
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

[1] Gynecology and Obstetrics and Nuclear Medicine Department, Limoges University Hospital Center, Limoges, France
[2] Gynecologic Oncology Department, Institute Gustave Roussy, Villejuif, France
[3] Gynecology-Obstetrics Department, Hospital Pitié Salpêtrière, Paris, France
[4] Gynecologic Oncology Department, Institut Paoli Calmettes, Marseille, France
[5] Gynecology and Obstetrics Department, Lille Regional University Hospital Center, Lille, France
[6] Gynecologic Oncology Department, Bergonié Institute, Bordeaux, France

*Introduction and aims of the study*: FDG-PET/CT is a noninvasive examination that could be helpful for the management of endometrial cancer. The aim of this study was to evaluate the performance of FDG-PET/CT in assessing para-aortic lymph-node involvement in high-risk endometrial cancer. *Methods*: We performed a retrospective multicenter study including all patients who had a high-risk endometrial cancer with a preoperative FDG-PET/CT and a para-aortic lymphadenectomy (PAL) between 2009 and 2019. The main objective was to evaluate the overall performance of FDG-PET/CT. The secondary objectives were to evaluate its performances according to the histological type and according to FDG-PET/CT date (before or after hysterectomy), and to compare its overall performance with that of the MRI scan. *Results*: We included 200 patients from six different centers. After the false positive FDG-PET/CT was reread by nuclear physicians, FDG-PET/CT had a sensitivity of 61.8%, a specificity of 89.7%, a positive predictive value of 69.4%, a negative predictive value of 86.1%, and an AUC of 0.76. There were no statistically significant differences in the performances according to either histological type and or FDG-PET/CT date. The sensitivity of FDG-PET/CT was better than that of MRI ($p < 0.01$), but the specificity was not ($p = 0.82$). *Conclusions*: Currently, FDG-PET/CT alone cannot replace PAL for the lymph node evaluation of high-risk endometrial cancers. It seems essential to reread it in multidisciplinary meetings before validating the therapeutic management of patients, particularly in the case of isolated para-aortic involvement.

http://dx.doi.org/10.1016/j.ejogrb.2021.11.149

## 281. Gynocare cost action ca18117 "european network for gynaecological rare cancer research: From concept to cure"

J. Calleja Agius [1], R. Di Fiore [1], S. Suleiman [1], C. Savona-Ventura [2]

[1] Department of Anatomy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta
[2] Department of Obstetrics and Gynaecology, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

*Introduction*: Up to 50% of all gynecologic tumors can be classified as rare (incidence of < 6 per 100,000 women) and usually have a poor prognosis owing to delayed diagnosis and treatment. Contrary to other common solid tumors, the treatment of rare gynecologic tumors (RGT) is often based on retrospective studies, expert opinion or extrapolation from other tumor sites with similar histology, leading to difficulty in developing guidelines for clinical practice. Currently, gynecologic cancer research, due to distinct scientific and technological challenges, is lagging behind. Moreover, the overall efforts for addressing these challenges are fragmented across different European countries and indeed, worldwide. *Aims*: GYNOCARE is an EU funded programme that aims to address these challenges by creating a unique network between key stakeholders covering distinct RGT research areas ranging from concept to cure: basic research, biobanking, bridging with industry, and setting up the legal and regulatory requirements for international innovative clinical trials. *Methods*: To achieve these ambitious goals, GYNOCARE focuses on (1) capacity-building on rare gynaecological cancer by connecting high-quality scientific communities in various disciplines, existing networks, policy-makers, industrial partners, and patient organisations across Europe and beyond; (2) coordinating, and contributing to the development of a research roadmap dedicated to connect (innovative) basic research to (harmonised) biobanking to 'smarter' clinical trials; (3) the development of a platform for sharing best practices, including funding roadmap and legal/ethical requirements, in gynaecological cancers – aiming to advice policy-makers and other key stakeholders; and (4) providing (equal) networking opportunities for early-stage researchers, and other talented young professionals. *Results*: Over 50 members from 20 countries form part of the GYNOCARE Consortium. *Conclusion*: This COST Action is an effective tool inorder to bring together different key stakeholders in the field of rare gynecologic cancer.

