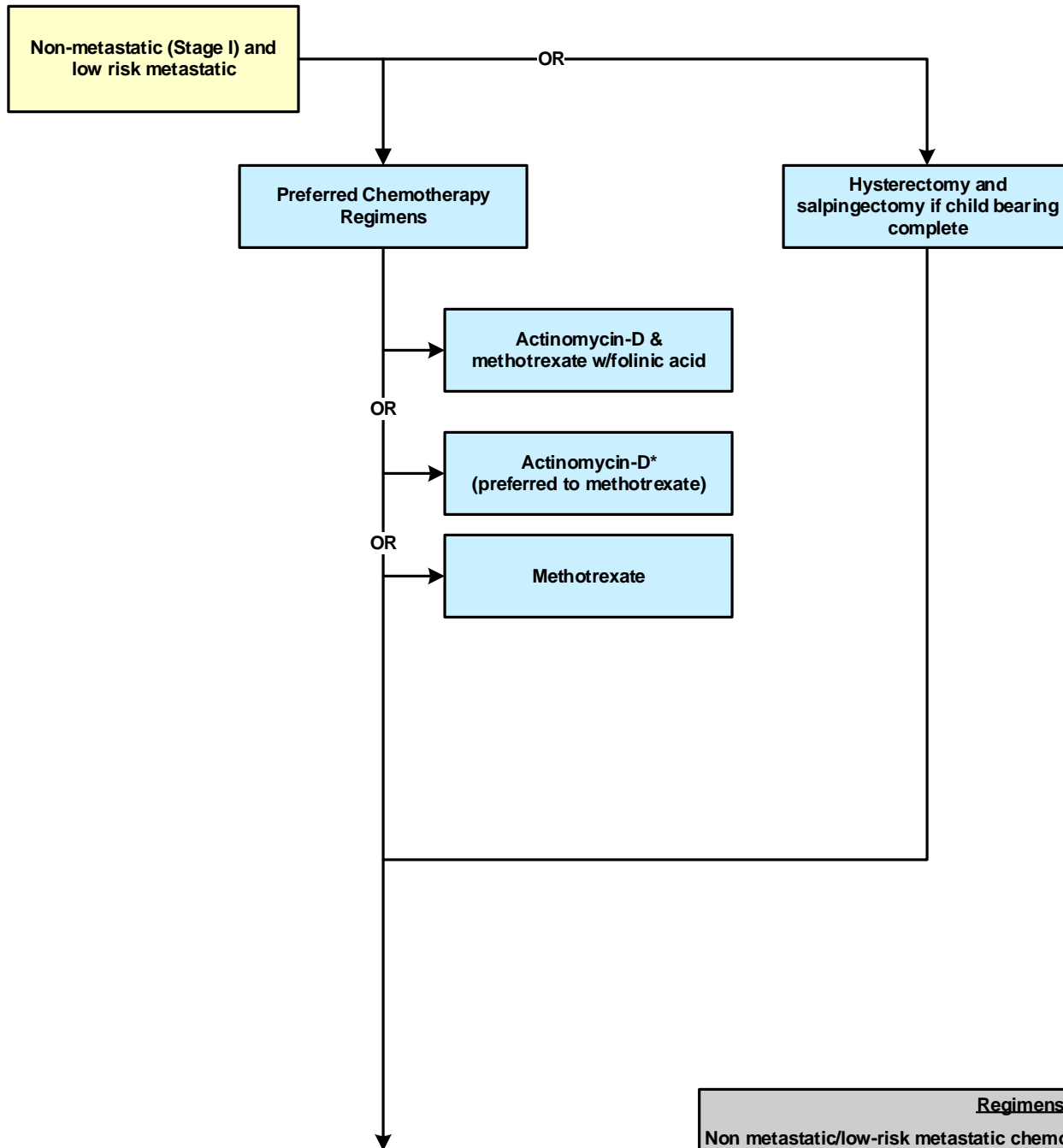


Algorithm for the Management of Non-metastatic & Low Risk Gestational Trophoblastic Neoplasia (GYNE-008)



Follow-up and Surveillance

Serial serum β -hCG measurements:

Weekly until negative x 3, then monthly x 6.

