

Record of Recommendation

Re: Funding Imatinib (Gleevec[®]) as Adjuvant Therapy for Primary Gastrointestinal Stromal Tumours (GIST)

June 30, 2010

Discussion facilitated using the Decision Making Framework.

- All present will vote electronically when the vote is called by the Chair. The voting process will be completed by 5 pm on July 12, 2010. The decision will be made by a majority with dissenting voters given the opportunity to record their opinion. Dissenting opinions must be recorded within seven days of the result of the vote being announced.
- Core values and principles were reviewed and discussed along with competing obligations, constraints and relevant information.
- Options for a recommendation to the Deputy Minister were reviewed and each option was discussed. Two options were identified at this time:
 - 1) Approval of funding with restrictions
 - 2) Denial of funding
- An analysis of the projected benefits and burdens of each option was discussed.

Background:

- ✓ GIST is a connective tissue neoplasm which can occur anywhere along the GI tract or elsewhere in the abdomen or retroperitoneum.
- ✓ Surgery is the only curative option in primary GIST. If the tumour is small, relapse is less likely. Survival rate upon relapse is poor, particularly if the tumour was large. Factors such as metastatic index and anatomical location also affect prognosis.
- ✓ In one study, imatinib (Gleevec[®]) was studied as adjuvant therapy after complete resection of primary GIST, to determine if therapy improved recurrence free survival.
- ✓ Patients enrolled had primary GIST measuring at least 3cm that expressed KIT protein (CD-117). Imatinib therapy was continued for one year. Cross-over to imatinib therapy was permitted in the placebo group if they had recurrence of the disease.

Projected Benefits:

- ✓ After a median follow-up of 1.2 years, recurrence free survival after one year was 97% in the imatinib arm versus 83% in the placebo arm, hazard ratio 0.33 (95% CI: 0.2-0.53 p<0.001).
- ✓ The effect was statistically significant in all groups but greatest benefit was seen in tumours >10cm.
- ✓ After 18 months of follow-up, the rate of relapse in the imatinib group parallels that in the placebo group, therefore the optimal length of therapy is not clear. This is being studied in other trials.

Projected Burdens:

- ✓ Side effects include gastrointestinal effects, headache, rash, periorbital or peripheral edema, fatigue, myalgias, arthralgias.
 - ✓ The approximate cost per patient is \$39,575 per year. The associated incremental costs predicted in the first year are \$197,875 (5 patients).
 - ✓ The estimated the cost per life year gained (LYG) is \$32,015 and the cost per quality adjusted life year (QALY) is \$40,328.
-

Result of Vote: The question the Committee was asked to vote on was:

Should the Committee support a recommendation to the Deputy Minister of Health to fund 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 dependent on location, size, and mitotic rate, Specific parameters for considering adjuvant therapy after resection of GIST along the gastrointestinal tract may include but are not limited to:

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

- **The result of the vote was a majority in favor of recommending funding.**
- **The Deputy Minister of Health has accepted this recommendation. As an oral agent, funding will be through the Nova Scotia Pharmacare Programs.**