



**GASTROINTESTINAL STROMAL TUMOURS
RECEIVING IMATINIB THERAPY 2001-2005**

**OUTCOME AND ASSESSMENT IN
ACCORDANCE WITH THE SCOTTISH
GIST GUIDELINES**

**KATHRYN GRAHAM
CLINICAL RESEARCH FELLOW
BEATSON ONCOLOGY CENTRE
GLASGOW**

SCOTTISH GIST GROUP GUIDELINES

- Multidisciplinary working group
 - Pathology
 - Oncology
 - Surgery
 - Radiology
 - Pharmacy
- Aim to establish guidelines for best practice
 - Pathological diagnosis
 - Surgical and medical management

GUIDELINES FOR MEDICAL MANAGEMENT

- Baseline assessment
 - Pathology review
 - Radiological staging
 - Performance status
 - Concomitant medication
 - FBC / LFTs
- Imatinib monitoring
 - Haematology
 - Biochemistry
 - Toxicity
 - Weight
- Reassessment
 - Imaging modality
 - Within 3 months
- Progression
 - MDT review
 - Consider dose increase

RETROSPECTIVE AUDIT 2001 - 2005

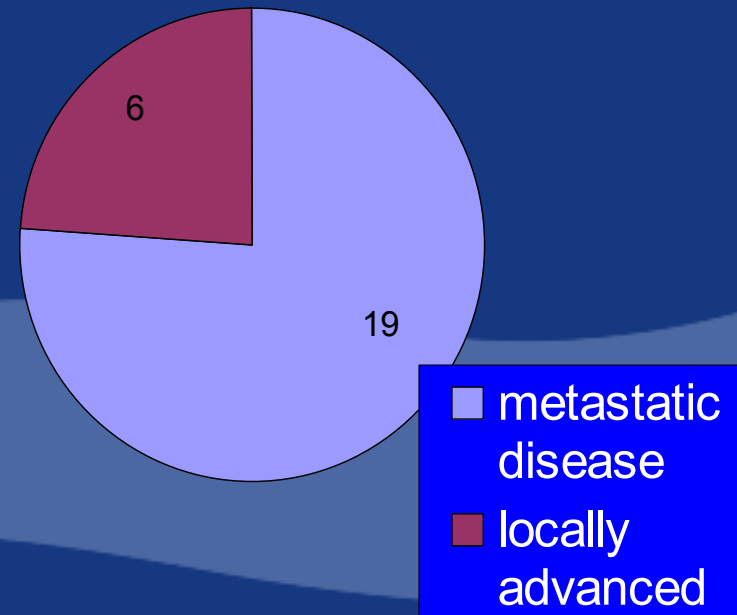
- Aims
 - Assess compliance with Scottish GIST Guidelines
 - Highlight any deficiencies in terms of assessment and monitoring
 - Evaluate clinical outcome: PFS and OS
- Methods
 - Pharmacy identification of all patients commenced on imatinib July 2001 to July 2005
 - Retrospective review of medical records

PATIENT DEMOGRAPHICS

- Age distribution

| | |
|-------------------|--------------------|
| MEDIAN AGE | 63 YRS |
| RANGE | 39 – 85 YRS |

- Disease extent



- Surgical input

| | |
|-------------------|-----------------|
| RADICAL | 13 (52%) |
| PALLIATIVE | 2 (8%) |
| BIOPSY | 3 (12%) |
| N/A | 7 (28%) |

BASELINE ASSESSMENT

- Pathology
 - 100% CD117 +
 - expert review
- Radiology
 - staging CT abdomen/pelvis at least
 - assessable disease in all cases
 - additional PET scan in 3 / 25

