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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.

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

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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.

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

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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