http://dx.doi.org/10.1016/j.ejogrb.2021.11.150

## 288. Assessment of sars-cov-2 vertical transmission: analysis of the 31 placentas from the PREG-COV study

A. Colson [a,b], C. Depoix [b], P. Baldin [c], M. Mhallem-Gziri [a], P. Steenhaut [a], J. Vandermonde [a], A. Van Grambezen [a], P. Bernard [a], O. Danhaive [d], C. Hubinont [a,b], F. Debiève [a,b]

[a] Department of Obstetrics, University Hospital Saint-Luc, Brussels, Belgium
[b] Institute of Experimental and Clinical Research, Catholic University of Louvain, Brussels, Belgium
[c] Department of Pathology, University Hospital Saint-Luc, Brussels, Belgium
[d] Department of Neonatology, University Hospital Saint-Luc, Brussels, Belgium

*Introduction:* The vertical transmission of SARS-CoV-2 has not been proven, but several cases of positive newborns have been reported. However, the infection of the placenta by the virus has not been clearly shown yet. This study aims to detect SARS-CoV-2 in placentas collected from COVID19-positive mothers during pregnancy. *Methods:* The study was conducted in Saint-Luc University Hospital (Brussels, Belgium) with ethical approval and informed consent. Pregnant women tested who were tested positive by RT-PCR during their pregnancy and who delivered after 22 weeks of gestation were included. SARS-CoV-2 detection in the placenta was performed by RT-PCR, IHC, and ISH. For a subset of ten patients, maternal/fetal plasma, vaginal/rectal swabs, maternal/fetal urine, and maternal milk were available for RT-PCR and serological study. *Results:* Between 2020 April 1 and December 1, 31 patients were included. Nineteen were asymptomatic, six were slightly symptomatic (fatigue, anosmia), and three were moderately affected (dyspnea, fever). One patient was tested positive at 29 weeks and hospitalized in ICU for severe respiratory distress. Thirty patients gave birth to healthy babies, who were tested negative for SARS-CoV-2. In these placentas, we did not evidence SARS-CoV-2 infection by RT-PCR and IHC/ISH. We reported one intrauterine death at 25 weeks, associated with a high number of viral copies and strongly positive immunostaining of the placenta. In the subset of ten patients, SARS-CoV-2 RNA was only detected in the plasma of the ICU patient, confirming the rare viremia occurring in severely ill patients. Several mothers had SARS-CoV-2 IgM and/or IgG but their newborns only had IgG. *Conclusion:* Pregnant women are poorly affected by SARS-CoV-2 infection, especially when contracted

around the term, and the vertical transmission seems absent. On the other hand, the preterm placenta appears to be more vulnerable to infection, which can lead to dramatic complications.

http://dx.doi.org/10.1016/j.ejogrb.2021.11.151

### 291. Trends of severe pph and maternal near misses during a 10-year period at oslo university hospital

S. Pettersen [a], L. Nyfløt [b]

[a] *Norwegian Research Centre for Women's Health, Oslo University Hospital, Oslo, Norway*
[b] *Department of Obstetrics, Drammen Hospital, Vestre Viken Trust, Drammen, Norway*

*Introduction and aims*: An increasing trend of postpartum hemorrhage (PPH) has been described in several high-income countries for the past three decades. We aimed to investigate the trend of severe PPH, and of maternal near miss due to severe PPH in Oslo University hospital, Norway over a 10-year period. *Methods*: A retrospective hospital-based study performed during 2008-2017 in Oslo University Hospital. The total number of deliveries in the period was 96 313. Severe PPH was defined as blood loss $\geq$1500 ml or transfusion of red blood cells. We defined a maternal near miss as receiving six or more bags of red blood cells, or undergoing hysterectomy or uterine embolization. *Results*: We observed an increasing trend in the frequency of severe PPH over the 10-year period, increasing from 1.72% in 2008 to 3.47% in 2017. P for trend was < 0.001. The frequency of blood transfusions also increased significantly; 1.22% to 2.75%, with p for trend < 0.001. However, the frequency of near miss cases did not increase significantly during the 10-year period (p for trend=0.116). During the study period 211 women were characterized as maternal near miss, which gives a rate of 22 per 10 000 deliveries. There were no maternal deaths due to PPH in the study period. *Conclusions*: We found an increasing trend of severe PPH in Oslo University Hospital during the years 2008-2017. This is in line with reports from other high-income countries. However, the stable incidence of the most severe cases of PPH, may indicate that the management prevents a severe PPH from becoming a maternal near miss.