BASELINE ASSESSMENT

- Documentation of recommended baseline factors

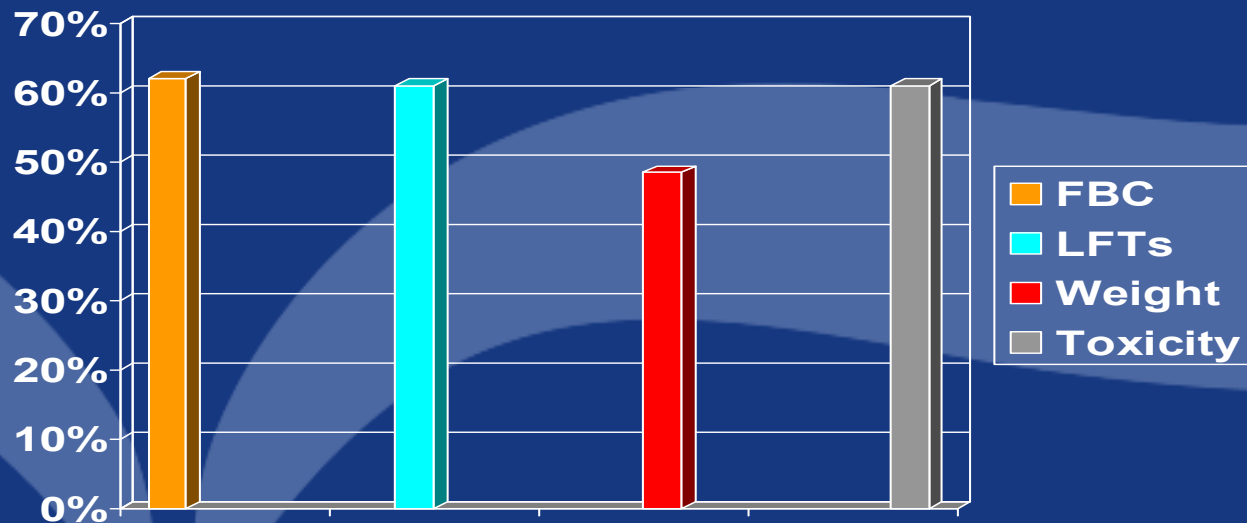
| | |
|------------|----------|
| FBC | 23 (92%) |
| LFTs | 23 (92%) |
| MEDICATION | 21 (84%) |
| WHO STATUS | 13 (52%) |

- WHO performance status

| | |
|--------------|----------|
| WHO 0 | 3 (12%) |
| WHO 1 | 6 (24%) |
| WHO 2 | 4 (16%) |
| Not recorded | 12 (48%) |

MONITORING OF IMATINIB

- Compliance with initial monitoring weeks 1-6
 - Blood results
 - Recording of weight
 - Documentation of toxicity (3 cases G3/G4 toxicity)



REASSESSMENT

- 22 patients surviving 3 months or longer eligible for reassessment as per protocol

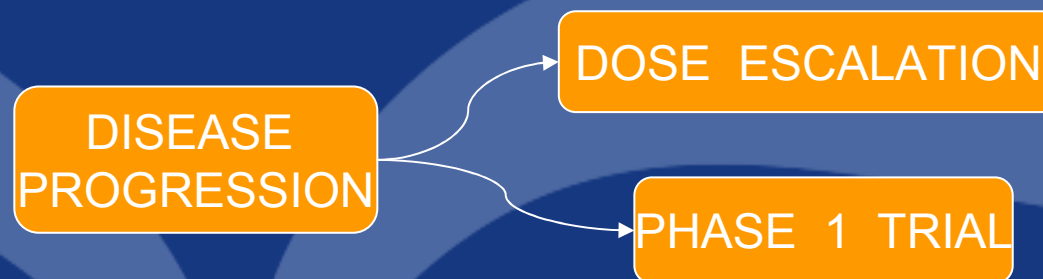
19 / 22 imaged within recommended 3 months

- predominantly by CT scanning
- minimal utilisation of PET scanning
- stable disease / PR in 19 patients

PROGRESSION

- 13 cases of progressive disease
 - 5 suspected clinically
 - 8 diagnosed on imaging (CT/MRI/UGIE)

