Treating Persistent Trophoblastic Disease and Choriocarcinoma

A Quick Guide

Contents

This is a brief summary of ‘Treating persistent trophoblastic disease and choriocarcinoma’ from our website. You will find more detailed information on there. In this information there are sections on

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You can view this information in a larger print on our website.

Staging

Persistent trophoblastic disease (PTD) and choriocarcinoma belong to a group of tumours called gestational trophoblastic tumours (GTTs). The tests and scans that your doctor carries out will give information about the stage. This means whether the disease has spread, and if so, how far. Staging is important because treatment is decided according to the stage.

There are 4 main stages.

• **Stage 1** is an early tumour that affects only the womb
• **Stage 2** is when the tumour has spread outside the womb to genital areas nearby, such as the vagina and ovary
• In **stage 3** the disease has spread to the lungs and may or may not be affecting the local area around the womb
• In **stage 4** the disease has spread (metastasised) to other parts of the body.

Risk factors

Your doctors look at certain risk factors that help them to decide about chemotherapy treatment. These factors include:

• Your age
• The type of pregnancy you had
• The time between the end of pregnancy and your diagnosis
• The level of a hormone called human chorionic gonadotrophin (hCG) in your blood
• The size of your tumour
• How much the tumour has spread.
Outlook
Prognosis means the likely outcome of your disease and treatment. In other words, your chances of getting better.

With gestational trophoblastic tumours, the outlook is generally very good and most women are cured.

Types of treatment
There is treatment available for all types and stages of GTT. And nearly all of them are cured.

Women who had a molar pregnancy will have had a small operation called a D and C to remove the molar tissue from the womb. If the molar tissue comes back you will need further treatment for persistent trophoblastic disease.

Your doctor decides on your treatment depending on whether there is a low or high risk of the PTD coming back again after treatment.

If you have low risk disease you usually have a course of chemotherapy injections into the muscle of your bottom. For most women this cures their GTT. But a small number may need further chemotherapy treatment with drugs through a drip into a vein.

If you have high risk disease you will have chemotherapy treatment into a vein. If your disease has spread to your brain, you may need chemotherapy injected into the fluid around your spinal cord.

Some women may need to have surgery if their PTD or choriocarcinoma does not respond to chemotherapy, or if the tumour is causing excessive bleeding.

Doctors very rarely use radiotherapy to treat GTT. But you might have it to treat disease that has come back and is affecting the brain, or disease that has not responded to chemotherapy.

About chemotherapy
Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy tumour cells.

When you might need chemotherapy
Persistent trophoblastic disease occurs in some women after an abnormal type of pregnancy called a molar pregnancy. If surgery has not removed all the abnormal molar tissue the level of a hormone called hCG will stay high in your blood and urine.

If your hCG level does not return to normal, or if there is evidence of choriocarcinoma in the tissue sample taken during your surgery, you will need tests to find out whether the disease has spread beyond the womb. Knowing whether the abnormal cells have spread helps your doctors to decide which chemotherapy treatment you need – low or high risk treatment.

Chemotherapy drugs
Depending on whether the tumour has spread (the stage of your disease), you’ll have either one chemotherapy drug or a combination of drugs. The number of courses of chemotherapy you need to have will depend on the levels of a hormone in your blood called hCG.

PTDs are divided into low risk and high risk disease. If your tumour is low risk you will have treatment with a drug called methotrexate. You have this as an injection into a muscle. You also have a tablet called folinic acid 24 hours after each injection. The folinic acid helps to reduce the side effects of methotrexate. If your hCG levels don’t go back to normal, you will change chemotherapy and have drugs through a drip into a vein.

PTDs and choriocarcinomas in the high risk group have a combination of chemotherapy drugs through a drip into a vein. You may have slightly different treatment depending on which hospital is treating you. The drugs used may include methotrexate, actinomycin, etoposide, cyclophosphamide, and vincristine.
Possible side effects of the drugs
The side effects you get depend on the drugs and dose that you have, and how you individually react to them. Possible side effects include increased risk of infections, tiredness (fatigue), feeling and being sick, taste changes, mouth sores and ulcers, diarrhoea, gritty eyes, pain in your chest, and hair thinning or hair loss.

