

**Summary of Berner IWG Meeting held Sunday 19th August 2018
Waterland Estate, Amsterdam, Netherlands**

Club Representatives present:

Gerhard Kunz VSSÖ (Austria)
Martina Kopecká KSSP (Czech Rep)
Lisbet Utke Ramsing DBSK (Denmark)
Joëlle Bardet AFBS (France)
Dr. Norbert Bachmann SSV (Germany)
Christian Schmid DCBS (Germany)
Kira Martin MBE (Hungary)
Iris van Deur VBSH (Netherlands)

Terézia Gargušová SKSSP (Slovakia)
Birgitte Damsgaard (Sweden), IWG website
Toril Melangen SShK (Sweden)
Martha Cehrs KBS (Switzerland), IWG
President
Steve Green BMDCCGB (UK)
Pat Long (USA), IWG secretary

Individual Members present:

Carla van Assche (Belgium)
Inge Bibby (Denmark)
Jens Utke Ramsing (Denmark)
Tanya Shields (Ireland)

Emelie Gemzell (Sweden)
Julie Jackson (USA), representing BMDCA
Lori Jodar (USA), representing Berner-Garde

Visitors present:

Lyn Brand (Australia), representing
BMD CNSW
Ksenija Steiner-Potocnik (Austra/Slo)
Eva Prochazkova (Czech Republic)
Birgit Schmid (Germany)
Heike Schraven (Germany)
Mia Sandoy (Norway), representing NBSK
Slavka Kalmanova (Slovakia)
Norbert Strahl (Spain)
Celia Cuellar (USA)
Pam Swisher (USA)

Martha Cehrs, presiding
Pat Long, meeting minutes

IWG Meeting

1. Martha Cehrs welcomed everyone to the meeting.
2. Attendee lists were passed around: Club representatives, Individual members, and Visitors.
3. Martha detailed Lindy Kunz's contribution to the breed:
 - a. membership in VSSÖ, all four Swiss breeds
 - b. her massive amount of knowledge, of health, of the history and of pedigrees
 - c. her willingness to always take time to answer questions, and do research to find answers
 - d. A moment of silence was observed
4. Martha discussed the IWG organization structure:
 - a. There is a lack of continuity, representatives change.
 - b. Give thought to how the IWG can become more effective.
5. In the last 11 months, funds for the development of the HSIMS tool were collected and a surplus of that collection of €5,139 could be handed over to Dr. André of the University of Rennes, France to be used for further research of HS. Thank you to all who contributed.
6. Martha indicated that the health presentations from the club reps should be short but thorough.
7. **Country reports:** The meeting then gave a chance for the representatives from each country to contribute updates and news from their countries.
 - a. **Austria** (Gerhard Kunz) – No news to report. The club is voting for new club leaders, so everything is at a standstill. A donation was made for the HSIMS tool. He hopes that the club will work to fight cancer, and hopes that a new breeding committee will work harder. He will not be the club representative, but would like to remain an IWG member.
 - b. **France** (Joëlle Bardet) – Gave Dr. Catherine André of University of Rennes, France a check for €5,139, for further HS research; this was the excess of the fundraiser for HSIMS. The club has specified that C x C matings are not allowed, the members have respected that. There is a breeding commission meeting next month, the AFBS wants to have the risk-test results on the pedigree. The results are private now. (Club reps weighed in to say that some have voluntary result sharing.) She provided a chart showing percentages of risk-test results, see appendix A. Page 1 shows results from different matings, page 2 shows age to SH results, and page 3 shows age versus cause of death. For dogs that have been tested, Antagene needs the date and cause of death.
 - c. **Germany SSV** (Dr. Norbert Bachmann) – Most of his information he provided in the presentation he gave Friday at the Health Symposium. They have shown an increase in the average lifespan past 8 years. Still using the genomic breeding value, want to determine if it can help improve the population. It has been in use for 6 years. Using HD and ED research. Temperament and movement is also important for quality of life. There is a connection between breeding and judging.
 - d. **Denmark** (Lisbet Utke Ramsing) – from her submitted report:
 - The possibilities for Dansk Berner Sennen Klub (in the following DBSK) to set up restrictions for breeding is basically founded on co-working and a contract between DBSA and Dans Kennel Klub (In the following DKK) (Danish Kennel Klub)
 - It is DKK there is responsible for the pedigrees for DBSK in Denmark. DKK has in the last years moderated some of the claims for registrations of dogs as the BDSK has worked to get in, and at the same time asked the DBSK to work out a set of breed recommendations and a breed strategy for the DBSK.
 - One reason for the DKK to make this attempts is, that it seems to be a fact that the restrictions has had the consequence that the breeding of Bernese Mountain Dogs

nowadays in a much larger scale than earlier is coming from breeders as seems to have no problems by selling their stock with no pedigrees, or has chosen to register their Kennel in another organization with less restrictions and control for getting a pedigree, and where the expenses for pedigrees, HD and AA examinations, acceptance for breeding and so on is less than for a breeder in DKK.

- Nowadays we will see that 2/3 of the registered Bernese Mountain Dogs in Denmark not have a Danish Kennel Klub (FCI) pedigree.
- The goal for DKK is, that the breeders should have as good substantiate information about their breed as ever possible so they in that way will be able to manage their responsibility as breeders.
- DKK will not acknowledge any tests based on an insufficient statistic basis where the full documentation not is well confirmed.
- DBSK is collecting data and is giving information's to the members about things as can give a "hint" where we as breeders has to pay attention to specific subjects. Every year the Club is making a number of informative statistics about t.ex. reason for death, HD – AD and OCD, furthermore age and other reasons about litters and birth (t.ex. natural of C-section).
- As it will take rather much timer to go through the statistics, I have brought with me an number of copies, [see appendix A].
- DBSK and the members are with their full heart supporting all increases in the science as can help to a determined selection of sound and healthy Bernese Mountain Dogs.

- As things are now we also find it very important, to get more knowledge about the conditions of the environment as have a substantial influence for the health in our breed.

- The restriction and recommendations as the DBSK has worked out, and as is approved by DKK is as follows:

X-rays for the following will not be accepted as valid before the age of the dog is 12 months for HD, AD, and OCD.

