

'Please, Desist RECIST Criteria in GIST, At Least in Me'

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Gastrointestinal stromal tumour (GIST) is an extraordinary and interesting disease both to physicians and patients. Every patient with GIST is a new experience for the medical oncologist [1–5]. The Response Evaluation Criteria in Solid Tumors (RECIST) are used in GIST. However, RECIST criteria show limitations in the response evaluation in imatinib-treated GIST [6, 7]. We report on an interesting patient with metastatic GIST in whom RECIST failed to show a response.

A 63-year-old male patient presented with abdominal pain, and was diagnosed with metastatic GIST in March 2002. Abdominal computed tomography (CT) revealed a 5-cm mass in the lesser curvature of the stomach, and multiple metastatic lesions in the liver. As GIST is both chemo- and radioresistant, the patient was recommended to take imatinib mesylate. However, at that time, neither the drug nor positron emission tomography (PET) CT were available in Turkey. The patient obtained the drug from the United States himself, and used it

for 2 months. A control CT showed central necrosis of the lesions which were essentially unchanged. However, the patient reported that the symptom of abdominal pain did no longer exist. The patient was advised to take imatinib mesylate for 2 more months. A subsequent CT scan again showed no change in the diameter of the mass, so the RECIST criteria again failed to meet our expectations. As a consequence, we suggested stopping imatinib. However, within 3 months of discontinuing treatment, the patient was seen twice in the emergency room (ER) with gastric bleeding and abdominal pain. At the second ER visit, the patient insisted to start imatinib again and said 'Please, desist RECIST criteria in GIST, at least in me. I was feeling well with no abdominal pain or gastric bleeding while using imatinib. Believe me, the size of the lesion does not matter!' The patient was restarted on imatinib. He was seen 2 years later in good condition but still without any change in the size of the mass. Hence, RECIST is a poor predictor of clinical benefit in GIST.

References

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