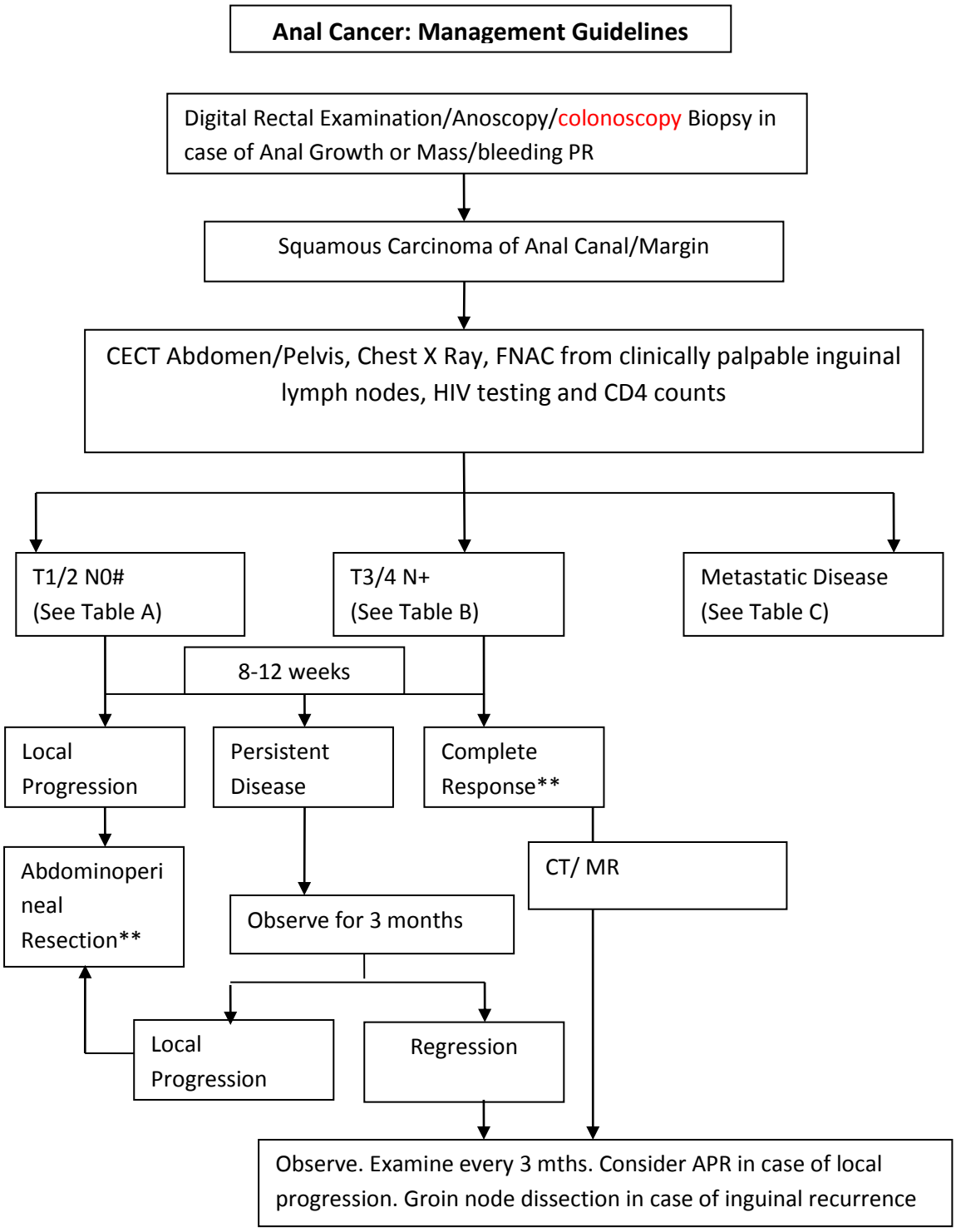

**= Patients with HIV and low CD4 counts may not tolerate full dose chemoradiation and may require omission of MMC or dose modification of radiation.*

#= patients with T1 seen after local excision and negative margins may be observed. Those with close or involved margins need full dose chemoradiation.