- There are the following restrictions for the breeds as has to be fulfilled before breeding from the dogs. Both males and females.

- HD: Puppies can only get a DKK pedigree if both parents BEFORE the mating has an official HD-status in the register of DKK.

- A dog/bitch with HD grade D or E, can exceptionally be used in breeding if the breeder think the value of the dog/bitch all over can contribute with something positive. The partner in this case, will always need to be at HD status free (grade A or B).

- AD: Puppies can only get a DKK pedigree if both parents BEFORE the mating has an official AD-status in the register of DKK.

- A dog/bitch with AD grade 3, can exceptionally be used in breeding if the breeder think the value of the dog/bitch all over can contribute with something positive. The partner in this case, will always need to be at AD status free (grade 0).

- Breeding recommendations for the breed:

- Both parents must have a qualification on a FCI/DKK show with not less than Very Good or has been accepted for breeding at a breeding arrangement in DBSK.

- Both parents need to get X-rayed for HD BEFORE the mating, and the result has to be in the database of DKK with the status A, B or C.

- Both parents need to get X-rayed for AD BEFORE the mating, and the result has to be in the database of DKK with the status 0 or 1.

- This is for all dogs in the breed from the 1st of June 2012

e. **Denmark** (Inge Bibby) – The Danish breeding committee held lectures about: orthopedics: OCD, HD, and ED, and how the x-rays are read; fertility; and ligaments.

- They also contacted Switzerland, Sweden and Norway to find out more about meningitis.

- They had planned a breeding test, but only a few wanted to attend.

- Another lecture on fertility is planned.
 - They have contacted Prof Annemarie Kristensen, KULife to get more information about the actual Danish cancer situation.
 - Another lecture is being planned about vaccinations and titer tests.
- f. **Ireland** (Tanya Shields) – Tanya is not the club rep, and is only a member of the BMDCGB. But nothing is happening with the Irish club. The country has a big problem with puppy farmers, there is a lack of regulation. A majority of dogs are not registered.
- g. **Australia** (Lyn Brand) – Lyn is a member of the BMD Club of New South Wales. There are three small clubs in the country, but no club for the whole country. There are no mandatory regulations, but all of the breeders x-ray hips and elbows. The breeders all know each other. There is an interest in the histio risk-test. All of their dogs are imported, so they probably have the same issues as everyone else.
- h. **Germany DCBS** (Christian Schmid) – the club offered the Antegene histio risk-test for free. They got 150 samples, the results were given to the club and the club published the percentages of the three results. They have been x-raying shoulders for OCD for 10 years. As of 2016 they had 55 x-rays, and 3 cases of OCD. It's necessary to do it, and should be compulsory. Need date of death on pedigree. They use ages for Breeding Value, males need 130, females 120. It uses parents, grandparents and half of the great-grandparents. They started with this a year ago. The club made another donation of Euros 2000.- to the University of Rennes, France for HS. Research.
- i. **USA BMDCA** (Julie Jackson) – In 2017 there were more than 1800 litters registered with the AKC, less than half of them were for BMDCA breeders. The Health Committee (HC) revised the CHIC (OFA's Canine Health Information Center), the BMDCA Board agreed to make vWD optional, histio risk-test optional, and DM required. CHIC is an educational tool about open sharing of data. The HC is in discussion about a plan to subsidize the histio risk-test. Only 80 tests have been done in the US. The BMDCA has funded the CHF (AKC's Canine Health Foundation) research grant for Benoit Hedan to find biomarkers for histio. Half of the money was donated by the BMDCA, the other half was matched by the CHF. The research grant is fully funded. The BMDCA made a donation for the Antegene HSIMS tool. The BMDCA donated to a CHF initiative to fund hemangiosarcoma research.
- j. **Great Britain** (Steve Green) – from his submitted report:
- The best thing I can report is that things are at least *starting* to happen in the UK after many years of no real news to give you.
 - In the world of UK dog clubs guidance or directions on health practices appears in the Code of Ethics which sit alongside the Constitution as part of the club's rules. At the 2018 Bernese Mountain Dog Club of Great Britain AGM I persuaded the meeting to adopt changes meaning that **Antegene 'Histio' testing plus DM testing and observing the Co-efficient of Inbreeding are now recommended** for all club members. They are not **requirements** so are not mandatory and some will always say this is meaningless but at least they are mentioned in the club's rules now. Hip and Elbow testing are already **compulsory** for club members in most UK clubs. Actually I have now decided I do not like this because it suggests that Hips and Elbows are the greatest problem the breed has and I, whilst I do not think we should relax on hips and elbows and risk losing the progress we, like many other countries, have made over many years, I consider 'Histio' to be a bigger problem for the breed but I dare not try and move things too quickly. In the Antegene report following the last meeting the UK had almost the lowest number of of A grades at just 13%. - My theme now is for people to test in all areas before breeding and then make informed choices. I am not in favour of insisting on certain standards in all areas because as the areas that can be officially assessed in some way extend over the years, we now have, hips, elbows, Histio, DM X 2 as well as the Coefficient of Inbreeding and it will be impossible for the perfect stud dog to be found who can comply with standards

in every one of these areas. If there was he would be used a lot and quickly fail on the CoI! For me, breeders have to be free to make their own priorities and decisions but as clubs guiding the breed I feel we should be doing what we can to make sure people make informed choices and base these on proper data about their dogs.

- I also presented the same thoughts in my health report to the Bernese Breed Council which is the body where all 6 UK BMD breed clubs come together. I was pleasantly surprised at the positive reception these received from the representatives and hope for more co-operation in the coming years.

- At the same time the Kennel Club has asked every breed to co-operate with producing a **Breed Health and Conservation Plan or BHCP**. They are gathering evidence from everywhere they can, including their own health surveys of all breeds, from within the breed, universities, insurance companies everything we have reported on over the years at our seminars and BIWG meetings. They then meet with representatives from each breed to start off the plan.

