NICE Health Technology Appraisal (Part Review of TA86)

Personal Statement

I have read the technical appraisal with considerable interest, and would comment:

1. I believe that the definition of a gastrointestinal stromal tumour should be extended to include tumours with the morphology of a GIST, which does not express CD117 on immunocytochemistry, but where there is expression of DOG1, or where there is mutational analysis demonstrating one of the typical mutations of the c-kit gene or PDGFRα gene associated with GISTs.
2. It is now accepted that imatinib therapy offers considerable benefit to patients with metastatic or irresectable GISTs. The review indicates that a significant proportion of patients who initially respond but then progress on the standard 400mg dose gain benefit from dose escalation or change to sunitinib therapy. The review correctly indicates that current practice is to choose between these options according to local preference. It would seem reasonable to recommend both treatments in the absence of robust data indicating significant difference in outcome and the lack of a randomised trial between the two.
3. As is indicated, many of those patients develop resistance to imatinib through the acquisition of additional mutations, and I believe that widespread adoption of mutational analysis of the original diagnostic biopsy and of any subsequent rebiopsy or resection should be encouraged as the results may inform the clinical decision as to which therapy should be given and the probability of response. The costs of such analysis are small in comparison to those of the therapies and recommendation of this by NICE would help promote this technology.
4. Finally, I think it should be made clear that while standard teaching is that all GISTs are potentially malignant, there are increasing numbers of small tumours which are found incidentally which appear to have minimal malignant potential.

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