What to ask your doctor about chemotherapy
• Why do I need chemotherapy?
• Are there other treatments I could have?
• Which drugs will I have?
• How will I have the treatment?
• Will I have to stay in hospital?
• What are the side effects?
• Can I do anything to help prevent side effects?
• Who can help me cope with side effects?
• Who can I contact if I am worried about side effects?
• What should I do if I get an infection?
• How long will I have chemotherapy for?
• How many courses of chemotherapy will I need?
• How long will I have to be off work?
• How can you tell if the chemotherapy is working?
• How long will it take me to get over the treatment?

Surgery
Doctors don’t often use surgery to treat persistent trophoblastic disease or choriocarcinoma. But a few women may need an operation to remove their womb (hysterectomy) for one of the following reasons:

• Their tumour does not respond to chemotherapy
• The tumour is causing a lot of bleeding from the womb

Very occasionally, women with a molar pregnancy are offered a hysterectomy as an initial treatment. This might be because they don’t want any more children or because they already have a condition of the womb, such as fibroids.

Surgery for GTT that has spread
Women with GTT occasionally need surgery to remove disease that has spread to other parts of the body. For example, you might have an operation to remove a lobe of the lung (lobectomy) if the disease has spread to the lung but is only in one lobe. Or you may need surgery if your tumour has spread to the bowel and blocks the bowel.

Radiotherapy
Radiotherapy uses high energy waves to cure cancer. It is not very often used to treat persistent trophoblastic disease or choriocarcinoma.

Radiotherapy for GTT that has spread
You may have external radiotherapy with chemotherapy to reduce symptoms caused by persistent trophoblastic disease or choriocarcinoma that has spread from the womb to other parts of the body.

Radiotherapy for GTT that has spread to the brain
Women who have persistent trophoblastic disease or choriocarcinoma that has spread to the brain may have stereotactic radiotherapy. Stereotactic radiotherapy gives a high dose of radiotherapy to the brain tumour.

Follow up
All women who have had a GTT are monitored closely to check they are clear of disease and to look for any signs of it coming back. The length of your follow up will depend on the treatment you had and on your particular hospital.

What follow up involves
You will have urine or blood tests to check your hCG levels. The specialist centre will give you a kit for your urine tests and you send the samples in to the centre. If you are having blood tests, your GP surgery may be able to do them.
**Future pregnancy**

It is important not to get pregnant until your doctors say it is safe to try. If you have had chemotherapy treatment, doctors recommend that you wait for 12 months from when you finished the chemotherapy before trying to become pregnant.

If you do become pregnant before they recommend it, it is very important to let your specialist team know. Your hCG levels will go up with a normal pregnancy, so they won’t be able to monitor your disease by hCG.

**Gestational trophoblastic tumours (GTTs) research**

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials. Cancer Research UK supports a lot of UK laboratory research into cancer and also supports many UK and international clinical trials.

Treatment for molar pregnancy and GTTs is generally very successful. But doctors are still investigating better ways of preventing, diagnosing and treating them.

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**What to ask your doctor about persistent disease and choriocarcinoma treatment**

- What stage of gestational trophoblastic tumour do I have?
- Which treatment will I have?
- Is there a choice of treatments?
- How long will the treatment go on for?
- Do I have to stay in hospital?
- How long will each treatment cycle last?
- Can I go home in between treatments?
- Is there transport available to and from hospital?
- Can I get help with the cost of fares to the hospital?
- What are the side effects of this treatment?
- What can I do to reduce them?
- Is there a choice of anti sickness medicine if I feel sick?
- Will I still be able to have children after the treatment?
- What contraception should I use?
- Are there any long term effects from this treatment?
- How often will you see me when treatment has finished?
- How will you know if the cancer has come back?
- When can I get pregnant again?
- Could the tumour come back after another pregnancy?
Notes

For more information, visit our website http://www.cruk.org/about-cancer

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

For answers to your questions about cancer call our Cancer Information Nurses on 0808 800 4040 9am till 5pm Monday to Friday.

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