- This is taking a few years to complete for every breed and about 4 weeks ago I met with the KC people and discussed the state of the breed in the UK and what it needs to do to improve it's health. Amongst other things they agreed with me that the 'Histio' test is vitally important for the breed BUT they cannot act until there is more support from the breed. I received the draft copy of the BHCP for the BMD only just before leaving for this Dutch trip so it is yet to be finalised. However, my main task for the next year or is to get at least three of the 6 clubs to agree to include Histio testing in their rules, i.e. at least two more. I do not know if this can be done but this is my project, I hope it does not turn into Mission Impossible. The Breed Health and Conservation Plans are subject to review and ours will be reviewed in around 18 months. Personally I think it is great that they are discussing things with the breed representatives and not just looking at data, making their own decision and imposing it on us. They stress all the time they wish to work *with* breeds.

- It is perhaps worth mentioning that our Kennel Club have done a similar exercise for all breeds in the UK and do not consider us a particularly unhealthy breed and when I asked they feel many other breeds to have worse health issues than us. The worst breeds were dealt with in the first wave of meetings and we were in the majority second wave. I think this is worth mentioning because sometimes as 'breed health people' we can get over obsessed with the things we are working on and can become a bit too negative to keep people's attention. We have to keep things in perspective and work to data from survey results and proper analysis. If we want people to listen it is important that we stay pragmatic and not get overly negative or people will just switch off and ignore us. In most countries where there is data Bernese die too young but we have to remind people of the data sometimes as some people go into a denial state without the facts and if you are just negative without data they can deny the validity of what you are saying. I think if you want to engage with more people and the real bulk of people who can actually change things then rather than being negative all the time about how things are you have to sometimes be more positive about how you think things could be better.

- One of the evidence sources informing the BHCP was the Bernese Death Survey I started in 2016. Whilst support for this has not been great, I am only just reaching 200 reports after almost two years, a clear pattern has emerged of currently 69% of deaths being due to cancer and of these 22% are due to HS. From the descriptions people give I am convinced that a good proportion of the general cancers reported described will also be 'Histio' but I cannot go against what the owners report. It is interesting but perhaps a product of the fact that cancers are such a high proportion of the total, that the average age of death in the whole survey is 7.73 years. The average age of death due to cancer is 7.90 years and the average age due to Histio is 7.23 years. Of course averages can be deceptive and comprised of extremes and data needs more analysis but it is a reminder that the cause of death ALWAYS has to be considered along with the age of death. If it were a fact that 99% of Bernese died

from cancer but the average age of these was say 12 years, from where we are now that would be fantastic statistic!

- This is why I was asking a little while ago for any other summary reports of deaths within the BMD community, thank you to those who replied, and I would still be interested in any BMD death data from your country to compare to the UK.

- I was also in the USA for the Speciality and was asked to present for 10 minutes on the BIWG at the International visitors Reception. This seemed to go well and during the ensuing discussions the Antegene Histo test became quite a subject in the room. I wrote an article for the BMDC of GB club magazine describing the logic for the adopting the test and answering many of the reasons people give not to do the test. This was given out after the meeting and I believe is now being published in several club magazines. If anyone would like to use this I can email you a copy.

- So, overall from the UK I am cautiously just a little, slightly, tentatively, optimistic that all of sudden people are listening and starting to change. The club has no powers to enforce anything and people can just leave the club and carry on doing whatever they want so we have to go gently and rely on good will and education. We will see what I report next time.

- k. **Sweden** (Toril Melangen) – There was a breeder conference last year about tumor diseases, reproduction, genetics, and mentality.
- Breeders volunteer reproductive information to the club about litter information, about how they gave birth, how many puppies, how many survived, and their sex. A report will be made.
 - The club is encouraging the histio test, there are about 100 new tests that have been done in the last year. Have a list of all the dogs that were tested, but not the results. It is voluntary to put the results on open list (without results) and it is voluntary to put results in healthregister. Discounting the cost of the test has helped. Every five years the club reviews breed-specific breeding strategies according to the requirement from the Swedish kennel club. Cancer and repro are priority to be reviewed in the next coming years.
 - In a new commercial test for Anti-Müllerian hormones within a project for validation and the diagnostic use for the test it was found a high level of disturbing antibodies –. The BMD had higher levels than other breeds but the impact is not known. Dog owners from our club helped the university SLU in Uppsala with blood samples from BMDs. There is a report. See: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/vcp.12612>
- l. **Czech Republic** (Martina Kopecká) – Breeding tests for HD and AD are required, OCD, DM, and HS are recommended. For HS – no C results. Need more open sharing of information. More litters are allowed for a male with DM and HS tests done. They store DNA. Check cause of death and age, review every 2 years.
- m. **Slovakia** (Terézia Gargušová) – The club has only about 90 members, for the 4 breeds. In 2017 there were 18 BMD litters, and 92 BMDs registered. The breeding test (behavior and exterior), HD, AD are required, this year they have added OCD. There are about 15 to 20 new breeding dogs per year. DM testing is being done. Not yet doing the HS test, but want to start; education is needed. Had 40 dogs at a show, did a blood draw: all were negative for vWD. DM?
- n. **Hungary** (Kira Martin) – The club is 22 years old. Five years ago the Kennel Club allowed breed clubs to issue pedigrees which allowed some control. Two years ago they changed back, too many breeders simply moved to Serbia. But they allowed the clubs control over the breeding tests. For BMDs they require the breeding test (behavior and exterior), HD, AD, and encourage DM and HS. They have a problem with openness, no report on date or cause of death, no necropsy. Some will biopsy or ultrasound for cancer. Want to push to get cause of death and encourage openness. One step at a time.
- o. **Norway** (Mia Sandoy) – The club is 30 years old. HS test is now recommended for all breeding dogs, recommend no C x C breeding. If the test results are entered in the

database, a partial refund is provided. The database is open for all member breeders and owners, they get the password from the breeding committee. There are 4,032 dogs in the registry going back to the 1970's. A partial refund is given for the cost of a biopsy or necropsy if cancer is strongly suspected. Refunds come out of the health fund. The club asks for donations for each puppy and the stud dog. Most members are pretty open about sharing.

