







# GIST and Imatinib in 2015: Who Should Be Treated and How Long?

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## Outline



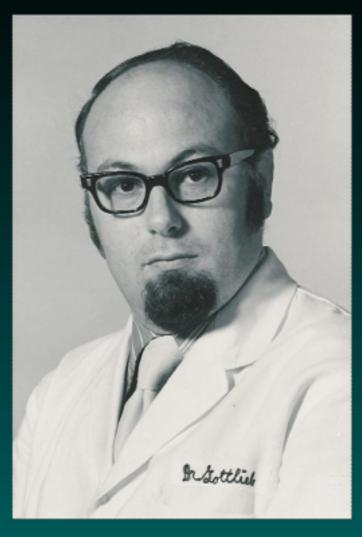
- GIST
- Treatment before Imatinib
- Imatinib
- Imaging
- Therapy Duration
- Adjuvant Therapy
- Adjuvant Therapy Duration



### Jeffrey A. Gottlieb, M.D.

1940-1975





Chief of Chemotherapy, Developmental Therapeutics, MD Anderson SWOG General Secretary Chairman, Sarcoma Committee



# ADRIAMYCIN-DTIC IN SARCOMAS



#### RESPONSE BY SITE OF PRIMARY

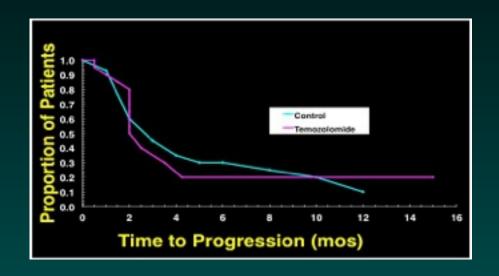
LOCATION	# PTS.	% RESPONSE
Head & Neck	19	58
GU & Uterus	17	53
Retroperitoneum	26	50
Unk. Prim. & Misc.	35	49
Limb	40	39
Pelvis + Trunk	19	26
GI Tract	14	21
All	200	42.5

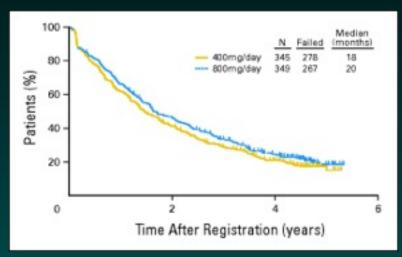
Gottlieb et al., Cancer Chemotherapy Rep. 1975



### GIST Time to Progression







Charles D. Blanke et al. JCO 2008;26:626-632

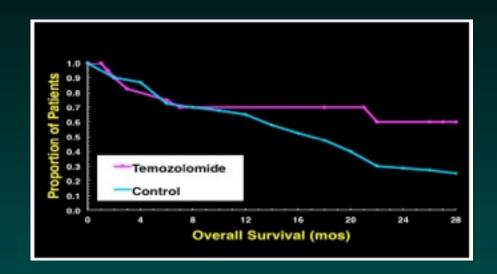
©2008 by American Society of Clinical Oncology

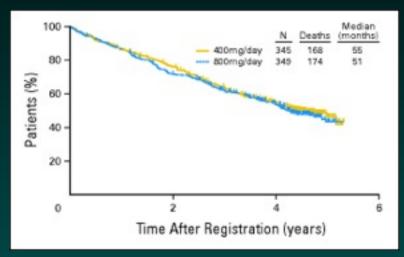




### **GIST** Survival







Charles D. Blanke et al. JCO 2008;26:626-632

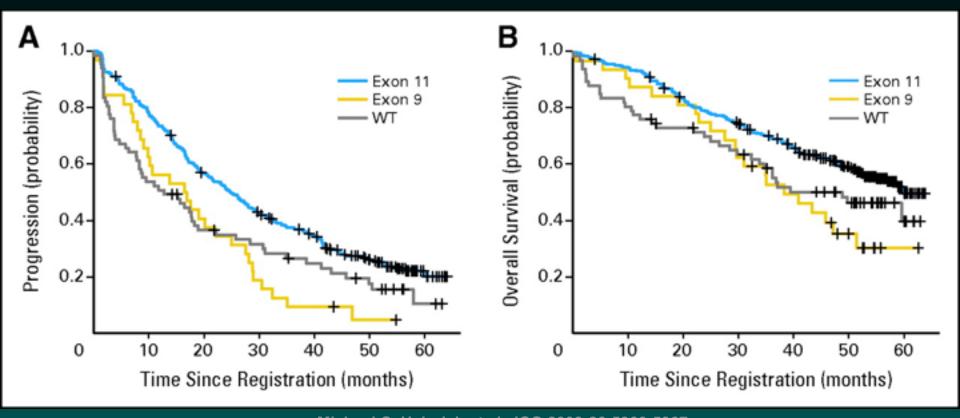
©2008 by American Society of Clinical Oncology





