The British Association of Gynaecological Pathologists

21st Annual Meeting in Collaboration with ISGyP

5th and 6th June 2025

- UK pathways for trophoblastic disease referrals
- Dr Katie McDonald
- Sheffield Teaching Hospitals NHS Foundation Trust, UK
- 6th June 2025

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

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Speaker disclosures

Choose one

- ❑ I have no financial conflicts of interest to disclose
- ❑ I have the following to disclose

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Outline

- ❑ UK GTD service setup
- ❑ Who/what/why/where/when to send cases
- ❑ Illustrative cases x2
- ❑ The future of the service

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UK GTD service setup

- ❑ Three centres to cover the whole of the UK
- ❑ Multi-disciplinary teams in each centre
- ❑ All histology diagnoses are reviewed
- ❑ Treatment/management of patients in the English centres
- ❑ Cross-cover and MDTs

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Who should send cases?

- ❑ Pathologists in all parts of the UK (BAGP members & non-members)
- ❑ All pathologists reporting gynae pathology
- ❑ All paediatric pathologists reporting placentas
- ❑ All pathologists reporting private cases (direct or via NHS hospital)

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What would we like you to send?

Molar cases and suspected molar cases

- ❑ All slides, p57, and at least one block (Scotland: 1-2 good slides only if many villi present)
- ❑ Your report (including mention if cytogenetics requested)

Trophoblastic tumours and tumour-like conditions

- ❑ All slides and blocks
- ❑ Your report
- ❑ Consider preserving tissue rather than ordering IHC / other ancillary testing

Suspected choriocarcinomas

- ❑ Flag to everyone
- ❑ Send urgently

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Why are we doing this?

- Gestational trophoblastic disease is rare (1 in 1000)
- It is pre-neoplastic and neoplastic
- Central review benefits for all cases
- Ancillary testing specific to GTD
  - Repeating p57
  - Ploidy testing (flow cytometry or FISH)
  - Genotyping

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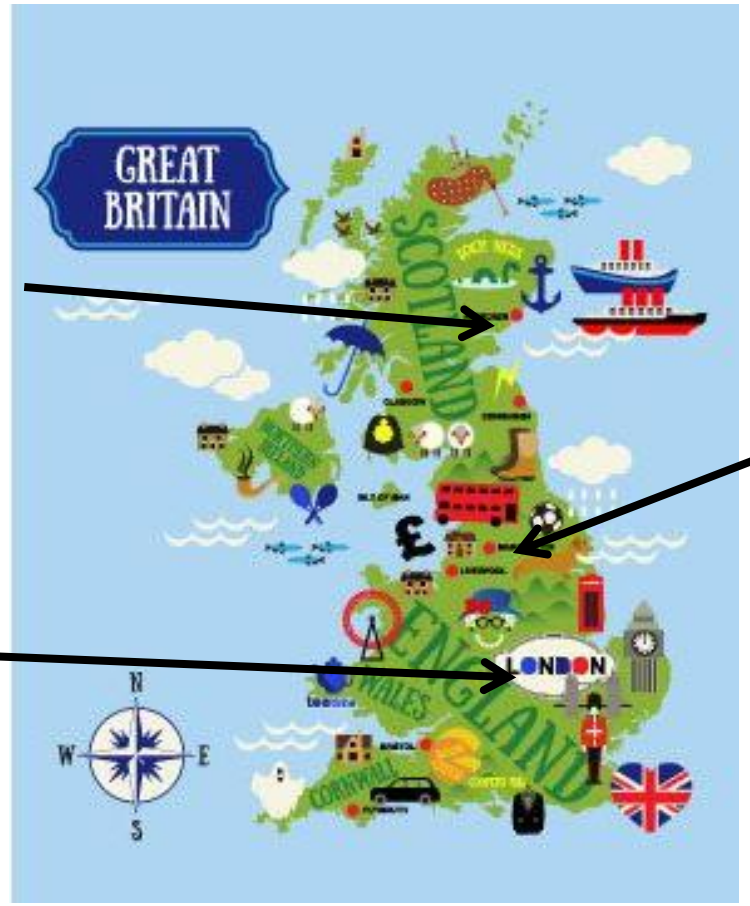
Where should you send cases?



Ninewells Hospital, Dundee





Royal Hallamshire Hospital, Sheffield



Charing Cross Hospital, London

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When should you send cases?

- ❑ Immediately at the point of diagnosis
- ❑ Immediately at the point of diagnostic difficulty
- ❑ Any day of the year