Advise patients about future pregnancy:

Pregnancy should be avoided until β -hCG levels have been normal for minimum of 6 months. **(different than CPG)**

The combined oral contraceptive pill is safe for use by women with GTN.

First trimester ultrasound and serum β -hCG testing recommended for women who become pregnant for the first time after treatment for GTN. β -hCG testing at 6-8 weeks after delivery may be performed.

In patients for whom hormone therapy (HRT) is indicated, HRT may be used safely once β -hCG levels return to normal.

Regimens

Non metastatic/low-risk metastatic chemotherapy (CT):

Preferred chemotherapy regimens:

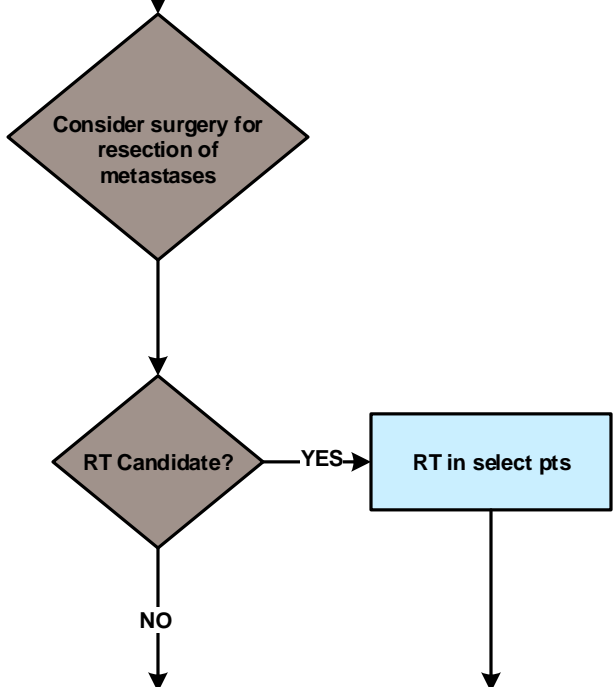
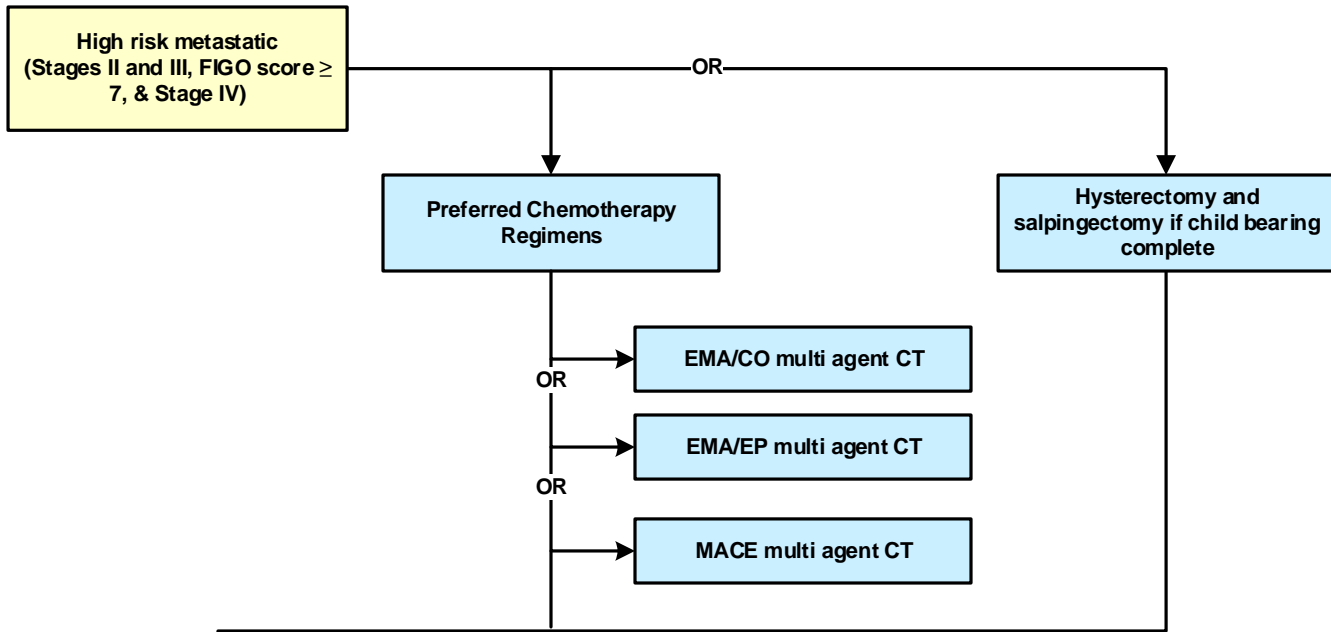
- Actinomycin-D (1.25 mg/m² IV) q2weeks x 1-3 cycles beyond negative β -hCG
- Actinomycin-D (0.5 mg/m² IV given 1-2 days) & methotrexate (100mg/m² IV push + 300mg/m² IV on day 1) w/folinic acid (15 mg PO, q6h x 9 doses starting 24 hrs after methotrexate bolus), q2wks x 1-3 cycles beyond negative β -hCG
- Methotrexate (50 mg/m² IM) weekly x 1-3 cycles beyond negative β -hCG

