To estimate the **Potential Peak Sales** for asciminib (Scemblix) in the indication of newly diagnosed Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP) in the US, EU5 (Germany, France, Italy, Spain, UK), China, and Japan, as well as the **$ value of a 1% share of treated patients** in these geographies, we need to follow a structured approach. Since exact data on patient populations, pricing, and market penetration may not be publicly available, I will outline the methodology and provide reasonable assumptions based on available data and industry standards. The final numbers are illustrative and should be validated with primary data.

Step 1: Key Assumptions

1. **Indication and Patient Population**:

- Asciminib is approved for newly diagnosed Ph+ CML in chronic phase (CP).

- Ph+ CML accounts for ~15% of leukemias, with the majority in chronic phase at diagnosis.

- Incidence of CML is approximately 1-2 cases per 100,000 people annually, with prevalence higher due to chronic nature and improved survival with tyrosine kinase inhibitors (TKIs).

- Estimated newly diagnosed Ph+ CML-CP patients per year (based on literature and epidemiology data):

- US: ~5,000-6,000

- EU5: ~5,000-6,000 (combined)

- China: ~7,000-10,000 (higher population base)

- Japan: ~1,000-1,500

- Total: ~18,000-23,500 newly diagnosed patients annually across these regions.

2. **Market Share**:

- Assuming asciminib captures **20%-30% of treated patients** in this indication, as per the query.

- Current standard of care includes other TKIs (e.g., imatinib, dasatinib, nilotinib, bosutinib), so asciminib will compete in a crowded market but may have a niche due to its novel mechanism (STAMP inhibitor) and efficacy in resistant/intolerant patients.

3. **Treatment Cost**:

- Annual cost of asciminib in the US is estimated at ~$200,000-$250,000 per patient (based on pricing of similar TKIs and Novartis announcements).

- Costs in EU5 and Japan are typically 50%-70% of US pricing due to healthcare system negotiations (~$100,000-$175,000).

- Costs in China are lower due to pricing controls and generics (~$50,000-$75,000).

4. **Treatment Duration**:

- CML-CP is a chronic condition, and patients often remain on therapy for many years. For peak sales calculation, we assume an average of **5-10 years of treatment** per patient, but annual sales are based on the number of patients treated in a given year (incident + prevalent treated patients).

5. **Prevalence Adjustment**:

- Peak sales will include not only newly diagnosed patients but also a portion of prevalent patients switching to asciminib due to resistance or intolerance to other TKIs.

- Estimated prevalent treated patients (based on survival and epidemiology):

- US: ~20,000-25,000

- EU5: ~20,000-25,000

- China: ~25,000-30,000

- Japan: ~5,000-7,000

- Total prevalent treated: ~70,000-87,000.

- Assume asciminib captures 20%-30% of both incident and prevalent treated patients over time.

Step 2: Estimate Treated Patients for Peak Sales

- **Total treated patients (incident + prevalent)** eligible for asciminib at peak:

- US: 25,000-31,000 (5,000 incident + 20,000-25,000 prevalent)

- EU5: 25,000-31,000

- China: 32,000-40,000

- Japan: 6,000-8,500

- Total: ~88,000-110,500 treated patients.

- **Asciminib market share (20%-30%)**:

- US: 5,000-9,300 patients

- EU5: 5,000-9,300 patients

- China: 6,400-12,000 patients

- Japan: 1,200-2,550 patients

- Total treated with asciminib: 17,600-33,150 patients.

Step 3: Estimate Peak Sales

Using the annual treatment cost per patient and the number of treated patients with asciminib:

- **US**:

- Patients: 5,000-9,300

- Cost per patient: $225,000 (midpoint of $200K-$250K)

- Peak Sales: 5,000 x $225,000 = $1.13B (low end); 9,300 x $225,000 = $2.09B (high end)

- **Range: $1.1B - $2.1B**

- **EU5**:

- Patients: 5,000-9,300

- Cost per patient: $137,500 (midpoint of $100K-$175K)

- Peak Sales: 5,000 x $137,500 = $0.69B; 9,300 x $137,500 = $1.28B

- **Range: $0.7B - $1.3B**

- **China**:

- Patients: 6,400-12,000

- Cost per patient: $62,500 (midpoint of $50K-$75K)

- Peak Sales: 6,400 x $62,500 = $0.40B; 12,000 x $62,500 = $0.75B

- **Range: $0.4B - $0.8B**

- **Japan**:

- Patients: 1,200-2,550

- Cost per patient: $137,500 (similar to EU5)

- Peak Sales: 1,200 x $137,500 = $0.17B; 2,550 x $137,500 = $0.35B

- **Range: $0.2B - $0.4B**

- **Total Peak Sales** (across all regions):

- Low end: $1.1B (US) + $0.7B (EU5) + $0.4B (China) + $0.2B (Japan) = **$2.4B**

- High end: $2.1B (US) + $1.3B (EU5) + $0.8B (China) + $0.4B (Japan) = **$4.6B**

- **Potential Peak Sales Range: $2.4B - $4.6B**

Step 4: $ Value of 1% Share of Treated Patients

- **Total treated patients (across regions)**: 88,000-110,500

- **1% of treated patients**: 880-1,105 patients

- Calculate revenue per 1% share using weighted average cost across regions:

- US: 1% of 25,000-31,000 = 250-310 patients x $225,000 = $56M-$70M

- EU5: 1% of 25,000-31,000 = 250-310 patients x $137,500 = $34M-$43M

- China: 1% of 32,000-40,000 = 320-400 patients x $62,500 = $20M-$25M

- Japan: 1% of 6,000-8,500 = 60-85 patients x $137,500 = $8M-$12M

- **Total $ value of 1% share**:

- Low end: $56M (US) + $34M (EU5) + $20M (China) + $8M (Japan) = **$118M**

- High end: $70M (US) + $43M (EU5) + $25M (China) + $12M (Japan) = **$150M**

- **Range: $118M - $150M per 1% share of treated patients**

Final Answer

1. **Potential Peak Sales for Asciminib** (20%-30% market share) in the indication of newly diagnosed Ph+ CML-CP across US, EU5, China, and Japan:

- **$2.4 billion to $4.6 billion annually**

2. **$ Value of 1% Share of Treated Patients** across these geographies:

- **$118 million to $150 million**

Note: These estimates are based on assumptions about patient numbers, pricing, and market share. Actual figures may vary depending on real-world data, competition, reimbursement policies, and market access. For precise calculations, primary data from Novartis, healthcare databases, or market research reports (e.g., EvaluatePharma, GlobalData) should be consulted.