New Oncology reimbursements in Belgium

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Imatinib, Glivec®

The reimbursement modalities for Glivec® in GIST have been modified allowing adjuvant treatment under specific conditions. A standardised document has been introduced stating the following:

Glivec® is reimbursed for GIST patients in the following situations:

1. Post-operative, adjuvant treatment of high-risk GIST defined according to the modified NIH criteria published in Human Pathology in 2008.
2. Unresectable and/or metastatic GIST
3. Exceptional situation of 1) and 2) where the patients had a GIST relapse during adjuvant therapy with imatinib.

The maximal duration of adjuvant imatinib reimbursement is three years starting from the year of GIST resection.

The treating physician must indicate whether it concerns a first application for reimbursement or whether it concerns an application for prolongation of the imatinib treatment. Furthermore, the GIST may not harbour the PDGFRA D842V mutation.

The reimbursement takes a maximal dosing into account of:

- Maximal daily dose of 400mg in case of situation 1) and 2)
- Maximal daily dose of 800mg for patients in situation 3)

Sorafenib, Nexavar®

The reimbursement conditions for Nexavar in hepatocellular carcinoma were slightly modified. More specifically, Nexavar® is now reimbursed for the treatment of patients with advanced hepatocellular carcinoma with a Child-Pugh A liver function.

In case of laesions in a cirrhotic liver or in patients with Hepatitis B, hepatocellular carcinoma may be diagnosed using medical imaging (dynamic NMR or CT scan, with contrast and evaluated in different phases) or by taking a biopsy. In all other cases, a liver biopsy is required for the diagnosis of hepatocellular carcinoma.

Asparaginase, Oncaspar®

Oncaspar® is reimbursed for the treatment of patients with acute lymphoblastic lymphoma (ALL). As a result, the reimbursement of Asparaginase Erwinia is now restricted to patients with acute lymphoblastic leukaemia who have a hypersensitivity to Paronal® or Oncaspar®.

Table 1. Posed modification of consensus classification for selecting patients with GIST for adjuvant therapy.

Risk category	Tumour size (cm)	Mitotic index (per 50 HPFs)	Primary tumour site
Very low risk	<2.0	≤5	any
Low risk	2.1-5.0	≤5	any
Intermediate risk	2.1-5.0	>5	gastric
	<5.0	6-10	any
	5.1-10.0	≤5	gastric
High risk	any	any	tumour rupture
	>10	any	any
	any	>10	any
	>5.0	>5	any
	2.1-5.0	>5	non-gastric
	5.1-10.0	≤5	non-gastric

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