Objectives:
1. To evaluate, in stage I early-onset FGR, the prognostic value of the sFlt-1/PlGF ≥85
2. To describe the occurrence of FGR and perinatal adverse outcomes in pregnancies with sFlt-1/PlGF >655.

Methods
1. Retrospective cohort study of singleton gestations with stage I FGR diagnosed between 26+0 - 32+0 weeks.
2. Multicentric retrospective cohort study of 109 singleton gestations with sFlt-1/PlGF >655

Results
1a. Cases with stage I FGR and sFlt-1/PlGF ≥ 85 (vs <85) at diagnosis have a shorter time to delivery: 10 vs 37 days (Figure 1), a higher association with preeclampsia: 46% vs 0% and more severe neonatal morbidity: 54% vs 10.5%
1b. In the subgroup of FGR <26 weeks, perinatal mortality was significantly lower if sFlt1/PlGF was <85 at diagnosis: 10% vs 39.1%
2. Regarding cases with sFlt-1/PlGF >655, 73.4% cases had FGR at diagnosis at a mean GA of 27.7±3.6 weeks. At delivery, 88.1% had FGR with 30.3% of them reaching stages III or IV at a mean GA of 29.4±3.4 weeks.

Conclusion
1. In stage I early-onset FGR, a sFlt-1/PlGF <85 with normal fetal Doppler is reassuring, while ≥85 and abnormal fetal Doppler increases the risk of short-term delivery and neonatal morbidity.
2. A sFlt1/PlGF value >655 is associated to FGR in 88% cases and a need to deliver in ≤2 days in 50% cases. When these values are reached at ≤24 weeks, perinatal mortality exceeds 70%.