# GIST Time to Progression and Survival by Genotype





Michael C. Heinrich et al. JCO 2008;26:5360-5367

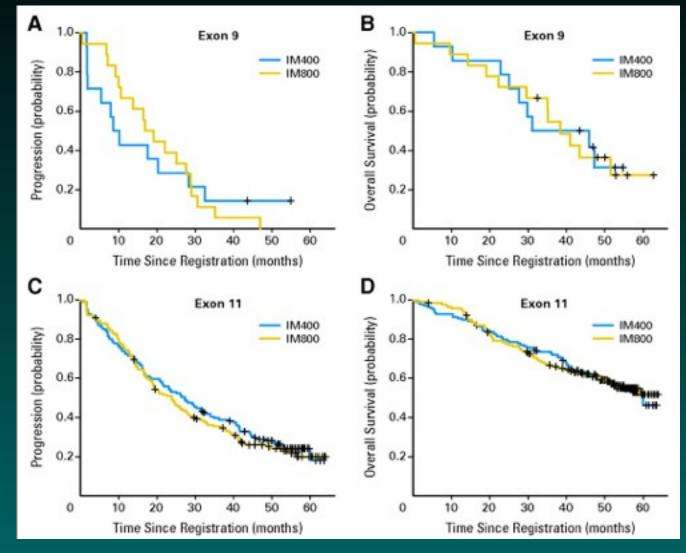




# **GIST**



### Time to Progression and Survival by Genotype and Dose



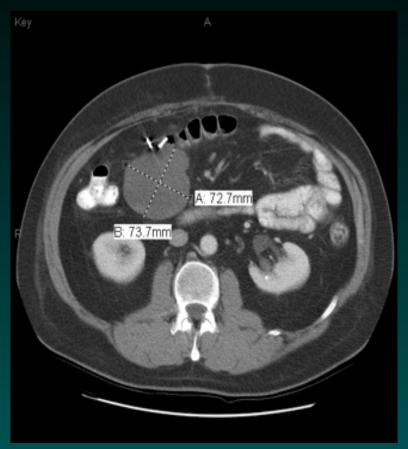




## Effects of Imatinib on GIST: CT findings - Size







**Baseline** 

8 Weeks



# Effects of Imatinib on GIST: CT findings - Density





**Baseline with Density Measurement** 

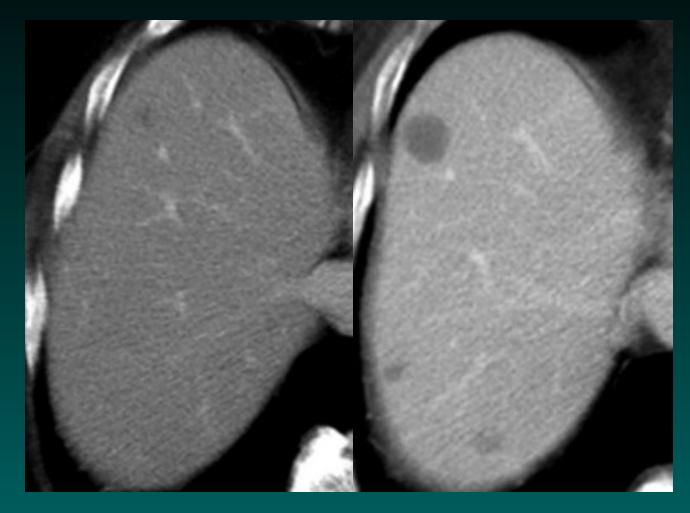


8 weeks with Density Measurement



# Effects of Imatinib on GIST: CT findings



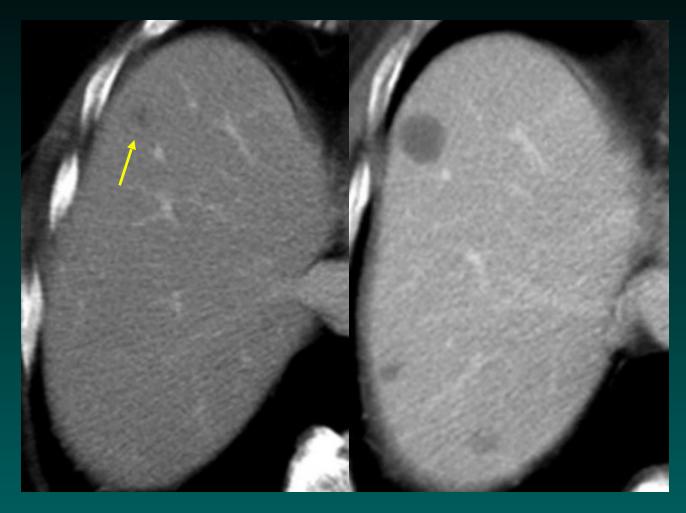


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# Effects of Imatinib on GIST: CT findings



