A MEETING ORGANISED BY THE ONCOLOGY SECTION OF THE RSM AND THE EUROPEAN ORGANISATION FOR THE TREATMENT OF TROPHOBLASTIC DISEASE (EOTTD)

Gestational trophoblastic disease: Current and future horizons

Friday 18 - Saturday 19 May 2018
CPD: 11 credits

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Gestational trophoblastic disease: Current and future horizons

Friday 18 - Saturday 19 May 2018

The aim of this meeting is to cover the molecular and genetic basis for the disease, its diagnosis, presentation and management, including the latest developments in the field.

Objectives

- Understanding diagnostic pathways including the use of imaging, biochemical, histopathological and ancillary tests and when to deploy them
- Current best management in a range of situations
- Understanding how to assess and manage twin pregnancies in which one is molar
- Know how to preserve fertility in patients when hysterectomy is the safest option
- Know about new therapies including the role of immunotherapy across the GTD spectrum

DAY 1: FRIDAY 18 MAY 2018

8.20 am  Registration, tea and coffee

8.55 am  Welcome and introduction
Professor Michael Seckl, Director of the Charing Cross Gestational Trophoblastic Disease Service, Imperial College London

DIAGNOSTIC PATHOLOGY, GENETICS AND BIOCHEMISTRY

Chairs  Professor John Tidy, Director, Sheffield Trophoblastic Disease Centre and Gynaecological Oncologist, Sheffield Teaching Hospitals NHS Foundation Trust,
Dr Pierre Adrien Bolze, Gynaecological Oncologist, French Reference Centre for Trophoblastic Diseases and Dr Richard Harvey, Clinical Scientist, Imperial College Healthcare NHS Trust

9.00 am  Current diagnostics for gestational trophoblastic disease (GTD) pathology
Dr Baljeet Kaur, Consultant Histopathologist, Imperial College Healthcare NHS Trust

9.15 am  New areas in GTD pathology
Professor Neil Sebire, Professor of Paediatric and Developmental Pathology, University College London

9.30 am  Current use of genetics
Dr Sophie Patrier, Pathologist, Rouen University Hospital, France

9.45 am  Liquid biopsy and future genetics
Dr Lone Sunde, Professor, Department of Biomedicine, Aarhus University and Clinical Geneticist, Aarhus University Hospital, Denmark

10.00 am  The search for a replacement ‘gold standard’ human chorionic gonadotropin (hCG) immunoassay
Dr Wilson Stewart, Clinical Scientist, Ninewells Hospital and Medical School NHS Foundation Trust

10.15 am  Panel discussion

10.30 am  Tea and coffee break

MOLLAR DISEASE: LOW RISK OF GESTATIONAL TROPHOBLASTIC NEOPLASIA (GTN)

Chairs  Professor Neil Sebire, Dr Lone Sunde and Dr Christianne Lok, Gynaecologic Oncologist, Antoni van Leeuwenhoek Hospital, The Netherlands

10.50 am  Epidemiology in Europe vs other continents
Dr Christianne Lok
# Gestational trophoblastic disease: Current and future horizons