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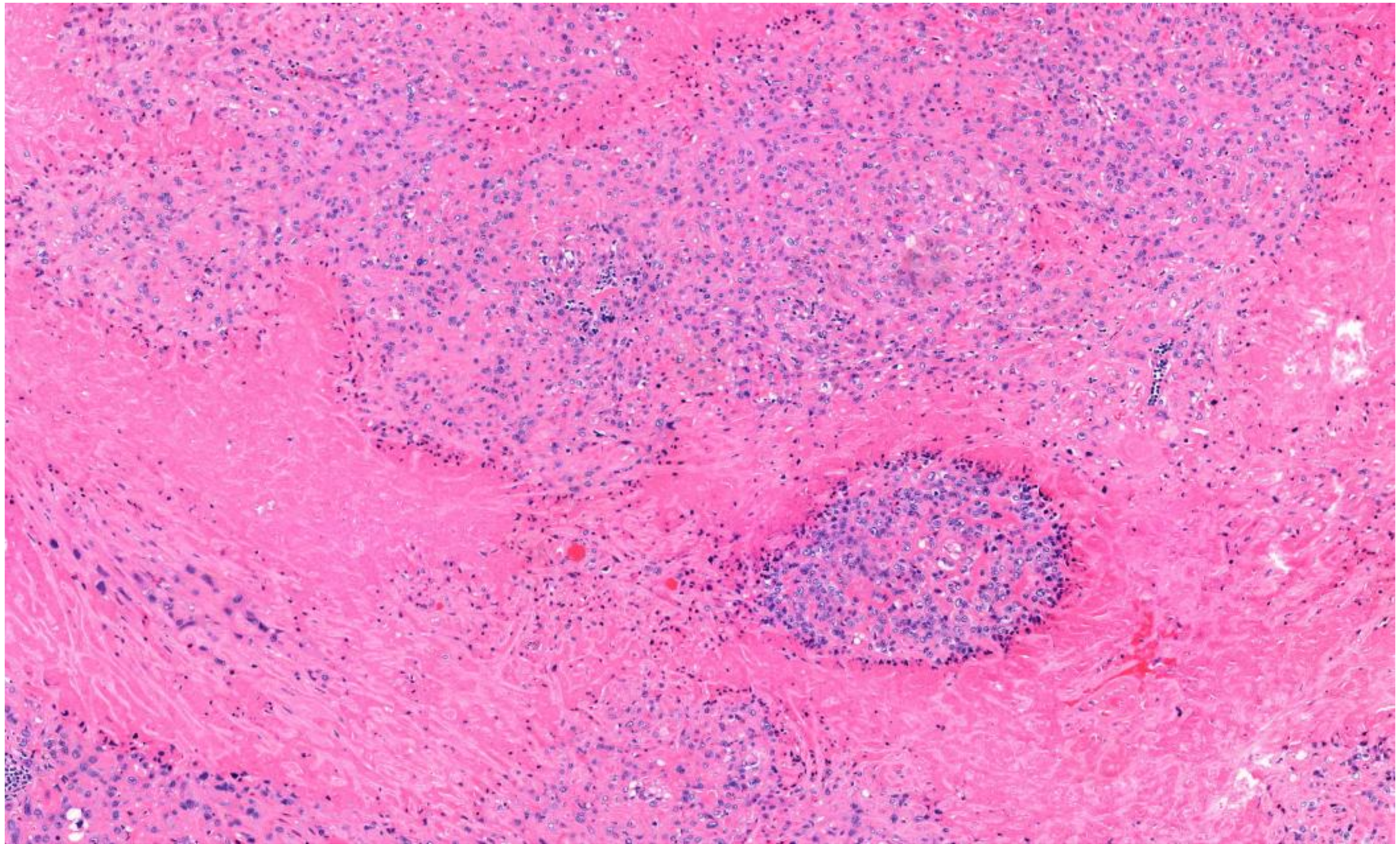
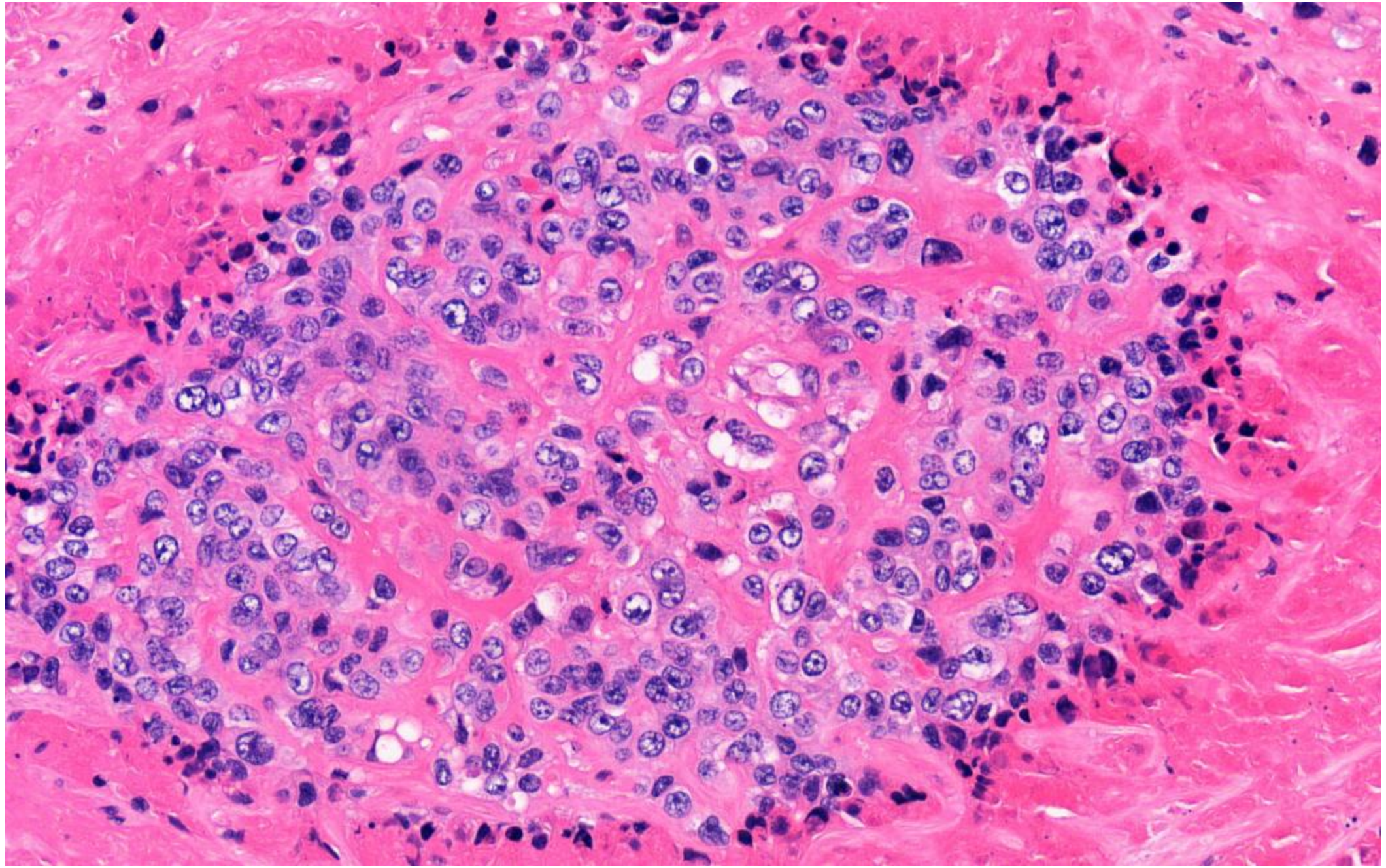
Illustrative Case #1