- p. **Netherlands** (Iris van Deur) – They have big problems, the big breeders don't want rules. The members decide if rules are made mandatory. They have fewer and fewer volunteers. There are four people in the health commission, and there was no assistance for the Health Symposium. Still breeding AD 2 and 3, doing DM carrier x at-risk matings. No health guarantees. Individual initiatives may work better than trying to make changes through the club. More demand for puppies than the supply can fill; educating the buyers may be better. The club has about 1200 members, but only 20 or 50 come to club meetings. Out of 1500 puppies born each year, only about 300 to 400 are born to club members and have pedigrees. There are a lot of puppy farms. A legal group pushing law suits for puppy buyers is making things more difficult. Steve Green suggested setting club recommendations to be followed to give some protection against the law suits for breeders who follow the recommendations.
- q. **Switzerland** (Martha Cehrs) – from her submitted report:
- Club internal politics have significantly slowed down the progress of health related activities over the last 18 months in the Bernese Mountain Dog Club of Switzerland.
 - The following activities were carried out however:
 - The programming of a health data base was terminated and the enormous and time consuming effort of entering health information into that data base has started. The information entered into that database is reviewed by a veterinarian for accuracy.
 - All existing forms/reports and means of communication regarding health matters were reviewed and updated.
 - A discount with Antagene was negotiated for HS and DM tests and the club provided the possibility of drawing blood samples free of charge and help with filling out the necessary forms for Antagene at the last club show.
 - An article to be included in the clubs breeding regulations stipulating that HS and DM tests are now compulsory for dogs/bitches who are presented to the club's qualification for breeding tests.
 - A significant donation was made to the HSIM project.
 - At present the possibility of designing a questionnaire for all BMDog owners in Switzerland to collect input with regards to the health issues they have encountered with their dogs is being discussed.
- r. **Canada** (John Simons submitted report, read by Pat Long) –
- To report on three area of news:
 - a) in Canada we do not have any new health initiatives to report, however from last year's meeting I did prepare a report on the HS portion presentation which was then placed in our quarterly newsletter which reaches over 400 members. Shortly it will be also posted on our Club's Facebook Education group to reach a broader audience. The good news is that from a casual outreach to some breeders I am seeing a trend to do more HS testing. Some are questioning just what they can do with the information as many dogs here we may be interested in are not tested but at least they see it as part of research. By the way, in at least 2 cases it was because their European breeder friends were asking for testing and we all know you are far further progressed than we are.
 - b) not a direct health report but we are once again our Committee is making progress on breeder guidelines, many points of which are "health" related in light of evolving science. This will also likely impact the breeder portion of our Code of Ethics --- portions of which date back to the 1980's.

- c) our Breed Standard Committee has completed their review and proposed revisions. It is now ready to go to the Canadian Kennel Club (CKC) for their initial review of the proposed changes. If approved it then goes to the membership for a vote after which we hope for a rubberstamp from CKC. Because its still in the "informal stage" I should just report that in the majority of cases the changes are an attempt to bring our Breed Standards more in line with Country of Origin. Personally I like the changes/revisions/clarifications.
 - s. **Berner-Garde** (Lori Jodar) – The BG founder Barbara Packard always wanted the database to be International. Only about 43% of the people in the database are US. There are many operators from other countries, and submission forms are being translated to other languages. The database is free, no passwords are required. There is a repository, it has DNA for about 4000 dogs, and tumor tissues from about 350 dogs. The repository shared 91 samples for Antagene to use to validate the test on the US population. BG is in discussion with NIH to share samples for their research. There was a short discussion on the new EU privacy laws; it is not known what the impact would be to BG if any.
8. Short break
 9. IWG Organization:
 - a. The goal is to increase the average lifespan of the BMD to 10 years. How do we make progress?
 - b. Any FCI, AKC, TKC club can appoint a representative. No clubs have been told they cannot participate. Each club can appoint 1 person.
 - c. Individual members need to be limited to participating individuals who contribute, who have demonstrated an interest in health issues.
 - d. The constitution needs to be reviewed [See Appendix C]
 10. Communication
 - a. Is there a need for more regular communication? Request an annual report from the club representatives, and any notable updates?
 - b. PLEASE update your club information on the website, contact Birgitte Damsgaard (birgitte@bernerbanden.dk) for assistance.
 - c. Emelie Gemzell suggested the FaceBook might be more user friendly than YahooGroups. She will work with Martha and Pat to create a test group.
 - d. Should members be only those who are active?
 - e. Jens Ramsing suggested having a standardized statistic reporting method to allow data to be compared from country to country. This may be difficult because data isn't standardized, but he will work with Pat, Steve, and Martha to put together a proposed system.
 - f. Work is needed to help increase sample collection for research. Pat is working with Dr. André and Dr. Evans to determine if single collection points can be used and then samples shared.
 - g. IFPD is still working to establish methods of information sharing, it is still too early to see how it may benefit the IWG.
 11. The **next meeting** and health symposium is being planned for 2021 in the UK.
 12. Martina Kopecká indicated that the Czech Republic might be able to host an event in early 2020.

Martha Cehrs thanked everyone for their attendance and contributions and closed the meeting.

Minutes respectfully submitted by Pat Long.

Appendix A – statistics from DKK

Statistics

over

Death causes - HD – AD – Age

For

Danish Bernese Mountain Dogs

under

DKK & DBSK

Updated

2018

Dogs in the statistic

Males	Bitches	All dogs
320	340	660
48,48%	51,52%	100,00%

Age

Males

	< 1 år	≥ 1år	≥2år	≥ 3år	≥ 4år	≥ 5år	≥ 6år	≥ 7år	≥ 8år	≥ 9år	≥ 10år	≥ 11år	≥ 12år	≥ 13år	≥ 14år	≥ 15år
Total	10	13	9	21	29	37	50	40	46	28	17	13	6	0	1	0
	3,13%	4,06%	2,81%	6,56%	9,06%	11,56%	15,63%	12,50%	14,38%	8,75%	5,31%	4,06%	1,88%	0,00%	0,31%	0,00%
Av. Age	0,63	1,44	2,61	3,55	4,47	5,55	6,44	7,47	8,49	9,41	10,42	11,31	12,37	0,00	14,22	0

Average age is 6,71 years

Bitches

	< 1 år	≥ 1år	≥2år	≥ 3år	≥ 4år	≥ 5år	≥ 6år	≥ 7år	≥ 8år	≥ 9år	≥ 10år	≥ 11år	≥ 12år	≥ 13år	≥ 14år	≥ 15år
Total	6	9	11	9	34	35	40	50	37	39	42	17	8	2	1	0
	1,76%	2,65%	3,24%	2,65%	10,00%	10,29%	11,76%	14,71%	10,88%	11,47%	12,35%	5,00%	2,35%	0,59%	0,29%	0,00%
Av. Age	0,75	1,44	2,49	3,56	4,44	5,40	6,48	7,50	8,38	9,55	10,51	11,49	12,46	13,19	14,22	0

