

GASTROINTESTINAL STROMAL TUMOR (GIST) TREATMENT REGIMENS (Part 1 of 2)

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

NOTE: Chemotherapeutic regimens are used if GIST is unresectable, recurrent, or metastatic.¹

Adjuvant Therapy Following Complete Gross Resection of GIST¹

REGIMEN	DOSING
Imatinib ^{2,3}	Imatinib 400mg PO once daily; has been given for up to 1 year in a clinical trial.

Kit (CD117) Positive Unresectable and/or Metastatic Malignant GIST¹

Imatinib ^{2,4-7}	Imatinib 400mg PO once daily; increase to 400mg twice daily if disease progression occurs or in patients with documented KIT exon 9 (or exon 11) mutation as clinically tolerated.
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Intolerance to Imatinib or Disease Progression¹

Sunitinib ⁸⁻¹⁰	Sunitinib 50mg PO once daily. Given in 6-week cycles with 4 weeks on and 2 weeks off.* OR Sunitinib 37.5mg PO once daily without interruption.†
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Disease Progression Despite Prior Imatinib or Sunitinib Therapy¹

Regorafenib ^{11,12}	Regorafenib 160mg PO once daily. Given in 4-week cycles with 3 weeks on and 1 week off.‡
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Disease Progression Despite Prior Imatinib, Sunitinib, or Regorafenib Therapy¹

None of the drugs listed below are FDA-approved for the treatment of GIST. Recommendations are based on limited data.

Sorafenib ¹³⁻¹⁵	Sorafenib 400mg PO twice daily until disease progression or development of intolerance.
Nilotinib ^{16,17}	Nilotinib 400mg PO twice daily. Reduce to once daily in case of intolerance.
Dasatinib ¹⁸	Dasatinib 70mg PO twice daily (for patients with D842V mutation).

*Consider dose reduction to a minimum of 37.5mg daily if given with a strong CYP3A4 inhibitor or dose increase to a maximum 87.5mg daily if given with a CYP3A4 inducer.

†Consider dose reduction to a minimum of 25mg daily if given with a strong CYP3A4 inhibitor or a dose increase to a maximum 62.5mg daily if given with concomitant CYP3A4 inducer.

‡For additional treatment caveats, please see the NCCN Soft Tissue Sarcoma Guidelines for Dosing and Administration of Regorafenib for GIST (v 1.2014, page 33)¹

§Imatinib, sunitinib, and regorafenib are the only three FDA agents approved for the treatment of GIST.

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