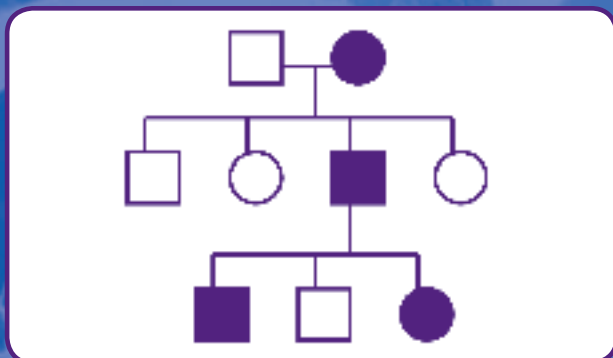


# *Living with Lynch Syndrome: An Update for Families with HNPCC*



*Saturday, June 27, 2009*

Mayo Clinic  
Rochester, MN

# *Lynch Syndrome/HNPCC Conference*

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## **General Information**

Topics will include the biological basis and psychological impact of living with Lynch syndrome, also known as Hereditary Non-Polyposis Colorectal Cancer (HNPCC). Practical tips to organizing health care will also be discussed. This half-day program will offer attendees an opportunity to expand their knowledge and share their experiences.

## **Conference Goals**

- Review the underlying biology, historical context, natural history, current science and future directions pertaining to Lynch syndrome
- Create an interactive forum for people with Lynch syndrome to network with others
- Discuss topics relevant to people living with Lynch syndrome
- Review and discuss approaches to optimal medical management, including prevention of cancers due to Lynch syndrome
- Examine the potential psychosocial impact of a diagnosis of Lynch syndrome and explore coping strategies

## **Intended Audience**

This half-day program is designed for people living with Lynch Syndrome, their family members and medical providers with an interest in this topic.

## **Registration**

To register, complete the attached registration form and return by mail or fax. Registration includes tuition, handouts, refreshments and a box lunch. Space is limited for this conference; therefore, early registration is strongly advised. A letter of confirmation will be sent upon receipt of payment and completed registration form.

## **Cancellation Policy**

Your registration fee, less a \$5 administrative fee, will be refunded when written notification is received before June 12. No refunds will be made after this date.

## **Sponsoring Organizations**



## Parking

Free parking is available in city and Mayo Clinic patient/visitor ramps on Saturday. A map indicating the location of downtown parking facilities will be mailed with the registration confirmation letter.

## Educational Grants

This conference is supported in part by unrestricted educational grants. At the time of this printing, a complete listing of commercial supporters was not available. Appropriate acknowledgment will be given to all supporters during the conference.

## Credit

Continuous Professional Development credit will not be offered for this conference.

*Before the conference, join us for....*

### **“Get Your Rear in Gear” 5K Run/Walk**



The Colon Cancer Coalition invites you to the second annual Rochester “Get Your Rear in Gear” 5K walk/run. Our goal is to host runners and walkers of all ability to help raise awareness and funds that will be invested in local area projects to help educate the public about colorectal cancer, encourage screening and emotionally support those diagnosed with the disease.

**Date:** Saturday, June 27, 2009

**Registration:** 7:00 a.m.

**Start Time:** 9:00 a.m.

**Location:** Mayo Civic Center, 30 Civic Center Drive SE,  
Rochester, MN, 55904

**Cost:** Early Registration: \$25 per adult, \$12 per child 10 and under.  
After June 25 and at event: \$30 for adults, \$15 per child 10 and under.  
Sign up online [www.getyourrearingear.com](http://www.getyourrearingear.com) under Registration or  
at [www.active.com](http://www.active.com)  
Running shirt and goodie bag guaranteed to first 500 participants

**More Info:** [www.getyourrearingear.com](http://www.getyourrearingear.com) under Events or call (952) 426-6521

# Program Schedule: Saturday, June 27, 2009

Mayo Clinic  
200 First Street SW, Rochester, MN 55905

10:00 a.m.	<b>On-site Registration</b>
10:30 a.m.	<b>Introduction</b>
10:40 a.m.	<b>Horse &amp; Buggy or Space Shuttle: Where are We Now With the Diagnosis and Treatment of Lynch Syndrome?</b> Who is Henry Lynch? During this session, we will review the historical context, underlying biological basis, natural history, current research and future directions pertaining to Lynch syndrome.
11:15 a.m.	<b>Refreshment Break and Exhibits</b>
11:30 a.m.	<b>Parallel Experiences: Finding Common Ground</b> A panel of people diagnosed with Lynch syndrome will share their experiences. What are the burdens, blessings and most significant challenges? How have people managed a positive approach? Hear how Lynch syndrome has impacted the lives of others.
12:00 p.m.	<b>Box Lunch and Round Table Discussion</b> Attendees are invited to discuss a variety of topics relevant to people living with Lynch syndrome.
1:00 p.m.	<b>Trekking the Health Care Tundra: Where on Earth are the Experts?</b> A panel of medical professionals will review their areas of expertise relevant to risk management and influencing health outcomes for people with Lynch syndrome. Is there an optimum approach? We will explore strategies for assembling a team of experts to provide medical care.
1:45 p.m.	<b>Refreshment Break and Exhibits</b>
2:00 p.m.	<b>Living with Lynch Syndrome</b> This session will provide a framework for exploration and discussion about the impact of living with hereditary cancer risk. Topics may include coping with uncertainty and loss, cancer-related concerns, facing health challenges, and impact on family dynamics.
3:00 p.m.	<b>Adjourn</b>

*\*Program is subject to change*

Registration Form

Lynch Syndrome: An Update for Families with HNPCC

June 27, 2009

Mail registration form to:

Registrar  
Mayo Clinic  
Cancer Education Center  
Gonda Lobby, 334  
200 First Street SW  
Rochester, MN 55905

Telephone: (507) 284-2241  
Fax: (507) 284-1544  
E-mail: [canceredprog@mayo.edu](mailto:canceredprog@mayo.edu)

(Please print or type all information. You may duplicate this form for multiple registrations).

Name \_\_\_\_\_

Degree \_\_\_\_\_

Institution \_\_\_\_\_

E-mail (to be used for conference correspondence) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

[ ] Please check if you have any special assistance needs or dietary restrictions.  
Please indicate your needs here: \_\_\_\_\_  
\_\_\_\_\_

Discussion Topic (Optional)

Please provide a brief, 1-2 sentence description of a topic you would like to have discussed during the conference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Fee

Individual: .....	\$20	\$ _____
Couple: .....	\$35	\$ _____
Family (no more than 5): .....	\$50	\$ _____
<b>Total Payment Enclosed:</b>		\$ _____

Make checks payable to **Mayo Clinic Rochester.**

*\*A limited number of registration fee scholarships are available. For more information, please e-mail [canceredprog@mayo.edu](mailto:canceredprog@mayo.edu).*



Mayo Clinic  
200 First St. SW  
Rochester, MN 55905

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Mayo Clinic, Rochester, MN

## **Organizing Sponsors:**

- Cancer Prevention Network
- Colon Cancer Coalition
- Colon Cancer Family Registry: Mayo Clinic
- HealthEast Cancer Care: Cancer Genetics Clinic
- Mayo Clinic Cancer Center
- University of Minnesota, Masonic Cancer Center:  
William C. Bernstein, MD, Familial Cancer Registry

## **For more information:**

Contact the registrar at (507) 284-2241.