http://dx.doi.org/10.1016/j.ejogrb.2021.11.152

### 294. Abdominal radical trachelectomy as a fertility-sparing treatment for early-stage cervical cancer; a single institution experience

C. Theofanakis, N. Thomakos, V. Pergialiotis, V. Theodoulidis, D. Vlachos, D. Haidopoulos, A. Rodolakis

*Division of Gynaecological Oncology, 1st Department of Obstetrics and Gynaecology, Alexandra General Hospital of Athens, National and Kapodistrian University of Athens, Athens, Greece*

*Introduction and aims of the study:* The recommended surgical treatment for FIGO stage IA2–IB1 cervical cancer is radical hysterectomy with bilateral pelvic lymphadenectomy. Unfortunately, this procedure leads to loss of fertility. Abdominal Radical Trachelectomy (ART) is a procedure that preserves the uterus without increasing the risk of recurrence while retaining childbearing potential. We describe the surgical, oncologic, and fertility outcomes of patients treated with ART. *Methods:* We conducted a retrospective analysis of patients undergoing fertility-sparing ART with pelvic lymphadenectomy for early-stage cervical cancer at our institution from 2002 to 2016. *Results:* A total of 80 patients who underwent ART with pelvic lymphadenectomy were followed for 2–106 months. Thirty-two patients had undergone conization before surgery. The characteristics of the patients included tumor diameter of 8–32 mm (stage IA2 = 10, stage IB1 [b3.2 cm] = 70), average age of 29.5 years (range, 26–43 years), mean operative time of 185 min (range, 142–245 min), and average blood loss of 350 mL (range, 150– 750 mL). Uterine arteries were identified at their origin from the internal iliac artery and gently preserved in 76 cases. There were two recurrences in the paraaortic area treated with chemoradiation (n = 1) and radical hysterectomy (n = 1). Three patients developed high-grade squamous intraepithelial lesions and were successfully treated by loop excision. Forty-five women attempted to conceive, and 34 successful pregnancies were recorded (75%). All of the pregnancies resulted in live births, with a preterm delivery rate of 17.6% (6/34). *Conclusions:* Our study is one of the largest series of ART to date. Our results show that radical abdominal trachelectomy is feasible and can be performed safely in well-selected patients with cervical cancer who wish to preserve their fertility.

http://dx.doi.org/10.1016/j.ejogrb.2021.11.153

### 356. Predictive Factors Of 2nd Degree+ Clavien-Dindo Complications In Pelvic Exenteration: a Retrospective Cohort Study

V. Pergialiotis, k. Angelou, D. Vlachos, C. Theofanakis, V. Theodoulidis, N. Thomakos, A. Rodolakis, D. Haidopoulos

*1st Department of Obstetrics and Gynecology, National and Kapodistrian University of Athens, Athens, Greece*

**Introduction and aims of the study:** Pelvic exenteration is an ultraradical surgical procedure that has been used as salvage therapy for patients with advanced gynecologic malignancy. As a procedure it is accompanied by significant rates of complications that may affect up to one half of patients. The purpose of the present study was to evaluate differences in factors that include the mode of primary treatment and characteristics of the selected pelvic exenteration among patients that develop third degree complications and those with no complications or minor complications. **Methods:** We conducted a retrospective study that was based on patient records of patients treated with pelvic exenteration in our department between 2006 and 2020. Patient and procedure characteristics that could predict third degree complications according to the Clavien-Dindo classification were investigated. **Results:** Ninety-four women were recruited of whom 19 developed complications. Age was not a predictive factor, whereas increased BMI was marginally associated with the risk of developing complications. Sarcopenic patients had significantly higher rates of third-degree complications (HR 2.5%, 95% CI 1.7, 6.7). The use of prior chemotherapy and/or radiotherapy did not influence the risk of complications. The extent of disease (pelvic/parametrial invasion, lymph node invasion) as well as the type of exenteration (posterior/anterior/total) did not differ among women that develop severe complications. Preoperative hemoglobin was lower, although non-significantly, among patients that developed complications (*p=.092*). However, these patients were more likely to have anemia (*p=.043*). **Conclusion:** Second-degree+ Clavien-Dindo complications were developed in an acceptable percentage of women (20%). The only factors that significantly affected this risk were sarcopenia and anemia. Extent of disease and resection does not seem to influence the occurrence of major morbidity; however, further evidence is needed to corroborate our findings.

http://dx.doi.org/10.1016/j.ejogrb.2021.11.154