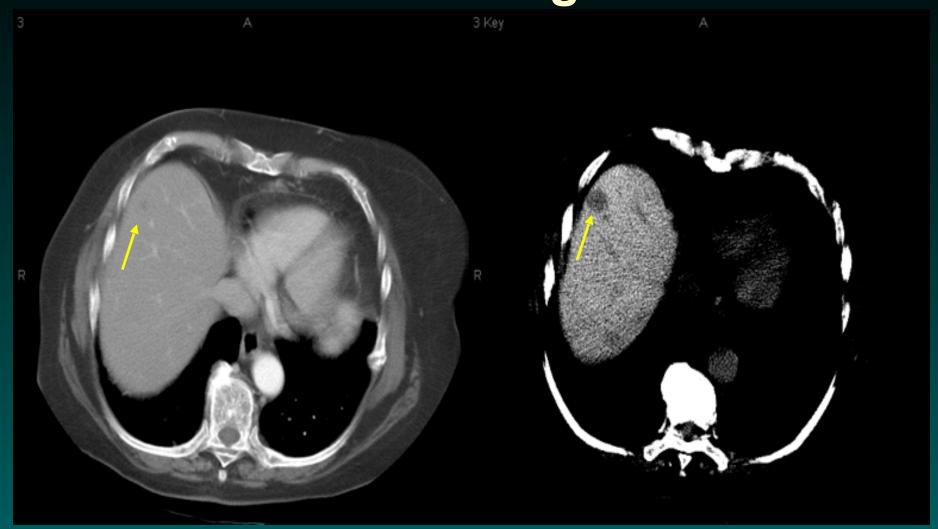


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## Effects of Imatinib on GIST: CT findings





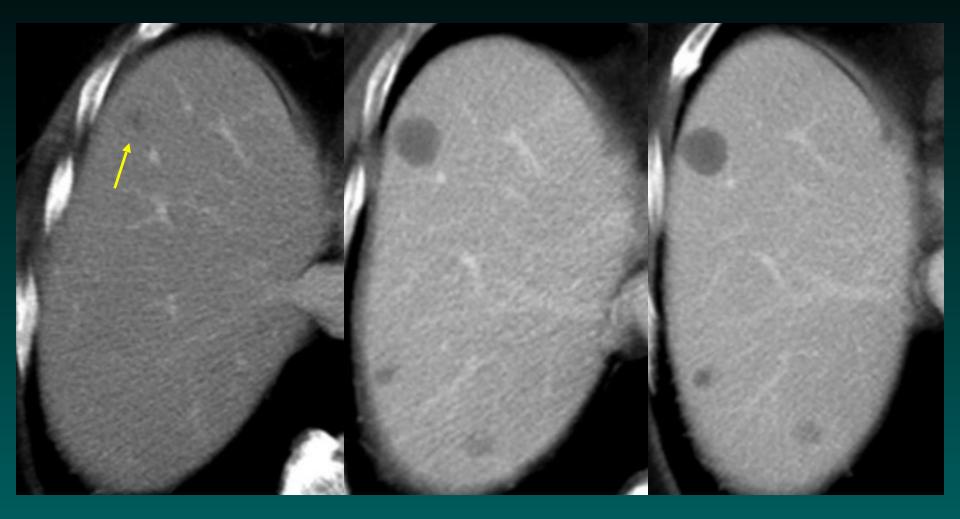
1/12

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# Effects of Imatinib on GIST: CT findings