- 39F, irregular PV bleeding
- 1 previous child, 6 years ago
- Large mass in uterus
- Hysterectomy





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Illustrative Case #1

- ❑ All features of epithelioid trophoblastic tumour are present
- ❑ Textbook case
- ❑ FIGO stage 1
- ❑ Genotyping confirms origin from pregnancy 6 years ago

GTD tumour staging

FIGO Anatomic Staging	
Stage I	Disease confined to the uterus
Stage II	Disease extends outside the uterus but is limited to the genital structures (adnexa, vagina, broad ligament)
Stage III	Disease extends to the lungs with or without genital tract involvement
Stage IV	Disease involves other metastatic sites

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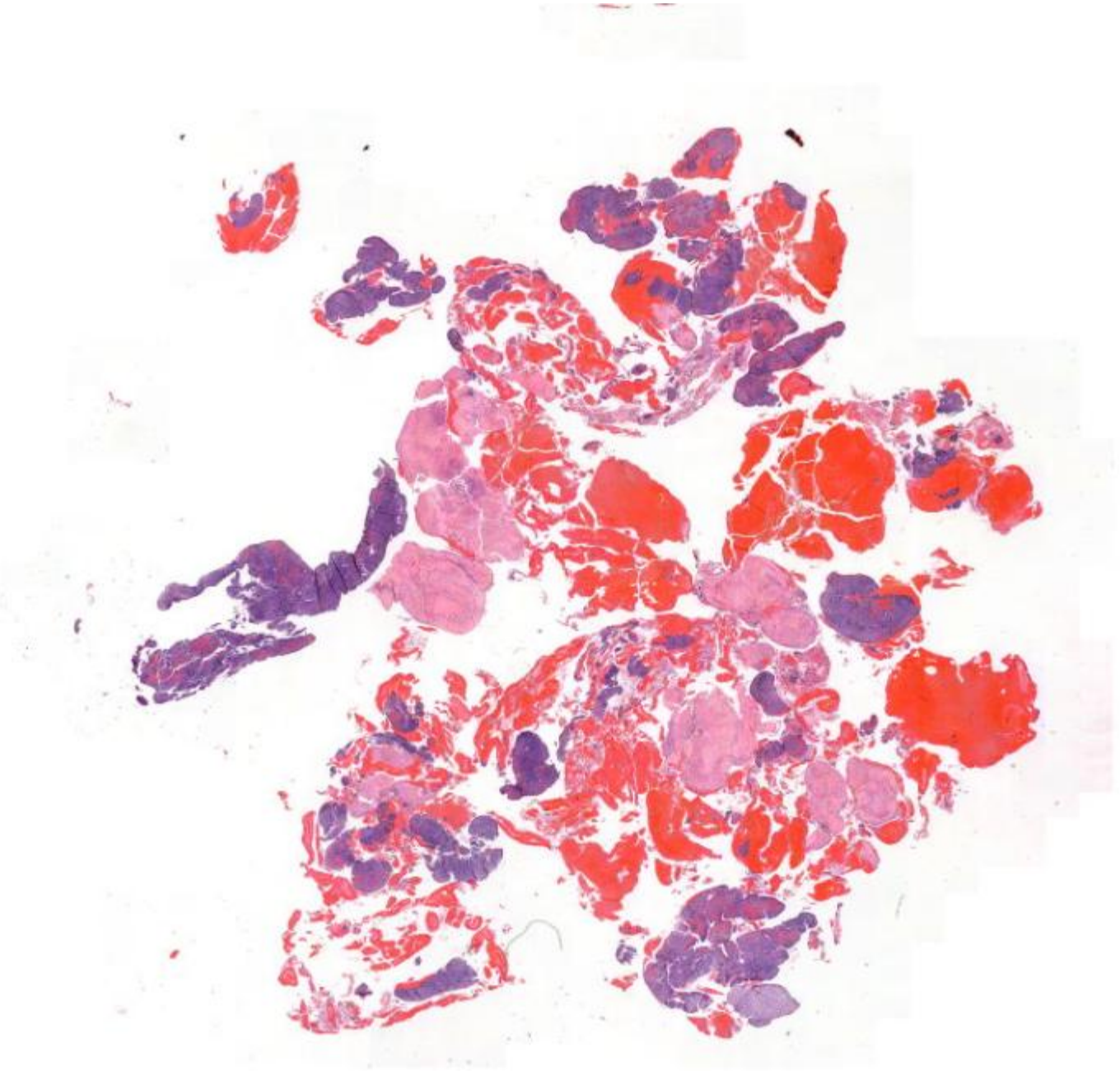
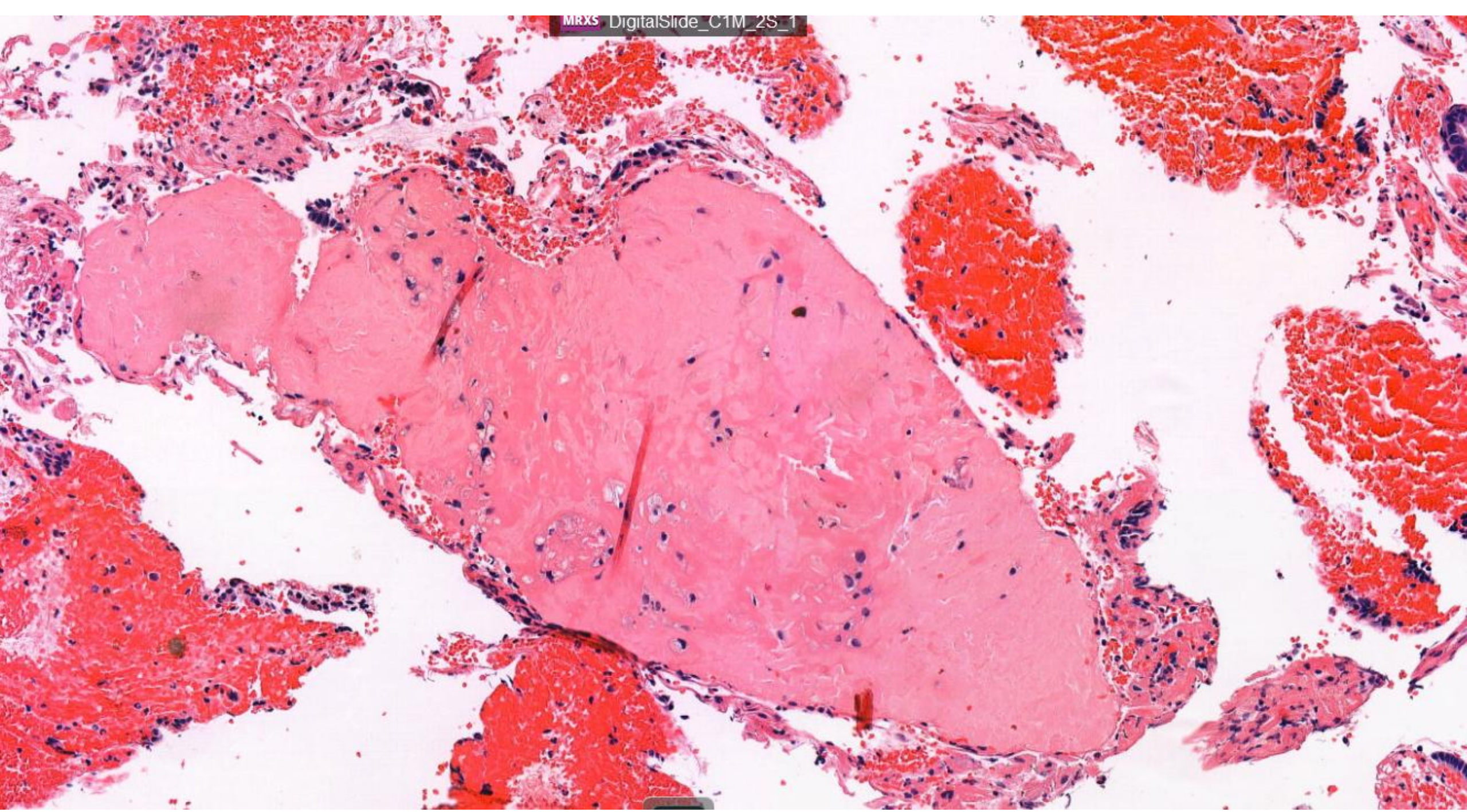
Illustrative case #2

- 43F
- Spotty PV bleeding 3/12
- Hysteroscopy showed a firm, light area
- Previous pregnancies 3 and 6 years prior

