @ https://mdatapartners.com/request-sample/pharmaceuticals/global-breast-cancer-drugs-market

Recent Developments in Breast Cancer Market

June 2025: Bristol Myers Squibb and BioNTech entered into a global strategic partnership to co-Develop and co-commercialize next-generation bispecific antibody candidate BNT327 broadly for multiple solid tumor types including triple negative breast cancer (TNBC). Under the agreement, BMS will pay BioNTech $1.5 billion in an upfront payment and $2 billion total in non-contingent anniversary payments through 2028. These tax-deductible charges will be recorded as Acquired IPR&D Expense when incurred, with the $1.5 billion being incurred in Q2. In addition, BioNTech will be eligible to receive up to $7.6 billion in additional development, regulatory and commercial milestones. BioNTech and BMS will share joint development and manufacturing costs on a 50:50 basis, subject to certain exceptions. Global profits/losses will be equally shared between BioNTech and BMS.

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