NICE National Institute for Health and Care Excellence

NICE Pathways

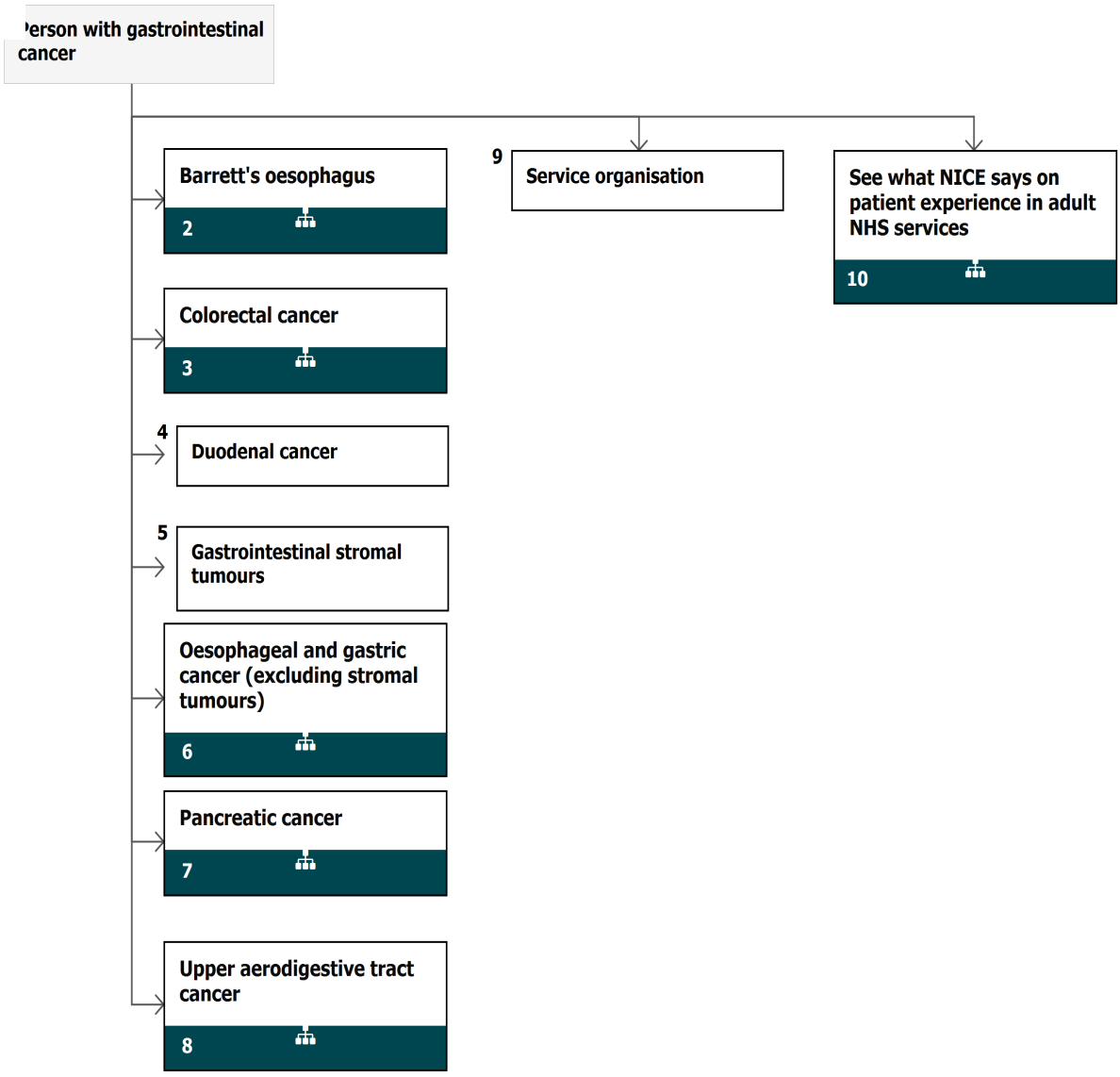
Gastrointestinal cancers overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/gastrointestinal-cancers
NICE Pathway last updated: 07 February 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with gastrointestinal cancer

No additional information

2 Barrett's oesophagus

See Barrett's oesophagus

3 Colorectal cancer

See colorectal cancer

4 Duodenal cancer

NICE has published interventional procedures guidance on endoscopic mucosal resection and endoscopic submucosal dissection of non-ampullary duodenal lesions with **special arrangements** for clinical governance, consent and audit or research.

5 Gastrointestinal stromal tumours

Imatinib as adjuvant treatment

The following recommendations are from NICE technology appraisal guidance on imatinib for the adjuvant treatment of gastrointestinal stromal tumours.

Imatinib is recommended as an option as adjuvant treatment for up to 3 years for adults who are at high risk of relapse after surgery for KIT (CD117)-positive gastrointestinal stromal tumours, as defined by the Miettinen 2006 criteria[1] (based on tumour size, location and mitotic rate).

People currently receiving treatment initiated within the NHS with imatinib that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.

NICE has written information for the public on imatinib as adjuvant treatment.

