

Six months neoadjuvant Imatinib improves resectability potential of gastric stromal tumors in Egyptian patients

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Abstract

Objectives: Local excision with negative margins is the preferred approach for treating gastric stromal tumors. Adjuvant imatinib is essential for advanced cases, but data are not enough to recommend its use before operation to increase resectability. Current study aims at probing this concept in Egyptian patients.

Patients & Methods: The study included 16 patients, presenting with gastric GISTs and were candidates for emergency or elective surgery. Patients were enrolled in 2 groups: A proposed for planned surgery and B: harbouring c-kit +ve tumors. Each B patient received imatinib (400 mg /day) for 6 months before operation. Clinical and radiological evaluation was at day 100. Chi-square test checked size changes, and p at < .02535 was considered significant.

Results: All patients had abdominal discomfort, while 62.5 % had epigastric pain, and 12.5% had hematemesis. Tumor size ranged from 8.4 to 20 cm. 2/3 located in upper stomach. Five patients (31.3%) harbored lesions with low risk malignancy, 8 (50%) moderate and 3 (18.8%) high. Wedge gastrectomy was the commonest operation done (81.25%) while partial gastrectomy was done in the rest, reporting no recurrence for 6 months. Not determined in group A patients, c-kit status was strongly positive in all members of group B, in 2 of them treatment was suspended due to poor response.

Conclusion: Imatinib has an acceptable safety profile and would be considered as a neoadjuvant therapy in gastric GISTs. Until developing clear guidelines, 6 months intake may increase noticeably their resectability potential and may improve prognosis.