Friday 18 - Saturday 19 May 2018

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Institution</th>
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<tr>
<td>11.05 am</td>
<td>Presentation of moles and initial management</td>
<td>Professor John Tidy</td>
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<tr>
<td>11.20 am</td>
<td>Second dilation and curettage vs hysterectomy vs chemotherapy</td>
<td>Dr Pierre Adrien Bolze</td>
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<td>11.35 am</td>
<td>International Federation of Gynaecology and Obstetrics (FIGO) scoring, value vs pitfalls</td>
<td>Dr Nienieke van Trommel, Gynaecological Oncologist, Centre for Gynaecologic Oncology, Amsterdam, The Netherlands</td>
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<tr>
<td>11.50 am</td>
<td>Management of gestational trophoblastic neoplasia (GTN) following molar pregnancy</td>
<td>Dr Matthew Winter, Consultant Oncologist, Sheffield Teaching Hospitals NHS Foundation Trust</td>
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<td>12.05 pm</td>
<td>Management of twin pregnancies of mole plus healthy co-twin</td>
<td>Dr Isa Niemann, Gynaecological Oncologist, Aarhus University Hospital, Denmark</td>
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<tr>
<td>12.20 pm</td>
<td>How should we manage placental site nodules?</td>
<td>Mr Richard Smith, Consultant Gynaecological Surgeon, Imperial College Healthcare NHS Trust and Adjunct Associate Professor, New York University School of Medicine</td>
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<td>12.35 pm</td>
<td>Panel discussion</td>
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**HIGH RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA (GTN), PLACENTAL SITE TROPHOBLASTIC TUMOUR (PSTT), EPITHELIOID TROPHOBLASTIC TUMOUR (ETT) AND ROLE OF IMMUNOTHERAPIES**

**Chairs**

Dr Nienke van Trommel, Dr Matthew Winter and Dr Frédéric Goffin, Associate Professor of Gynaecological Oncology, Chu De Liège Hospital, Belgium

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<th>Time</th>
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<th>Speaker/Institution</th>
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<tr>
<td>2.00 pm</td>
<td>First line chemotherapy of high risk gestational trophoblastic neoplasia (GTN)</td>
<td>Dr Naveed Sarwar, Consultant Medical Oncologist, Imperial College Healthcare NHS Trust</td>
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<td>2.15 pm</td>
<td>Can chemotherapy be avoided in high risk gestational trophoblastic neoplasia (GTN)?</td>
<td>Dr Benoit You, Medical Oncologist, Lyon-Sud Hospital, France</td>
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<tr>
<td>2.30 pm</td>
<td>What is ultrahigh risk gestational trophoblastic neoplasia (GTN) and how should it be managed?</td>
<td>Dr Philip Savage, Consultant Medical Oncologist, Imperial College Healthcare NHS Trust</td>
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<tr>
<td>2.45 pm</td>
<td>Placental site trophoblastic tumour (PSTT) and epithelioid trophoblastic tumour (ETT): The strangers in our midst</td>
<td>Dr Minke Frijstein, PhD Student, Antoni van Leeuwenhoek Hospital, The Netherlands</td>
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<td>3.00 pm</td>
<td>Salvage of gestational trophoblastic neoplasia (GTN): The role of immunotherapy</td>
<td>Professor Michael Seckl</td>
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<td>3.15 pm</td>
<td>Case conference on immunotherapy and panel discussion</td>
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<td>3.50 pm</td>
<td>Tea and coffee break</td>
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Gestational trophoblastic disease: Current and future horizons

Friday 18 - Saturday 19 May 2018

UPDATE FROM NATIONAL CENTRES
5 minute update with 5 minute Q&A each

Chairs: Dr Naveed Sarwar, Dr Baljeet Kaur and Dr Sophie Patrier

4.15 pm
Update from Warsaw, Poland
Dr Grzegorz Szewczyk, Associate Professor, Medical University of Warsaw and Consultant, Institute of Mother and Child, Poland

4.25 pm
Update from Liège, Belgium
Dr Frédéric Goffin

4.35 pm
Update from Berlin, Germany
Mrs Luisa Kretzschmar, Gynaecologic Oncologist, Universitätsmedizin Berlin Charité, Germany

4.45 pm
An update on the Irish National Trophoblastic Disease Centre
Dr John Coulter, Consultant Gynaecological Oncologist, Cork University Maternity Hospital, Ireland

4.55 pm
Update from Porto, Portugal
Professor Miguel Abreu, Portuguese Institute of Oncology of Porto, Portugal

5.05 pm
Gestational trophoblastic disease in Sweden
Dr Ulrika Joneborg, Senior Consultant, Karolinska University Hospital, Sweden

