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Cancer Center

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Carol Aghajanian, Chief of Gynecologic Medical Oncology, discusses lab results with a nurse. Gestational trophoblastic disease is a rare but often highly treatable cancer.

Management of gestational trophoblastic disease (GTD)—especially when a GTD tumor has invaded the wall of the uterus or spread beyond the uterus—is a highly specialized area within the field of gynecology. Because of its rarity, few physicians have experience in treating the condition.

At Memorial Sloan Kettering, through appropriate treatment and careful monitoring, most women with GTD tumors are cured, and many are able to have their fertility preserved.

Because this disease affects women of childbearing age, we are extremely sensitive to our patients' desire to have children after the disease is cured, and design a treatment approach that takes into account preferences regarding future fertility.

Diagnosis of GTD

To diagnose a GTD tumor, your doctor will ask you about your medical history, any symptoms you may be experiencing, as well as perform a physical examination. Your doctor will order a urine pregnancy test and a blood test to measure human chorionic gonadotropin (HCG), a hormone produced during pregnancy. Although produced by the placenta in the early stages of a normal pregnancy, this hormone is also generated by most GTD tumors.

If elevated levels of HCG are found, your doctor will likely perform an ultrasound of the pelvis to evaluate for pregnancy. If there is no identifiable pregnancy, the diagnosis of GTD is considered. If spread beyond the uterus is suspected, your doctor may perform other imaging tests, such as chest x-ray, CT scan of the chest, abdomen and pelvis, and/or MRI of the brain.

Treatment of GTD

Once diagnostic tests are completed, your Memorial Sloan Kettering doctor will discuss treatment options with you based on the type of tumor that was found, the extent to which the GTD may have spread, and your desire to preserve fertility.

Surgery

Our surgeons may remove a GTD that is confined to the uterus with a minor outpatient procedure called dilation and curettage (D&C). In this procedure, the cervix is widened (dilated) to allow the contents of the cervical canal and the lining of the uterus to be scraped out with a curette (curettage). A pathologist will evaluate the tissue removed during the D&C to determine what type of GTD you have.

In some cases, women who have completed their childbearing may be treated with surgery to completely remove the uterus in an operation known as a hysterectomy.

Chemotherapy

If GTD has spread into the uterus or to another organ, doctors at Memorial Sloan Kettering may recommend treatment with chemotherapy as well as surgery. Chemotherapy is a drug or combination of drugs that travels through the bloodstream to kill cancer cells where they may have spread (metastasized) from the primary tumor.

In recent years, multidrug chemotherapy regimens have vastly improved the survival and fertility options for women with metastatic disease.

Follow-Up Care

Because all forms of GTD have the potential to recur even after successful treatment, your doctor will want to see you periodically to monitor HCG hormone levels in your blood and make sure that you stay disease-free.

Before trying to conceive again, it is important to wait until your body is fully recovered from treatment and you have completed the monitoring period recommended by your doctor.

Most women who have a GTD can have a normal pregnancy after treatment.

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Available Monday through Friday, 8 a.m. to 6 p.m. (Eastern time)

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