



Ontario Health
Cancer Care Ontario

Guideline Endorsement 4-19

**A Quality Initiative of the
Program in Evidence-Based Care (PEBC), Ontario Health (Cancer Care
Ontario)**

**An Endorsement of the 2025 Practical Guidelines for
the Treatment of Gestational Trophoblastic Disease:
Collaboration of the EOTTD, ESGO, GCIg, ISSTD**

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This document describes the OH (CCO)-Ontario Gynecologic Cancers Advisory Committee endorsement of the 2025 *Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the European Organisation for the Treatment of Trophoblastic Disease (EOTTD), European Society of Gynaecologic Oncology (ESGO), Gynecologic Cancer InterGroup (GCIg), International Society for the Study of Trophoblastic Diseases (ISSTD)*. The original publication is available at <https://ascopubs.org/doi/10.1200/JCO-24-02326>.

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Section 1: Guideline Endorsement

GUIDELINE ENDORSEMENT OBJECTIVE

To make recommendations regarding the diagnosis, treatment and follow-up of patients with pre-malignant and malignant gestational trophoblastic disease (GTD).

TARGET POPULATION

Individuals with a confirmed or suspected diagnosis of GTD.

INTENDED USERS

All healthcare providers involved in the care of patients with GTD.

ENDORSEMENT

The Ontario GTD Guideline Development Group (GDG) of Ontario Health (Cancer Care Ontario) endorses the recommendations of [*Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the European Organisation for the Treatment of Trophoblastic Disease \(EOTTD\), European Society of Gynaecologic Oncology \(ESGO\), Gynecologic Cancer InterGroup \(GCIg\), International Society for the Study of Trophoblastic Diseases \(ISSTD\)*](#) [1] published by the EOTTD, ESGO, GCIg and the ISSTD with clarifications as described in this document.

All recommendations, including the practice points are endorsed, and considered to be best practice in Ontario. Please note that in Ontario weekly human chorionic gonadotropin (hCG) should be conducted until normalized for molar pregnancies treated with dilation and curettage. Clarifications are provided for five terms that appear in the endorsed guideline as they should apply to the Ontario context.

1. Reference pathology refers to pathology review by a pathologist with special interest and expertise in gynecologic oncology at one of the Gynecologic Oncology Centres in Ontario.
2. hCG assay refers to total or quantitative hCG.
3. GTD centre refers to one of the Gynecologic Oncology Centres in Ontario.
4. While there are no reference laboratories in Ontario, an hCG assay should be performed at the same laboratory throughout the surveillance period and use total or quantitative hCG.
5. In the context of unexplained persistent low-level elevated hCG, additional tests should be carried out at one of the Gynecologic Oncology Centres in Ontario and the laboratory biochemist should be involved. There are no reference laboratories in Ontario.

Specific recommendations for the optimal organization of gynecologic services in Ontario can be found here <[link PEBC GL 4-11: Organizational Guideline for Gynecologic Oncology Services in Ontario once completed](#)>.

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Section 2: Endorsement Methods Overview

THE PROGRAM IN EVIDENCE-BASED CARE

The Program in Evidence-Based Care (PEBC) is an initiative of the Ontario provincial cancer system, Ontario Health (OH) (Cancer Care Ontario (CCO)). The PEBC mandate is to improve the lives of Ontarians affected by cancer through the development, dissemination, and evaluation of evidence-based products designed to facilitate clinical, planning, and policy decisions about cancer control.

The PEBC is a provincial initiative of OH (CCO) supported by the Ontario Ministry of Health (OMH). All work produced by the PEBC is editorially independent from the OMH.

BACKGROUND FOR GUIDELINE

There is a need for guidance for clinicians around management of patients with gestational trophoblastic disease (GTD) in Ontario. Malignant GTD, also known as gestational trophoblastic neoplasia, is highly curable if diagnosed early and treated appropriately. Given it is a rare malignancy, few clinicians have experience treating this disease. A guideline would provide clinicians with the best possible recommendations given the currently available data and facilitate the delivery of high-quality care, including diagnosis, treatment and follow-up. In Ontario this is a rare patient population that is expected to have excellent oncologic outcomes if managed appropriately.

GUIDELINE ENDORSEMENT DEVELOPERS

This endorsement project was developed by the Ontario GTD Guideline Development Group (GDG) (Appendix 1), which was convened at the request of the Ontario Gynecologic Cancers Advisory Committee. The project was led by a small Working Group of the Ontario GTD GDG, which was responsible for reviewing the evidence base and recommendations in *Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the EOTTD, ESGO, GCIG, and ISSTD* [1] in detail and making an initial determination as to any necessary changes, drafting the first version of the endorsement document, and responding to comments received during the document review process. The Working Group members had expertise in medical oncology, gynecologic oncology, pathology, and health research methodology. Other members of the Ontario GTD GDG served as the Expert Panel and were responsible for the review and approval of the draft document produced by the Working Group. Conflict of interest declarations for all GDG members are summarized in Appendix 1, and were managed in accordance with the [PEBC Conflict of Interest Policy](#).

