Gestational Trophoblastic Disease (GTD)

This handout will talk about the types of gestational trophoblastic disease (GTD) and treatment options.

Types of Gestational Trophoblastic Disease (GTD)

There are many types of GTD. The most common type is a benign tumor, which is non-cancerous. Another type is a cancerous tumor, which happens when abnormal cells grow and multiply quickly. Other types of GTD are listed below.

Molar Pregnancy

This is when the sperm and an egg join without resulting in a pregnancy and becomes a cluster of cysts. About 1 out of 5 molar pregnancies can result in cancer.

Invasive Mole

Sometimes, abnormal cells from the placenta can invade the outside layer of the uterus. This is an invasive mole. Sometimes, you can see the mole on an ultrasound or MRI. Symptoms include.

- Irregular vaginal bleeding
- Cysts on your ovaries
- An enlarged uterus
- hCG levels that don't decline

Choriocarcinoma

This is a cancer that starts in cells in the placenta. The cells grow fast and are more likely to spread to other organs such as lung, liver, or brain. These cells attack blood vessels and often cause bleeding.

Placental-site Trophoblastic Tumor (PSTT)

PSTT is a rare type of GTD that forms tumors. These tumors are often found in the uterus. PSTT is caused by certain cells which are found in the placenta. These cells do not produce much hCG so the hCG blood level is very low or normal. PSTT does not respond well to chemotherapy, so treatment may involve surgery.

Staging

Doctors use staging to look at how far the disease has spread.

- **Stage I**: All patients with constant high hCG levels and tumor(s) in the uterus.
- **Stage II**: The presence of tumor outside of the uterus but only in the the vagina and/or pelvis.
- **Stage III**: Cancer has spread to the lungs with or without uterine, vaginal, or pelvic tumors.
- **Stage IV:** Cancer has spread to other sites such as the brain, liver, kidneys, and gastrointestinal tract.

Treatment

Treatment is based on:

- Size and location of the tumor
- The results of hCG levels
- Stage of the disease
- Your age
- General health
- Your wishes about future fertility

Single Agent Chemotherapy
Your doctor may do a single agent chemo treatment. During chemo, the doctor injects a single medicine into your body. The most common medicines are:

- Methotrexate (injected into the vein or muscle)
- Actinomycin-D (injected into the vein)

Multi Agent Chemotherapy
If the tumor is resistant to single agent medicine, we may use multi-agent chemo for high-risk patients who have stage II, III or IV disease. The doctor injects multiple medicines through the vein. The most common medicines used are:

- Etoposide/VP-16
- Methotrexate
- Actinomycin-D
- Vincristine
- Cyclophosphamide

Surgery
Hysterectomy (uterus removal) may be a treatment option if you do not wish to get pregnant.

Radiation
Doctors may use radiation to treat cancer that has spread to certain areas.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7134.

Modified WHO Prognostic Scoring System as Adapted by FIGO (International Federation (Gynecology and Obstetrics)

Scores	0	1	2	4
Age	<40	>40		
Antecedent pregnancy	Mole	Abortion	Term	
Interval months from index pregnancy	<4	4–7	7–13	>13
Pretreatment Serum hCG (IU/L)	<1000	<10,000	<100,000	>100,000
Largest tumor size (including uterus)		3–<5 cm	>5 cm	
Site of metastases	Lung	Spleen/kidney	GI	Liver/brain
Number of metastases	–	1–4	5–8	>8
Previous failed chemotherapy			Single drug	2 or more drugs

Format for reporting to FIGO Annual Report: In order to stage and allot a risk factor score, a patient's diagnosis is allocated to a stage as represented by a roman numeral I, II, III, and IV. This is then separated by a colon from the sum of all the actual risk factor scores expressed in arabic numerals; e.g., stage 11:4, stage IV:9. This stage and score will be allotted for each patient. (Berkowtiz, R.S. & Goldstein, D.S.)