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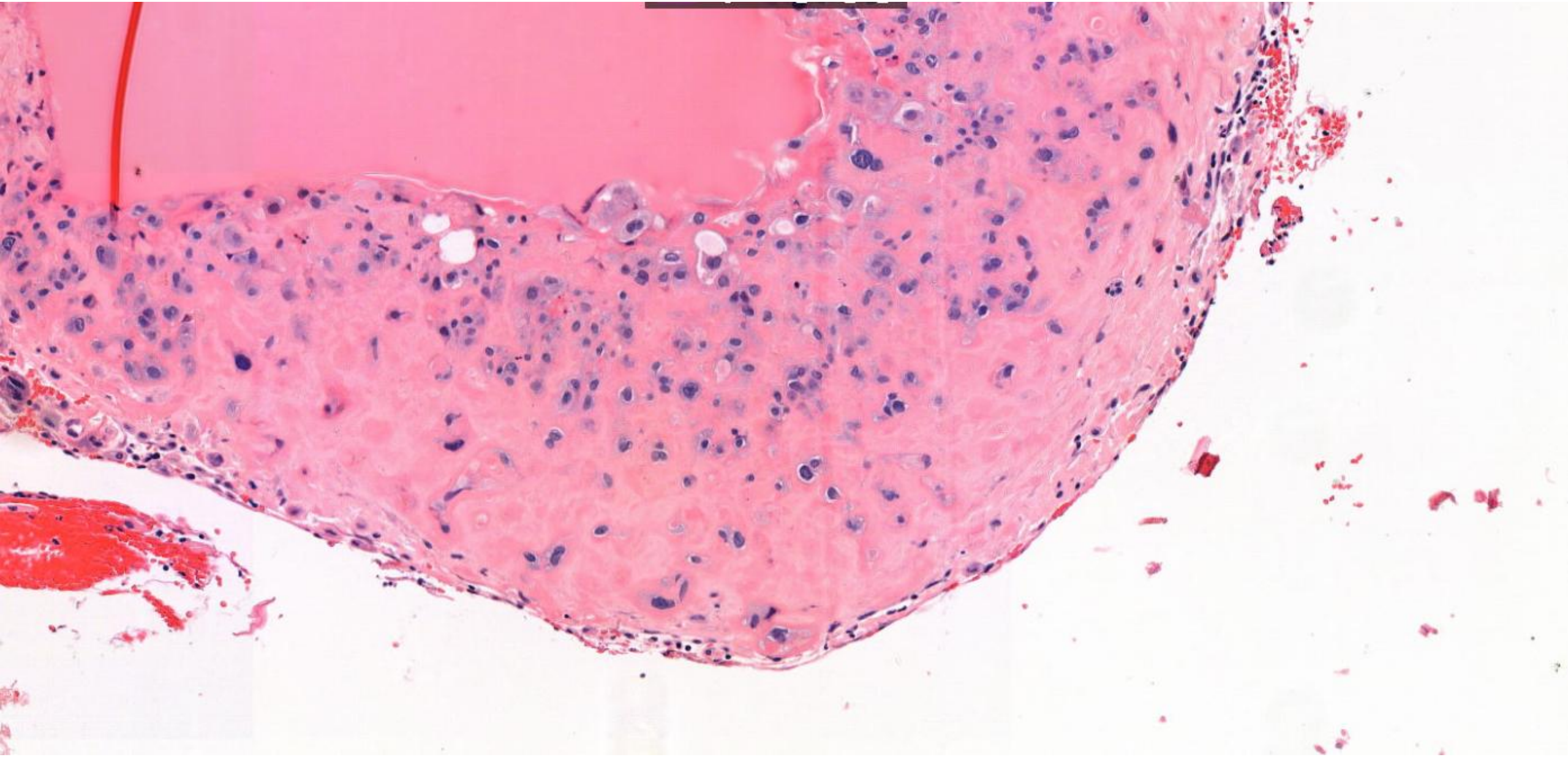