ENDORSEMENT METHODS

The PEBC endorses guidelines using the process outlined in [OH \(CCO\)'s Guideline Endorsement Protocol](#) [2]. This process includes selection of a guideline, assessment of the recommendations (if applicable), drafting the endorsement document by the Working Group, internal review by content and methodology experts and external review by Ontario clinicians and other stakeholders.

The PEBC assesses the quality of guidelines using the AGREE II tool [3]. AGREE II is a 23-item validated tool that is designed to assess the methodological rigour and transparency of

guideline development and to improve the completeness and transparency of reporting in practice guidelines.

Implementation considerations such as costs, human resources, and unique requirements for special or disadvantaged populations may be provided along with the recommendations for information purposes.

Selection of Guidelines

The *Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the EOTTD, ESGO, GCIG, and ISSTD* [1] was identified a priori by the Ontario GTD GDG and was determined to be a good candidate for endorsement by the Working Group due to its acceptability in Ontario, scope, and relevance. Further, the Working Group determined that investing extensive effort to replicate the guideline would not be justified given the number of experts involved in its creation and the lack of new or further evidence in this area.

Assessment of Guideline

The quality of the guideline was assessed using AGREE II. While this guideline did not score above 50% in the rigour of development domain, it is important to note that this guideline was developed using consensus among international experts in a field where there is limited data.

DESCRIPTION OF ENDORSED GUIDELINE

The recommendations for the treatment of the GTD were developed by an international collaboration of experts from the EOTTD, ESGO, GCIG and ISSTD. The recommendations were developed using a five-step process as defined by the ESGO Guideline Committee Standard Operating Procedures. This included a combination of systematically reviewing the literature, reaching consensus among international experts and an international external review process. Eighteen flow diagrams were developed to diagnose, treat, and follow up all forms of primary or recurrent GTD. Each flow diagram includes minimal requirements that should be possible everywhere in the world, and practice points and best practices, which should be applicable in countries with available resources, including Canada.

ENDORSEMENT PROCESS

The Working Group reviewed *Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the EOTTD, ESGO, GCIG, and ISSTD* in detail and reviewed each recommendation of that guideline to determine whether it could be endorsed, endorsed with changes, or rejected. This determination was based on the agreement of the Working Group with the interpretation of the available evidence presented in the guideline, and whether the recommendation was applicable and acceptable to the Ontario context, whether it was feasible for implementation, and whether new evidence reported since the guideline was developed might change any of the recommendations.

ENDORSEMENT REVIEW AND APPROVAL

Internal Review

For the endorsement document to be approved, 75% of the content experts who comprise the GDG Expert Panel must cast a vote indicating whether or not they approve the document, or abstain from voting for a specified reason, and of those that vote, 75% must approve the document. The Expert Panel may specify that approval is conditional, and that changes to the document are required.

External Review

Feedback on the approved draft endorsement document is obtained from content experts through Professional Consultation. Relevant care providers and other potential users of the endorsement document are contacted and asked to provide feedback on the recommendations through a brief online survey. This consultation is intended to facilitate the dissemination of the final guidance report to Ontario practitioners.

DISSEMINATION

The endorsement document will be published on the OH (CCO) website. The Professional Consultation of the External Review is intended to facilitate the dissemination of the endorsement document to Ontario practitioners.

UPDATING THE ENDORSEMENT

The Ontario Gynecologic Cancers Advisory Committee will review the endorsement on an annual basis to ensure that it remains relevant and appropriate for use in Ontario.

ACKNOWLEDGEMENTS

The Ontario GTD GDG would like to thank the following individuals for their assistance in developing this report:

- Jonathan Sussman, Xiaomei Yao and Caroline Zwaal for providing feedback on draft versions.
- Sara Miller for copy editing.

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Section 3: Internal and External Review

INTERNAL REVIEW

The endorsement was evaluated by the GDG Expert Panel (Appendix 1). The results of these evaluations and the Working Group's responses are described below.

Expert Panel Review and Approval

Of the eight members of the GDG Expert Panel, seven members voted and one abstained, for a total of 87.5% response in September 2025. Of those who voted, seven approved the document (100%). The main comments from the Expert Panel and the Working Group's responses are summarized in Table 3-1.

Table 3-1. Summary of the Working Group's responses to comments from the Expert Panel.

Comments	Responses
1. One reviewer noted that in Ontario, weekly hCG should be conducted until normalized for molar pregnancies treated with dilation and curettage.	We have modified the endorsement to include the following, "Please note that in Ontario weekly hCG should be conducted until normalized for molar pregnancies treated with dilation and curettage."

