

Gestational trophoblastic neoplasia (GTN)



the women's
the royal women's hospital

What is gestational trophoblastic neoplasia (GTN)?

Gestational trophoblastic neoplasia is the name of a group of rare pregnancy-related cancers. There are several types.

Invasive mole

An invasive mole happens when a partial or complete molar pregnancy (also called a hydatidiform mole) develops into cancer. A molar pregnancy is a rare abnormal growth of pregnancy tissue in your uterus (womb).

This happens in about:

- 1 in 100 partial moles
- 15 in 100 complete moles.

Even a small amount of molar tissue in the body can grow and cause problems.

Treatment is very effective.

Choriocarcinoma

A choriocarcinoma is a cancer that happens when the cells in the placenta become cancerous. It happens in about 1 in 50,000 pregnancies.

Choriocarcinoma can happen after any pregnancy, including full-term, miscarriage, ectopic pregnancy or molar pregnancy.

It can develop months or even years after pregnancy.

It is very rare but can grow quickly. It might cause symptoms and spread to other parts of the body.

It is usually treated with chemotherapy.

Placental site trophoblastic tumour (PSTT)

PSTT is a very rare cancer that grows in the uterus.

It is usually treated with surgery to remove the uterus (hysterectomy).

Epithelioid trophoblastic tumour (ETT)

ETT is another very rare cancer that grows in the uterus. It is also usually treated with a hysterectomy.

Is there a cure for GTN?

Treatment works very well for most people.

- Invasive mole: almost everyone is cured, even if the first treatment is not successful.
- Choriocarcinoma: about 98 out of 100 people no longer have cancer after treatment.
- PSTT and ETT: about 85 out of 100 people no longer have cancer after treatment.

After your treatment, you will have regular blood tests. These tests look for early signs that the cancer has come back, so it can be treated quickly.

Some people need follow-up tests for up to 10 years.

Why have you been referred to the Women's?

Gestational trophoblastic disease is rare. The Women's specialises in diagnosing, treating and monitoring these conditions across Victoria.

The Women's runs the Gestational Trophoblastic Disease Registry and has expert staff with experience in caring for people with these conditions.

Treatments for GTN

If you have been diagnosed with GTN, your doctor will talk with you about the best treatment for you. This depends on your test results and your individual situation.

After a molar pregnancy

Doctors usually treat a molar pregnancy with an operation called dilatation and curettage (D&C). This operation is usually all that is needed to treat the condition.

After the D&C, you will have blood tests to:

- check for any remaining abnormal tissue
- measure your human chorionic gonadotrophins (hCG) level (a hormone made during pregnancy).

If your hCG doesn't return to a normal range, you will need more tests. These may include scans and an appointment at the Women's to discuss further treatment.

Some people may need another D&C or chemotherapy.

For choriocarcinoma, PSTT, or ETT

If you have choriocarcinoma, PSTT, or ETT, you will need scans such as a CT or MRI. Your results will guide your treatment plan.

How doctors choose your treatment

Doctors use your blood tests, scan results, and medical history to choose the best treatment for you. You may need one chemotherapy medicine or more than one.

Doctors decide how long you need treatment based on your hCG levels and test results. If you need chemotherapy, doctors usually give 3 more cycles of chemotherapy after your hCG level returns to normal.

All treatments are based in Melbourne. Where possible and safe, doctors may arrange treatment closer to home.

Chemotherapy for GTN

Single-medicine chemotherapy

Methotrexate

This is usually the first treatment. It is injected into your muscle. The day after your injection, you take a tablet called folinic acid.

Treatment is given over 8 days:

- methotrexate injections on days 1, 3, 5, and 7
- folinic acid tablets on days 2, 4, 6, and 8.

You have one week off before the next cycle.

Actinomycin D

Your doctor may use this medicine if you start methotrexate and need to change treatment. You receive it through a drip into a vein.

Combination chemotherapy

EMA/CO

This uses a mix of chemotherapy medicines. Doctors may use it if:

- you have choriocarcinoma
- your hCG level is very high
- the cancer has spread to other organs
- single-medicine treatment hasn't worked.

For this treatment, you need to come to the hospital every week, and you will stay overnight in the hospital every 2 weeks.

You will continue to have chemotherapy until your hCG level returns to normal. You will then have another 2 to 3 cycles of treatment to make sure the treatment has worked.

Side effects of chemotherapy

Methotrexate is the most common treatment. Side effects are usually mild and may include:

- sore mouth
- sore eyes
- feeling sick (nausea)
- stomach or chest pains
- changes to blood counts
- tiredness (fatigue).

You may have some side-effects or none.

We will give you information about:

- your type of chemotherapy
- how to manage any side effects
- when to get help.

Support during treatment

The Women's GTD nurses will support you and your family during treatment.

They can:

- help organise your care
- answer your questions
- refer you to other health professionals.

You can contact them during business hours on 03 8345 3577.

You can also speak with nurse consultants at your treatment centre.

Rare Cancer Australia offers information and support to patients and carers. Contact the Patient Support Team on 1800 257 600 or email support@rarecancers.org.au.

Looking after yourself

Sun safety

Chemotherapy can make your skin more sensitive to the sun. You can protect your skin by:

- avoiding direct sun and UV exposure
- using SPF 50+ sunscreen
- wearing a hat and covering your skin where possible

Continue doing this during treatment and for one year after your treatment ends.

Reducing your risk of infection

Your resistance to infections and illnesses may be weaker. You can protect yourself by:

- avoiding crowded places, swimming pools, and people with coughs or colds
- talking with your doctor or care coordinator before any dental work.

Sex and contraception

- Do not get pregnant during treatment.
- You can have sex after a molar pregnancy if it does not cause bleeding.
- Use condoms during treatment.
- After completing treatment, you can use any contraception you wish.
- Talk with your local doctor (GP) or care team if you need advice.

After treatment ends

You will need regular blood tests after treatment. Your care team will tell you how often you need tests and for how long.

You will have a follow-up phone appointment with your doctor at the Women's 6 weeks after you finish treatment, even if you had treatment at another hospital.

Future pregnancy

You should wait one year after chemotherapy before trying to get pregnant. This gives your body time to recover from the effects of chemotherapy. It also avoids confusion with hCG test results. We will keep checking your hCG level during this time to make sure the cancer is completely treated.

Risk of another molar pregnancy

The risk of having another molar pregnancy about 1 in 100 . Talk with your care team if you have any questions or concerns.

Resources and support

The Women's fact sheet

Molar pregnancy
thewomens.org.au/health-information/fact-sheets#hydatidiform-mole

Cancer Institute NSW - eviQ

eviQ offers patient information sheets on a large range of topics including medicines.
eviq.org.au/patients-and-carers/patient-information-sheets

Rare Cancers Australia

rarecancers.org.au

Cancer Council Victoria

cancervic.org.au

Red Nose Australia (formerly SANDS)

For pregnancy loss support

rednose.org.au

Do you need an interpreter?



You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732

1800respect.org.au

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department.

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