

Imatinib for gastrointestinal stromal tumour (GIST)		UGI-015
Indication	1 <sup>st</sup> line treatment of adult patients with Kit (CD117) positive unresectable and/or metastatic malignant gastrointestinal stromal tumour	
Antineoplastic agent	Imatinib	400mg orally once daily with a meal and a large glass of water Dispense every 30 days For patients unable to swallow the tablets disperse tablets in 200ml still mineral water or apple juice.
Drug Interactions (see SPC for full list <a href="http://emc.medicines.org.uk/">http://emc.medicines.org.uk/</a> )	<p>Drugs that inhibit or induce cytochrome P450 isoenzyme CYP3A4 activity could affect imatinib concentrations.</p> <p>The following drugs increase plasma levels of imatinib: clarithromycin, erythromycin, itraconazole.</p> <p>The following drugs decrease plasma levels of imatinib: carbamazepine, dexamethasone, phenytoin.</p> <p>Drugs whose plasma levels may be increased by imatinib: ciclosporin, statins, warfarin.</p> <p>Imatinib may inhibit the metabolism of warfarin, consider using a low molecular weight or unfractionated heparin in patients requiring anticoagulation.</p> <p>Monitor liver function carefully if on concomitant hepatotoxic medications.</p> <p>Grapefruit juice should be avoided; increased imatinib plasma concentration.</p> <p>Aprepitant- potentially elevated plasma levels of imatinib.</p> <p>Levothyroxine- decreased effectiveness, worsening hypothyroidism.</p>	
Length of treatment	Continuous until progression of disease	
Dose modifications	<p>Neutrophils <math>&lt;1.0 \times 10^9/L</math> or Platelets <math>&lt;50 \times 10^9/L</math></p> <p>Impaired liver function</p> <p>Impaired renal function</p>	<p>Stop treatment until neutrophil <math>1.5 \times 10^9/L</math> and platelets <math>75 \times 10^9/L</math>. Restart at same dose but if recurrence, repeat delay of treatment and then recommence at 300mg</p> <p>If bilirubin <math>&gt;3x</math> ULN or transaminases <math>&gt;5ULN</math>, withhold treatment until bilirubin <math>&lt;1.5 \times ULN</math> and transaminase <math>&lt;2.5 ULN</math>. Continue imatinib at a reduced dose</p> <p>Patients with renal dysfunction or on dialysis should be given the minimum recommended dose of 400mg daily with caution.</p>

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Mandatory tests	FBC, LFT, U&E  Hepatitis B serology should be tested before starting treatment	Every 4 weeks for the first 3 months and then every 3 months during treatment
Mandatory supportive drugs	None	
Mandatory information	Patients should be supplied with a patient information leaflet, Cancerbackup information sheet and a copy of their treatment plan	

Ratifying consultant	Justin Waters	<i>Justin Waters</i>
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Review May 18		<i>Justin Waters</i>