HCP News Introducing GIST and Sarcoma

Dr Richard Quek says he has “the best job in the world”.

The Singapore based specialist in both GIST and sarcoma cancers believes it is a great privilege to care for patients during what is often a difficult cancer journey. “I enjoy the deep interactions I have with my patients and I am honored that they come to me and entrust me with their treatment, health and life,” he reflects. There are many variations of passages of Lorem Ipsum available, but the majority have suffered alteration in some form, by injected humour, or randomised words which don’t look even slightly believable. If you are going to use a passage of Lorem Ipsum, you need to be sure there isn’t anything embarrassing hidden in the middle of text. All the Lorem Ipsum generators on the Internet tend to repeat predefined chunks as necessary, making this the first true generator on the Internet. It uses a dictionary of over 200 Latin words, combined with a handful of model sentence structures, to generate Lorem Ipsum which looks reasonable. The generated Lorem Ipsum is therefore always free from repetition, injected humour, or non-characteristic words etc.

Firstly, what is a GIST tumour and who do these tumours affect?

It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum.

1. What makes a GIST tumour different to other cancers?

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2. How common is the incidence of GIST in South East Asia and particularly, in Singapore?

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3. What are the early symptoms of these tumours?

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4. What are the next treatment paradigms for GIST?

Treatment of GIST involves a multi-disciplinary approach. In cases of localised disease, where the disease has not yet spread, treatment will involve surgery with or without adjuvant (preventive) systemic treatment. If the tumor is easily resectable, surgery is advised. Patients are then risk stratified based on tumor size, site, mitosis per 50 high-power field (HPF) and presence/absence of tumor rupture. Patients with low and very low risk GIST are best observed post-surgery. Patients with high-risk GIST are advised to commence on extended adjuvant

systemic therapy with imatinib. Currently, the duration of extended adjuvant imatinib is three years. For patients with intermediate risk GIST, the data is less clear and the clinical situation calls for shared decision making with the patient. In cases of localised GIST where surgery is potentially morbid e.g. rectal GIST involving an abdomino-perineal resection and permanent colostomy, one can consider pre-operative systemic therapy to downsize the tumor prior to surgery. In cases of metastatic GIST, treatment is palliative. Having said that, the field has made many significant advances since the early 2000s. We now have four lines of approved tyrosine kinase inhibitors (TKIs) for use in advanced GIST including imatinib, sunitinib, regorafenib and now, ripretinib. Notably, the response to each type of drug also depends on the molecular profile. Some GIST harbour mutations which respond very well to certain drugs while others do not. Making things even more complicated, some specific subtypes of mutations within the same gene respond differently to the same drug. For example, in *KIT*-mutant GISTs, patients with *KIT* exon 11 respond well to imatinib while those with *KIT* exon? respond less well.