

STANDARD OPERATING PROCEDURE- GUIDELINE

SURVEILLANCE OF MOLAR AND PARTIAL MOLAR PREGNANCY

SCOPE/APPLICABILITY:

Surveillance of patients with complete hydatidiform molar pregnancy and partial molar pregnancy

PROCEDURE:

Based on critical review of the literature below, The Divisions of Family Planning and Gynecologic Oncology at the University of New Mexico recommend the following for post-molar pregnancy surveillance:

Partial molar pregnancy:

- Obtain pre-op hCG level if diagnosis of molar pregnancy is suspected
- Beginning 48 hours after diagnosis is confirmed, follow serum hCG every 1-2 weeks until normal (< 5).
- Once a single value is < 5 , obtain one additional normal hCG after 1 month
- If all are normal, discontinue surveillance

Complete molar pregnancy:

- Obtain pre-op hCG level if diagnosis of molar pregnancy is suspected
- Beginning 48 hours after diagnosis is confirmed, follow serum hCG every 1-2 weeks until normal (< 5).
- Once a single value is < 5 , obtain monthly urine or serum hCG x 6 months

Abnormal hCG during surveillance (NCCN ref 6):

- If hCG plateaus, rises or persists based on the definitions below, refer the patient to Gyn Oncology for consultation:
 - o Plateau: 4 consecutive measurements that remain $\pm 10\%$ over a 3-week period or longer (days 1, 7, 14, 21)
 - o Rise: 3 consecutive measurements rise $\geq 10\%$ over 2 weeks (days 1, 7, 14).
 - o Persistence: hCG above normal 6 months after complete molar evacuation

BACKGROUND: Hydatidiform mole occurs in 1/700 (partial mole) and 1/2000 (complete mole) pregnancies. Post-molar gestational trophoblastic neoplasia (GTN) including invasive mole and choriocarcinoma develops in about 15% to 20% of complete moles, but in only 1% to 5% of partial moles. Persistent elevated human chorionic gonadotropin (hCG) after evacuation of a molar pregnancy most often leads to the diagnosis of invasive mole. Once normalized, recurrent elevation of hCG has been reported in less than 1% of patients. Risk of post-molar GTN in women whose hCG has returned to normal is rare. This procedure outlines appropriate management for patients diagnosed with molar and partial molar pregnancy.

In a recent series of 20,144 cases, 29 women developed post-molar GTN after reaching a normal hCG (1). In this series,

- Risk is higher with complete (1/406) than with partial (1/3195) mole at the point of hCG normalization
- In complete mole, the risk of GTN after hCG normalization falls rapidly in the first 6 months of monitoring
- Risk is higher (3.8-fold) in patients with complete mole when hCG normalization took > 56 days post D&C.

In a 2020 meta-analysis of 19 studies with primary outcome of cumulative incidence of GTN after normal hCG level following evacuation of molar pregnancy, development of GTN was rare, 0.35% following complete mole and .03% following partial mole (2).

- Risk is higher with longer time to normalization (87% of cases developed after 56 days, 90% for complete and 60% for partial mole)
- Most GTN diagnosed after the recommended 6 months of follow-up.

Society recommendations for post-evacuation management vary:

Society	Partial mole	Complete mole	Year
FIGO	Every 1-2 weeks until normal hCG followed by 1 more normal hCG a month later	Every 1-2 weeks until normal hCG followed by normal hCG levels monthly x 6 months	2018 (3)
New England Trophoblastic Center	Weekly until normal hCG followed by 1 more normal hCG a month later	Weekly until normal hCG followed by normal hCG levels monthly x 3 months	2020 (4)
ACOG	Every 1-2 weeks until serum hCG < 5 followed by normal hCG levels x 6 months	Every 1-2 weeks until serum hCG < 5 followed by normal hCG levels x 6 months	2016 (5)
NCCN	Every 1-2 weeks until normal hCG on 3 consecutive draws followed by hCG twice in 3-month intervals (e.g., 6 months)	Every 1-2 weeks until normal hCG on 3 consecutive draws followed by hCG twice in 3-month intervals (e.g., 6 months)	2019 (6)

This information is a guideline and should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care.

United Kingdom hCG surveillance policy	Every 2 weeks until normal hCG followed by 1 more normal hCG a month later	Every 2 weeks until normal hCG <ul style="list-style-type: none"> - If normalization <56 days, hCG every 4 weeks until 6 months from the date of evacuation - If normalization ≥56 days, hCG every 4 weeks x 6 months from normalization 	2018 (1)
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REFERENCES:

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APPROVALS:

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