Molar pregnancies and malignancies

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Gynaecological Oncologist Wellington
• High suspicion
• Guidelines
Ms MP

- 37 year old presented to ED with haemoptysis
- Irregular bleeding 3 months ago
- Miscarriage conservative management 8 months ago
Molar pregnancy

• “Complete mole” – all paternal
• “Partial mole” – only partly paternal

• (Remember – “Dad is the mole”)

Molar pregnancy - Partial mole

• (Partly Dad)
• Three sets of chromosomes – one from each parent and extra Dad
• Less likely to cause ongoing problems
• Monitor HCG until normal
Complete Mole

• (All Dad)
• Diploid – normal number of chromosomes but all Dad
• Follow up for 6 months after normal. If not sure, assume complete
Gynaecological Oncology and Moles

• Refer all to MDM for review.
• Follow up will be locally according to unit protocol
• Refer back if persistent or rising HCG according to guidelines
• Gestational trophoblastic disease
  • Hydatidiform moles
  • Invasive moles
  • Gestational choriocarcinoma
  • Placental site trophoblastic tumour

Gestational trophoblastic neoplasia = gestational trophoblastic disease that needs chemotherapy
GESTATIONAL TROPHOBLASTIC DISEASE

NEW ZEALAND GYNAECOLOGIC CANCER GROUP GUIDELINES

CONTENTS:

1  Background and Introduction  
2  Pathogenesis; Ploidy  
3  Clinical Presentation  
4  Diagnostic features of GTD subtypes  
5  Surgical Treatment of Molar Pregnancy  
6  Histological examination of Products of Conception  
7  Initial Assessment  
8  Follow-up in Molar Pregnancy  
9  Referral criteria to Gynaecology Oncology for (suspected) GTN  
10  Hysterectomy for Persistent GTD?  
11  Prophylactic Chemotherapy in Molar Pregnancy  

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If a patient on follow-up meets any of the criteria for chemotherapy, their risk will be assessed by the FIGO 2000 criteria below (22). Low risk patients are those with a score of 6 or below, High risk patients have a score of 7 or over.

<table>
<thead>
<tr>
<th>FIGO score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>&lt;40</td>
<td>&gt;40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antecedent pregnancy</td>
<td>Mole</td>
<td>Abortion</td>
<td>Term</td>
<td></td>
</tr>
<tr>
<td>Interval months from index pregnancy</td>
<td>&lt;4 mo</td>
<td>4-&lt;7</td>
<td>7-&lt;13</td>
<td>≥13</td>
</tr>
<tr>
<td>Pre-treatment serum hCG (IU/l)</td>
<td>&lt;10³</td>
<td>10³-&lt;10⁴</td>
<td>10⁴-&lt;10⁵</td>
<td>≥10⁵</td>
</tr>
<tr>
<td>Largest tumour size (including uterine tumour)</td>
<td>&lt;3 cm</td>
<td>3-&lt;5cm</td>
<td>≥5 cm</td>
<td></td>
</tr>
<tr>
<td>Site of metastases</td>
<td>Lung *</td>
<td>Spleen</td>
<td>GIT</td>
<td>Brain</td>
</tr>
<tr>
<td>kidney</td>
<td></td>
<td></td>
<td></td>
<td>liver</td>
</tr>
<tr>
<td>Number of metastases</td>
<td>0</td>
<td>1-4</td>
<td>5-8</td>
<td>≥8</td>
</tr>
<tr>
<td>Previous failed chemotherapy</td>
<td>Single drug</td>
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Notes:
1. The interval months from pregnancy is taken from when the pregnancy ended (not started)
2. The score for site of metastases is not additive. The highest scoring organ is taken to be the score (e.g. A patient with gastrointestinal and brain metastases scores 4, not 8)
3. * lung metastasis counted on CXR not on a Chest CT
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<td></td>
<td></td>
<td>≥2 drugs</td>
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--- Day 1 actinomycin 0.5mg; methotrexate 100mg; etoposide 220mg (100mg/m²); methotrexate 440mg (200mg/m²)
   --> Day 2 actinomycin 0.5mg etoposide 220mg (100mg/m²)
   --> Day 8 Vincristine 1mg; cyclophosphamide 1320mg (600mg/m²)
• Doing well