5.15 pm
Panel discussion

KEY NOTE LECTURE

Chair: Professor Michael Seckl

5.25 pm
The Brazilian gestational trophoblastic disease (GTD) network: Past, present and future
Professor Antonio Braga, Rio de Janeiro Trophoblastic Disease Centre, Rio de Janeiro Federal University and Fluminense Federal University, Brazil

6.00 pm
Close of day

7.00 pm
Dinner and dance
(For pre booked delegates only)

Venue: Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

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### SATURDAY 19 MAY 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8.30 am</td>
<td>Registration, tea and coffee</td>
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<tr>
<td>9.00 am</td>
<td>Introduction of working parties and choosing your workshop</td>
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<td>Professor Michael Seckl</td>
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**WORKSHOP ROTATION**  
9.30 am - 10.30 am

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<tr>
<td>A</td>
<td>Clinical working party</td>
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<td>Guy Whittle Auditorium</td>
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<td>B</td>
<td>Pathology genetics working party</td>
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<td>Cavendish Room</td>
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<td>B</td>
<td>Biochemistry working party</td>
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<tr>
<td>10.30 am</td>
<td>Tea and coffee break</td>
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<tr>
<td>10.45 am</td>
<td>Workshop updates</td>
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<td>11.30 am</td>
<td>General assembly</td>
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<tr>
<td>1.00 pm</td>
<td>Lunch</td>
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<td>2.00 pm</td>
<td>Close of meeting</td>
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We are grateful to **Bristol-Myers Squibb Pharmaceuticals Ltd** for supporting this meeting.

Please note that none of the companies listed have had any influence or involvement over the agenda, content or organisation of this meeting.

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Holistic and complementary approaches to managing long term pain: Who might benefit?

Date: Friday 25 May 2018
CPD: 6 credits

More information at: www.rsm.ac.uk/events/pnk03

Applied therapeutics for palliative medicine: An advanced update for senior clinicians

Date: Wednesday 13 June 2018
CPD: Applied for

More information at: www.rsm.ac.uk/events/plk04

AKI frontiers 2018

Date: Wednesday 10 October 2018
CPD: Applied for

More information at: www.rsm.ac.uk/events/nem01

Building collaborations in global cancer care: From fragile conflict ecosystems to emerging economies

Date: Monday 19 November 2018
CPD: Applied for

More information at: www.rsm.ac.uk/events/ocm01

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* New members only. Excludes Student and Student Associate applications. Terms and conditions apply.
Salvage of gestational trophoblastic neoplasia (GTN): The role of immunotherapy

Professor Michael Seckl, Director of the Charing Cross Gestational Trophoblastic Disease Service, Imperial College London

Biography

Professor Michael Seckl trained in medicine at University College London and University College London Hospitals NHS Foundation Trust, gaining a BSc in immunology in 1983 and his MBBS in 1986. He then obtained his MRCP before entering specialist training in medical oncology from 1989-1995.

During this period he spent 3 years at the Imperial Cancer Research Fund (London Research Institute; LRI) working on signal transduction in model and lung cancer cells and was awarded his PhD in 1995 (University of London). He was then appointed as a senior lecturer at Imperial College whilst working as a post-doctoral fellow at the LRI enabling a series of successful grant applications to support his on-going work on drug resistance and metastasis mechanisms in cancer. His clinical appointment also linked him to the national trophoblastic disease service and so a second stream of research was established.

He became a reader and FRCP in 2000 and professor in 2002 and currently heads up molecular oncology with its associated cancer research team. He is director of the Charing Cross Hospital and Imperial College London trophoblastic disease and newly established malignant ovarian germ cell tumour centre as well as the supraregional tumour marker assay service. He is an international leader in trophoblastic disease, past-president of the international trophoblastic disease society (ISSTD.org), president-elect of the European Organisation for the Treatment of Trophoblastic Disease (EOTTD.com), is a visiting professor at Peking Union Medical College and serves on several editorial boards and grants committees. He leads the gynae theme of the European Rare Adult Cancer (EURACAN) network which aims to improve the care of women with these rare tumours across Europe.