2 cases confirmed at MDT

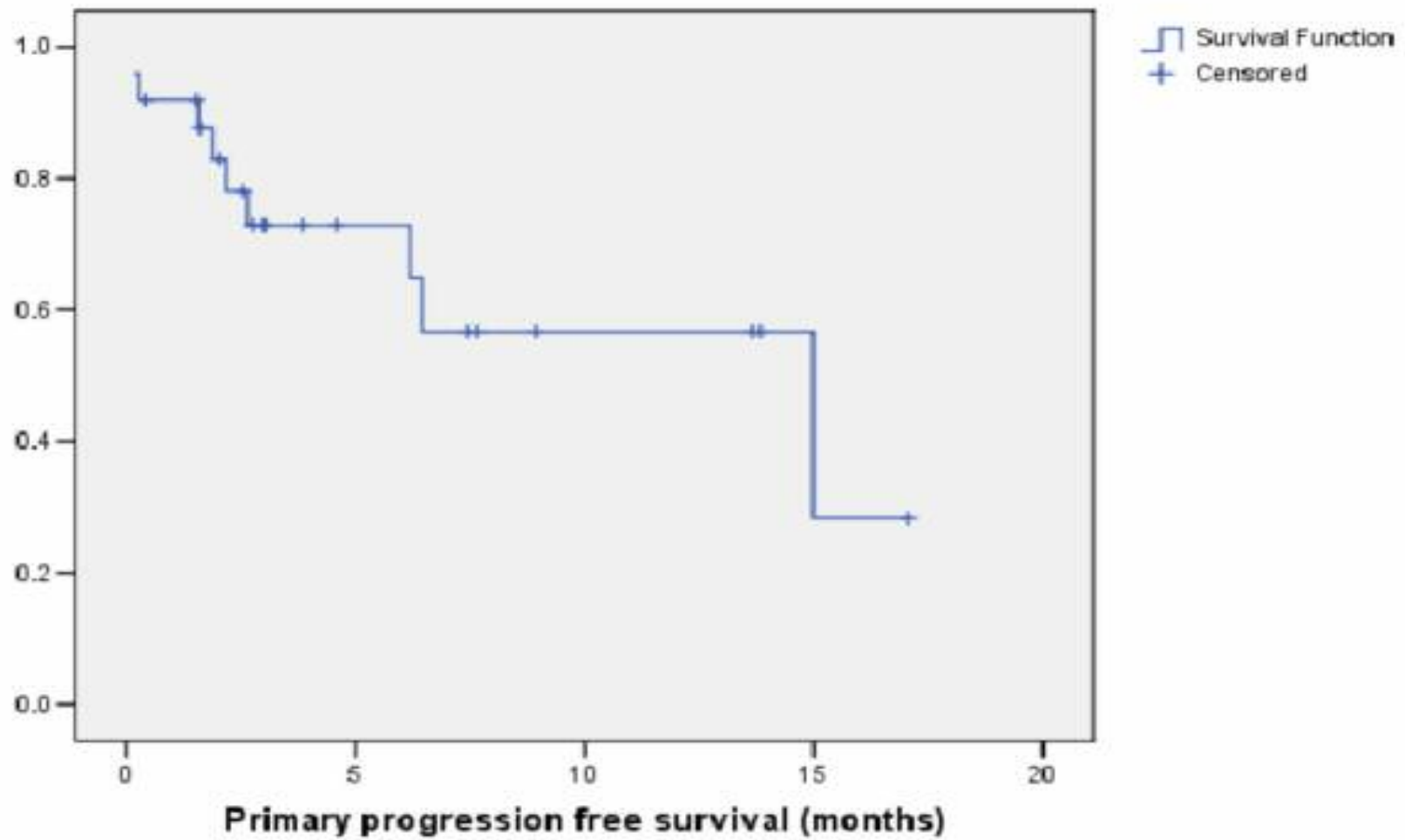


OUTCOME AND SURVIVAL

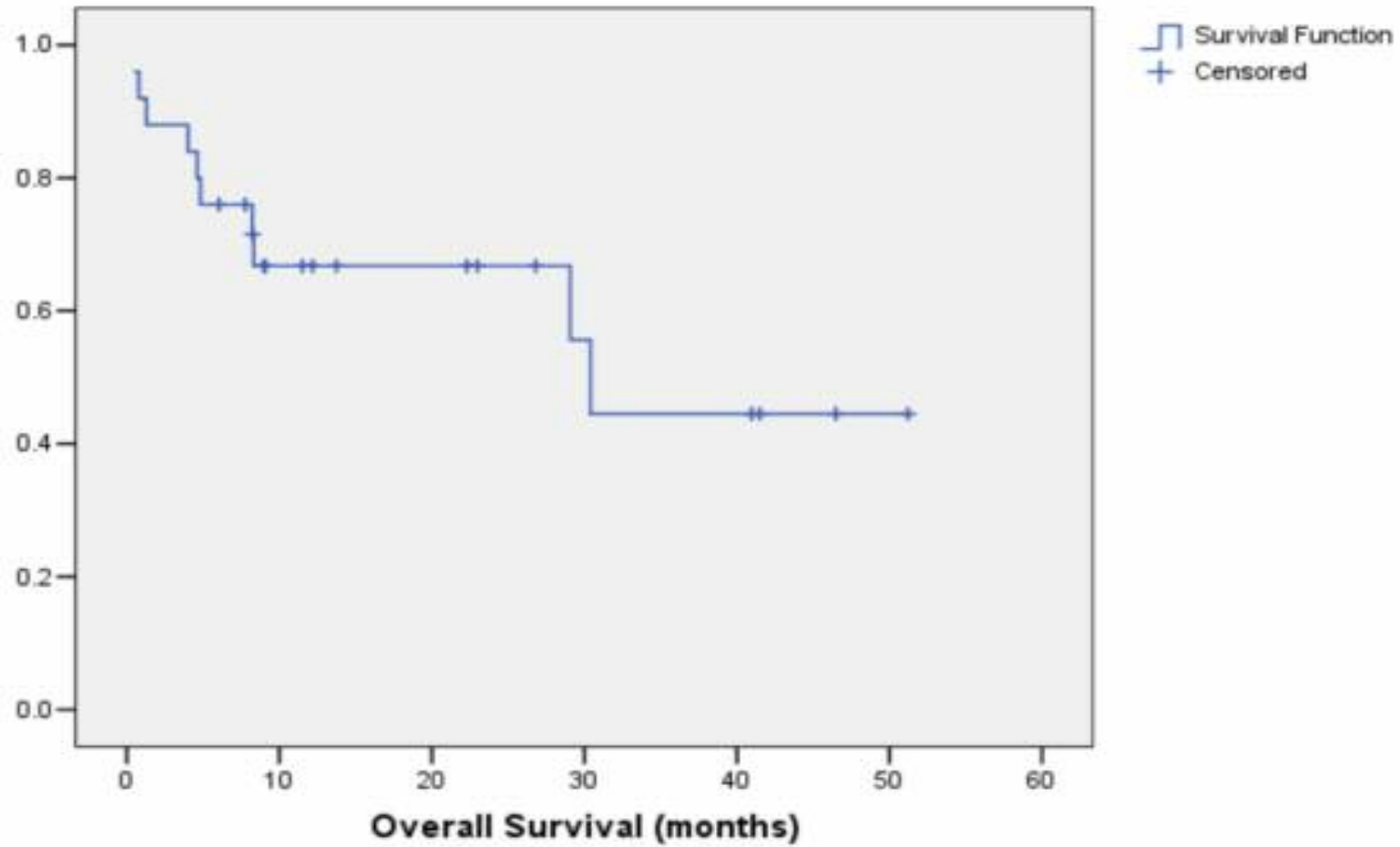
- 10 deaths reported
- one possible treatment related death
- Median PFS
15 months
- Median OS
30 months

| MEDIAN ESTIMATE | STANDARD ERROR | 95% CI LOWER | 95% CI UPPER |
|-----------------|----------------|--------------|--------------|
| 14.988 | 6.324 | 2.592 | 27.384 |
| MEDIAN ESTIMATE | STANDARD ERROR | 95% CI LOWER | 95% CI UPPER |
| 30,393 | 1.708 | 27.045 | 33.740 |

Kaplan Meier Curve demonstrating Primary Progression Free Survival from Date of Starting Imatinib



Kaplan Meier Curve demonstrating Overall Survival from Date of Commencing Imatinib



CONCLUSIONS

- Pathological diagnosis, radiological staging, baseline assessment and reassessment in this centre closely follows the Scottish GIST guidelines
- Documentation of monitoring and reporting MDT outcome could be improved
- Progression free survival and overall survival figures compare favourably with quoted results (Verweij et al, Lancet 2004; 364: 1127-1134)

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