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Twenty year survival of advanced gastrointestinal stromal tumours treated with imatinib: Exploratory long-term follow-up of the BFR14 trial

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Background

Gastrointestinal stromal tumors (GIST) are driven in >75% of patients by mutations in KIT and PDGFRA kinases. Imatinib, a tyrosine kinase inhibitor, has shown efficacy in metastatic GIST but the long-term survival impact remains less understood, especially after extended treatment durations.

Methods

The BFR14 study, initiated in 2002, is a multicentric randomized phase III clinical trial involving 434 patients with advanced or unresectable GIST, treated with imatinib. This long-term follow-up aimed to assess the survival outcomes of the patients prospectivey included in this study. Patient demographics, mutation status, overall survival (OS) and response rates were collected.

Results

With a median follow-up of 219 months, median OS was 75.3 months. Survival rates at 10, 15, and 20 years were 33.9%, 19.8%, and 13.1%, respectively. Factors significantly associated with better survival included female gender, gastric tumor location, smaller primary tumor size, and KIT exon 11 mutations. Surgical resection of metastases with R0 resections are associated with a doubling of median survival. Achieving complete responses was associated with a prolonged OS.

Conclusions

This long term follow-up of the BFR14 trial shows long-term efficacy of imatinib in patients with advanced GIST. Complete resection of metastasis and achievement of complete response is associated with a doubling of median survival.

Clinical trial identification

NCT00367861 Release Date: June 2002.

Legal entity responsible for the study

French Sarcoma Group/Unicancer.

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Disclosure

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