

Guideline for the Medical Management of Patients Diagnosed with Gastro Intestinal Stromal Tumours (GIST)

Version History

Version	Date	Comments
Version 1.0	10.02.09	Endorsed by the Network Governance Guidelines Review Group
Version 1.1		Circulated at Upper G.I. NSSG meeting
Version 1.1	10.12.10	Agreed by Upper G.I. NSSG
Version 1.2	25.01.11	Presented to the Clinical Governance Sub Group
Version 1.3	24.02.11	Revised by LB following guidelines subgroup and sent to DP and IG for comment.
Version 1.4	25.02.11	With IG comments. For circulation to the Upper GI NSSG and Andrew Stanley for final approval
Version 1.5	15.03.10	Following consultation with the NSSG. For approval submission to clinical governance
Version 2	30.03.11	Endorsed by the Network Governance Guidelines Review Group

Date Approved by Network Governance	30 March 2011
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Date for Review	30 March 2014
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1. Scope

This guideline is intended to support the medical management of patients with Gastro Intestinal Stromal Tumours (GIST).

2. Background

- 2.1 The annual incidence of GIST is estimated at 15 per million per year, and within Pan Birmingham Network there will be about 30 new cases per year. Approximately half of these patients will either present with, or subsequently develop, advanced inoperable disease and will be considered for medical treatment with imatinib or sunitinib.
- 2.2 Pan Birmingham Cancer Network Upper GI Network Site Specific Group has agreed to follow the National Guidelines for the Management of Gastro Intestinal Stromal Tumours (GIST)¹, with the additional statements covering the use of imatinib.

3. Guideline Statements

- 3.1 The national guidelines¹ should be followed.
- 3.2 All newly diagnosed patients with GIST should be referred for discussion at the central Upper GI MDT.
- 3.3 Imatinib should be offered to patients with locally advanced or metastatic inoperable disease (imatinib 400mg daily as first line treatment).
- 3.4 Patients who have had resection of GIST but remain at high risk of recurrence (as defined by Miettinen and Lasota 2006)² can be considered for adjuvant imatinib 400 mg daily for 12 months.
- 3.5 Sunitinib (50 mg daily four weeks out of six) should be considered in patients intolerant or resistant to imatinib.
- 3.6 Patients being treated with imatinib should be managed by either Dr Ian Geh or Dr David Peake.

Monitoring of the Guidance

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2011/2012.

References

1. R Reid et al (2009) Guidelines for the management of Gastrointestinal Stromal Tumours (GISTs) published by the association of upper GI surgeons of Great Britain and Ireland (AUGIS).
2. Miettinen and Lasota (2006), *Seminars in Diagnostic Pathology*, 23:70-83.

Authors

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Approval Date of Network Site Specific Group Date: 10 December 2010

Approval Date of the Governance Committee Date: 30 March 2011

Approval Signatures

Pan Birmingham Cancer Network Governance Committee Chair

Name: Doug Wulff



Signature:

Date: 04 April 2011

Pan Birmingham Cancer Network Manager

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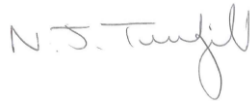


Signature:

Date: 04 April 2011

Network Site Specific Group Clinical Chair

Name: Nigel Trudgill



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Date: 04 April 2011