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PREDICTORS OF PROGRESSION TO GESTATIONAL TROPHOBLASTIC NEOPLASIA

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OBJECTIVES

To evaluate the prognostic value of factors associated with progression to gestational trophoblastic neoplasia (GTN) after evacuation of a hydatidiform mole (HM), with emphasis on potential clinical, laboratory, and ultrasonographic predictors, aiming at early post-molar risk stratification.

METHODS

An integrative review was conducted in accordance with PRISMA 2020, with searches performed in MEDLINE/PubMed and Europe PMC using the descriptors “Hydatidiform Mole,” “GTN,” and “Prognostic Factors.” Studies published in English or Portuguese within the last ten years addressing predictors of GTN after hydatidiform mole evacuation were included. Of the 23 eligible studies, six were selected for qualitative synthesis. Artificial intelligence supported study screening and data organization.

23
Eligible studies

↓

6
Studies included in the qualitative synthesis

RESULTS

Hydatidiform mole may progress to GTN, with different rates according to mole type:

15.7–20%
Complete moles

2.9–4%
Partial moles

Classic clinical predictors

Baseline hCG >100,000 mIU/mL; maternal age >40 years; enlarged uterus; and theca-lutein cysts >6 cm.

GTN incidence reached 85% when age >40 years was associated with hCG >175,000 mIU/mL.

Second-week hCG predictors

AUC 0.92
hCG ≥ 1,400 IU/L

AUC 0.88
hCG ratio ≥0.02

Early post-evacuation hCG trajectory showed greater predictive sensitivity than isolated baseline values.

Single-point nomograms

66%
Cases identified by week 4

97.5%
Specificity

Combined models may improve prediction, although heterogeneity, risk of bias, and limited external validation restrict generalizability.

CONCLUSION

The post-evacuation hCG trajectory is the most consistent predictor.

Clinical and ultrasonographic factors have prognostic value but should not be considered determinant when analyzed in isolation. Promising findings still require validation.