

Supplementary Table S1: Summary and characteristics of included cases

AUTHORS	AGE	HISTOLOGICAL EXAMINATION	SIZE OF LESION	PARTY	DIAGNOSIS METHODS	TREATMENT AND OUTCOME IN MOTHER	GA	OBSTETRICAL OUTCOMES	FETAL/MATERNAL SYMPTOMS	FETAL METASTASIS
Anna-Karina Aaris Henningsen et al. [1]	47	PlacentaHistological examination : IC	3cm	P7	Histological examination	No metastasis , follow-up	35 + 6 weeks	Emergency cesareansection	Fatigue and palpitations Decreased fetal movements, pathological CTG, fetal anemia and sepsis	infant remained hospitalized for 1 month. The serum levels of both alfa-foetopr

										rotein and hCG were at all times normal why no ultrasound, X-ray or CT scans were performed in search for metastases. The infant showed no signs of neurological damage ..
L. Jiao et al. [2]	32	Placental histological examination: focal area of IC	n.r.	G5P4	positive maternal Kleihauer-Betke test, histological examination	No metastasis, follow-up. The mother was	40 weeks	delivered a stillborn infant	Uncomplicated gestation	No evidence

						disease-free for nine years and had two subsequent uncomplicated pregnancies				
L. Jiao et al. [2]	39	PlacentaHistological examination: IC within this lesion	n.r.	G2P1	Histological examinations	No metastasis, follow-up. Disease-free for 8.5 years	38 weeks	delivered a stillborn infant	Uncomplicated gestation	No evidence
L. Jiao et al. [2]	37	PlacentaHistological examination: 1 st) focus of IC 2 nd) IC	1 st) n.r. 2 nd) n.r.	G2P1	1 st) Histological examinations 2 nd) Histological examinations	1 st) No metastasis, follow-up. 2 nd) No metastasis, follow-up.	1 st) 35 weeks 2 nd) Induced labour at 38 weeks	1 st) delivered a stillborn infant 2 nd) induced labour at 38 weeks	Uncomplicated gestation	No evidence
L. Jiao et al. [2]	32	PlacentaHistological examination : IC	<1cm	G1P0	Histological examinations	No metastasis, follow-up.	40 weeks	Emergency cesarean section	Infant severely anemic	No evidence

Mari na Simões et al. [3]	35	uterine curettagebiopsyconfi rmedchoriocarcinom a	n.r.	gra vid a 2 par a	Histological examination s. Abdominal and thoracic computerize d tomography	pulmonar y metastasis , remission after chemothe rapy	39 weeks	Vaginal birth, mother presented to the obstetric emergency department with persistent vaginal bleeding since delivery	Uncomplica ted gestation. Infant was severely anemic, grunting, with severe pallor, cold extremities, hypoactivit y and acidosis	No evidenc e
KaaiA so et al. [4]	27	PlacentaHistological examination: IC	n.r.	G2P 1	-CTG with sinusoidal rate pattern - MCA-PSV increased - HbF cells in the maternal circulation was 8.9%, FMH - hCGlevels	No metastasis , seven cycles of chemothe rapy	37 weeks	emergency cesarean section, he died of hypovolemic shock 13 h after birth	in fetalmovem ent and	An autopsy of the neonate showed normal fetal structur e and no metasta ses.
QinSh e et al. [5]	21	PlacentaHistological examination: IC	n.r.	G1P 0	CTG sine wave,positi ve maternal Kleihauer- Betke test, histological examination	patient refused CT scans ,che st X-ray, and therapy, died at 109 days	35 weeks	Emergencycesareansectio n	Reducedfet almovemen ts	From a neonata l perspect ive, 6 days after birth, the

						postdelivery with number of metastases in the lung, uterus and cerebral hemorrhage				infant's b-HCG level was 30.4 IU/L (normal range to normal by day 41. At the time of writing, the baby remains free from disease
Blanca Moreno-Gomez et al.[7]	22	Placental histological examination : IC	n.r.		chest X-ray, CT scans, histological examinations	Lung metastases, Remission after twelve cycles of chemotherapy (EMA-CO)	34 weeks	Planned cesarean section	Spontaneous metrorrhagia and hemoptysis, with dyspnea	No evidence

