

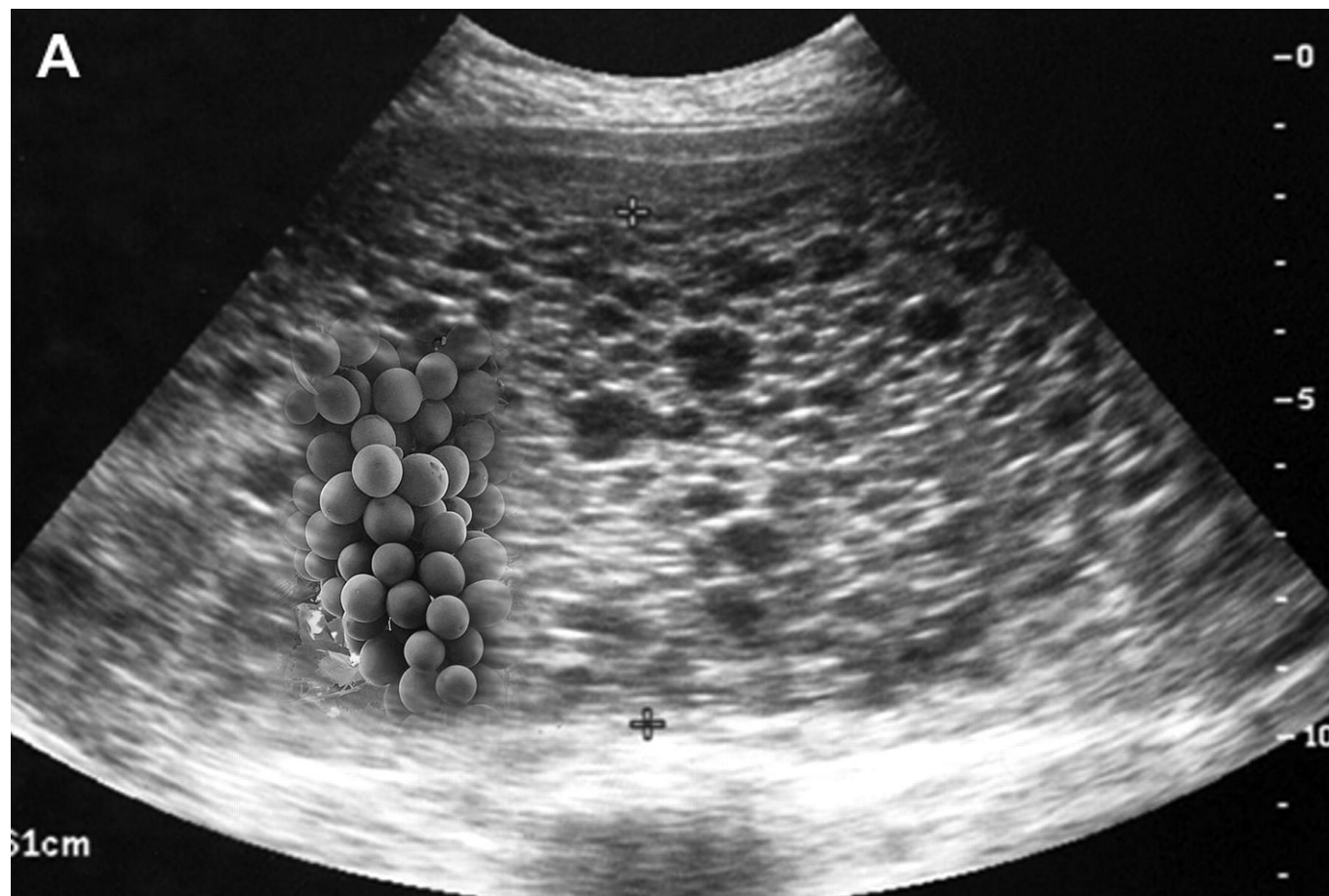
# Molar pregnancies and malignancies

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- 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:

### PAGE:

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

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## 18 RISK ASSESSMENT IN GESTATIONAL TROPHOBLASTIC NEOPLASIA

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.

FIGO score	0	1	2	4
Age	<40	≥40		
Antecedent pregnancy	Mole	Abortion	Term	
Interval months from index pregnancy	<4 mo	4-≤7	7-<13	≥13
Pre-treatment serum hCG (IU/l)	<10 <sup>3</sup>	10 <sup>3</sup> < 10 <sup>4</sup>	10 <sup>4</sup> -<10 <sup>5</sup>	≥10 <sup>5</sup>
Largest tumour size (including uterine tumour)	<3 cm	3-<5cm	≥5 cm	
Site of metastases	Lung *	Spleen kidney	GIT	Brain liver
Number of metastases	0	1 - 4	5 - 8	>8
Previous failed chemotherapy			Single drug	≥2 drugs

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 6)
3. \* lung metastasis counted on CXR not on a Chest CT

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--> Day 1 actinomycin 0.5mg; methotrexate 100mg; etoposide 220mg (100mg/m<sup>2</sup>); methotrexate 440mg (200mg/m<sup>2</sup>)

--> Day 2 actinomycin 0.5mg etoposide 220mg (100mg/m<sup>2</sup>)

--> Day 8 Vincristine 1mg; cyclophosphamide 1320mg (600mg/m<sup>2</sup>)

- Doing well