Average age is 7,38 years

All dogs

	< 1 år	≥ 1år	≥2år	≥ 3år	≥ 4år	≥ 5år	≥ 6år	≥ 7år	≥ 8år	≥ 9år	≥ 10år	≥ 11år	≥ 12år	≥ 13år	≥ 14år	≥ 15år
Total	16	22	20	30	63	72	90	90	83	67	59	30	14	2	2	0
	2,42%	3,33%	3,03%	4,55%	9,55%	10,91%	13,64%	13,64%	12,58%	10,15%	8,94%	4,55%	2,12%	0,30%	0,30%	0,00%
Av. Age	0,67	1,44	2,54	3,55	4,45	5,48	6,46	7,49	8,44	9,49	10,48	11,41	12,42	13,19	14,22	0

Average age is 7,05 years

HD

Males	A	B	C	D	E	Unknown
total	78	61	30	23	10	118
%	24,38%	19,06%	9,38%	7,19%	3,13%	36,88%

Bitches	A	B	C	D	E	Unknown
total	93	72	36	19	15	105
%	27,35%	21,18%	10,59%	5,59%	4,41%	30,88%

All dogs	A	B	C	D	E	Unknown
total	171	133	66	42	25	223
%	25,91%	20,15%	10,00%	6,36%	3,79%	33,79%

AD

Males	0	1	2	3	Unknown
total	113	30	14	19	144
%	35,31%	9,38%	4,38%	5,94%	45,00%

Bitches	0	1	2	3	Unknown
total	135	35	19	10	141
%	39,71%	10,29%	5,59%	2,94%	41,47%

All dogs	0	1	2	3	Unknown
total	248	65	33	29	285
%	37,58%	9,85%	5,00%	4,39%	43,18%

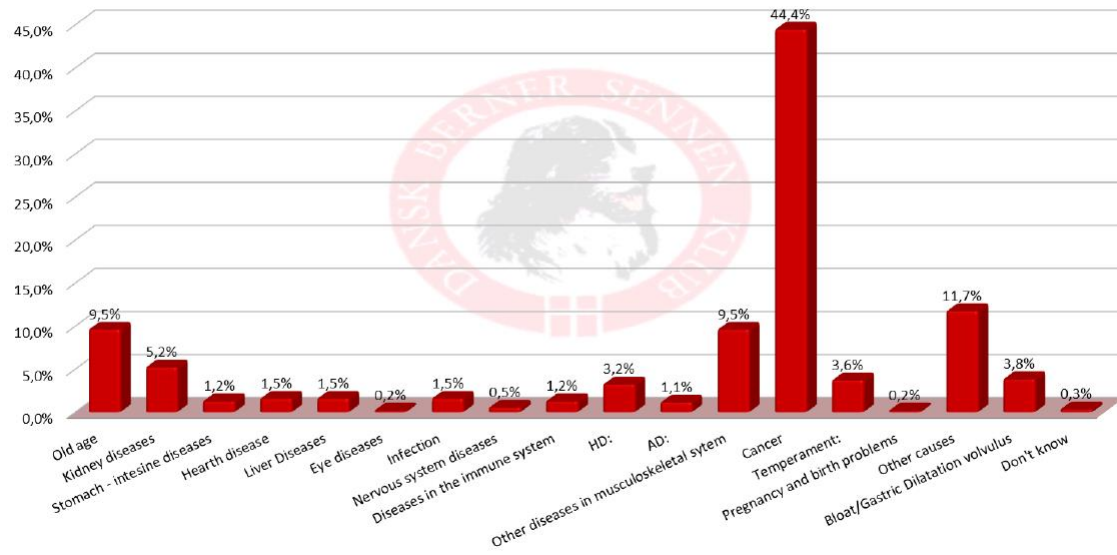
Cause of death

	Males			Bithces			All dogs		
	total	%	Av. Age	total	%	Av. Age	total	%	Av. Age
Old age	27	8,44%	10,91	36	10,59%	11,12	63	9,55%	11,03
Kidney diseases	10	3,13%	5,17	24	7,06%	5,60	34	5,15%	5,47
Stomach - intesine diseases	4	1,25%	6,47	4	1,18%	9,58	8	1,21%	8,02
Hearth disease	7	2,19%	4,83	3	0,88%	7,17	10	1,52%	5,53
Liver Diseases	3	0,94%	5,96	7	2,06%	7,99	10	1,52%	7,38
Eye diseases	0	0,00%		1	0,29%	9,34	1	0,15%	9,34
Infection	3	0,94%	5,18	7	2,06%	4,70	10	1,52%	4,84
Nervous system diseases	0	0,00%		3	0,88%	6,60	3	0,45%	6,60
Diseases in the immune system	5	1,56%	4,41	3	0,88%	5,88	8	1,21%	4,96
HD:	15	4,69%	6,97	6	1,76%	6,46	21	3,18%	6,82
AD:	3	0,94%	3,45	4	1,18%	2,36	7	1,06%	2,83
Other diseases in musculoskeletal sytem	32	10,00%	6,44	31	9,12%	7,77	63	9,55%	7,10
Cancer	147	45,94%	7,03	146	42,94%	7,53	293	44,39%	7,28
Temperament:	12	3,75%	3,60	12	3,53%	3,56	24	3,64%	3,58
Pregnancy and birth problems				1	0,29%	2,24	1	0,15%	2,24
Other causes	38	11,88%	5,34	39	11,47%	6,12	77	11,67%	5,73
Bloat/Gastric Dilatation volvulus	13	4,06%	6,04	12	3,53%	8,22	25	3,79%	7,09
Don't know	1	0,31%		1	0,29%	9,40	2	0,30%	7,62
		100,00%			100,00%			100,00%	