He has chaired and organised many national and international meetings related to trophoblastic disease, lung cancer and cell signalling. He is chair of the London Lung Cancer Alliance. His work is supported by CR-UK, MRC, EU-FP7, AICR, Dept of Health, industry and several other charities. This has resulted in over 220 peer reviewed publications many appearing in leading clinical and scientific journals. In 2017 he was made FMedSci.

Abstract

Most patients with gestational trophoblastic neoplasia (GTN) will be cured with existing standard chemotherapy regimens incorporating single- or multiple-agents. However a few women with mainly high risk choriocarcinomas or poor prognostic placental site and/or epithelioid trophoblastic tumours (PSTT/ETT) fail existing treatment. So how can such patients be salvaged? This presentation will examine this issue briefly touching on the role of surgery, high dose chemotherapy and then focusing on the potential for new agents and in particular the checkpoint immunotherapies.

Reference


**Current diagnostics for gestational trophoblastic disease (GTD) pathology**

Dr Baljeet Kaur, Consultant Histopathologist, Imperial College Healthcare NHS Trust

**Biography**

Dr Baljeet Kaur is the lead for gynae-pathology services, regional lead (trophoblastic disease unit at Charing Cross Hospital) and an international expert on trophoblastic diseases and tumours. She was awarded fellowship of the Royal College of Pathologists in 2010 and prior to becoming a consultant she undertook training in Addenbrooke’s Hospital in Cambridge, University College London Hospitals and Royal Free Hospital in London. In 2011 she was appointed consultant histopathologist at Imperial College Healthcare NHS Trust. She is a core member of the hospital’s gynaecological cancer MDT, colposcopy MDT and trophoblastic tumour/germ cell MDT. She has been an invited speaker at various national and international meetings and has contributed to various scientific papers and a book chapter on trophoblastic diseases.

She has been an invited speaker at various national and international meetings and has over 15 scientific papers and a book chapter on trophoblastic diseases. She is the key pathologist in ISSTD (International Society for the Study of Trophoblastic Diseases), EOTTD (European Organisation for Treatment of Trophoblastic Disease), European Network for Rare Adult Solid Cancer (EURACAN) and BAGP (The British Association of Gynaecological Pathologists).

Baljeet has a large national and international referral practice and receives over 600 consult cases for her expert opinion. She is keen on research and holds sessional research session with Biomedical Research Centre (BRC, NIHR).

Baljeet is married and enjoys teaching, travelling and playing badminton.

**Abstract**

Gestational trophoblastic disease encompasses a range of pregnancy-related disorders, consisting of the premalignant disorders of complete and partial hydatidiform mole, and the malignant disorders of invasive mole, choriocarcinoma, and the rare placental-site and epitheloid trophoblastic tumour. These malignant forms are termed gestational trophoblastic tumours or neoplasia.

Accurate diagnosis and sub-classification of hydatidiform moles (HM) and distinction from non-molar (NM) mimics is important, as risk of persistent gestational trophoblastic disease (pGTD) and clinical management differ for these entities. Similarly distinction of Gestational trophoblastic tumours from Trophoblastic differentiation in somatic malignancy is important as the two entities have entirely different prognosis and management. We will be discussing the salient histological features of these entities.
Current use of genetics
Dr Sophie Patrier, Pathologist, Rouen University Hospital, France

Biography
Dr Sophie Patrier studied medicine at Pierre and Marie Curie University Paris 6. Following graduation, she trained in Amiens, Rouen and Paris.

She worked as the head of the pathology laboratory at Elbeuf General Hospital in Normandy, from 1987 until 2007. She then moved to Trousseau Hospital in Paris, where she practised perinatal pathology in the department of medical genetics and embryology. She graduated the IPPA Advanced Course in 2009.

