Welcome to the May-June 2012 Editor-in-Chief’s page. This issue is devoted to the proceedings of the XVIth World Congress on Gestational Trophoblastic Diseases. This meeting brings together experts in the basic sciences with those involved in the clinical management of gestational trophoblastic diseases (GTDs) from international centers on four continents. I would like to direct readers to several of the monographs of particular interest.

In This Issue:

• Gestational Trophoblastic Disease: Presentations from the XVIth World Congress on Gestational Trophoblastic Diseases
  R. S. Berkowitz

  Dr. Berkowitz, in his role as guest editor for this issue, provides an insightful introduction to the subject of GTD, highlighting the continuing challenges in treatment that have persisted to the present time.

• The Past Is Prologue to the Present: Milestones in the Modern Management of Molar Pregnancy and Gestational Trophoblastic Neoplasia: Keynote Address
  D. P. Goldstein

  This keynote address to the attendees of the World Congress serves as a comprehensive overview of the evolution of treatment methods for this family of diseases. For those coming to this subject for the first time as well as those with considerable experience, this summary article by a
• **Healthy Women with Persistently Elevated hCG Levels: A Case Series of Fourteen Women**

G. Angelopoulous, J. E. Palmer, B. W. Hancock and J. A. Tidy

While a limited series of 14 patients, this review addresses a clinically puzzling entity: women who have continued elevated low levels of hCG outside of pregnancy but are otherwise asymptomatic. The authors do not have the answer to how best to manage such unusual patients but do hint at the possibility that this finding signals risk for the occurrence of downstream malignant tumors.

• **Complete Hydatidiform Mole in Women Aged 40 to 49 Years**

K. M. Elias, M. Shoni, M. Bernstein, D. P. Goldstein and R. S. Berkowitz

With a progressive shift in women attempting pregnancy at older ages, this select patient group may become more important when a complete mole is diagnosed. The authors suggest that such patients may constitute a high-risk group meriting a special focus and aggressive chemotherapy.

• **Gestational Trophoblastic Neoplasia in Adolescents**

J. A. Rauh-Hain, W. B. Growdon, A. Braga, D. P. Goldstein and R. S. Berkowitz

and

• **Molar Pregnancy in Adolescents**

A. Braga, W. B. Growdon, M. Bernstein, I. Maestá, M. V. Cunha Rudge, D. P. Goldstein and R. S. Berkowitz

These two articles deal with the other extreme of the reproductive spectrum: molar pregnancy and gestational trophoblastic neoplasia (GTN) in adolescent patients. When compared to older reproductive-aged women, there appeared to be no significant difference in clinical course or response to treatment. While this younger patient group also has an increased frequency of developing complete moles when compared with older patients, their relative risk of developing GTN is lower. Unlike the over-40-year-old group, this is good news since it augurs well for future pregnancy and overall health of this younger population.

• **Vascular Endothelial Growth Factors and Their Receptors and Regulators in Gestational Trophoblastic Diseases and Normal Placenta**


This study compared relative expression of vascular endothelial growth factor (VEGF), placental growth factor and their various receptors and regulators in normal placenta and varying forms of GTD. The authors’ findings of specific VEGF and receptor and regulator differences among these particular entities suggest that specific therapies that target VEGF and receptor activities could open up novel avenues for chemotherapies that are both more specific to the tumors in question and less toxic than current conventional modalities.