

# REGISTRATION FORM FOR PATIENTS HAVING HYDATIDIFORM MOLE

Registration is now ONLINE: Go to <https://nww.h-mole.nhs.uk/> If online registration is not possible this form may be used.

Please send to one of the Centres shown overleaf. Receipt will be acknowledged.

2013

## REFERRING CONSULTANT

CONSULTANT

GMC Number

HOSPITAL

ADDRESS

POSTCODE

TEL:

FAX:

## PATIENT IDENTITY / AFFIX LABEL

SURNAME

FIRST NAMES

DoB

Hospital No.

NHS No

ADDRESS

POSTCODE

Telephone:

Next of Kin

## OBSTETRIC HISTORY

Number of live births:

Date of evacuation of hydatidiform mole:

Date of last menstrual period prior to evac:

Gestational age:

Uterine size:

Classification of mole(note 4):

Site of mole: Uterine Ectopic

Repeat D&C? YES / NO Date/s

Comment.

Family history of H.Mole? YES / NO

ETHNIC ORIGIN

UNDERSTANDS ENGLISH? YES / NO / LITTLE

MOTHER TONGUE/1st LANGUAGE?

## GP NAME

ADDRESS

POSTCODE

Telephone:

## EVENTS LEADING TO DIAGNOSIS (Please ring and number sequence of events)

PV bleeding	Histology report	Missed miscarriage	Foetal abnormality
Ultrasound	Large for dates	Incomplete miscarriage	Ectopic pregnancy
Recurrent bleeding- following abortion	Small for dates ^hCG	Termination	Evacuation of uterus

OTHER (please describe in separate letter if preferred)

## METHOD(S) OF EVACUATION (Please ring as appropriate)

Spontaneous	Curettage	Hysterotomy	Prostaglandins/Analogue
Suction evacuation	Syntocinon	Hysterectomy	Mifepristone

OTHER (please specify)

WAS DIAGNOSIS SUSPECTED PRIOR TO EVACUATION? YES / NO

Please confirm that the need for follow-up has been discussed with the patient, that the procedure has been explained to her and that she has consented to her data being held on computer. Please ask her to notify us of any change of address.

Pathologist

Signed

Name

Hospital site.

Consultant or Registrar

Date

Path.Lab.No.

GMC Number

\*\*\*\*\*PLEASE ATTACH A COPY OF THE HISTOLOGY REPORT\*\*\*\*\*

**SUPPLEMENTARY NOTES RELATING TO THE REGISTRATION OF PATIENTS HAVING  
HYDATIDIFORM MOLE**

- 1 It has been agreed by the Health Departments and the Royal College of Obstetricians and Gynaecologists that it is desirable to have a form of Registration for patients who have hydatidiform mole (h.mole).
- 2 The need for careful follow-up of patients after hydatidiform mole is generally accepted but it has been found that follow-up may break down for a variety of reasons and when this happens an ensuing Choriocarcinoma may prove fatal. There is evidence that fatalities are avoidable if follow-up arrangements are sustained and use made of radioimmunoassays for human chorionic gonadotrophin (hCG) measurements.
- 3 The purpose of registration of hydatidiform mole is:
  - (i) To facilitate regular hCG follow-up.
  - (ii) To collect information relating to abnormal trophoblastic proliferation following h.mole.
- 4 Registration applies to:
  - (a) Complete hydatidiform mole (classical type, androgenetic, no other foetal tissue).
  - (b) Partial hydatidiform mole (usually triploid, other foetal tissues present).
  - (c) Twin pregnancy with Complete or Partial hydatidiform mole.
  - (d) Limited macroscopic or microscopic molar change judged to require follow-up.
- 5 **The referring consultant retains full responsibility for the patient and her follow-up care.** If the consultant does not wish the laboratory to request samples directly from the patient this should be clearly stated, otherwise the following arrangements will apply. In addition to the consultant's own clinical follow-up, one of the designated laboratories will supply the patient with instructions and requisites for providing the samples on a regular basis. The laboratory will provide the gynaecologist and the general practitioner with the results of the hCG assays and an interpretation of their significance. The laboratory will also inform the patient of when samples are due and will send reminders if she defaults. Assays are usually done every 2 weeks until normal then four-weekly until 6 months post evacuation (depending on which centre the patient is registered at) **or** 6 months of normal tests depending on which follow-up group the patient falls into (See note 6).
- 6 Follow-up of cases **may not** need to be of long duration. It has been found that patients whose serum hCG values have fallen to normal within 56 days of the date of evacuation of h. mole have not required chemotherapy. In such cases follow-up will normally be limited to 6 months from the date of evacuation. For women who have not fallen to normal within 56 days of evacuation follow-up will continue until 6 months of normal tests have been seen.
- 7 Blood samples for hCG should be 2-3ml serum. Please quote the patient's h.mole Registration Number. If the patient has not been registered please enclose a completed form with the sample, or enclose a letter giving:
  - (a) the patient's name and address.
  - (b) the patient's age or date of birth.
  - (c) the date of evacuation of the mole.The Scottish Follow-up Centre normally requests urine samples, but details will be sent to the patient directly.
- 8 It is suggested that in addition to routine follow-up, a patient who has had a hydatidiform mole should have further hCG assays after any subsequent pregnancy, or unexplained haemorrhage.
- 9 A new pregnancy should be delayed until follow-up is complete.

THE COMPLETED FORM SHOULD BE POSTED TO THE NEAREST DESIGNATED LABORATORY

**Trophoblastic Tumour Screening and Treatment Centre, Department of Cancer Medicine,  
Charing Cross Hospital, LONDON W6 8RF. Tel: 020 331 11409 Fax: 020 331 35577**

**Trophoblastic Tumour Screening and Treatment Centre, Department of Clinical Oncology,  
Weston Park Hospital, SHEFFIELD S10 2SJ. Tel: 0114 2265205 Fax: 0114 2265511**

**Hydatidiform Mole Follow-up (Scotland) Wards 37/ 38, Ninewells Hospital and Medical School,  
DUNDEE DD1 9SY. Tel: 01382 632748 Fax: 01382 496255**

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This form may be photocopied for further supplies.