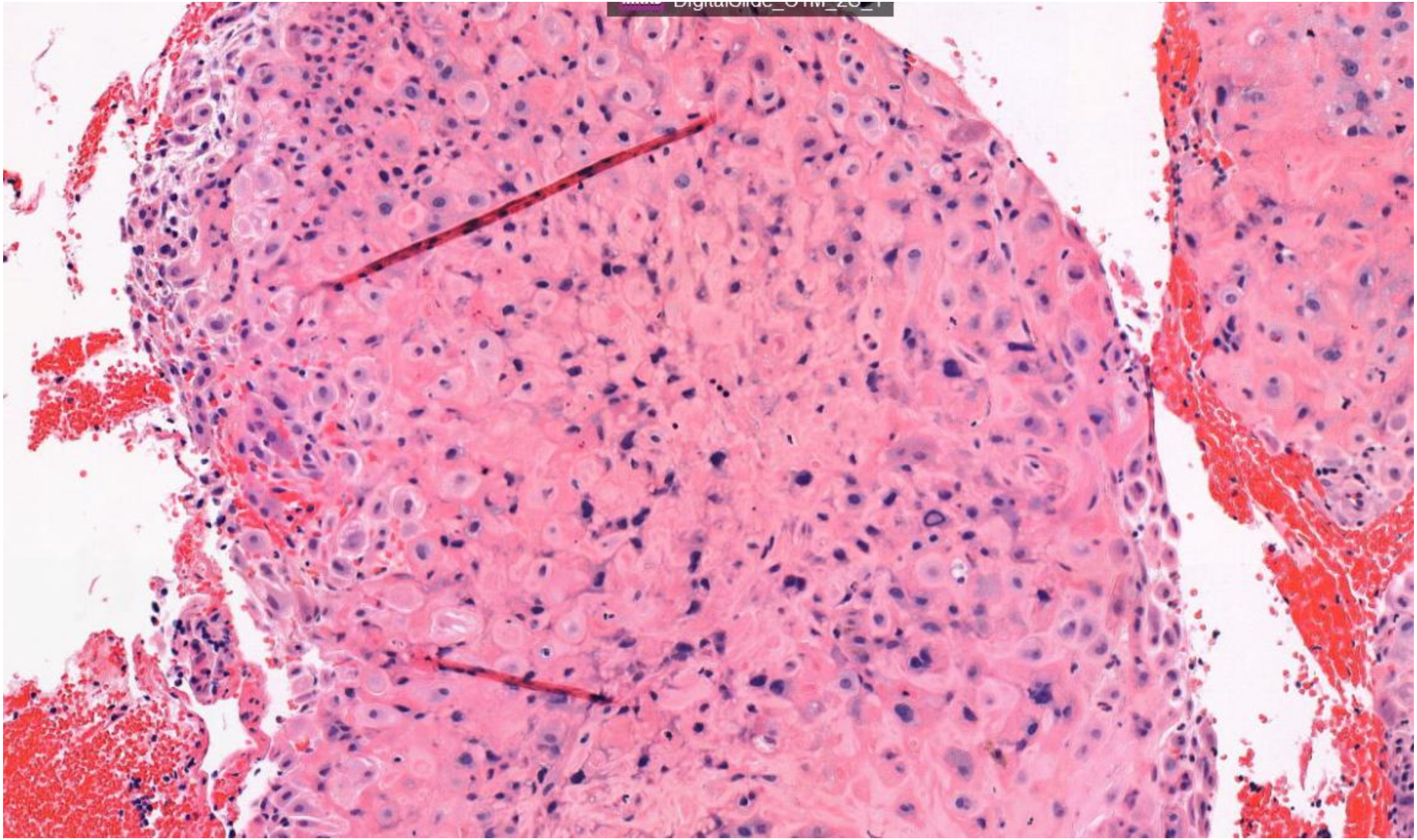

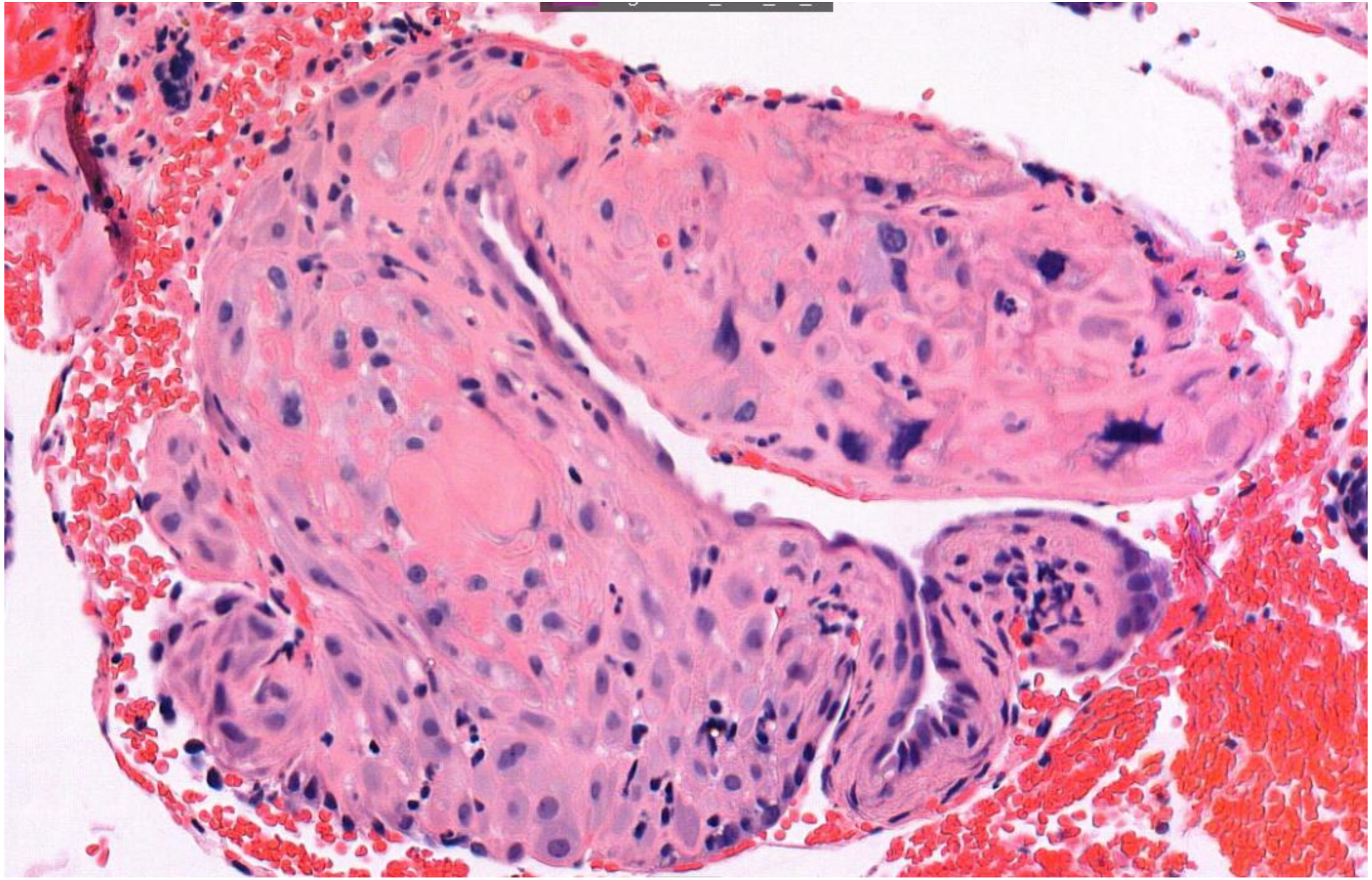

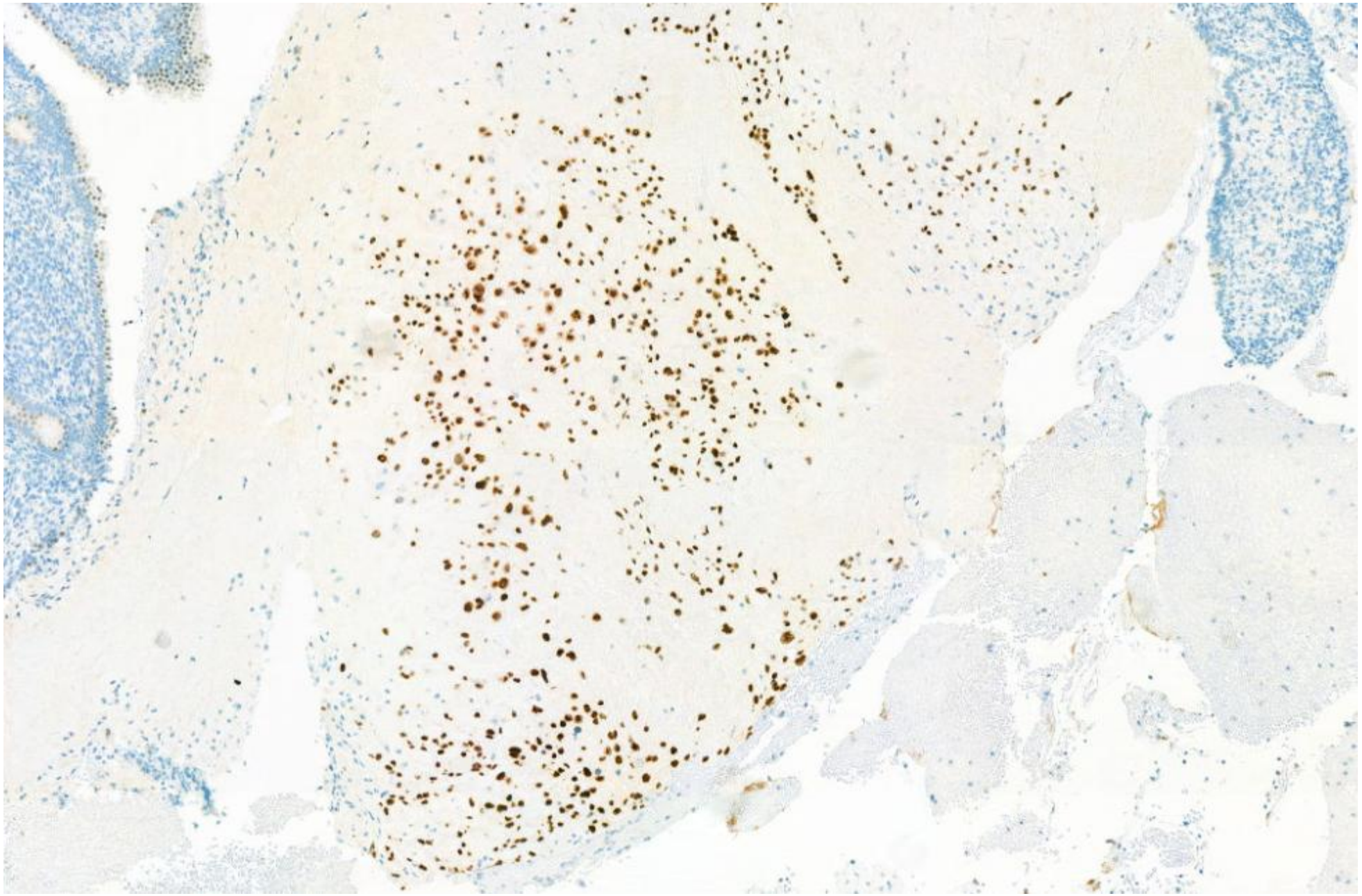

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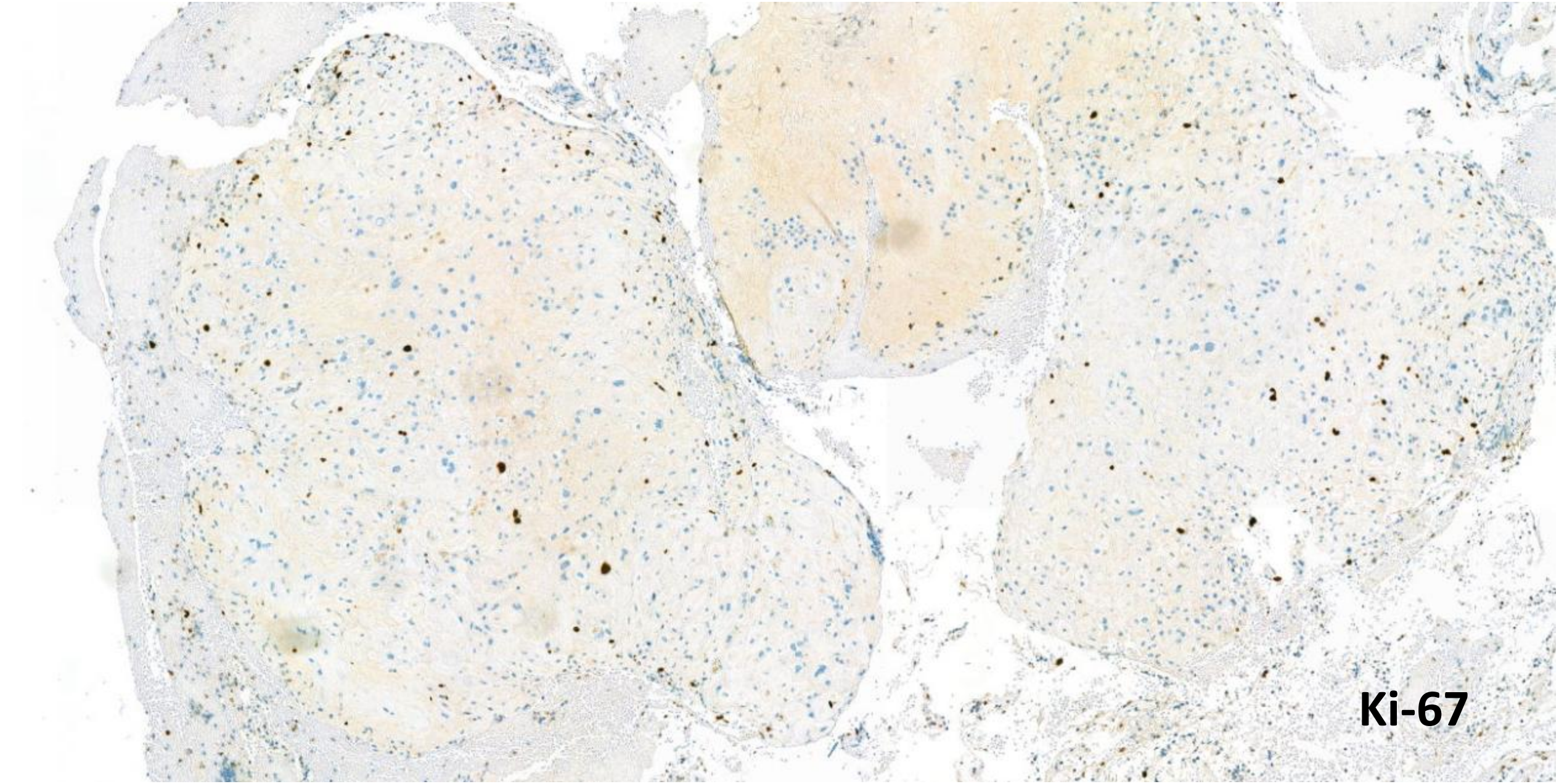
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Illustrative case #2

- Not all features of ETT
- Not a typical PSN
- Atypical placental site nodule, refer for review
- Refer any PSN with atypical features

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Future of the UK service

- ❑ Sheffield: Ploidy testing
- ❑ Sheffield: FFPE archive
- ❑ All centres: Cross-cover contracts for national resilience
- ❑ All centres: Research in diagnostics and management
- ❑ All centres: RCPath tissue pathway to follow

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REVIEW AND PERSPECTIVES

Practical guidelines of the EOTTD for pathological and genetic diagnosis of hydatidiform moles

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Abstract

Hydatidiform moles are rare and thus most pathologists and geneticists have little experience with their diagnosis. It is important to promptly and correctly identify hydatidiform moles given that they are premalignant disorders associated with a risk of persistent gestational trophoblastic disease and gestational trophoblastic neoplasia. Improvement in diagnosis can be achieved with uniformization of diagnostic criteria and establishment of algorithms. To this aim, the Pathology and Genetics Working Party of the European Organisation for Treatment of Trophoblastic Diseases has developed guidelines that describe the pathological criteria and ancillary techniques that can be used in the differential diagnosis of hydatidiform moles. These guidelines are based on the best available evidence in the literature, professional experience and consensus of the experts' group involved in its development.

Keywords Hydatidiform moles · Pathology · Diagnosis · Genetics · Genotyping · Guidelines

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FIN

- Thank you for listening
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- Questions

European Reference Network for rare or low prevalence complex diseases

Network Adult Cancers (ERN EURACAN)

Member Sheffield Teaching Hospitals NHS Foundation Trust – United Kingdom

GESTATIONAL TROPHOBLASTIC DISEASE
At Weston Park Hospital

Jean's Research Trust