Since 2010 she has been working as a perinatal pathologist at Rouen University Hospital. In addition, she is a referent pathologist at the French Referent Center for Trophoblastic Disease. Dr Sophie Patrier is a member of the Paediatric Pathology Society as well as the European Organisation for the Treatment of Trophoblastic Disease.

Liquid biopsy and future genetics
Dr Lone Sunde, Professor, Department of Biomedicine, Aarhus University and Clinical Geneticist, Aarhus University Hospital, Denmark

Biography
Dr Lone Sunde has been the founder and head of the Danish Mole Project since 1986. In the project, researchers study genetic aspects of hydatidiform moles and other trophoblastic diseases, with two main aims:

1. Creating knowledge relevant for the clinical handling of trophoblastic diseases
2. Adding to the understanding of normal fertilisation and very early development

She has been a specialist in clinical genetics since 1996, with a special interest in hereditary predisposition to cancer.
The search for a replacement ‘gold standard’ human chorionic gonadotropin (hCG) immunoassay
Dr Wilson Stewart, Clinical Scientist, Ninewells Hospital and Medical School NHS Foundation Trust

Biography
Dr Wilson Stewart was a post-doctoral research fellow with the University of Dundee from 1988-1995 in the Department of Immunology. He was investigating the structure, function and expression of Fc receptors for immunoglobulin A (CD89) on human neutrophils and monocytes.

Since 1995, he has been a clinical scientist with the Scottish hydatidiform mole follow-up service based at Ninewells Hospital, Dundee.

He has an interest in the structure and function of human chorionic gonadotrophin (hCG) and the detection of hCG species by immunoassay.

Abstract
A collaboration between the UK hydatidiform mole follow-up centres and Mologic Ltd has been set up to address the need to replace the existing competitive radioimmunoassay used by these centres to measure hCG in the serum and urine of patients with gestational trophoblastic disease (UK 895-RIA). The aim is to develop an assay with a competitive format based on one epitope common to all hCG species and to make the new assay compatible with both a urine and serum matrix. The performance of the new assay must be equivalent or better than the existing UK 895-RIA. In this presentation Dr Stewart will give an update on the progress of this collaboration and detail the performance of two new immunoassays for hCG they have developed which hopefully meet the criteria set out for a suitable assay replacement.

Epidemiology in Europe vs other continents
Dr Christianne Lok, Gynaecologic Oncologist, Antoni van Leeuwenhoek Hospital, The Netherlands

Biography
Dr Christianne Lok is gynaecologic-oncologist in the Center of Gynaecologic Oncology in Amsterdam since 2013. She is chairman of the Dutch national working party of trophoblastic disease and of the advisory board of cancer in pregnancy. She is a member of the Dutch working party of gynaecologic oncology and the DGOG. Besides trophoblastic disease she treats many patients with ovarian cancer and is trained in robotic and minimally invasive surgery.
Presentation of moles and initial management
Professor John Tidy, Director, Sheffield Trophoblastic Disease Centre and Gynaecological Oncologist, Sheffield Teaching Hospitals NHS Foundation Trust

Biography

Professor John Tidy is honorary professor of gynaecological oncology and consultant gynaecologist oncologist at the Royal Hallamshire Hospital, Sheffield. John spent time as a trainee at the Charing Cross GTD unit before moving to Sheffield and joined the GTD team in 1996. John is now director of the Sheffield Trophoblastic Disease Centre and has published papers and RCOG ‘green top’ guidelines on the management of gestational trophoblastic neoplasia and has published many research papers in the area of GTD. He is a member of ISSTD and EOTTD.

Abstract

The presentation of molar pregnancy has evolved over the past two decades with the introduction of early pregnancy assessment units. Most women do not present with an ultrasound diagnosis of molar pregnancy. The role of medical management of miscarriage should be avoided to minimise risk of trophoblast embolism and the need for chemotherapy.

