

THE LABRADOR BREED COUNCIL

Health Sub-Committee

Minutes of the Health Sub Committee

Held on the 11th April 2016 at The Kennel Club, Clarges Street, Piccadilly, London W1J 8AB

Present

Joy Venturi Rose – Chairperson (Breed Health Rep)

Lynda Heron - Breed Health Rep (Present for item 4 onwards)

David Coode

Caron Morton

Janet Cole

Fiona Braddon

Apologies

Received from Karl Gawthorpe and Penny Carpanini

(Minute Taker - Joanne McDonald)

The Minutes of the General Meeting of The Labrador Breed Council Health Sub Committee held after the Annual General Meeting on 9th April 2015 were Proposed as a true record by Janet Cole, Seconded by Fiona Braddon.

Matters Arising

- HNPk** – There was a majority of clubs in favour of recording HNPk results, there followed a discussion on the interpretation of ‘in the customary manner. Two options were put forward
 - Automatically sent to the KC (as with similar results), if abroad the onus is on the tester.
 - Voluntary forwardedThe first option was chosen as the preferred option
- Labrador Diversity Study** – This found that although the Labrador is numerically large as a breed, it has many sub divisions (show/working/pet) plus concentrated strands in certain geographical areas with lots of puppies resulting from a small number of sires. The indicative populations is therefore 80 (100+ being the more desirable figure). If we stay within these sub-groups we are promoting in-breeding, therefore the ‘out’ crossing from the sub-groups should be actively encouraged. Some rare (and numerically small) dog breeds are reporting better results than the Labrador, resulting in their indicative number being 100 and higher.
- Mast Cell Tumours** – The Animal Health Trust are undertaking a study that will eventually enable the identification of marker genes for mast cell tumours in Labradors. This is likely in the next 5 years. The test would be able to identify low to high risk of developing mast cell tumours in Labradors. It would be important not to discard dogs from the gene pool but to breed any higher risk dogs to lower risk dogs. As with all cancers just because dogs can be at risk of developing cancer does not mean they will develop it. Samples are requested by the AHT and details will be put on the Breed Health Council web site.
- KC Breed Survey the main cause of death has been found to be that most Labradors die of old age, followed by cancer (non-specific)
- HC - 4.4** AHT are calling for blood samples also for H/C from both affected no older than 3 years of age and clears aged 8+. It has been acknowledged that it is probably multifactorial. FB suggested the removal of the ‘Fail’ on Eye Certificates. It was noted that the Golden Retrievers had already done so. JVR suggested that the condition does not compromise the dogs sight. A discussion took place on how much it affects the dog’s welfare.

JVR proposed that as Sheila Crispin is looking at the eye testing scheme the committee would write stating that as this has minimum impact (Until a DNA test can be developed), what is the BVA view on the removal of the word 'Fail' on a certificate but that the it would be recorded in the notes. FB stated that it had also been taken off in Scandinavia. **LH & JVR to action**

