XXIII WORLD CONGRESS ON
GESTATIONAL TROPHOBLASTIC DISEASE

Baseline β-hCG and uterine tumor size in relation to chemotherapy courses to remission across FIGO stage-risk groups in Gestational Trophoblastic Neoplasia

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OBJECTIVE

To describe chemotherapy cycles to documented remission by baseline β-hCG, uterine tumor size and FIGO stage-risk group, with exploratory assessment of uterine artery pulsatility index (UAPI).

METHODS AND AVAILABLE DATA

Prospective descriptive cohort · single center · 64 patients with GTN

- Baseline β-hCG (n = 64) ≤100,000 or >100,000 mIU/mL
- Largest uterine tumor diameter (n=64) <3 cm · 3–<5 cm · ≥5 cm
- Mean bilateral UAPI (n = 17) ≤1.0 or >1.0

Remission: normal β-hCG values during treatment plus completed consolidation.
Low risk: ≥3 consecutive normal values during treatment including 2 consolidation cycles.
High risk: ≥4 consecutive normal values during treatment including 3 consolidation cycles.

Outcome: regimen-specific chemotherapy cycles to documented remission. Frequencies, medians and IQRs describe the data. Incomplete outcomes reflect ongoing treatment at the analysis cutoff.

RESULTS

34 with documented remission **Chemoresistance: 5/39 evaluable outcomes (12.8%)**

Characteristic	Baseline n (%)	Median cycles (IQR*)
β-hCG ≤100,000 mIU/mL	44 (68.8)	5 (4–6)
β-hCG >100,000 mIU/mL	**20 (31.3)**	**7.5 (6–9.25)**
Uterine tumor <3 cm	13 (20.3)	4 (3–4.5)
Uterine tumor 3–<5 cm	20 (31.3)	5 (4–6)
Uterine tumor ≥5 cm	**31 (48.4)**	**6 (5.5–8)**
Stage I low-risk (0–6)	20 (31.3)	5
Stage I high-risk (7–12)	6 (9.4)	5.5
Stage II–III low-risk (0–6)	17 (26.6)	4.5
Stage II–III high-risk (7–12)	12 (18.8)	6
Ultra-high-risk (≥13, any stage)	**9 (14.1)**	**8**

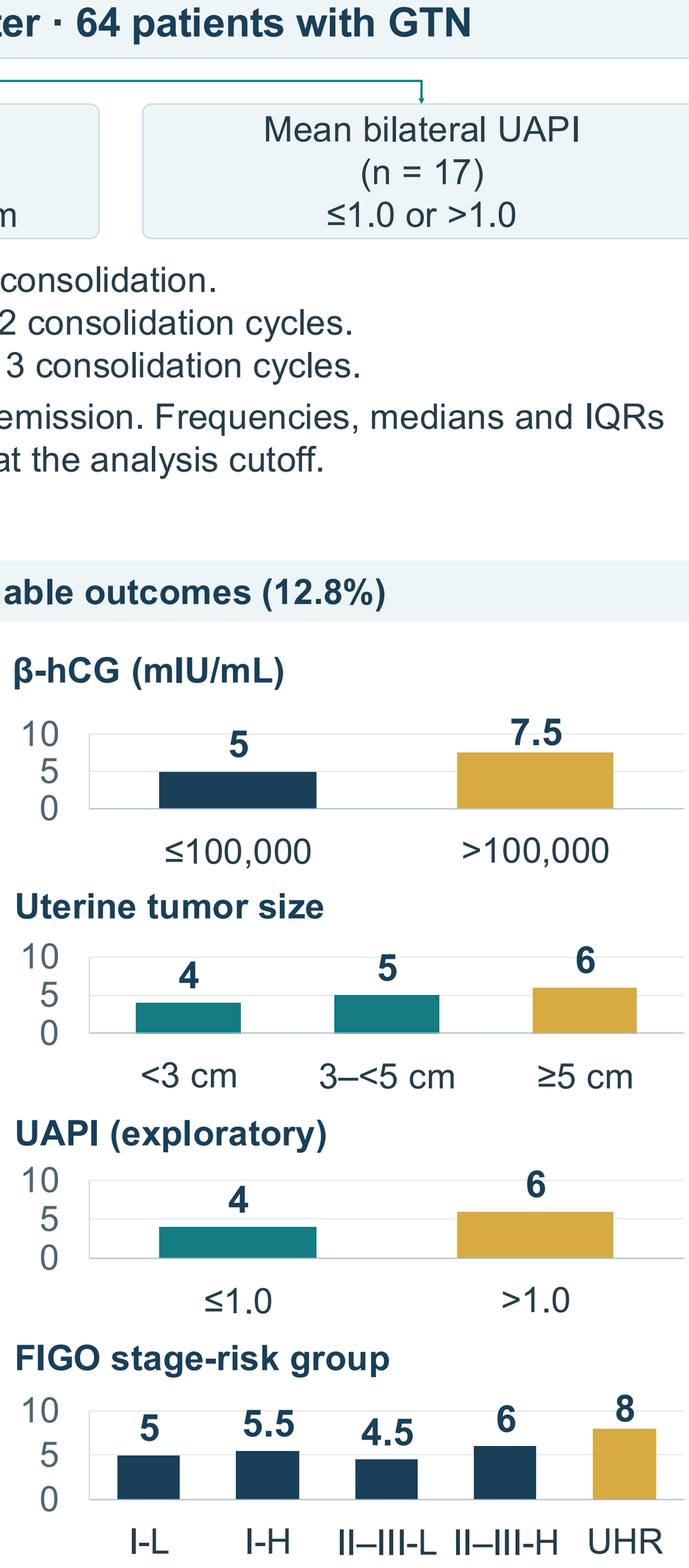


Table 1: percentages use N = 64. Medians describe patients with remission (n = 34). *Stage-risk IQRs were not reported. Figures show median cycles (scale 0–10). UAPI: 14 with remission of 17 assessed. L, low-risk; H, high-risk; UHR, ultra-high-risk.

CONCLUSION

Among patients with documented remission, higher β-hCG and larger uterine tumors accompanied higher median cycle counts. The ultra-high-risk group had the highest median. Findings are descriptive; UAPI findings were inconclusive.

LIMITATIONS

Small subgroups, ongoing treatment, mixed regimens and different consolidation requirements limit comparisons. UAPI data were sparse.

REFERENCES

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AI DECLARATION

ChatGPT assisted with layout and design. Authors reviewed and approved the poster and retain responsibility for its content.