International Federation of Gynaecology and Obstetrics (FIGO) scoring, value vs pitfalls
Dr Nienke van Trommel, Gynaecological Oncologist, Centre for Gynaecologic Oncology, Amsterdam, The Netherlands

Biography

Dr Nienke van Trommel studied medicine in Amsterdam and specialized in gynaecology in Nijmegen, The Netherlands. In Nijmegen, she wrote a PhD thesis (Refinements in the management of trophoblastic disease; promotors Professor Leon Massuger and Professor Fred Sweep). She moved back to Amsterdam to train in gynaecological oncology. Since 2016, she has worked as a consultant in gynaecological oncology at the Center for Gynaecologic Oncology, Amsterdam. Her fields of research are in cervical cancer (prevention and fertility preservation) and gestational trophoblastic neoplasia. She is the current secretary of both the European Organisation for Trophoblastic Disease and the International Society for the study of Trophoblastic Disease. In her spare time she plays around with her three daughters and rides her mountain bike.

Abstract

The current FIGO classification provides an uniform tool to classify patients with gestational trophoblastic disease. The worldwide use of this classification has enabled comparison between different groups of patients worldwide and improved the way patients are treated. But things can always get better. Can we better predict which of the 30% of patients who are initially scored as low risk, will ultimately need multi agent chemotherapy? Can we simplify items in the FIGO classification? Should we include new items in this classification?

References

How should we manage placental site nodules?
Mr Richard Smith, Consultant Gynaecological Surgeon, Imperial College Healthcare NHS Trust and Adjunct Associate Professor, New York University School of Medicine, New York, USA

Biography

Mr Richard Smith is a consultant gynaecological oncological surgeon at the West London Gynaecological Cancer Centre, Hammersmith Hospital. He is also an adjunct associate professor at the New York University School of Medicine.

Mr Smith graduated from the University of Glasgow and worked in various Scottish hospitals until 1988. He then moved to further his training at St Mary’s Hospital in London and took up a consultant post at the Chelsea and Westminster Hospital in 1993. He moved to Hammersmith/Queen Charlotte’s Hospital a few years ago where his sub-specialisation of gynaecology is oncology and gestational trophoblastic disease. In addition he undertakes surgery for cervical cancers both by way of radical hysterectomy and radical abdominal trachelectomy. He is a registered colposcopist and has a long-running interest in the management of pelvic pain.

His main surgical interest is fertility-sparing surgery and his research interest is the development of uterine transplant. He also has a long-running interest in doctor-patient communication. He has published Women’s Cancers; Pathways to Healing 2009, Women’s Cancers; Pathways to Living 2015, and Women’s Cancers; Pathways to fitness and fulfilment is currently with his agent. In addition he has approximately 130 peer reviewed publications as well as numerous reviews and articles.

He is the series editor of Patient Pictures (17 books) (210,000 copies) and editor of an Atlas of Gynaecological Oncology (4 editions) and of eight other post-graduate medical textbooks.

What is ultra-high risk gestational trophoblastic neoplasia (GTN) and how should it be managed?
Dr Philip Savage, Consultant Medical Oncologist, Imperial College Healthcare NHS Trust

Biography

Dr Savage is a consultant medical oncologist with a long-standing interest in the treatment and biology of gestational trophoblast tumours. A graduate of Bristol University, he trained in
medical oncology at the Charing Cross and Hammersmith Hospitals and has over 10 years experience in GTT management with the Charing Cross Team.

Current clinical research projects are examining the natural history and demographics of choriocarcinoma and a collaborative laboratory project is examining the potential genetic/epigenetic causes of this rare tumour.

Abstract

Gestational choriocarcinoma is rare (1:50,000 pregnancies) and can present as an emergency with life-threatening problems in ultra-high risk patients.

With advances in chemotherapy and more recently immunotherapy, the risk of death from the development of treatment resistant disease is very rare. However, to help optimise patient outcomes, a number of important clinical and logistic steps can facilitate prompt treatment and the successful management of emergency presentations and complications.

Based on the experiences from the Charing Cross team we will review with some clinical cases the key important steps in optimising outcome for patients presenting with ultra high risk GTT.