6. **Breed Specific Genome** – The Kennel Club are giving the AHT some funding into this project initially for 50 breeds. The K9 Genome is known but not the breed specific one, each breed who wished to take part must match the funding of the KC, £1000 per breed from the KC, £1000 from the breed. JVR had received an email from Mr Hardy to ask if we as a breed are taking part. JC asked regarding the benefits of doing this, JVR explained it will hopefully provide an entire map of all genes, a set of markers for our breed. This would cost each club £77, the representative for the clubs felt their clubs would be in favour and it was decided to take this proposal forward to the Breed Council Meeting. **JVR to action.**
7. (*) **Erroneous Results in DNA tests** – LH explained that a bitch had tested clear for CNM in the UK (AHT) was mated to a clear dog in the UK. A puppy was sold to Germany where it was tested and given a carrier certificate. AHT did not test again but looked at the result and found that there had been a recording error for the bitch that should have been given a carrier certificate. LH had contacted Gary Johnson (KC) to ask what the protocol was in this situation, which was to change the recorded result of the bitch. AHT appear not to have a protocol, LH explained this would cause a problem as the resulting progeny and generations will be affected by the result too, these are still showing as 'Clear by Parentage' on MyKC. JVR stated that most labs will work under the ISO Quality Standard and suggested these be looked at to see if there was a stated protocol which could or should be used in such cases. **FB to obtain a copy** of ISO relevant to this. FB suggested that we should have a three generations limit on hereditary clear certification. LH proposed a letter sent to the KC to have a protocol in place that should a result be changed, the progeny and descendants be informed automatically as they have a responsibility to do so. FB pointed out this undermines the confidence in testing. **JVR also to look at UCAS, LH to liaise with JVR and FB to produce letter.**
8. **Proximal Dysknesia** – LH was asked to bring this up. It is an umbrella disease and may be linked to CECS, canine episodic cramping syndrome in other breeds and expresses as sudden cramping (prevalent in Border Terriers). Researcher has asked for any video material or reports of episodes from owners. JVR suggested putting link on the website. **FB to action**
9. **Health Fund** – LH explained some breeds have a pot of money to cover travel expenses incurred by Health Reps when attending significant talks or seminars relevant to the breed. JVR surmised that BC may have funds in place to cover this and would bring it up at BC Meeting. **JVR to action.**
10. **Ectopic Ureter** – (Wet Puppies) JVR explained that in Switzerland they had a scheme for Swiss Mountain Dogs to image the angle of the ureter to ascertain if it was more susceptible, this is not currently available in the UK. A dialog has been set up between Amy Llewellyn, BVA and the Swiss Mountain Dog and Golden Retriever health representatives to look at possible scheme. **LH to send email to establish progress.** FB queried inheritance program, LH agreed. JVR suggested it may be multifactorial; a graded system in place would be able help match low to high risk. FB suggested that it may also not be sex linked (although more predominant in females) and she would like to see a volunteer reporting scheme set up (many pups die or are PTS within the first few weeks). LH suggested posting on the website, JVR queried who this would be reported to. **LH to look at Survey Monkey or equivalent and compile a list of questions.**
11. **Pedigree Surveys and Breed Health.** JVR stated it had already been covered in previous points, LH bought up Health Survey compiled for the breed a couple of years ago, superseded by the KC one. JVR asked if there were any differences in the questions asked, LH responded that the KLC was a one off survey, the breed survey was intended to be ongoing. **LH to contact KC to ask if they would still be willing to circulate the Breed Council Survey should they wish to introduce it.**

12. **Cruciate disease** – FB reported that this is an increasing problem; LH suggested an area on the website to post suggestions for research / students. JVR asked if any other breeds had a monitoring scheme or anything to address the problem. None known. LH queried vets not reporting the problem, leading to unnecessary operations, Malcolm Ness (Joint Specialist Vet) had commented that breeders enforcing rules of not exercising puppies appropriately and overweight youngsters would contribute to these problems. Appropriate exercise is necessary to strengthen ligaments and tendons etc. JVR suggested a literature search so that the committee had more information.
13. **Hip Scoring Mean/ Median.** The KC recommendation of using the median score of 9 (currently) down from 12. FB queried where the figure used came from. LH read out correspondence on behalf of N&D Committee to Dr Dennis with regard to this. **LH expecting letter from Dr Dennis after her return from lecturing in Europe** , not before W/C 18th. It was suggested that the advice from Dr Dennis only to use 9 and below would be difficult for breeders to implement alongside all the other health testing that was necessary and perhaps unnecessary because as acknowledged in Dr Dennis's paper some scores higher than 9 did not cause any mobility problems. Shrinkage of the gene pool needed to be considered and CM noted if the advice were followed this would also significantly reduce the gene pool as currently only 3.57% of litters would comply with the guidance.
14. **Website – FB to update**, JVR suggested setting up a Facebook Group as an information page only. **LH to action.**
15. **Macular Cornea Dystrophy** – JVR contacted the researchers and the KC regarding the development of the test and enquiring why the health committee had not been informed. The DNA test is now available however the condition is a painless one mainly occurring in old age.
16. LH explained a situation to the meeting that had arisen regarding failures on the KC/BVA certificate. It appears that in the event of two tests listing a fail that even if the Chief Panelist believes the test to be incorrect it cannot be changed! JVR suggested that we should ask the BVA for their written policy on this. LH

No further business.

Next meeting was set for Thursday 6th April 2017.