***APR may be needed in all patients with poor sphincter function causing fecal incontinence*

Table A

5FU or Cape + MMC* and Radiation. (45-50Gy) +/- Boost for T2

Table B

Table C

Cisplatin based chemo+/-RT
PACLI+CARB or
5 FU +Cisplatin

GIST (Gastrointestinal Stromal Tumour)

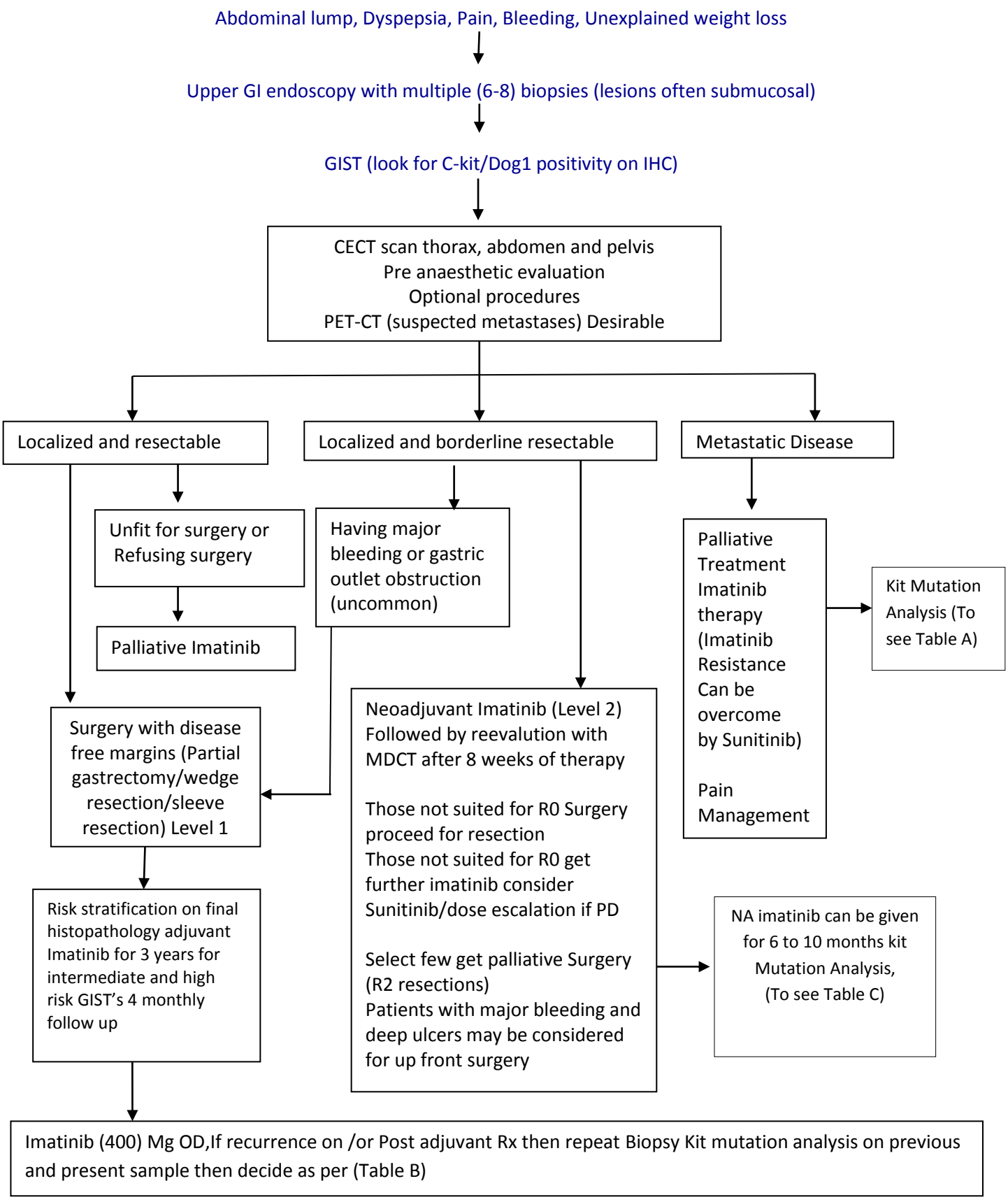

Table A

Imatinib 400 mg OD or 800 Mg /Day Previous Rx /exon 9 Imatinib 800 OD/Day early assessment SOS Sunitinib 50 mg or 37.5 mg OD 4 weeks on and 2 weeks off if progression on Imatinib Prazopanib can be considered if unfit or progressive on sunitinib

Table B

Previous exon 11 and now exon 9, wild exon 13,17 sunitinib preferred OR Imatinib 800 mg /Day Previous Exon 11 and now Exon 11 Imatinib 400 mg/ 800 mg /Day OR Sunitinib 50 OD or 37.5 mg OD 4 weeks on and 2 weeks off

Table C

Exon 9, Imatinib 800 mg /day assess for resectability Rest: Imatinib 400 mg/day

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1. results

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