

GASTROINTESTINAL STROMAL TUMOR (GIST)

The selection, dosing, and administration of anti-cancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anti-cancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The chemotherapy regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

General Treatment Notes:

- Chemotherapeutic regimens are used if GIST is unresectable, recurrent, or metastatic.¹
- No Category 1 regimens have been endorsed by the NCCN; the recommendations below are based on lower-level evidence (ie, smaller study populations than would be found in larger, more robust, randomized, controlled studies).¹

REGIMEN	DOSING
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Adjuvant Therapy Following Complete Gross Resection of GIST

Imatinib (Gleevec) ¹⁻³	Imatinib 400mg orally once daily; has been given for up to 1 year in a clinical trial.
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Kit (CD117) Positive Unresectable and/or Metastatic Malignant GIST

Imatinib ^{1,2,4}	Imatinib 400mg orally once daily; up to 400mg twice daily if disease progression occurs or in patients with documented KIT exon 9 mutations.
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Intolerance to Imatinib or Disease Progression

Sunitinib (Sutent) ^{1,5-7}	<p>Days 1–28: Sunitinib 50mg orally once daily. Repeat cycle every 6 weeks.</p> <p>Consider dose reduction to 37.5mg daily if given with a strong CYP3A4 inhibitor or dose increase to max 87.5mg daily if given with concomitant CYP3A4 inducer.</p> <p style="text-align: center;">OR</p> <p>Sunitinib 37.5mg orally once daily without interruption. Consider dose increase to max 87.5mg daily if given with concomitant CYP3A4 inducer.</p>
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References

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| <ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines in Oncology™. Soft Tissue Sarcoma. v 1.2011. Available at: http://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed May 10, 2011. 2. Gleevec [prescribing information]. East Hanover, NJ: Novartis Corp.; 2010. 3. Dematteo RP, Ballman KV, Antonescu CR, et al; American College of Surgeons Oncology Group (ACOSOG) Intergroup Adjuvant GIST Study Team. Adjuvant imatinib mesylate after resection of localized, primary gastrointestinal stromal tumor: a randomised, double-blind, placebo-controlled trial. <i>Lancet</i>. 2009;373:1097–1104. 4. Blanke CD, Rankin C, Demetri GD, et al. Phase III randomized, intergroup trial assessing imatinib mesylate at two dose levels | <p>in patients with unresectable or metastatic gastrointestinal stromal tumors expressing the kit receptor tyrosine kinase: S0033. <i>J Clin Oncol</i>. 2008;26:626–632</p> <ol style="list-style-type: none"> 5. Demetri GD, van Oosterom AT, Garrett CR, et al. Efficacy and safety of sunitinib in patients with advanced gastrointestinal stromal tumor after failure of imatinib: a randomised controlled trial. <i>Lancet</i>. 2006;368:1329–1338. 6. Sutent [prescribing information]. New York, NY: Pfizer Corp.; 2010. 7. George S, Blay JY, Casali PG, et al. Clinical evaluation of continuous daily dosing of sunitinib malate in patients with advanced gastrointestinal stromal tumor after imatinib failure. <i>Eur J Cancer</i>. 2009;45:1959–1968. |
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