B Hookins and A Vatsayan [9]	31	PlacentaHistological examination : IC	11m m	G1P 0	CTG sinusoidal pattern β-hCGlevels 3 weeks after cesarean section, istological examination s, CT scans	large soft- tissue mass distending the uterine cavity, with possible extension into the right adnexa, remission after chemothe rapy (EMA- CO)	38 weeks	emergency cesarean section, Bakri balloon for HPP. Three weeks post-partum persistent vaginal bleeding	reduced fetal movements. The neonate was pale and had significant anemia	the child is healthy with no complic ations
Kurt Benirschke et al.[10]	21	PlacentaHistological examination : IC	2cm	G4P 3	chest X-ray, β-hCGlevels 20 days after cesarean section	Pulmonary metastases, remission after combination chemothe rapy (VP- 16, actinomycin, and methotrexate	37 weeks	cesarean section, She presented 20 days later complaining of vaginal bleeding	Uncomplicated gestation	The infant is healthy and his serum beta hCG has been consistently undetectable.

						followed by vincristine and cytoxan)				
FM Wilcock and RA Kadir [11]	28		n.r.	G1P0	positive maternal Kleihauer-Betke test, fetal autopsy		38 weeks and 1 day	emergency cesarean section, heartbeat was obtained only after 25 minutes following blood transfusion. The infant died 5 hours after birth due to severe metabolic acidosis	reduced fetal movements, fetal bradycardia	No evidence
Andrietchouk, Alexandre Evgenievich et al. [12]	36	Autopsy (newborn) : 2 huge tumors (7 x 6 x 6 and 10 x 6 x 7 cm) in the liver, multiple lung metastases, and 400 ml of blood-tinged ascites	Not done	G3P1	ultrasonographic examination, autopsy, transvaginal ultrasonography, chest X-ray	Liver metastasis with a maximum size of 7 X 6 X 6 cm. Hypoechoic tumor in the myometri	At term	cesarean section due to cephalopelvic disproportion	history of a hydatidiform mole	At 12 days of age, hepatomegaly was noticed, and an ultrasonography

					<p>um and a lutein cyst in her left ovary (4 x 4 cm).Lung metastases, up to 1 .0 cm in size. Her laboratory data revealed severe anemia and remarkably high levels of hCG. Complete remission after fourteen courses of chemotherapy (EMA-CO)</p>			<p>c examination revealed 2 hypercholesterolemic tumor lesions with an irregular border in her liver. At 20 days of age, brain and lung metastases were also detected . newborn died at the age of 38 days.</p>
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Takahashi, Hirori et al. [19]		PlacentaHistological examination : IC	n.r.			No metastasis , follow-up.	38 weeks	Emergencycesareansection	reduced fetal movements, abnormal fetal heart rate patterns. The infant was severely anemic	No evidence
Nino Solomonia et al. [20]	21		n.r.	G1P0	Kleihauer-Betke test		28 weeks	Emergencycesareansection	reduced fetal movements, 3 days before delivery the mother had general malaise, illness and abrupt development of generalized edema. The infant was severely anemic, with severe metabolic acidosis	No evidence

YujiKoike et al. [21]	31	Histology of the placenta: IC	n.r.	G0P0	Pathological CTG, histological examinations	No metastasis, follow-up	39 weeks	Emergency cesarean section	fetal anemia	The infant's chest and abdominal x-ray, brain magnetic resonance imaging study, and ultrasonography findings revealed no metastases
Peng, Hsiu-Huei et al. [22]	34	uterine curettage biopsy confirmed chorionicarcoma	n.r.	G3P2	CTG with sinusoidal rate pattern Histological examinations CT scans	heterogeneous mass in the uterine cavity and multiple lung metastases. Complete remission after eight	37 weeks	emergency cesarean section. The mother returned 2 weeks postpartum because of profuse vaginal bleeding	reduced fetal movements, neonate was pale with marked anemia	No evidence

