Reporting Product of Conception: Trophoblastic Disease

A three year retrospective case series of Cambridge University Hospitals.

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Background

Gestational trophoblastic disease (GTD) is a rare condition occurring from 1 in 528 viable conceptions (Savage 2010). Centralised care is recommended by FIGO (2021) and mandated by the Department of Health in the UK. GTD increases a woman's risk of developing a gestational trophoblastic tumour (GTT). The cure rates for GTT exceed 98% with early management (Seckl 2010).

Histological diagnosis is difficult. Charing Cross reported that they overturned approximately 20% of suspected GTD cases and Kohorn (2007) reported 32% of partial molar pregnancy diagnosis were overturned.

Cambridge University Hospitals (CUH) is a tertiary referral centre and all products of conception are assessed by specialist consultant gynaecological histopathologists. All suspected GTD cases are sent to the Charing Cross Gestational Trophoblast Disease Service (CX) for confirmation of the diagnosis and central monitoring.

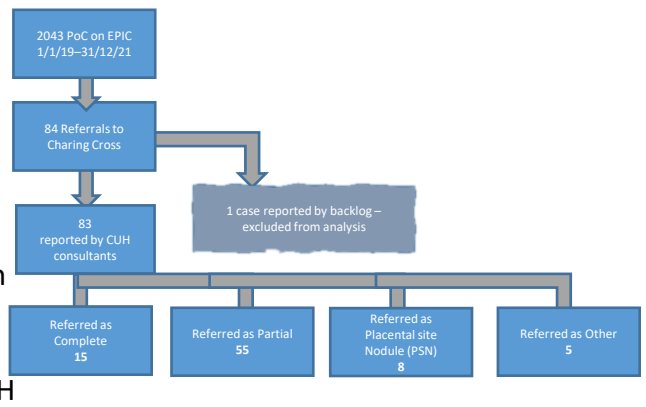
Objectives

1. Compare the number of provisional GTD diagnosis made by CUH against the gold standard of CX
2. Compare the number of provisional GTD diagnosis made by CUH and overturned when the provisional diagnosis is from a single CUH consultant vs two CUH consultants.

Methods

Data retrieval

- PoC cases were identified from the electronic records database (EPIC) using search terms: "products of conception", "products of conception (retained)", abortion induced, "abortion spontaneous" between 1/1/19-31/12/21.
- Referral letters sent to CX between 1/1/19-31/12/21 with provisional diagnosis from CUH consultants
- Data collected from EPIC re CUH diagnosis, CD diagnosis and consultant numbers involved



Data Analysis

- Analysed using Microsoft Excel

Confirmation of Charing Cross rate of overturning GTD diagnosis

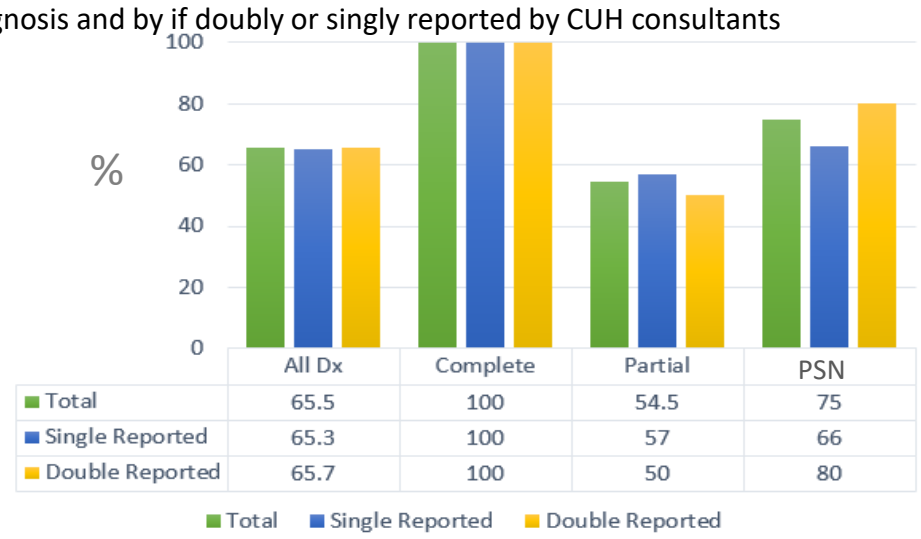
- Email correspondence with Charing Cross Gestational Trophoblast Disease Service (many thanks)

Results

	Number referred to CX	Diagnosis agreed	Percentage
All ?GTD diagnosis	78	49	65.5%
Complete	15	15	100%
Partial	55	28	54.5%
PSN	8	6	75%

Results

- Percentage of agreed diagnosis as a percentage, by both the CUH provisional diagnosis and by if doubly or singly reported by CUH consultants



- Partial molar pregnancies were 78.6% of CUH consultant's ?molar diagnosis, and only 59.8% of the revised CX total molar pregnancy diagnosis. The UK average is 55%

Conclusion

1. CUH has a higher rate of overturned provisional GTD diagnosis than CX's reported typical 20%
2. No significant difference between rate of overturned provisional diagnosis when double reported by consultants vs single consultant
3. The diagnosis with the highest rate of overturned provisional diagnosis is partial molar pregnancy

Discussion

- Why is CUH concordance with CX lower than their average?
  - Case referred due to radiological findings rather than histological findings
  - Referral cases are sent to CX as provisional GTD diagnosis and when wishing to exclude partial molar pregnancy in particular. This is possibly a different attitude to other centres?
- Data discussed at local meeting
  - Anecdotal evidence of referrals with low suspicion being diagnosed as molar pregnancy in the past reducing threshold for referral
  - Consultants prepared to accept lower than average concordance to improve the diagnostic sensitivity.
- Why no benefit to double reporting
  - Analysis only of cases suspected of being GTD
  - No analysis of when GTD was suspected and double reporting prevented a referral
  - Only double report difficult cases – selection bias

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