

PRESS RELEASE

NICE issues guidance on the use of imatinib for the treatment of gastro-intestinal stromal tumours

The National Institute for Clinical Excellence (NICE) has today issued guidance on the use of imatinib for gastro-intestinal stromal tumours (GISTs) within the NHS in England and Wales.

The Institute has recommended that:

- Imatinib treatment at 400mg/day is used as first-line management of people with KIT (CD 117)-positive unresectable (those that can't be removed by surgery) and/or metastatic gastro-intestinal stromal tumours.
- Imatinib therapy is continued only if a response to initial treatment is achieved within 12 weeks.
- Patients who respond to therapy should be assessed at intervals of approximately 12 weeks thereafter. Continuation of treatment is recommended at 400 mg/day until the tumour ceases to respond.
- An increase in the dose of imatinib is not recommended for people receiving imatinib who develop progressive disease after initially responding.
- The use of imatinib should be supervised by cancer specialists with experience in the management of people with unresectable and/or metastatic GISTs.

Gastro-intestinal stromal tumours (sometimes called gastro-intestinal soft tissue sarcomas) are a rare kind of gastro-intestinal tumour which occur in the stomach or bowel. Many of these tumours are benign, and those usually cause few symptoms. If they become malignant and are confined to one area of the stomach or bowel, they

can often be removed surgically. However, some malignant gastro-intestinal stromal tumours can grow too large to be removed by surgery, and they may also spread to other parts of the body.

One of the tests used to diagnose gastro-intestinal stromal tumours looks for a substance called c-KIT on the cancer cells. Tumours with c-KIT are called KIT-positive tumours.

Imatinib is a drug that has been developed to treat gastro-intestinal stromal tumours that cannot be removed by surgery, or have spread to other parts of the body. It works by blocking the process that allows the tumour cells to grow and multiply. This slows down or stops the growth and spread of the tumour.

Andrew Dillon, NICE Chief Executive and Executive Lead said: "Gastro-intestinal stromal tumours are difficult to diagnose but it has been estimated that there are between 200 and 2000 new cases per year in England and Wales. Of these half are likely to be metastatic and/or unresectable, making this a very serious but rare cancer. This medicine is an important advance in the treatment of this condition. "

Ends

Notes to Editors

About the guidance on imatinib for GIST

1. The Institute's guidance on the use of imatinib for the treatment of gastro-intestinal stromal tumours can be found at www.nice.org.uk/TA086guidance.

About NICE

2. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.

3. NICE produces guidance in three areas of health:

- the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals.
- the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
- whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
- NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).

4. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.

About technology appraisals

5. Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS in England and Wales, such as:

- medicines (for example, drugs)
- medical devices (for example, hearing aids or inhalers)
- diagnostic techniques (tests used to identify diseases)
- surgical procedures (for example, repairing hernias)
- health promotion activities (for example, patient education models for diabetes).

6. Our technology appraisal recommendations are prepared by an independent Committee, who include healthcare professionals working in the NHS and people who are familiar with the issues affecting patients and carers. The Committee considers the evidence on the clinical and cost effectiveness of the technology – this includes hearing the views of, and evidence from, clinical health professionals, experts and patients.

7. NHS organisations in England and Wales have to make the resources and facilities available to enable NICE guidance to be implemented. In January 2002 the Government announced a legal obligation for the NHS to provide funding for treatments and drugs recommended by NICE as a part of its technology appraisals work programme.