



# PSSTD guidelines on the management of GTD patients during the COVID-19 pandemic (June 2020)



The impact of the pandemic, caused by SARS-CoV-2, on the management of malignancies has posed several challenges. Gestational trophoblastic diseases, being considered highly curative, are categorized as emergent cases which need immediate intervention with a level I priority for chemotherapy for its malignant spectrum.<sup>1,2</sup>

These guidelines have been drawn up to assist in decision-making and the implementation of such are dependent on the capabilities of each institution combined with their local experience.

## GENERAL GUIDELINES

- Patients should be reminded to wear masks (preferably N95) during hospital visits, to practice frequent and proper handwashing and good hygiene, and to minimize exposure in cases where there may be sick contacts within the home.<sup>3-6</sup>
- It is recommended that patients limit contact with both healthcare workers and health facilities, instituting the use of telemedicine whenever appropriate.<sup>3-6</sup>
- Screening for COVID-19 symptoms is a primary requirement prior to face-to-face consultation, hospital admission and treatment with chemotherapy.<sup>3-6</sup>
- Universal testing of all GTN patients using the RT-PCR is recommended prior to chemotherapy and surgery.<sup>3-6</sup>
- For all GTN patients whose COVID status is undetermined, quarantine or strict isolation for two weeks is recommended prior to administration of chemotherapy. Treatment will then be given after said quarantine period provided, they remain asymptomatic. Additionally, they should remain in isolation throughout the duration of their treatment.<sup>3-6</sup>
- Universal testing of all molar pregnancies is recommended due to possible linkage of COVID-19 patients in the development of H. mole.<sup>7</sup>

The following clinical scenarios are outlined below, and general guidelines are provided. These guidelines are to be adjusted according to the clinical status of the patient as well as the capabilities and setting of the institution.

## HYDATIDIFORM MOLE

1. Patient presenting with profuse bleeding
  - Suction curettage is the recommended mode of evacuation.
  - Level 4 PPE should be worn during suction curettage.
2. Patient with absent or minimal vaginal spotting but with a closed cervix
  - Admit for laminaria insertion then perform suction curettage.
3. Asymptomatic multigravid with completed family size
  - Suction curettage is the recommended mode of evacuation during the COVID-19 pandemic. The option of doing a hysterectomy may still be considered, depending on the clinical status of the patient and the COVID-19 experience and capability of the institution. Level 4 PPE should be worn during any surgical procedure.
4. Chemoprophylaxis should be withheld during the COVID-19 pandemic.
5. Post-curettage surveillance
  - Guidelines on the frequency of hCG monitoring shall remain the same. However, laboratory results may be discussed via telemedicine to minimize exposure to healthcare workers and health facilities.
  - Patients should be advised to monitor symptoms such as bleeding, severe hypogastric pain, or any signs of malignant degeneration.

1. Chest CT scan, if available, is recommended as baseline staging modality for evaluating lung metastasis. This would also serve a dual purpose of detecting COVID-19 lung lesions among asymptomatic patients.

### 2. Low risk patients

- The 5-day Methotrexate regimen is still the recommended first line of treatment, given on an out-patient basis.
- Level 2 PPE should be worn when administering chemotherapy.
- Actinomycin is the recommended monotherapy course in cases of resistance to the Methotrexate regimen.

### 3. High-risk patients

- Prioritize newly diagnosed patients for chemotherapy.<sup>2,8</sup>
- EMACO is still the recommended first-line regimen while EP-EMA is given as salvage therapy.
- For the EMACO regimen: Admit patient for the EMA segment and discharge after completion of the Folinic Acid administration. The Day 8 drugs (Cyclophosphamide, Vincristine) may be given on an outpatient basis. Patients must be properly advised regarding the need for adequate hydration throughout the treatment.
- For the EP-EMA regimen: Administer Day 1 (Etoposide, Cisplatin) on an outpatient basis. Patient must be advised regarding the need for adequate hydration throughout treatment. Admit the patient for the EMA segment and discharge after completion of Folinic Acid administration.
- Level 3 PPE is recommended during administration of chemotherapy.
- Adequate counseling regarding possible adverse reactions must be given to the patients prior to discharge.<sup>3,4,9,10</sup>
- Adjuvant surgery such as hysterectomy should be limited to life-threatening situations such as tumor rupture, infection, or profuse vaginal bleeding and as salvage treatment.<sup>1,2,11</sup> Elective

surgery, though not recommended, may still be an option, depending on the clinical status of the patient as well as the capabilities and COVID-19 experience of the institution.

- o Duration of operation, length of hospital stay, surgical site and risk of exposure to aerosolized droplets are some of the variables to be considered.<sup>1,2,10,11</sup>
- o Every precaution should be undertaken to maintain a safe environment with minimal risk of contamination for the entire surgical and anesthetic team
- o Proper PPE (ideally Level 4) should always be worn based on the requirements of each facility

### 4. Post-treatment monitoring

- Guidelines on the frequency of hCG monitoring shall remain the same. However, laboratory results may be discussed via telemedicine to minimize exposure to healthcare workers and health facilities
- Patients should be advised to monitor symptoms such as bleeding, severe hypogastric pain, or any signs of worsening clinical status. ■

## REFERENCES

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