References


Placental site trophoblastic tumour (PSTT) and epithelioid trophoblastic tumour (ETT): The strangers in our midst

Dr Minke Frijstein, PhD Student, Antoni van Leeuwenhoek Hospital, The Netherlands

Abstract

Placental site trophoblastic tumours (PSTT) and epithelioid trophoblastic tumours (ETT) are extremely rare forms of gestational trophoblastic neoplasia, developing in the chorionic-type intermediate trophoblast. Knowledge on prognostic factors and optimal management is therefore limited. In this presentation, an overview of current knowledge and standards of treatment is presented.
Update from Warsaw, Poland
Dr Grzegorz Szewczyk, Associate Professor, Medical University of Warsaw and Consultant, Institute of Mother and Child, Poland

Biography

Dr Grzegorz Szewczyk received his MD diploma in 2001 at Medical University of Warsaw and undertook an obstetrics and gynaecology residency from 2002-2009. He received his PhD degree in 2011 for *The assessment of the influence of histamine for trophoblast differentiation in the pregnancy induced hypertension*, and undertook a gynaecological oncology fellowship in 2010-2013.

Dr Szewczyk splits his time between the Medical University of Warsaw for basic research and the Institute of Mother and Child for clinical practice. His research interests include trophoblast differentiation and invasion in complications of pregnancy. He has been a member of ESGO since 2007 and EOTTD since 2015. He is involved in the development of a GTD centre in Poland.

Abstract

The GTD centre in Warsaw was initiated in 2017. The inaugural state-of-the-art course has been organised, being supported by EOTTD. Other courses have been organized in May and June as part of postgraduate education for fellows in gynaecological oncology. The centre has submitted guidelines for GTD management. The consultation service has been started with both mail and phone access. The milestones which are being worked up are: development of web-based registry, central pathology review.

Update from Liège, Belgium
Dr Frédéric Goffin, Associate Professor of GynaecologicAL Oncology, Chu De Liège Hospital, Belgium

Biography

Dr Frédéric Goffin has been an Associate Professor of Gynaecological Oncology at CHU Liège, Belgium since 2005. He has been on the Belgium Registry for Gestational Trophoblastic Disease since 2012.

An update on the Irish National Trophoblastic Disease Centre
Dr John Coulter, Consultant Gynaecological Oncologist, Cork University Maternity Hospital, Ireland

Biography

Dr John Coulter is a sub-specialty trained gynaecological oncologist working at Cork University Hospital. Having completed pre-fellowship surgical training he attained FRCSI in Dublin in 1993. He then pursued a postgraduate career in obstetrics and gynaecology with the intention of training in gynaecological oncology, completing his MRCOG in London in 1996. From 1998
to 2002 he undertook a gynaecological oncology fellowship training in Melbourne and Perth, Australia and attained CGO certification in 2003 with RANZCOG.

He is a current member of the national clinical leads group in gynaecological oncology in Ireland and the gynaecology representative on the national guideline committee for the management of hereditary cancers. He is the clinical lead of the Irish National Trophoblastic Disease Centre in Cork.

Abstract

The Irish National Trophoblastic Disease Centre in Cork was established and went “live” in May 2017. Registration is voluntary and, to date, 130 patients have been managed by the national centre. An update regarding establishment, registrations, website, initial problem-solving and patient feedback will be presented

Reference

- Irish National Guideline for the management of Trophoblastic Disease

Update from Porto, Portugal

Professor Miguel Abreu, Portuguese Institute of Oncology of Porto, Portugal

Biography

Professor Miguel Abreu graduated in medicine from the University of Porto in 2007 and gained a PhD in medical sciences from the same institution in 2016. He completed his residence training in medical oncology at the Portuguese Institute of Oncology of Porto in 2013 and became medical assistant in the same Institution in 2014, being dedicated to the treatment of breast and gynaecological cancer patients.

