



**To : All Obstetrics & Gynecology Consultant, Specialist, and Resident**

**Subject : Saudi Gestational Trophoblastic Disease Registry**

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**Gynecology Oncology Unit in King Abdulaziz University Hospital in Jeddah is hosting the registration of all cases of Molar Pregnancy all over the kingdom. This is important to know about this cases to improve the management and care for the patient.**

**Objective:**

- To provide screening for women diagnosed with gestational trophoblastic disease (A spectrum of disorders including hydatidiform mole and choriocarcinoma ).
- If gestational trophoblastic neoplasia is diagnosed, treatment is coordinated with

**Gynecologic Oncology Registry contact**

▪ **Coordinator:**

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▪ **Director:**

Dr Khalid Sait FRCSC  
Gynecological Oncologist  
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Gyneology oncology Unit  
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**How the patient get register?**

- Registration is accepted from all sources: gynecologist, general practitioners or pathologists.
- The registration form is faxed to the registry. A follow-up recommendation is then made to the responsible physician.

**Who should be registered?**

- All cases of molar pregnancy or gestational trophoblastic disease, i.e. partial complete molar pregnancy, choriocarcinoma.
- Patients with unexplained elevation of HCG titres can also be registered.

The registry provides services to women and physicians in west region of Saudi Arabia and will accept registration from all region in Saudi Arabia

**Pl. fill up the form below and re attach again or send to our fax no.**

**PLEASE FILL ATTACHED FORM ANF FAX IT OR E MAIL IT BACK AS REPLY  
MESSAGE TO THIS E MAIL THANKS**



## Saudi Gestational Trophoblastic Disease Registration form

### Referring physician

Name-----  
Address-----  
Contact no-----  
Fax-----

### History Events

Gravida-----  
Para-----  
Uterine Size-----  
Gestational age-----  
Date of evacuation-----  
Date of LMP prior to evacuation-----  
previous molar pregnancy    yes    No  
Nationality -----  
Contact number-----

**(click (X) beside each item if applicable)**

### Events leading To Diagnosis

Bleeding (p v)	Missed abortion
Ultrasound	Incomplete abortion
Recurrent bleeding	Termination
Following abortion	Fetal abnormality
History report	Evacuation of uterus
Large for dates	Increased HCGS
Small for date	

**Method(s) of Evacuation ((click (X)beside each item if applicable))**

Spontaneous

D and c

Hysterectomy

**WAS DIAGNOSIS SUSPECTED PRIOR TO EVACUATION?**

If Done, D and C for (click (x))

Initial Pathology (click (X))

Suspect Mole

Complete mole

Therapeutic Abortion

Partial mole

Incomplete Abortion

Invasive mole

Missed Abortion

Choriocarcinoma

Repeat D and C

PSTT

Other -----

**Add (X) if applicable**

Please confirm that the need for follow-up has been discussed with the patient and that the procedure has been explained to her

Follow up:           yes           No

Does patient so far had persistant GTD:                           Y ES           NO

Date of last follow up ---