

eTumor Board

Division of Gynecologic Oncology
University of Rochester School of Medicine

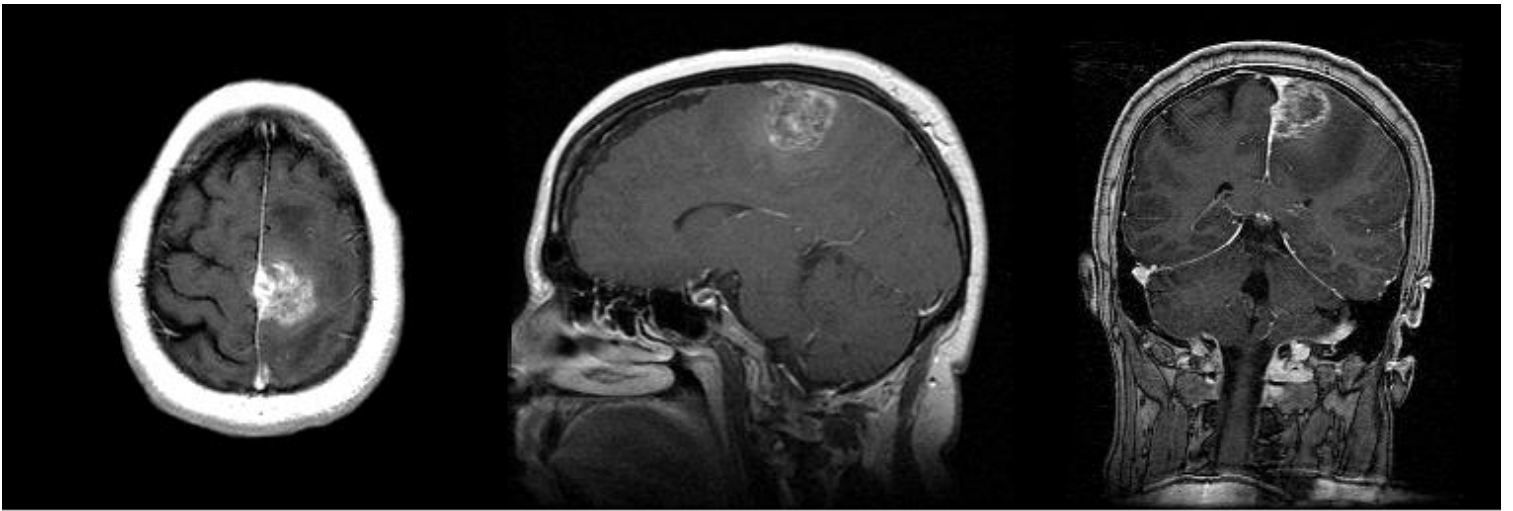
CC: Upper and lower extremity weakness for 3 weeks.

HPI: 41 y.o. S/P pulmonary resection for choriocarcinoma one year ago with multiple prior chemotherapy treatments including EMA-CO, EMA-EP, Taxol/Carboplatin, and prolonged etoposide.

Labs: beta-hCG 150

Surgery: S/P TAH/BSO, right lower and middle lobectomy

Imaging: MRI with contrast is shown below



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Lisa Cannon (3rd year student, University of Rochester School of
Medicine) in the preparation of this case

Questions:

- 1) Which of the following is **false** regarding choriocarcinoma?
- a) It's the most likely gynecologic malignancy to metastasize to the brain
 - b) It has a tendency to hemorrhage.
 - c) Sensitive to chemotherapy and radiation.
 - d) Composed of syncytial and cytotrophoblast
 - e) Brain and liver are common sites of metastases

Answer

- 2) Which of the following is **false** regarding gestational trophoblastic neoplasms?
- a) The revised FIGO system can predict which patients will respond poorly to single-agent chemotherapy
 - b) Single-agent chemotherapy is appropriate for non-metastatic GTN regardless of the beta-HCG level prior to molar evacuation
 - c) The prognosis of women with hepatic metastasis is good
 - d) EMA-CO is the preferred combination chemotherapy

Answer

- 3) Poor prognostic factors in metastatic GTN include all of the following except:
- a) Antecedent non-molar pregnancy
 - b) Brain or liver metastases
 - c) Failed prior chemotherapy
 - d) Lung metastases
 - e) Length of time with tumor

Answer

Answers

- 1) **E** Brain metastasis in gynecologic cancers is relatively uncommon, and metastasis is generally to the posterior fossa. Aside from choriocarcinoma, about 0.25% to 4% of those with ovarian cancer may have brain metastasis. Treatment is similar to that of other brain metastasis and may include craniotomy or radiation. The most common metastatic sites of GTN are the lung (80%), vagina (30%), brain (10%), and liver (10%)

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- 2) **C** The prognosis of women with hepatic metastasis is very poor, with a 5-yr survival of only 15-20% in one study. Intensive combination chemotherapy with EMA-CO, EMA-EP, BEP is warranted. Taxol is also very active and has been successful used in resistant cases.

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- 3) **D** The presence of lung metastases does not indicate high-risk metastatic GTN. High-risk or poor prognosis metastatic GTN is diagnosed based on a WHO score greater than 7, FIGO stage III or more with high-risk factors or when there are: liver or brain metastases, hCG level > 100,000, antecedent term pregnancy, disease duration greater than 4 months or failed prior chemotherapy.