

# NEW HORIZONS GIST

SEPTEMBER 5 – 7, 2018 – VIENNA, AUSTRIA

**GIST 1: Challenges and open questions in GIST treatment from the patient perspective (10 min each)**

**2. Metastatic disease**

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## GIST Busters T-Shirt (Men's Blue)

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Welcome to our T-Shirt Fundraiser! Make a \$35 donation to GIST Sarcoma Life Raft Group Canada and receive a GIST Busters T-Shirt as a gift from us. A \$25 tax receipt will also be provided with each donation (\$10 subtracted from the total donation amount to cover the cost of the t-shirt).

Have questions about the fundraiser or the T-shirts? Please [contact us](#).



**GIST Busters T-Shirt (Men's Blue)**

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**GIST Busters T-Shirt (Men's Grey)**

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**GIST Busters T-Shirt (Men's Yellow)**

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**GIST Busters T-Shirt (Women's Blue)**

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**GIST Busters T-Shirt (Women's Charcoal Grey)**

\$35.00

Select options



**GIST Busters T-Shirt (Women's Yellow)**

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**Can we (finally) push the need for mutational testing of all new GISTs ... If necessary, by a test-case malpractice lawsuit on behalf of a wild-type patient who suffers bad side effects - with no benefit - from imatinib therapy?**

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**Will one of the new drugs (Avapritinib(BLU-285), Deciphera, Plexxikon ...) - if and when approved - be better than imatininb in first-line treatment?  
Could this be tested by “off-label” use in first line?**

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**When imatinib resistance develops, would it be better to continue imatinib and add a new drug (avapritinib? or ...?), instead of stopping imatinib and switching to another drug?**

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**The long-term side effects of TKIs, including imatinib:**

**What can we learn from other diseases (esp. CML) that are treated with TKIs?**

**Can a useful animal model of side effects be developed?**

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**Many patients - despite months/ years of successful treatment with TKIs, eventually develop progressive disease that is very hard to treat.**

**(Dr. Tap: “GIST patients do well, until they don’t do well ... and then they don’t do well.”)**

**Is a more aggressive approach to residual stable lesions (RFA? Surgery? Chemo-embolism?) appropriate, given that so few options are available for effective control of progressive GIST?**



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