EXTERNAL REVIEW

Professional Consultation

Feedback was obtained through a brief online survey of healthcare professionals and other stakeholders who are the intended users of the endorsement document. All clinicians with a noted interest in gynecology in the PEBC database were contacted by email to inform them of the survey. One hundred six clinicians were contacted, of which four clinicians practice outside of Ontario.

Fifteen (14%) responses were received. Five stated that they did not have interest in this area or were retired. The results of the feedback survey from 10 people are summarized in Table 3-2. No further comments were received from the consultation.

Table 3-2. Responses to four items on the professional consultation survey.

	N=10 (9.4%)				
General Questions: Overall Guideline Assessment	Lowest Quality (1)	(2)	(3)	(4)	Highest Quality (5)
1. Rate the overall quality of the guideline report.	0	0	1	2	7
	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
2. I would make use of this guideline in my professional decisions.	0	0	1	1	8
3. I would recommend this guideline for use in practice.	0	0	2	0	8

4. What are the barriers or enablers to the implementation of this guideline report?	Barriers: • The endorsed guideline, which provides detailed information a clinician requires to provide patient care, is behind a pay wall. • The endorsed guideline is not easy to find for clinicians in ON. Enablers: • Effective distinction between minimal requirements and additional practice points with easy-to-follow flow charts for different clinical scenarios • Geographic and economic disparities are represented
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CONCLUSION

The endorsement in Section 1 reflects the integration of feedback obtained through the external review processes with the document as drafted by the GDG Working Group and approved by the GDG Expert Panel.

References

1. Lok C, van Trommel N, Braicu EI, Planchamp F, Berkowitz R, Seckl M, et al. Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the European Organisation for the Treatment of Trophoblastic Disease (EOTTD)-European Society of Gynaecologic Oncology (ESGO)-Gynecologic Cancer InterGroup (GCIG)-International Society for the Study of Trophoblastic Diseases (ISSTD). *J Clin Oncol*. 2025;43(18):2119-28.
2. Program in Evidence-based Care. OH (CCO) Guideline Endorsement Protocol. Toronto (ON): Ontario Health (Cancer Care Ontario); 2025.
3. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, et al. AGREE II: advancing guideline development, reporting and evaluation in health care. *CMAJ*. 2010;182(18):E839-42.

Appendix 1: Affiliations and Conflict of Interest Declarations

Table A-1: Members of the Ontario GTD Guideline Development Group

Name	Affiliation	Conflict of Interest
<i>Working Group</i>		
Genevieve Bouchard-Fortier Gynecologic oncologist	Princess Margaret Cancer Centre Toronto, ON	Participated in the development of the endorsed guideline, Practical Guidelines for the Treatment of Gestational Trophoblastic Disease: Collaboration of the EOTTD, ESGO, GCIG, ISSTD as a co-author and expert but received no financial support.
Matthew Cesari Pathologist	Trillium Health Partners Mississauga, ON	None declared.
Lua Eiriksson Gynecologic oncologist	McMaster University Hamilton, ON	None declared.
Ana Lohman Medical oncologist	London Health Sciences Centre London, ON	Received \$500 or more in a single year from La Roche Posay and Novartis as an advisory board member; received research funding in kind from Epic Sciences, Merck, Eli Lilly, Knight Therapeutics and Gilead Sciences; received funding for clinical trials from Novartis, AstraZeneca, Roche and Epic Sciences.
Sarah Ferguson Gynecologic oncologist	Princess Margaret Cancer Centre Toronto, ON	None declared.
Nadia Coakley Health research methodologist	McMaster University Program in Evidence-Based Care, Cancer Care Ontario Hamilton, ON	None declared.
Duvaraga Sivajohanathan Health research methodologist	McMaster University Program in Evidence-Based Care, Cancer Care Ontario Hamilton, ON	None declared.

<i>Expert Panel</i>		
Gita Bhat Medical oncologist	Thunder Bay Regional Health Sciences Centre Thunder Bay, ON	None declared.
Allan Covens Gynecologic oncologist	Sunnybrook Health Sciences Centre Toronto, ON	None declared.
Michael Fung Kee Fung Gynecologic oncologist	The Ottawa Hospital Ottawa, ON	Received \$500 or more in a single year in a consulting capacity from GSK, Roche and Merck.
Rachel Kupets Gynecologic oncologist	Sunnybrook Health Sciences Centre Toronto, ON	None declared.
Raymond Osborne Gynecologic oncologist	Sunnybrook Health Sciences Centre Toronto, ON	Has stocks valued at \$500 or more
Annick Pina Gynecologic oncologist	Centre hospitalier l'Université de Montréal Montréal, QC	None declared.
Kate Pulman Gynecologic oncologist	Trillium Health Partners Mississauga, ON	Received \$500 or more in a single year from GSK to as a speaker and an advisory board member
Brenna Swift Gynecologic oncologist	Sunnybrook Health Sciences Centre Toronto, ON	Received more than \$500 or more in a single year from GSK as an advisory board member; received more than \$500 from GSK for an investigator-sponsored study with niraparib