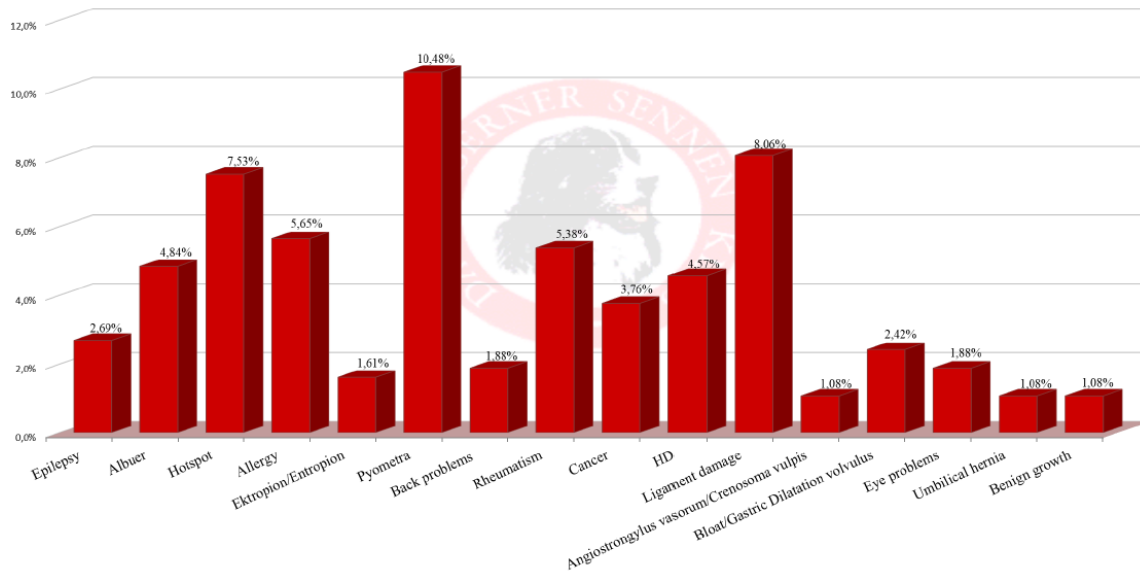
Specified death cause s:

Other diseases in musculoskeletal system	Males			Bithces			All dogs		
	Total	%	Av. Age	Total	%	Av. Age	Total	%	Av. Age
Which:									
Arthritis	8	25,00%	8,55	6	19,35%	9,13	14	22,22%	8,80
Spinal disk Hemiation	4	12,50%	6,36	0	0,00%		4	6,35%	6,36
FCE/ Fibrocartilaginous Embolism	1	3,13%	6,25	0	0,00%		1	1,59%	6,25
spondylosis defomans	2	6,25%	7,60	5	16,13%	7,01	7	11,11%	7,18
Cruciate ligament	8	25,00%	6,14	8	25,81%	7,31	16	25,40%	6,73
Knee	0	0,00%		1	3,23%	0,57	1	1,59%	0,57
Unknown	9	28,13%	4,62	11	35,48%	8,37	20	31,75%	6,68
		100,00%			100,00%			100,00%	
Cancer									
Which:									
MH/HS:	15	10,20%	6,82	20	13,70%	7,01	35	11,95%	6,92
Lymphoma	12	8,16%	6,40	7	4,79%	7,47	19	6,48%	6,80
Liver:	11	7,48%	7,60	11	7,53%	7,98	22	7,51%	7,79
Spleen:	11	7,48%	6,68	8	5,48%	8,21	19	6,48%	7,32
Lung:	17	11,56%	7,44	17	11,64%	7,67	34	11,60%	7,56
Bone:	6	4,08%	7,97	7	4,79%	6,76	13	4,44%	7,32
Leukaemia:	13	8,84%	6,35	10	6,85%	7,20	23	7,85%	6,72
Fibrosarcom	1	0,68%	9,09	0	0,00%		1	0,34%	9,09
Esophageal	3	2,04%	4,75	2	1,37%	6,54	5	1,71%	5,47
Prostate	3	2,04%	8,03	0	0,00%		3	1,02%	8,03
Gastric/Intestine	4	2,72%	5,72	4	2,74%	7,39	8	2,73%	6,55
Heart	0	0,00%		4	2,74%	8,09	4	1,37%	8,09
Melanomer	1	0,68%	8,85	0	0,00%		1	0,34%	8,85
Hæmangiosarkom	0	0,00%		1	0,68%	8,11	1	0,34%	8,11
Breast	0	0,00%		2	1,37%	10,21	2	0,68%	10,21
Thyroid	0	0,00%		1	0,68%	7,09	1	0,34%	7,09
Phaeochromocytoma	1	0,68%	1,50	0	0,00%		1	0,34%	1,50
Endometrial	0	0,00%		2	1,37%	8,14	2	0,68%	8,14
Unknown	49	33,33%	7,33	50	34,25%	7,54	99	33,79%	7,44
		100,00%			100,00%			100,00%	

