



Imatinib for the adjuvant treatment of gastrointestinal stromal tumours

Information for the public

Published: 26 November 2014

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What has NICE said?

<u>Imatinib (Glivec)</u> is recommended as a possible treatment for up to 3 years, for people who had <u>gastrointestinal stromal tumours</u> that were removed by surgery, when there is a high risk that the tumour may come back.

What does this mean for me?

If you had gastrointestinal stromal tumours that were removed during surgery but there is a high chance of them coming back, and your doctor thinks that imatinib is the right treatment, you should be able to have the treatment on the NHS.

Imatinib for use as an adjuvant treatment should be available on the NHS within 3 months of the guidance being issued.

If you are not eligible for treatment as described above, you should be able to continue taking imatinib until you and your doctor decide it is the right time to stop.

Why has NICE said this?

Imatinib was recommended because the benefits to patients justify its cost.

NICE looks at how well treatments work in relation to how much they cost compared with other treatments available on the NHS.

The condition and the treatment

Gastrointestinal stromal tumours (GISTs) are a type of cancer that can occur anywhere in the digestive tract, but most GISTs start in the stomach or small bowel.

Imatinib (Glivec) is a drug that slows down or stops the growth and spread of a tumour. After surgery, imatinib can be used as an 'adjuvant' treatment which aims to stop the cancer growing back.

Sources of advice and support

- GIST Support UK, 0300 400 0000, www.gistsupportuk.com
- Rarer Cancers Foundation, 0800 334 5551, <u>www.rarercancers.org.uk</u>
- Sarcoma UK, 020 7250 8271, <u>www.sarcoma.org.uk</u>

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ISBN: 978-1-4731-0851-6

Accreditation