He is an active member of important research groups including the EORTC group for gynaecological cancer, EORTC for breast cancer and the SOLTI group, and is co-investigator in 37 clinical trials and principal investigator in four of them.

He is also author and co-author of seven peer-reviewed articles, published in international indexed journals, invited reviewer of important journals, like the Breast and invited member of the editorial board of the Portuguese Society of Oncology Journal.

He was a member of the assembly of representatives of the Medical Order, North section, between 2014 and 2016 and since 2016 was elected Chair of the first Portuguese Young Oncologists Group. Since 2018, he is member of the direction of the Portuguese Society of Oncology.

Abstract

Reference centres for the treatment of GTN patients are not well established in Portugal, although case discussions in multidisciplinary teams of specialised cancer centres are frequent.
We developed a research project to retrospectively evaluate over an 18 year period the clinical approach of these patients. This will allow understanding differences in diagnosis, treatment and outcomes by Portugal regions. In the near future we will send all these information to Portuguese Health authorities to sensitize for the need of create the reference centres for the treatment of GTN patients.

Gestational trophoblastic disease in Sweden
Dr Ulrika Joneborg, Senior Consultant, Karolinska University Hospital, Sweden

Biography
Dr Ulrika Joneborg is a certified specialist in obstetrics and gynaecology and subspecialist in gynaecologic oncology and cancer care at Karolinska University Hospital in Stockholm, Sweden. She is head of the GTD unit at Karolinska University Hospital, and a member of EOTTD and EURACAN.

Aim
To describe the prevalence of gestational trophoblastic disease in Sweden and the level of care. To describe the ongoing process of improving care of women with gestational trophoblastic disease, by national guidelines and by working towards centralisation.

The Brazilian gestational trophoblastic disease (GTD) network: Past, present and future
Professor Antonio Braga, Rio de Janeiro Trophoblastic Disease Centre, Rio de Janeiro Federal University and Fluminense Federal University, Brazil

Biography
Dr Antonio Braga gained his MD in 2004, MSc in 2007 and PhD in 2009, with postdoctorate studies in gynecology and obstetrics from São Paulo State University in 2012 and 2015. He served as postdoc researcher focused on gestational trophoblastic disease (GTD) at Brigham and Women’s Hospital, Harvard Medical School (2009, under supervisor of Professor Ross Berkowitz) and Charing Cross Hospital, Imperial College of London (2012, under supervisor of Professor Michael Seckl). He is senior lecture of obstetrics of Rio de Janeiro Federal University (UFRJ) and Fluminense Federal University (UFF) and director of Rio de Janeiro GTD Reference Center (Maternity School of UFRJ and Antonio Pedro University Hospital of UFF). As head of the Brazilian Network for GTD Study Group, involving 38 GTD Reference Centers across Brazil, Dr Braga has been leading many projects on clinical and translational research on GTD. He is the president-elect of the Brazilian Association for Gestational Trophoblastic Disease (2018-2020).

Abstract
In Brazil it is estimated that there is one case of gestational trophoblastic disease (GTD) in every 200-400 gestations, 5 to 10 times more frequently than Europe and North America. The first GTD Reference Center in Brazil was founded in Rio de Janeiro in 1960. However, until 2012, efforts from many Brazilian physicians involved in the treatment of women with GTD
were not able to create a centralised coordination for the care of these patients. It is important to emphasize that Brazil is the fifth most populated country in the world, with 203,657,210 inhabitants and the fifth largest country in territorial extension with 8,515,767 km², the biggest country in the South Hemisphere. In 2013, with the International Society of Trophoblastic Disease support, the treatment of Brazilian women with GTD experienced a dramatic change. A strong national organisational effort promoted the emergence of the Brazilian Association of Gestational Trophoblastic Disease (BAGTD), a society which supports professionals who take care of GTD patients. The purpose of this presentation is to report the BAGTD formation and characterize the network of care for women with GTD in Brazil, emphasizing the current and future perspectives of Brazilian investigations in this field.