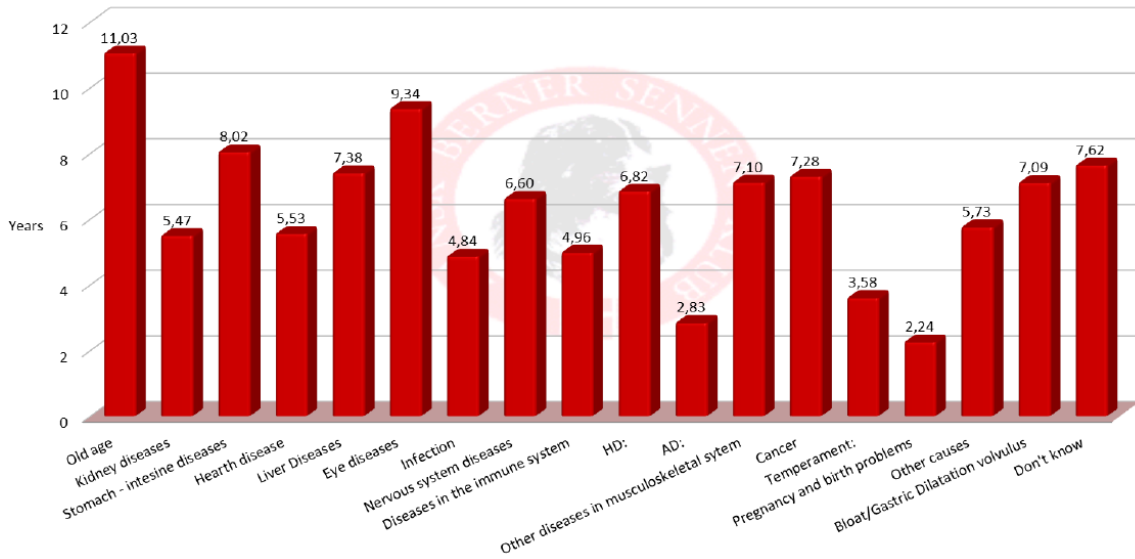
Cause of death Bernese Mountain Dog



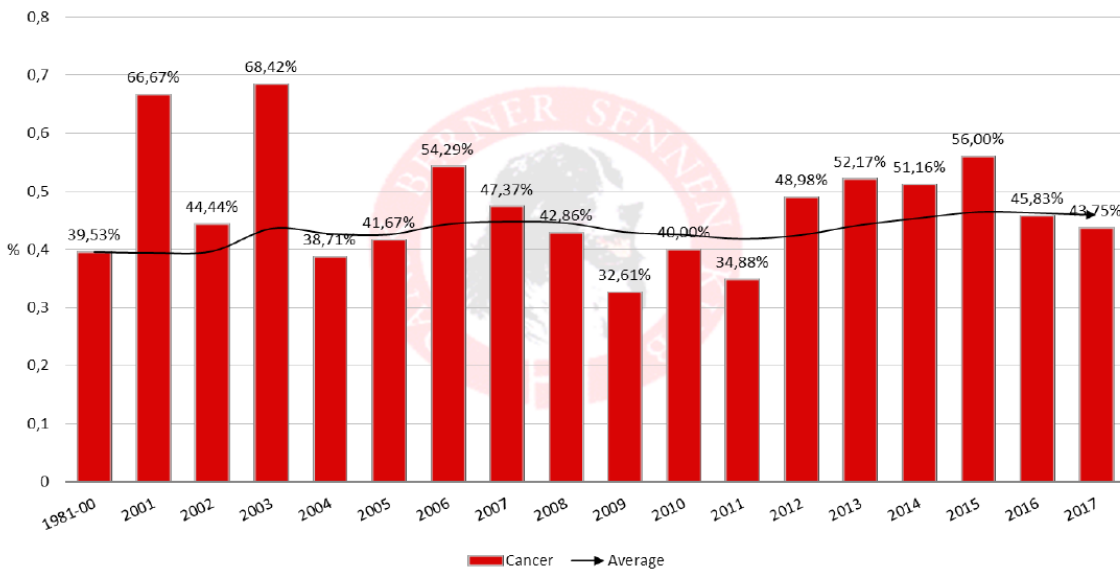
Health problems (not what they die of) Bernese Mountain Dog



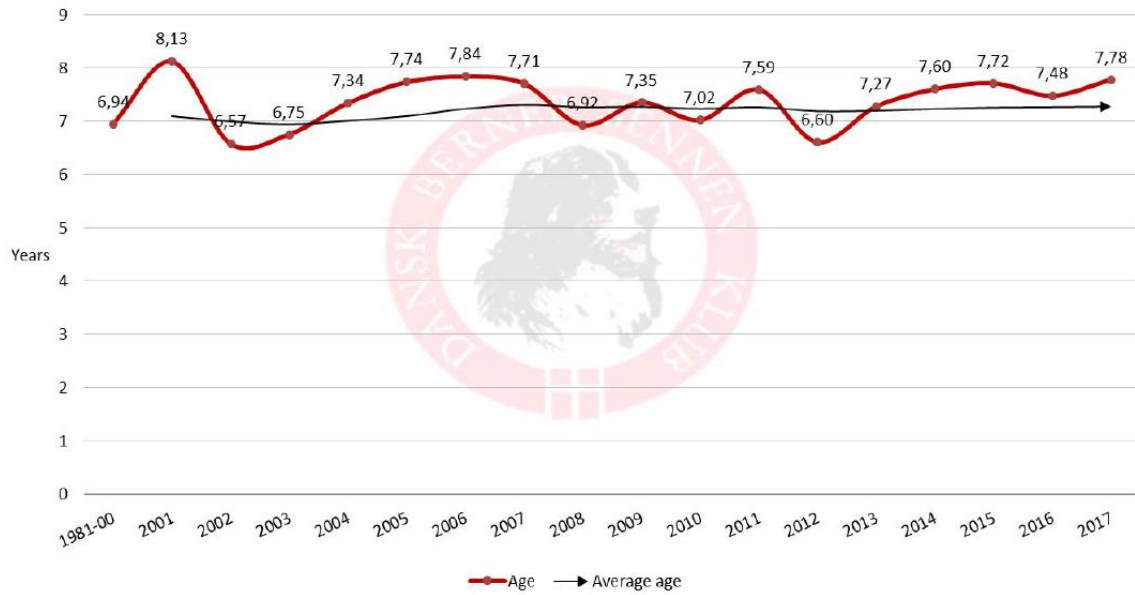
Average deaths age, for the causes of death Bernese Mountain Dog



