

NSW Gestational Trophoblastic Disease Multidisciplinary Team clinical service pilot – Information for Clinicians

This pilot program is an initiative of the Agency for Clinical Innovation (ACI). The pilot has been developed by the ACI GTD working group, a subgroup of the ACI Gynaecological Oncology Network, for the purpose of fostering best practice in the diagnosis and management of GTD. During this pilot, Chris O'Brien Lifehouse (COBL) is providing a clinical support service to assist with monitoring and support of patients with GTD, and collection of a minimum dataset. This service is available to patients living anywhere in New South Wales (NSW).

Background

Contemporary management of GTD involves having a centralised patient database. Variation in clinical knowledge and practice relating to GTD is evident in both international research and anecdotal evidence from NSW gynaecological oncologists.

A statewide GTD MDT clinical service and minimum dataset is required for the capture and use of data to establish the incidence and prevalence of GTD, inform patient care, reduce clinical variations in diagnosis and treatment, instruct service development, and facilitate education and research.

GTD

The abnormal proliferation of gestational trophoblast tissue forms a spectrum of disease from the generally benign partial hydatidiform mole through to malignant forms such as, choriocarcinoma and placental site trophoblastic tumours. The biology, diagnosis and treatment of these diseases makes trophoblastic disease an important and interesting area of gynaecological and oncology care. Although these illnesses are rare, patients generally have successful outcomes with cure rates in excess of 95%.

Hydatidiform mole is the most common form of GTD. Molar pregnancies are quite rare, affecting around 1 in 1,000 pregnancies.

Pilot objectives

- Improved data collection on the incidence and prevalence of GTD in NSW.
- Improved proportion of patients in NSW who are diagnosed with GTD receive early access to clinical expertise, and standardised care, including comprehensive monitoring, treatment and management.
- Increased proportion of patients in NSW who are subsequently diagnosed with GTN receive a referral to the NSW GTD MDT clinical service.

Referral process

- All Clinicians/Providers in NSW refer patients diagnosed with GTD to the NSW GTD MDT service at COBL for monitoring.
- When referred to COBL, patients will be contacted within 48 hours of receipt of referral. COBL provide the patient with the 'GTD Patient information leaflet' (attached).
- Patients have blood tests at the pathology service of their choice. The tests measure pregnancy hormone levels, which are received and monitored by the Nurse Practitioner at COBL.
- The Nurse Practitioner at COBL reviews the pathology results and contacts the patient. The monitoring process is done through telehealth/telephone, so patients do not need to travel to COBL. The Nurse Practitioner will liaise with the patient's local treating gynaecologist/medical professional.
- The patient has blood tests weekly until the hormone levels return to normal. Testing will continue for a period of time after that, to check that levels remain normal.
- If the hormone levels do not return to normal, treatment may be required. If treatment is required, patients will be referred to their local health district for further care.

Referral inclusions

Clinical inclusion	<p>Any diagnosis of GTD (partial mole, complete mole, choriocarcinoma, atypical placental site nodule, placental site trophoblastic disease, epithelioid trophoblastic disease) requiring monitoring.</p> <p>OR</p> <p>High index of suspicion of GTD such as:</p> <ul style="list-style-type: none"> • Persistent high levels of βhCG in the absence of radiologic imaging demonstrating a pregnancy • βhCG elevation following a molar pregnancy
Referral to include	<p>Copies of investigations (if available):</p> <ul style="list-style-type: none"> • βhCG • FBC, TFTs • CXR • Pelvic USS • Copy of the histopathology <p>Details of preceding pregnancy including type of pregnancy, method of management of pregnancy loss, βhCG levels at the time of diagnosis of GTD.</p> <p>Detailed clinical information about the patient, including past medical, surgical, obstetric and gynaecological history. Details of clinical concerns of referring doctor and/or patient.</p> <p>Please provide all relevant information in the referral form to enable appropriate triage.</p>

COBL contact information

Send referrals via email or fax:

- Email - GTD@lh.org.au
- Fax - 93831031
- Referrals using GP software that include all the relevant history and information are also welcome using Healthlink.

Specialist consultant, Clinical Associate Professor Trevor Tejada-Berges and Nurse Practitioner Shannon Philp supervise the NSW GTD pilot.

- Nurse Practitioner Ms Shannon Philp Tel: 8514 0414
- Clinical A/Prof. Trevor Tejada-Berges Tel: 8514 0262

Feedback

- We are always interested in feedback regarding our service. If you would like to provide feedback during business hours, please call (02) 8514 0000. After hours, please fill out [this form](#) or email feedback@lh.org.au.

For further information regarding the pilot contact: Sally Cordell, ACI Gynaecological Oncology Network Manager at ACI-GynOncology@health.nsw.gov.au

Useful links

- COBL website - <https://www.mylifehouse.org.au/>
- Cancer Australia - <https://www.canceraustralia.gov.au/cancer-types/gestational-trophoblastic-disease/overview>
- Charing Cross Gestational Trophoblast Disease Service - www.hmole-chorio.org.uk
- International Society of the Study of Trophoblast Disease – www.isstd.org
- [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#)