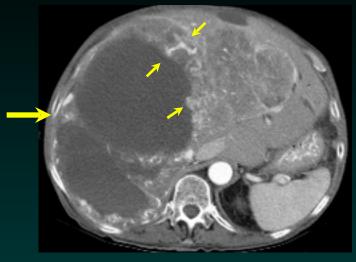




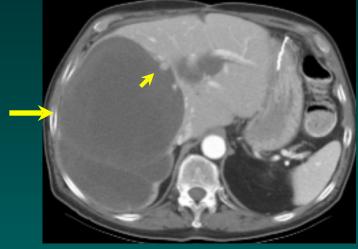


### Embolization, Response, Progression

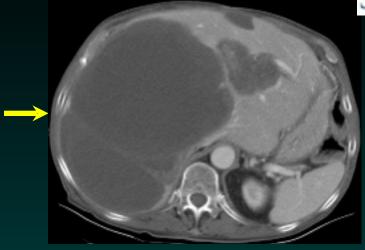




**Pre-Treatment** 



24 Months Post-Treatment



2 Months Post-Treatment



27 Months Post-Treatment







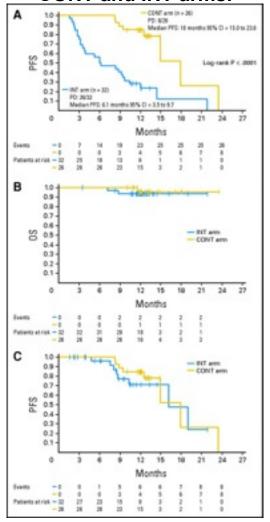


# We Should Desist Using RECIST at Least in GIST



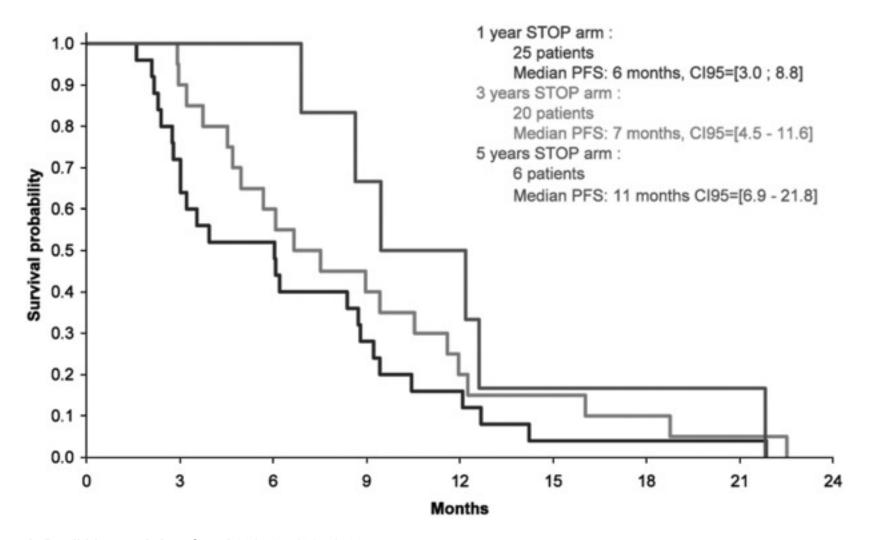


(A) Progression-free survival (PFS) in randomly assigned patients, (B) overall survival (OS) in the continuous (CONT) and interrupted (INT) arms, and (C) imatinib-resistant PFS in the CONT and INT arms.



Jean-Yves Blay et al. JCO 2007;25:1107-1113

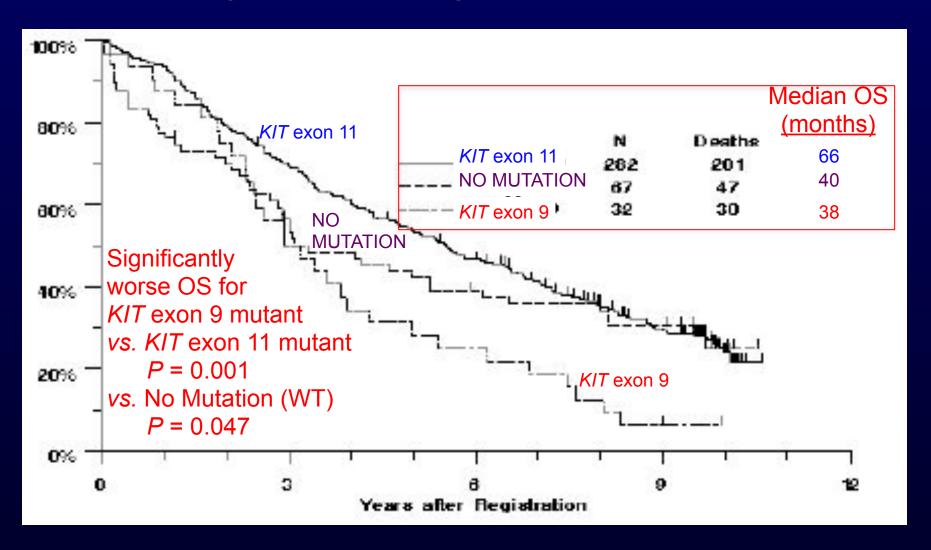
#### PFS among patients randomised in the interruption arms after 1, 3 and 5 years of treatment with imatinib.