						cycles of chemotherapy (EMA-CO)				
Monteiro, S et al. [23]	33	Histology of the placenta: IC	21x19mm	G2P0	Kleihauer-Betke test positive, histological examinations, fetal autopsy	No metastasis, follow-up. She had a subsequent successful term delivery	36 weeks and 6 days	induced labour at 36.6 weeks with a normal vaginal birth of a stillborn infant, post-partum haemorrhage from uterine atony	Reduced fetal movements	No evidence
Lam, Chui M et al. [24]	30	Histology of the placenta: IC uterine curettage biopsy confirmed choriocarcinoma	1cm	G2P1	Kleihauer-Betke test positive, histological examinations, fetal autopsy	No metastasis, two courses of chemotherapy (methotrexate)	35+ weeks	induced labor at 36.6 weeks with a normal vaginal birth of a stillborn infant due to massive fetal-maternal hemorrhage. The mother presented 7 weeks after her delivery with heavy bleeding	abdominal distension and also complained of subcostal discomfort, fetal death in uterus	No evidence
Lam, Chui M et al. [24]	27	Not performed	Not done	G1P0	Kleihauer-Betke test positive, β -hCG level, Chest x-ray	pulmonary metastases, remission after three cycles of	39 weeks	Vaginal birth	The baby was anemic and suffered from heart failure. The mother returned 3	No evidence

						chemotherapy			weeks after delivery with pleuritic chest pain and shortness of breath	
Thagard, Andrew S et al. [25]	21	Histology of the placenta: IC	3,1 cm	gravid a 1, para 0	chest x-ray, β -hCG level, MCA-PSV increased, Kleihauer-Betke test positive, histological examinations	pulmonary metastases, remission after five cycles of chemotherapy (3 CHAMO CA, 2 MBE)	36 weeks	Planned cesarean section	significant chest pain and shortness of breath, fetal anemia	No evidence
H T Nagel et al. [26]	30	Histology of the placenta: areas of infarction and intraparenchymatous hemorrhage	n.r.	G2P0	Kleihauer-Betke test positive. AFTER ABORTION β -hCG level, Ultrasound and magnetic resonance imaging	lesion in the uterine cavity, no metastases, remission after six cycles of chemotherapy (EMA-CO)	40 weeks	Induction of labor; She gave birth to a stillborn child. Three months after giving birth, she had an abortion. Three years later she gave birth to a healthy child.	intrauterine fetal death at the time of birth, history of a complete hydatidiform mole	No evidence

Suzanne M. Jacques et al. [27]	20	Histology of the placenta: IC	n.r.	G3P3	Histological examinations	No metastasis, Methotrexate	38 weeks	Vaginalbirth		No evidence
Suzanne M. Jacques et al. [27]	34	Histology of the placenta: IC	n.r.	G4P3	Histological examinations	No metastasis, Methotrexate	40 weeks	Vaginalbirth		No evidence
Suzanne M. Jacques et al. [27]	24	Histology of the placenta: IC	n.r.	G7P4	Histological examinations	No metastasis, follow-up	40 weeks	Cesareansection		No evidence
Suzanne M. Jacques et al. [27]	22	Histology of the placenta: IC	n.r.	G1P1	β -hCGlevel, histological examinations	Pulmonary metastases, chemotherapy (EMA-CO)	35 weeks	Vaginalbirth	fetal anemia	No evidence
Suzanne M. Jacques et al. [27]	29	Histology of the placenta: IC	n.r.	G2P1	β -hCGlevel, histological examinations	Pulmonary metastases, chemotherapy (EMA-CO)	25 weeks	Cesareansection		No evidence

Takai, N et al. [29]	35	Histology of the placenta: IC	n.r.	G1P0	Histological examinations	No metastasis, follow-up	37 weeks	Emergencycesareansection	IUGR, fetal distress, fetal anemia	newborn was treated subsequently with blood transfusions and responded well. He had no evidence of choriocarcinoma metastases following serum b-hCG concentration and CT-scan investigations
A J Duleba et al.[33]	30	Histology of the placenta: IC	n.r.	P0G0	Histological examinations	No metastasis, follow-up	36 weeks	cesarean section, 18 months after the mother was pregnant again	IUGR, fetal distress	No evidence

MBE (methotrexate, bleomycin and etoposide) CHAMOCA (cyclophosphamide, hydroxyurea, actinomycin-D, methotrexate, vincristine and doxorubicin) EMA/CO (etoposide, methotrexate, actinomycin D/cyclophosphamide, vincristine), n.r. (not reported).