Practical Management of Imatinib in Gastrointestinal Stromal Tumors

Tamara Barnes, RN, MSN, CNS, AOCNS®, and Denise Reinke, APRN, BC, AOCN®

Gastrointestinal stromal tumors (GISTs) have an incidence of 7–15 occurrences per million people. Tyrosine kinase inhibitors (TKIs) have significantly improved clinical outcomes as part of multidisciplinary disease management. The authors will review developments in the management of GISTs, including diagnosis, risk stratification, prognosis, and treatment with imatinib. Imatinib is recommended for postsurgical adjuvant therapy and, where appropriate, neoadjuvant therapy. Clinical practice guidelines recommend first-line imatinib for metastatic and unresectable GISTs based on trials showing efficacy at the standard dose (400 mg per day) and at higher doses of 600–800 mg per day. Oncology nurses play a key role in patient management through (a) patient education about GISTs and their treatment including the use of imatinib, (b) timely scheduling of radiologic follow-up to assess treatment response, (c) monitoring treatment adherence, (d) helping to sustain imatinib dose intensity by monitoring toxicities and drug interactions and by counseling patients to prevent treatment interruptions, and (e) collaborating with the multidisciplinary medical team to pursue imatinib dose escalation or other treatment options if patients have primary or acquired mutation-based resistance to imatinib.

At a Glance

- Gastrointestinal stromal tumors (GISTs) are characterized by mutations in the KIT proto-oncogene that lead to abnormal expression of a protein, KIT receptor tyrosine kinase.
- Multidisciplinary management of GISTs currently includes targeted therapy with the oral tyrosine kinase inhibitor imatinib.
- Oncology nurses can help sustain the effectiveness of imatinib therapy by delivering individualized patient education that promotes understanding of the disease and its treatment.

Gastrointestinal stromal tumors (GISTs) are a type of soft-tissue sarcoma, with 4,500–6,000 new cases reported per year in the United States. At the time of diagnosis, about 1,500 of these tumors already have metastasized (American Cancer Society, 2010; Nilsson et al., 2005; Tran, Davila, & El-Serag, 2005; Tryggvason, Gislason, Magnusson, & Jonasson, 2005). Median age at diagnosis is about 60 years and risk is slightly higher in men than in women; about 50% of all cases occur in the stomach, another 33% occur in the small intestine, and the remainder are found in the colon, rectum, or esophagus (Jønsuu et al., 2002; Nilsson et al., 2005; Perez et al., 2006; Tran et al., 2005; Tryggvason et al., 2005).

Most GISTs (85%–95%) are driven by oncogenic mutations in either KIT or platelet-derived growth factor receptor alpha protein (PDGFRα). These gain-of-function mutations lead to the constitutive activation of the KIT and PDGFR receptors, which result in subsequent cell proliferation and the prevention of apoptosis (programmed cell death) (Fletcher et al., 2002). The observation that most GISTs express KIT or PDGFRα led to the development of the targeted oral therapy imatinib, a tyrosine kinase inhibitor (TKI) (Jønsuu et al., 2002). Imatinib inhibits the constitutive activation of KIT and PDGFRα tyrosine kinase, which inhibits tumor growth and induces tumor regression (Hirota et al., 1998; Rubin et al., 2001).

Tamara Barnes, RN, MSN, CNS, AOCNS®, is an advanced practice nurse in investigational cancer therapeutics at the University of Texas MD Anderson Cancer Center in Houston and Denise Reinke, APRN, BC, AOCN®, is an oncology nurse practitioner at the University of Michigan Comprehensive Cancer Center in Ann Arbor. The authors take full responsibility for the content of the article, but thank Joseph Rukeyser, PhD, supported by Novartis Pharmaceuticals, for research and editorial support. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society. (Submitted January 2011. Accepted for publication February 11, 2011.)

Digital Object Identifier: 10.1188/11.CJON.533-545