



EVERREST

## **Fetal Growth Conference (Barcelona) – 14<sup>th</sup>–16<sup>th</sup> September 2015**

Fetal growth restriction (FGR) affects 8 out of 100 pregnancies, and there is currently no treatment. The overarching aim of the EVERREST project is to develop a treatment for FGR using maternal growth factor therapy. A prospective study is currently underway in which detailed information is being collected about women and their babies during and after pregnancies complicated by severe early onset FGR. This study will enable the EVERREST team to have a greater understanding of the natural history of pregnancies affected with FGR, and allow a comparison to be made in the upcoming Phase I/IIa clinical trial with FGR cases receiving the maternal growth factor gene therapy.

The EVERREST consortium recently presented details of the data from the first 18 months of the EVERREST prospective study at the Fetal Growth Conference in Barcelona (<http://www.fetalgrowthbarcelona.org/>), which took place on the 14<sup>th</sup>–16<sup>th</sup> September 2015. Dr Tal Weissbach, a visiting fetal medicine fellow at University College London, presented on behalf of the EVERREST project, a session entitled, 'Fetal growth rate in mid-gestation may predict prognosis in pregnancies affected by severe fetal growth restriction.' She gave a summary of the EVERREST project objectives and the data that have been collected so far in the prospective study.

The prospective study is recruiting women at four centres (London, Barcelona, Lund and Hamburg) presenting with an estimated fetal weight below the third centile and 20+0-26+6 weeks of gestation. The exclusion criteria are estimated fetal weight above 600g, multiple gestation, known structural, chromosomal or genetic abnormality, and known maternal virus infection. The women all underwent detailed ultrasound analysis to monitor the progress of the pregnancy, including fetal biometry, liquor volume and multi vessel fetal and maternal Doppler. Of the 28 cases included in this analysis, the pregnancy resulted in a stillbirth or neonatal death in approximately 40% of cases. This confirms the poor outcome of pregnancies affected by severe early onset FGR.

In this first analysis of the data, the mean increase in ultrasound estimated fetal weight per week (20-26 weeks) was higher in pregnancies where the baby survived to discharge from hospital than those where there was a stillbirth or neonatal death. Further data are needed to validate whether fetal growth rate in mid pregnancy could be used to predict the prognosis in cases of severe FGR.

Please see [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (NCT02097667), [www.everrest-fp7.eu](http://www.everrest-fp7.eu) or email [everresttrial@ucl.ac.uk](mailto:everresttrial@ucl.ac.uk) for further details.