A. Patrikidou et al. Ann Oncol 2013;24:1087-1093



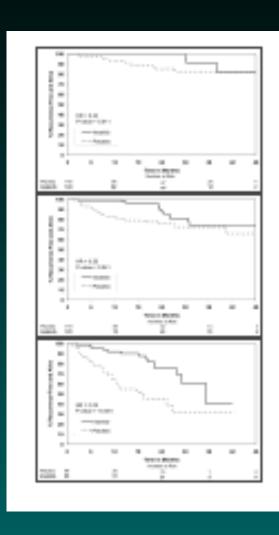
# S0033 Overall Survival by GIST Genotype – 2014 data







# De Matteo Adjuvant GIST







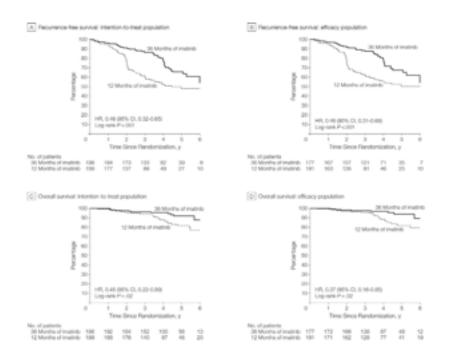
### GIST Risk of Recurrence Modified Consensus Criteria

Table 1.			
Risk of Relapse			
after Resection of			
GIST (from Joensuu			
et al.5)			
		Mitaria in des /e ee	
Risk category	Tumor size (cm)	Mitotic index (per 50 HPFs)	Primary tumor site
Vame lave viale	<2.0	-5	Ann
Very low risk	<2.0	<u>&lt;</u> 5	Any
Low risk	2.1-5.0	<5	Any
LOW HISK	2.1-5.0	-	Ally
Intermediate risk	2.1-5.0	>5	Gastric
	5.1-10.0	≤5	Gastric
High risk	Any	Any	Tumor rupture
	>10 cm	Any	Any
	Any	>10	Any
	>5.0	>5	Any
	2.1-5.0	>5	Nongastric
	5.1-10.0	≤5	Nongastric



#### From: One vs Three Years of Adjuvant Imatinib for Operable Gastrointestinal Stromal Tumor: A Randomized Trial

JAMA. 2012;307(12):1265-1272. doi:10.1001/jama.2012.347



#### Figure Legend:

Date of download: 9/13/2014

Comparison of recurrence-free survival in the modified intention-to-treat population (A) and the efficacy population (B). Comparison of overall survival in the modified intention-to-treat population (C) and the efficacy population (D). The 3-year survival rates of patients assigned to 36 months of imatinib and those assigned to 12 months of imatinib are 86.6% vs 60.1% (A), 88.1% vs 62.1% (B), 96.3% vs 94.0% (C), and 97.6% vs 95.8% (D), respectively, and the 5-year survival rates, 65.6% vs 47.9% (A), 67.4% vs 50.3% (B), 92.0% vs 81.7% (C), and 93.9% vs 81.7% (D).

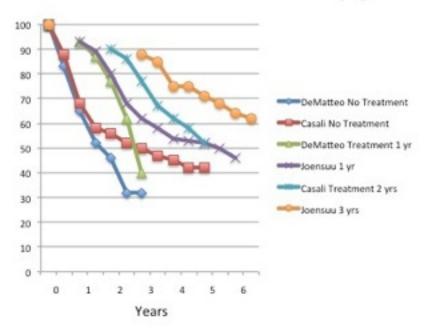
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#### High-Risk GIST Progression-Free Survival

From Start of Therapy

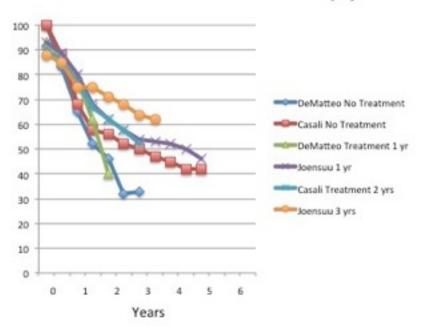






### High-Risk GIST Progression-Free Survival

#### From End of Therapy











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