Gestational Trophoblastic Disease Registration Form

NB. PATIENTS WILL ONLY BE REGISTERED IF THEIR HISTOLOGY REPORT IS SUBMITTED WITH THIS REGISTRATION FORM

Scan and forward completed form to email: gtd@hse.ie or post to GTD Registry, 4 East, CUMH, Wilton, Cork, T12YE02

REFERRING CONSULTANT

Consultant	
IMC Number:	
Hospital:	
Address:	
Email:	
Telephone:	FAX:

PATIENT IDENTITY / AFFIX LABEL

Surname:	Hospital No:
First Names:	D.O.B:
Address:	NOK: Relationship: NOK Contact No.:
Telephone:	**Mobile:** Landline:
Nationality:	Language Spoken:
Interpreter Required	YES ☐ NO ☐

OBSTETRIC HISTORY

Number of live births:			
Number of pregnancies including this one:			
Date of evacuation of hydatidiform mole:			
Date of last menstrual period prior to evac:			
Gestational age:		Uterine size:	
Classification of mole (note 4):			
Site of mole:	Uterine ☐	Ectopic ☐	
Comments:			
Family history of Hydatidiform Mole?	YES ☐ NO ☐		

GP DETAILS

GP Name	
GP Address	
Email	
Telephone:	IMC Number:

EVENTS LEADING TO DIAGNOSIS (Please number the sequence of events)

PV bleeding	☐	Histology report	☐	Incomplete miscarriage	☐	Ectopic pregnancy	☐
Ultrasound	☐	Recurrent bleeding following miscarriage with raised hCG	☐	Missed miscarriage	☐	Termination of Pregnancy (TOP)	☐
Foetal abnormality	☐						

METHOD(S) OF EVACUATION (Tick all that apply)

Spontaneous	☐	Curettage	☐	Mifepristone	☐	Prostaglandins/Analogue	☐
Suction evacuation	☐	Syntocinon	☐	Hysterectomy	☐	OTHER (please specify)	☐

WAS THE DIAGNOSIS SUSPECTED PRIOR TO EVACUATION? (Please Circle) YES / NO

Please initial the boxes below to indicate that you have read, understood and consent to the following:

☐ I confirm that the diagnosis has been explained to me and the need for follow-up discussed and I am willing to be registered with the National GTD Registry for this purpose.

☐ I consent to have my data and samples used for clinical audit and quality assurance purposes.

☐ I consent to be contacted by the clinical team working with the Director of this Registry for ethically approved research into gestational trophoblastic disease.

Patients Signature:

Please confirm the patients preferred mode of contact: **Telephone** ☐ **Email** ☐ **Post** ☐

☐ I confirm that I have read and understood the supplementary notes overleaf.

Referring Clinician Signature:	**Print Name:**	
Consultant ☐ Registrar ☐	Date:	Hospital site:
IMC Number		Path. Lab.No.:

National Gestational Trophoblastic Disease Registry, Monitoring and Advisory Centre

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.