

## GESTATIONAL TROPHOBLASTIC TUMORS (GTT)

### I. **Molar Pregnancy:**

Chemotherapy is necessary, if:

1. Rising BHCG Titre for 2 weeks (3 titres).
2. Tissue diagnosis of Choriocarcinoma.
3. Plateau of the BHCG for 3 weeks.
4. Metastatic disease (good prognosis).
5. An elevation in BHCG after a normal value.
6. Post evacuation hemorrhage not caused by retained tissue.

? Chemotherapy for molar pregnancy is the same as for non-metastatic GTT, see Table No. 1

### II. **Non-Metastatic GTT: same as above.**

### III. **Metastatic GTT: see Table No. 3 to identify risk groups**

? **Low Risk:** Single agent (Methotrexate or Dactinomycin), See Table 1.

If no response give MAC III, see Table No. 2.

? **Intermediate Risk:** Give MAC III, Table No. 2,

If no response, give EMA/CO, see Table No. 2

? **High Risk:** EMA/CO see Table No. 2

#### References:

(Practice Guidelines GTT, March 1998, Oncology)  
(GTT, NCI Practice Guidelines, Update 2, 2000)  
(The Chemotherapy Source Book, Second Edition,  
1996, pg. 861-862.)

**Table No. 1 (GTT)**

<b>Molar Pregnancy</b>	<b>Non Metastatic GTT</b>	<b>Metastatic Disease (Low Risk)</b>
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**Low-Risk Disease**

MTX: 1 mg/kg/day I.M. Days 1, 3, 5, 7

Leucovorin 0.1 mg/kg/day I.M. or P.O. Days 2, 4, 6, 8

? If HCG does not fall by 1 Log at day 14 **increase** doses by 50%, if no response after 2 cycles, the patient should be **switched** to Actinomycin D 12-15 ?g/kg/day I.V days 1-5.

*Mucositis Prevention see ( page 18 )*

*GCSF support*

**Note:** If patient has abnormal Liver Function, then Actinomycin D should be used.

(Repeat every 14 days until serum HCG ? 5 mIU/ml, then give one additional cycle)

OR

MTX 40 mg/m<sup>2</sup>I.V, day 1

(Repeat every 7 days until 3 normal consecutive weekly serum HCG)

*Hydration* encourage oral intake

*Antiemetics* : see antiemetic protocol (page 16 )

*Mucositis Prevention see ( page 18 )*

**Table No. 2 (GTT)**

**Intermediate Risk Disease**

**MAC III**

MTX 1 mg/kg/day I.M. Days 1, 3, 5, 7.  
Leucovorin 0.1 mg/kg/day I.M. or P.O. Days 2, 4, 6, 8.  
Actinomycin D 12 ?g/kg/day I.V for 5 days.  
Cyclophosphamide 3 mg/kg/day I.V for 5 days.  
*Hydration:* encourage oral intake  
*Antiemetics :* see antiemetic protocol (page 16 )  
*Mucositis Prevention see ( page 18 )*  
*GCSF support.*

(Repeat every 21 days )

**High Risk Disease**

**EMA/CO**

Etoposide 100 mg/m<sup>2</sup>/day I.V Days 1, 2  
MTX 100 mg/m<sup>2</sup> I.V bolus day 1, then 200 mg/m<sup>2</sup> I.V by 12 hour infusion  
Leucovorin 15 mg P.O. every 12 hour, days 2, 3 (start 24 hour after MTX started)  
Actinomycin D 0.5 mg/day I.V Days 1, 2  
Cyclophosphamide 600 mg/ m<sup>2</sup> I.V day 8  
Vincristine 1 mg/ m<sup>2</sup> I.V Day 8 (max. 2 mg)  
*Hydration:* 125 CC NS. /hr IV day 1  
*Antiemetic :* see protocol (page16 )  
*Mucositis Prevention see ( page 18 )*  
*GCSF support*

(Repeat every 14 days )

**Table No. 3 (GTT)**  
**World Health Organization Prognostic Index Score For Gestational Trophoblastic Disease**

Prognostic Factor	Score			
	0	1	2	3
Age by years	< 39 yr	> 39 yr	--	--
Antecedent Pregnancy	Mole	Abortion	Term	-
Interval (mo)	< 4 mo	4 - 6 mo	7 - 12 mo	>12 mo
HCG (mIU/mL)	< 10 <sup>3</sup> mIU/mL	10 <sup>3</sup> – 10 <sup>4</sup> mIU/mL	10 <sup>4</sup> – 10 <sup>5</sup> mIU/mL	> 10 <sup>5</sup> mIU/mL
ABO Groups	--	O or A	B or AB	--
Largest Tumor, including uterine (cm)	--	3 – 5 cm	> 5 cm	--
Site of Metastases	Lung, Pelvis, Vagina	Spleen, Kidney	GI Tract, Liver	Brain
Number of Metastases	--	1 – 3	4 – 8	> 8
Prior chemotherapy	--	--	Single	Multiple

**Risk Category for falling Initial Therapy given total Score:**

Risk	Score
Low Risk	0 – 4
Intermediate Risk	5 – 7
High Risk	> 8