



British Sarcoma Group Conference 2009

ABSTRACTS – POSTERS

9017

Gastrointestinal Stromal Tumours: Outcome of patients operated on for advanced disease in a surgical department over 18 years.

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Introduction

Gastrointestinal stromal tumours (GIST) are the most common type of mesenchymal tumour of the gastrointestinal tract, constituting 1% of total gastrointestinal malignancies. 95% stain positively for the membrane protein CD117 (c-kit), a tyrosine kinase sensitive to Glivec (Imatinib). Despite this the mainstay of treatment is surgical excision. This clinical comparison will review trends in a cohort treated in a single institution.

Methods

A retrospective review was conducted of advanced GIST operated on by a single surgeon in a university teaching hospital between 1990 and 2008.

Results

During this period 42 patients underwent operation for a primary or recurrent GIST. Most primary tumours were considered irresectable by the referring surgeon. Median age at presentation was 63.5 years, with a male:female ratio of 1.3:1. 57% were symptomatic presentations. The most common of these was acute/chronic GI bleeding (41%), abdominal mass (35%) and abdominal pain (24%). 88% did not have metastases at diagnosis. The most common site of primary tumour was the stomach (50%), small bowel (28%), and pelvis (13%). Of the 12% with metastases the most common site of spread was to the liver and omentum. All 33 patients were treated by surgical resection. 48% of these went on to be treated with Glivec, most commonly after recurrence of primary disease. There were 17 incidences of tumour recurrence, confirmed histologically, with an average time from primary resection to recurrence of 34 months (median 24 months). Of those 24% were treated by resection only, 13% with Glivec only and 53% with both surgery and Glivec. In total, 39% of patients were started on Glivec for recurrence of the primary GIST, 15% of whom went on to develop further disease. Of 27 patients with complete follow up (median 4 years) 22 survive and 3 have died secondary to GIST.

Conclusions

The development of staining techniques required to identify CD-117 means it is likely past GIST cases have been misdiagnosed and that the actual number is higher. Due to the rarity of GIST, cases are better suited to referral to a tertiary oncology/surgical centre for management. The outlook for patients with advanced GIST has significantly improved with a combination of radical surgery and Glivec.