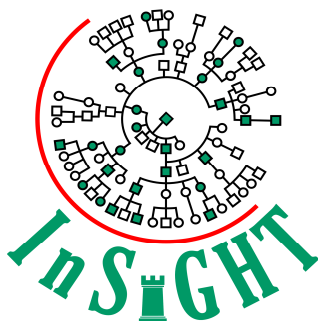


The International Society for Gastrointestinal Hereditary Tumours



Chairperson: Professor Gabriela Moeslein

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CFR and HVP Meeting June 24th from 9:00 am to 4:00 pm in the Intercontinental Hotel (Open Pre-Meeting)

Dear colleagues,

I would like to draw your attention to this exceptional meeting that is aimed at promoting and defining collaboration of InSiGHT, CFR and HVP. The three organizations have interests that are very well aligned, coming from differing international, clinical and disciplinary perspectives. A meeting between these groups potentially provides very valuable opportunities for exchange of interests, concepts and potential collaborative research opportunities based on combining clinical resources, matched by funding resources drawn from US, Europe and Australasia.

InSiGHT has as its strength, clinical experience and expertise across a range of disciplines, in managing hereditary GI cancer. This includes the comprehensive web-based national familial bowel cancer management system in Denmark which is a lead example for the world. InSiGHT members have a broad experience at managing families with HNPCC, disclosure practices and experience, the power of predictive testing and surveillance, and surgical management within the context of many varied health care systems.

The CFR membership has broad experience and expertise in epidemiological research design, genetic epidemiology, clinical trial management and study conduct. The Colon CFR has as one of its major strengths a focus on population studies, introducing a valuable perspective to InSiGHT. The Colon CFR has a proven track record of supporting hypothesis driven research, through the distribution of its registry information and biospecimens.

The InSiGHT/Human Variome Project collaboration, the progress of world wide deposition of variant data on the InSiGHT database, and the development of a phenotype synoptic database to annotate the InSiGHT MMR variant database will be of interest to the CFR and will feature at the InSiGHT meeting.

Hypotheses that may be tested through development of a strong linkage between the Colon CFR HVP and InSiGHT are currently being explored from the organizations, and are open to further suggestions. Among the projects being worked up are:

1. Given a larger sample through the combined resources of the Colon CFR and InSiGHT member registries (particularly in Europe), can the risk estimates to immediate relatives in families with Amsterdam clusters of colorectal cancer, but without mismatch repair deficiency identified, be more tightly defined beyond those described by Lindor et al in the Type X families within the Colon CFR. This project

is being supported within the C-CFR by Drs Baron and Macrae, with in principle support from the InSiGHT Council (Dec 9th meeting).

2. What are the comparative outcomes for carriers with MMR gene mutations and colorectal cancer stratified by the extent of the initial surgery for cancer? Is surveillance after a segmental resection equally effective against cancer prevention as the more limited requirement for surveillance after a more extensive operation? How do the functional outcomes compare? This project has been initiated by Dr Susan Parry in New Zealand, who has links with both groups.
3. What is the prevalence of BRAF mutations in colorectal cancers developing in PMS2 carriers?
4. Is there any return for mutational analysis of PMS in patients with loss of PMS2 and MLH1 where a mutation in MLH1 has been excluded with current mutational strategies?

This exciting pre meeting is open to a limited number of participants (total of 60 persons on a first come first serve basis). The cost for the pre meeting from **9:00 am – 4:00 pm is € 100 including drinks and a lunch snack.**

If you are already registered for the InSiGHT Meeting, please send an Email to insight@interplan.de to confirm your participation.

For the general Congress registration please use following webpage: www.insight-group.org.