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topics/imatinib](http://www.aruplab.com/topics/imatinib)

References

1. Picard S, et al. Trough imatinib plasma levels are associated with both cytogenetic and molecular responses to standard-dose imatinib in chronic myeloid leukemia. *Blood*. 2007;109:3496–99.
2. Demetri GD, et al. Imatinib plasma levels are correlated with clinical benefit in patients with unresectable/metastatic gastrointestinal stromal tumors. *J Clin Oncol* 2009;27(19): 3141–7.
3. Rousselot P, et al. Personalized daily doses of imatinib by therapeutic drug monitoring increase the rates of molecular responses in patients with chronic myeloid leukemia. Final results of the randomized OPTIM imatinib study. *Blood* 2015;126(23):133.
4. Padula WV, et al. Cost-effectiveness of tyrosine kinase inhibitor treatment strategies for chronic myeloid leukemia in chronic phase after generic entry of imatinib in the United States. *J Natl Cancer Inst* 2016;108(7).
5. Guilhot F, et al. Plasma exposure of imatinib and its correlation with clinical response in the tyrosine kinase inhibitor optimization and selectivity trial. *Haematologica* 2012;97(5):731–8.
6. Bouchet S, et al. Therapeutic drug monitoring of imatinib in chronic myeloid leukemia: experience from 1216 patients at a centralized laboratory. *Fundam Clin Pharmacol* 2013;27(6):690–7.



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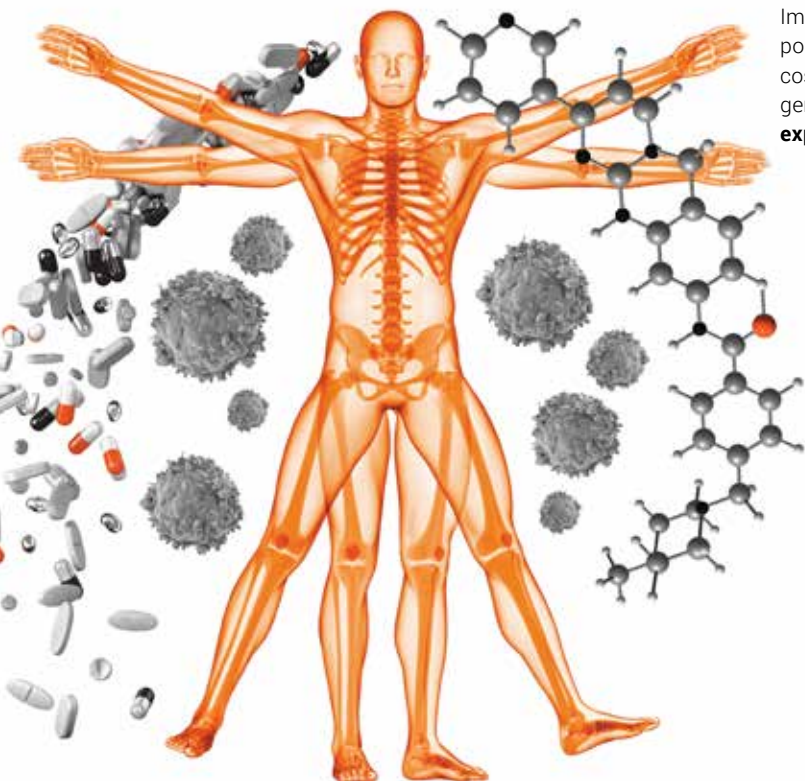
Imatinib— Therapeutic Drug Monitoring (TDM)



testing at ARUP Laboratories



ARUP now offers a **therapeutic drug monitoring (TDM)** test for chronic myelogenous leukemia (**CML**) and gastrointestinal stromal tumor (**GIST**) patients being treated with the tyrosine kinase inhibitor (**TKI**) imatinib.



Reasons For Ordering This Test

1. Identify non-adherence
2. Optimize dose
3. Investigate cause of therapeutic failure
4. Identify possible drug-to-drug interactions when changes to drug therapy are made
5. Evaluate plasma concentrations when switching from one formulation to another (e.g., brand name versus generic)

Why Is This Testing Important?

Imatinib is a first-line treatment for CML and GIST and is most effective when trough levels (C_{min}) are maintained above a predetermined therapeutic level.^{1,2}

- CML: 1000 ng/mL target¹
- GIST: 1100 ng/mL target²

Imatinib, when dosed according to TDM, yields similar MMR as second generation TKIs.³

Cost Savings

Imatinib TDM helps you meet goals of improving population health, patient treatment, and reducing the cost of treating CML and GIST. With the introduction of generic imatinib for the treatment of CML, the **price is expected to drop**.⁴

Clinical Trials Support the Use of TDM For Imatinib Treatment of CML

OPTIM Imatinib Study³ (133 CML Patients)

- Two-thirds (2/3) of patients did not have optimal imatinib exposure and would benefit from individualized TDM
- Major molecular response (MMR) at 12 months was achieved in 63 percent of patients in arm 1 dosed by TDM, compared to 37 percent of patients in arm 2 (no TDM; $p=0.031$)

TOPS Imatinib Trial⁵ (476 CML patients)

- Imatinib trough levels >1165 ng/mL were associated with a faster time to MMR ($p=0.0304$)
- Trough levels above 3180 ng/mL were associated with a higher frequency of all grade neutropenia, anemia, and leukopenia, but not thrombocytopenia

Laboratory Testing at ARUP

test code test name

3000539 Imatinib

- Ordering Recommendation: Optimize drug therapy and monitor patient adherence.
- Fast turnaround time (1–5 days).

TDM Can Improve Dose Optimization

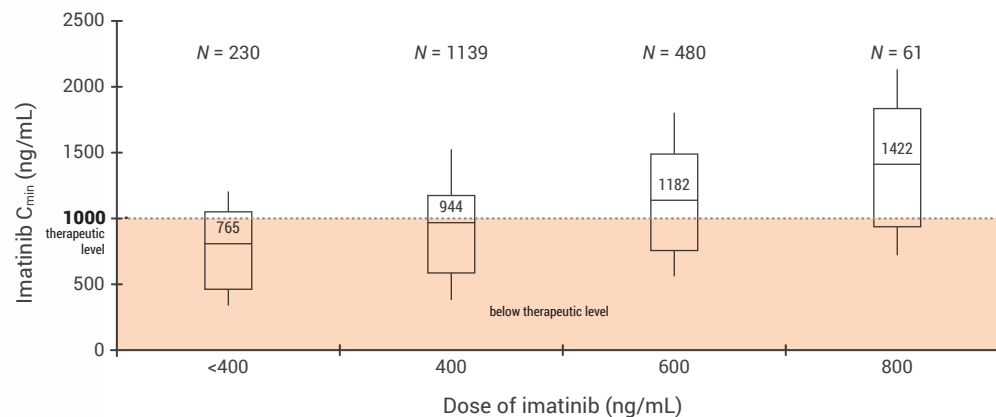


Figure 1. In a study of 1,910 CML samples, imatinib trough plasma concentration levels are shown according to total daily dose. At each dose, mean concentrations are stated and indicated by a horizontal line. The top and bottom of each box represent the 25th and 75th percentiles, and vertical lines indicate the standard deviation. The dotted line corresponds to the imatinib C_{min} threshold (1002 ng/mL).⁵

For additional information, visit: www.aruplab.com/topics/imatinib