[1] Miettinen M, Lasota J (2006) Gastrointestinal stromal tumours: review on morphology, molecular pathology, prognosis, and differential diagnosis. Archives of Pathology & Laboratory Medicine 130: 1466–78.

Imatinib for unresectable and/or metastatic gastrointestinal stromal tumours

The following recommendations are from NICE technology appraisal guidance on imatinib for the treatment of unresectable and/or metastatic gastro-intestinal stromal tumours.

Imatinib treatment at 400 mg/day is recommended as first-line management of people with KIT (CD117)-positive unresectable and/or KIT (CD117)-positive metastatic gastro-intestinal stromal tumours.

Continuation with imatinib therapy is recommended only if a response to initial treatment is achieved within 12 weeks.

Responders should be assessed at intervals of approximately 12 weeks thereafter. Continuation of treatment is recommended at 400 mg/day until the tumour ceases to respond.

An increase in the dose of imatinib is not recommended for people receiving imatinib who develop progressive disease after initially responding.

The use of imatinib should be supervised by cancer specialists with experience in the management of people with unresectable and/or metastatic gastro-intestinal stromal tumours.

NICE has written information for the public on imatinib for unresectable and/or metastatic gastro-intestinal stromal tumours.

High-dose imatinib

The following recommendations are from NICE technology appraisal guidance on imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours.

Imatinib at 600 or 800 mg/day is not recommended for people with unresectable and/or metastatic gastrointestinal stromal tumours whose disease has progressed after treatment with 400 mg/day imatinib.

People who are currently receiving 600 or 800 mg/day imatinib for unresectable and/or metastatic gastrointestinal stromal tumours should have the option to continue therapy until they and their clinicians consider it appropriate to stop.

NICE has written information for the public on high-dose imatinib.

Sunitinib

The following recommendations are from NICE technology appraisal guidance on sunitinib for the treatment of gastrointestinal stromal tumours.

Sunitinib is recommended, within its licensed indication, as a treatment option for people with unresectable and/or metastatic malignant gastrointestinal stromal tumours if:

- imatinib treatment has failed because of resistance or intolerance, and
- the drug cost of sunitinib (excluding any related costs) for the first treatment cycle will be met by the manufacturer.

The use of sunitinib should be supervised by cancer specialists with experience in treating people with unresectable and/or metastatic malignant gastrointestinal stromal tumours after failure of imatinib treatment because of resistance or intolerance.

NICE has written information for the public on sunitinib.

Regorafenib

The following recommendations are from NICE technology appraisal guidance on regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours.

Regorafenib is recommended as an option for treating unresectable or metastatic gastrointestinal stromal tumours in adults whose disease has progressed on, or who are intolerant to, prior treatment with imatinib and sunitinib, only if:

- their Eastern Cooperative Oncology Group (ECOG) performance status is 0 to 1 and
- the company provides regorafenib with the discount agreed in the patient access scheme.

When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.

These recommendations are not intended to affect treatment with regorafenib that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

See why we made the recommendations on regorafenib [See page 8].

NICE has written information for the public on regorafenib.

6 Oesophageal and gastric cancer (excluding stromal tumours)

See Oesophageal and gastric cancer

7 Pancreatic cancer

See Pancreatic cancer

8 Upper aerodigestive tract cancer

See Upper aerodigestive tract cancer

9 Service organisation

NICE has published cancer service guidelines on:

- improving outcomes for people with sarcoma
- improving outcomes in colorectal cancer and
- improving supportive and palliative care for adults with cancer.

For further information, see what NICE says on opioids for pain relief in palliative care and end of life care for people with life-limiting conditions.

10 See what NICE says on patient experience in adult NHS services

See Patient experience in adult NHS services

Why we made the recommendations on regorafenib

Current treatment for unresectable or metastatic gastrointestinal stromal tumours after disease progression on, or intolerance to, prior treatment with imatinib and sunitinib is best supportive care.

The evidence shows that people having regorafenib have longer before their disease progresses compared with those having best supportive care. However there is some uncertainty around how long regorafenib increases the overall length of time people live compared with those on best supportive care.

Regorafenib meets NICE's criteria to be considered a life-extending end-of-life treatment, and the most plausible cost-effectiveness estimate is around £44,000 per quality-adjusted life year gained. Therefore it can be recommended for use in the NHS.

Regorafenib is only recommended for people who have an ECOG performance status of 0 to 1 because in clinical practice, regorafenib is only expected to be used in people who have an ECOG performance status of 0 to 1; there is limited evidence for its use in people with a performance status of 2 or more.

For more information see the committee discussion in the NICE technology appraisal on regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours.

Sources

Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours (2017) NICE technology appraisal guidance 488

Imatinib for the adjuvant treatment of gastrointestinal stromal tumours (2014) NICE technology appraisal guidance 326

Imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours (2010) NICE technology appraisal guidance 209

Sunitinib for the treatment of gastrointestinal stromal tumours (2009) NICE technology appraisal guidance 179

Imatinib for the treatment of unresectable and/or metastatic gastro-intestinal stromal tumours (2004) NICE technology appraisal guidance 86

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.