



**Recommendation to the Cancer Systemic Therapy Policy Committee (CSTPC)  
from Capital District Health Authority/Cancer Care Nova Scotia**

**Guidelines for the Role of Imatinib (Gleevec®) as Adjuvant Therapy for Primary  
Gastrointestinal Stromal Tumors (GIST)**

**Approved Use:**

**Imatinib:** As a **single agent** for adult patients with a histological diagnosis of localized primary GIST (KIT (CD-117) – positive) following surgical complete resection and at a high risk of recurrence.

Risk of recurrence is dependant on location, size, and mitotic rate. Specific parameters for considering adjuvant treatment after resection of GIST along the gastrointestinal tract may include but not limited to:

- **Gastric** – any tumor >3 cm where the mitotic rate is >5/50 high powered fields (HPFs). Adjuvant treatment could be considered where the mitotic rate is <5 HPFs and tumor >10 cm.
- **Duodenal, Small bowel, Peritoneal, Colorectal** – any tumor where mitotic rate is >5 HPFs; any tumor >5 cm in size.

The duration of adjuvant therapy with imatinib (400mg/day) for 1 year is currently recommended.

- This policy recommendation represents an **expansion** of the current restrictions of imatinib as adjuvant therapy for primary GIST.