Other regimens:

Methotrexate (50mg/m² IM, days 1,3,5,7) & folinic acid (7.5 mg PO, days 2,4,6,8), q2wks x 1-3 cycles beyond negative β -hCG

Methotrexate (100 mg/m² IV) and folinic acid (15mg PO, q6h x 4 doses starting 24hrs after methotrexate), given weekly x 1-3 cycles beyond negative β -hCG

Algorithm for the Management of High Risk Metastatic Gestational Trophoblastic Neoplasia (GYNE-008)



Regimens

High-risk metastatic chemotherapy (CT):
Preferred chemotherapy regimens:

- EMA/CO* multi agent chemotherapy q2 wks for 3 cycles beyond negative β-hCG
 - Etoposide (100mg/m² IV, days 1,2)
 - Actinomycin-D (0.5 mg IV push days 1,2)
 - Methotrexate (300 mg/m² IV, day 1)
 - Folinic acid (15mg PO, q 12 h, 4 doses starting 24 hours after methotrexate)
 - Vincristine (0.8-1.0 mg/m² IV, day 8)
 - Cyclophosphamide (600 mg/m² IV, day 8)
 - Consider GCS-f 5 mcg/kg on days 4-6(&) and 10-12(13) of each cycle
- EMA/EP* multi agent chemotherapy, given every 2 weeks for 3 cycles beyond negative β-hCG
 - Course 1: same as EMA/CO
 - Course 2: etoposide (150 mg/m² IV, day 8), cisplatin (75 mg/m² IV, day 8), plus magnesium supplementation (30 ml PO, q12h, day 1) and Fligastrium (GCS-f 5 mcg/kg SC on days 9-14)

*Consider low-dose induction therapy with EP etoposide (100 mg/m² IV on day 1 & 2 every 7 days for 1-3 courses) prior to starting EMA/CO or EMA/EP if prognostic score >12

- TP/TE Paclitaxel, Cisplatin/Paclitaxel, Etoposide (repeat every 2 weeks)
- MACE multi agent chemotherapy
 - Cisplatin (30 mg/m² IV, days 1-3)
 - Etoposide (50 mg PO, days 1-10)
 - Actinomycin-D (0.5 mg/m² IV, days 8 & 9)
 - Methotrexate (100mg/m² bolus + 300mg/m² IV, day 8)
 - Folinic acid (15 mg PO, q6h x9 doses starting 24 hrs after methotrexate bolus)

Other regimens:

- BEP multi agent chemotherapy
 - Bleomycin (30 units per week)
 - Etoposide (100 mg/m², days 1-5)
 - Cisplatin (20 mg/m², days 1-5)
- 5-FU/actinomycin-D multi agent chemotherapy (as second line therapy) given every 2 weeks for 4-7 cycles beyond negative β-hCG
 - 5-FU (1500 mg/m² IV, days 1-5)
 - Actinomycin-D (0.5 mg/m² IV push)

Follow-up and Surveillance

Serial serum β-hCG measurements:
 Weekly until negative x 3, then monthly x 6.

Advise patients about future pregnancy:
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