

**SUPPLEMENTARY NOTES RELATING TO THE REGISTRATION OF
PATIENTS HAVING MOLAR PREGNANCY**

- 1 It has been agreed by the HSE and the National Cancer Control Program (NCCP) that all patients with molar pregnancy should be registered with the Gestational Trophoblastic Disease National Registry.
- 2 The need for careful follow-up of patients after molar pregnancy is generally accepted but it is known that follow-up may break down for a variety of reasons and when this happens an ensuing choriocarcinoma may prove difficult to manage. Evidence dictates that complex treatments are avoidable if specialist follow-up arrangements are sustained.
- 3 The purpose of registration of molar pregnancy is:
 - (i) To facilitate regular hCG follow-up.
 - (ii) To facilitate urgent management of patients requiring chemotherapy.
- 4 Registration applies to:
 - (a) Complete hydatidiform mole (classical type, androgenetic, no other fetal tissue).
 - (b) Partial hydatidiform mole (usually triploid, other fetal tissues present).
 - (c) Twin pregnancy with Complete or Partial hydatidiform mole.
 - (d) Limited macroscopic or microscopic molar change judged to require follow-up.
- 5 **The referring consultant retains shared responsibility for the patient and her follow-up care.** The National registry will provide the patient, gynaecologist and the general practitioner with the results of the hCG follow up. The National registry will also inform the patient of when samples are due and will send reminders if she defaults. Assays are usually done weekly until normal then four-weekly until follow-up is complete.
- 6 **Follow up:** For **complete hydatidiform moles** serum hCG is monitored weekly until normalisation for three weeks. If this occurs within eight weeks of ERPC then hCG is monitored monthly for six months post evacuation. If normalisation occurs more than eight weeks post evacuation the monitoring continues monthly for six months post normalisation. The current protocol is consistent with international best practice and is chosen for consistency. **Partial hydatidiform moles**, confirmed on pathology review at the centre will have follow-up until hCG has reached normal level plus one confirmatory test 4 weeks later. There is no evidence that using hormonal contraception before hCG values have become normal increases the risk of requiring chemotherapy.
- 7 Please quote the patient's Hospital Medical Record (MRN) Number when sending any communication to the GTD National Registry in CUMH.
- 8 Please consult the current NCCP *National Clinical Guideline for the Diagnosis, Staging and Treatment of Patients with Gestational Trophoblastic Disease* to inform management of women with a previous diagnosis of GTD.
- 9 A new pregnancy should be delayed until follow-up is complete and following discussion with your clinician.