IMADGIST

A randomized, multicentre, Phase III trial evaluating the interest of imatinib treatment maintenance or interruption after 3 years of adjuvant treatment in patients with Gastrointestinal Stromal Tumours (GIST)

Promoteur : Centre Léon Bérard

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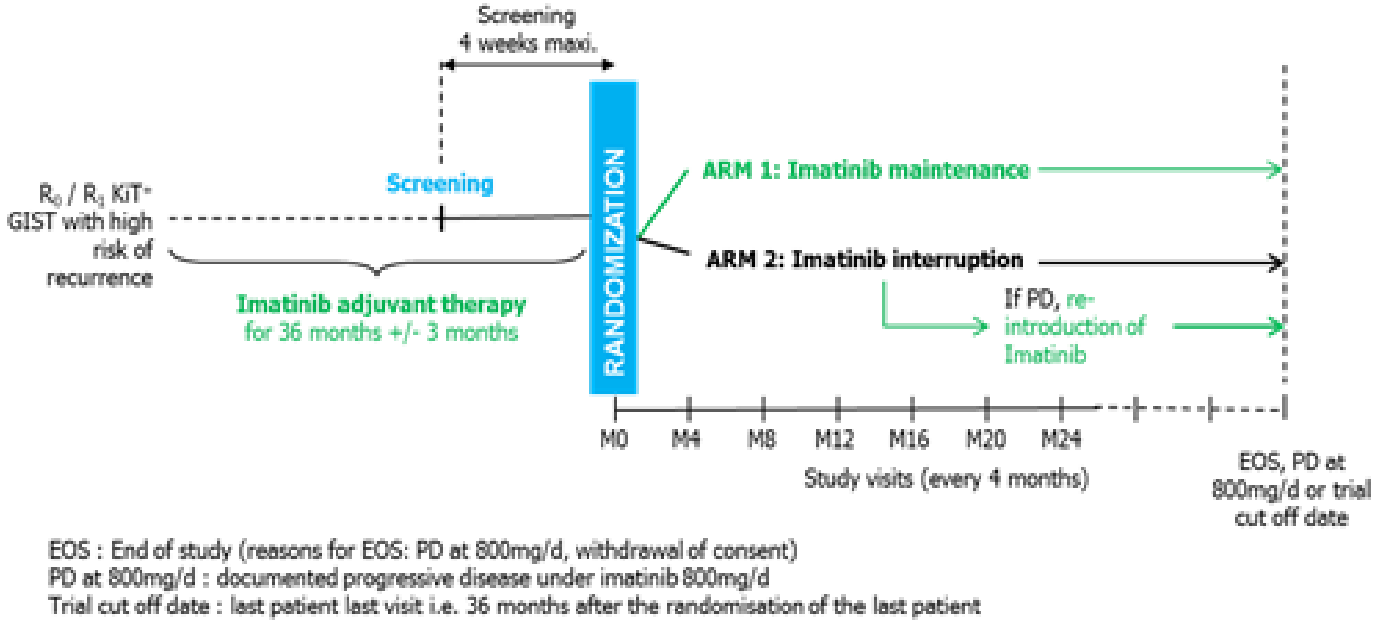
Centres participants

- Centre Léon Bérard, Lyon
- Institut Bergonié, Bordeaux
- Institut Paoli Calmettes, Marseille
- Institut de Cancérologie de l'Ouest, Saint Herblain
- Gustave Roussy, Villejuif
- CHU Robert Debré, Reims
- Institut de Cancérologie Lucien Neuwirth, Saint Priest en Jarez
- Centre Eugène Marquis, Rennes
- ICM-Montpellier
- CHU Besançon
- Centre Oscar Lambret
- APHP-La Timone
- Institut de cancérologie de Lorraine
- APHP-HEGP
- Hôpital Saint-Antoine

Molécules, schéma de traitement



EOS : End of study (reasons for EOS: PD at 800mg/d, withdrawal of consent)
PD at 800mg/d : documented progressive disease under imatinib 800mg/d
Trial cut off date : last patient last visit i.e. 36 months after the randomisation of the last patient

- Randomization will be stratified according to the following factors:
  - Study site
  - Risk of GIST recurrence: >70 vs ≤70% (according to NCNN classification)
- In **ARM 1**: imatinib is administrated 300 or 400 mg per day. In case of progressive disease imatinib will be increased up to 800mg per day.
- In **ARM 2**: in case of 1st relapse, imatinib will be reintroduced at 400 mg per day and further increased at 800 mg per day in case of 2nd relapse after re-introduction

Indication : patients with resected primary GISTs controlled by 3-year imatinib adjuvant therapy (at 300 or 400 mg once daily) with a high risk of recurrence.

Principaux critères d'inclusion

- Patients ≥ 18 years of age
- Histologically documented diagnosis of malignant advanced/metastatic GIST with c-kit (CD117) expression
- ECOG Performance status (PS) 0, 1, 2
- Documented macroscopically complete surgical R0 or R1 resection of primary GIST lesion with no evidence of residual lesions or metastases on the baseline CT-scan or MRI performed no more than 4 weeks before randomization.
- Risk of tumor recurrence ≥35% according to National Comprehensive Cancer Network Task Force on GIST (NCCN) risk classification (Demetri et al., 2010)
- Patients must be under imatinib treatment (at 300 or 400mg/day) initiated immediately after resection and maintained for 3 years.

Endpoint et stat succintes

- Hypothèse stat : The trial is powered to detect a 0.462 hazard-ratio, corresponding to an improvement of 15% in 3-year DFS rate: i.e. from 75% in the arm interruption of imatinib (Arm 2) to 90% in the arm maintenance of imatinib (Arm 1).
- Endpoint 1aire : *Disease Free survival*
- Endpoints 2aire :
  - Overall survival (OS)
  - Safety and tolerance of imatinib treatment
  - Time to secondary resistance (TSR)
  - The rate of patients in complete response after reintroduction of imatinib in case of GIST recurrence
  - Patient's quality of life during their study participation (QLQC30 questionnaires)
- Nombre de patients necessaires : maximum sample size of 67 patients per arm (**total of 134 patients**)

Etat d'avancement

Etat du recrutement

- Première inclusion: 24/12/2017
- Nombre de patients inclus : 121 / 134
- 5 patients inclus en 2021
- Nombre de patients restant à inclure : 13
- Fin actuelle prévue des inclusions: fin Décembre 2021

Problème/ Amendement à venir

- Amendement déposé prochainement pour allonger durée des inclusions de 18 mois (Juin 2023)
- Une newsletter sera diffusée début 2022