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ABSTRACTS – ORAL PAPERS

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Glivec in GIST patients. The Beatson WoSCC experience

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Introduction

Gastrointestinal stromal tumours (GIST) are rare, express a mutated form of the c-Kit receptor, stain positive for the cell-surface marker CD117 making this a useful diagnostic test. There are approximately 75 new cases per year in Scotland. Surgical resection is the treatment of choice in GIST patients but for those with metastatic or unresectable disease imatinib mesylate (Glivec) is the treatment of choice. The Beatson West of Scotland Cancer Centre aims to treat all patients with GIST according to national guidelines.

Objective

In this study we report the Beatson WoSCC experience with Glivec therapy in metastatic and unresectable GIST patients.

Methods

39 patients with proven GIST and who received Glivec were selected from throughout the West of Scotland. Data were collated retrospectively and analysed using SPSS.

Results

20 male patients and 19 female patient with a median age of 60 (range from 32 to 87) were treated with Glivec. 22/39 (56%) GIST patients underwent surgery. 18/22 (81%) had curative surgery and 4 had palliative surgery. CD34 was positive in 19, negative in 13 and not recorded in 7 cases. All cases were CD 117 positive. 5 cases had mutational analysis (3 exon 13, 1 exon 17, 1 monosomy 14 and 22) performed. All patients were staged with CT and 4 with additional PET scans. 36 patients had a performance status (PS) of 0/1, 2 patients had PS2 and 1 patient had PS3. Glivec was given to 26 metastatic patients, 6 locally advanced, 4 neo-adjuvant and 3 adjuvant patients. 10 patients had dose reductions: 1 skin toxicity, 1 myelosuppression, 3 stopped prior to surgery, 2 patients had skin toxicity and diarrhoea, 1 had diarrhoea and fluid retention, 1 had fluid retention and skin toxicity, 1 had diarrhoea and periorbital oedema. Dose reduction was maintained in 5 patients, 1 patient re-escalated to 300mg and 3 patients to 400mg, and 1 patient discontinued after surgery. No significant toxicity was documented in 31 patients. The median time to progression (TTP) in patients with locally advanced or metastatic disease from starting Glivec was 39 months (95% confidence interval (CI): 19 to 60 months). The median overall survival (OS) in this group was 31 months (95% CI: 11 to 52 months) from starting Glivec. We report on 8 patients who had surgery after Glivec therapy.

Conclusion

All our patients are managed according to national guidelines. Median time to progression after Glivec was 39 months and the median overall survival was 31 months showing a better response and overall survival than reported previously. Side effects are mild and acceptable.