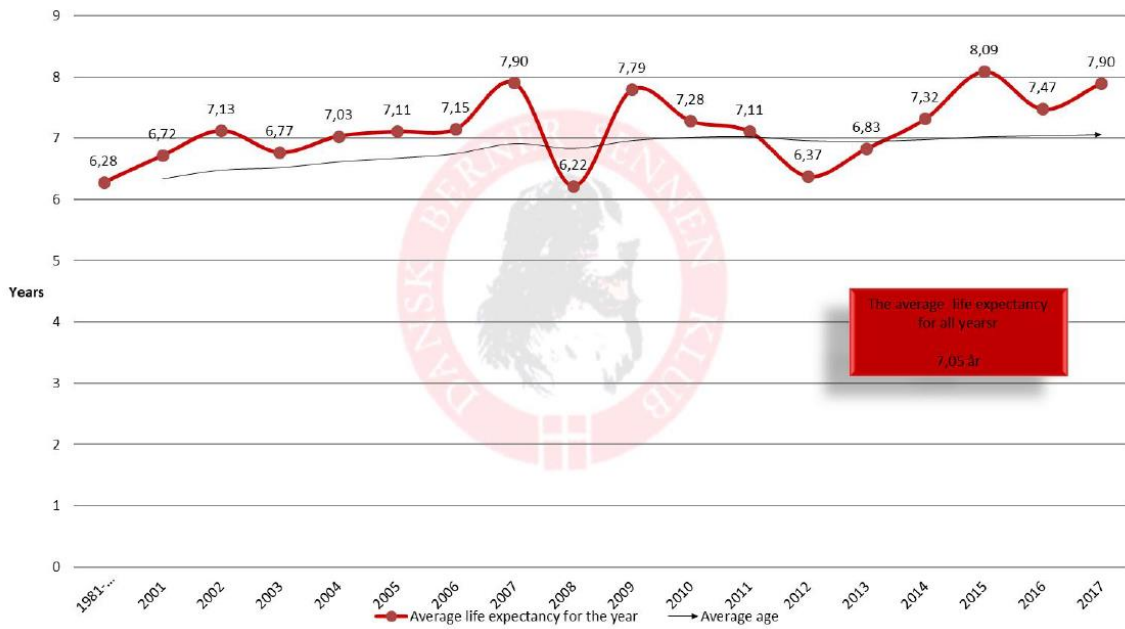
Percentage of cancer from year to year Bernese Mountain Dog



Average death age for cancer year by year Bernese Mountain Dog

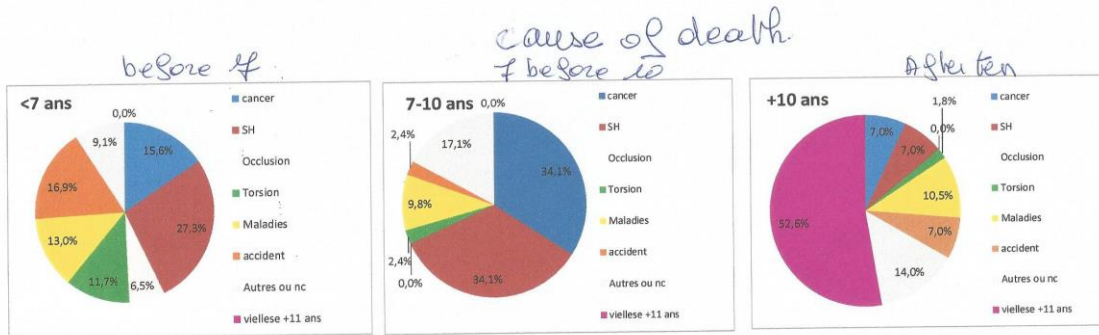


Average life expectancy for Bernese Mountain Dog



Appendix B – statistics from AFBS

Sarcome histiocytaire			Total par catégorie			Répartition par âge de décès		
A	B	C	M	F	<7 ans	7 à<10	10 et +	
360	581	378	506	813	76	41	57	174 Nb de chiens décédés
27,29%	44,05%	28,66%	38,36%	61,64%	43,68%	23,56%	32,76%	
Total général 1319						174		
506	122	199	185		13	4	26	A
38,36%	24,11%	39,33%	36,56%		19,12%	12,12%	46,43%	
813	238	382	193		21	12	24	B
61,64%	29,27%	46,99%	23,74%		30,88%	36,36%	42,86%	
A	B	C	M	F	34	17	6	C
					50,00%	51,52%	10,71%	
								1319 Total chiens testés



Appendix C – Constitution

Berner International Working Group Constitution

(Approved in Burgdorf 2007)

1] NAME AND OBJECTIVES

The Berner International Working Group (BIWG) comprises of an informal and flexible group of individuals, some representing breed clubs and other independent, who have the common desire to improve the health and longevity of the Bernese Mountain Dog. We have a wish to make the average age at death of the breed at least 10 years, we refer to this as “Objective 10”.

We aim to reach this objective in many ways but including:

*Collecting scientific studies / articles about health and breeding healthy BMDs

*Encouraging the sharing of Bernese health information from our different countries (statistics etc)

*Sharing experiences of projects relevant to the Bernese

*Helping to establish international co-operation

We are not a club, association or organisation with any formal structure beyond that required to organise our activities. We have no bank account or membership fee and have no financial or other disposable assets. We do not have any interest or ambition to register puppies, organise shows, appoint or assess judges, grade dogs, authorise breeding or have influence in any area of dog activity organised by the FCI, National Kennel Clubs or Breed clubs.

Individuals or representatives of a club or any clubs joining the BIWG must only be involved with breeding of dogs with official FCI pedigrees or pedigrees issued by FCI affiliated clubs (such as the GB Kennel Club or American KC etc). Breeding out of FCI or FCI affiliated pedigrees is not possible for any BIWG member.

Most of our activity is via the internet and our meetings will be held no more than annually. These meetings will be held in a spirit of co-operation, education, friendliness and mutual aid and anyone who shares our “Objective 10” and can offer useful information to help the Bernese Mountain Dog is welcome.

2] OFFICERS AND MEMBER CLUBS

- a. The BIWG shall consist of as many bona fide registered Breed Clubs and Societies and other dedicated BMD organisations as wish to join AND are approved by a vote of the existing members.
- b. The Officers shall consist of a President and a Secretary. The President shall chair the meetings and encourage progress and activity in between meetings and adherence to our agreed procedures. The Secretary shall take minutes and act as a focal point for administration.
- c. The President shall serve for two years in the first instance and may seek re-election thereafter. The Secretary shall serve for two years in the first instance and may then seek re-election. Nominations for Officers shall be made via the group email at least 10 weeks prior to the meeting.
- d. Other positions shall be a webmaster to administer and update the web site and a web ring administrator to ensure circulation of messages.

- e. Individuals who have a specialist knowledge or interest agreed by the group to be beneficial to the group's aims may become Special Members and entitled to attend and take part in all discussions, but these persons will not have any voting rights.
- f. Non specialist individuals with a relevant interest in the breed but without the backing of any approved club or other body who wish to attend meetings may do so with the approval of the group ideally in advance and by email vote but if attending without notice their attendance is subject to the approval of those present at the meeting. Any such person not representing a **member** club or group will not have any voting rights.

3] MEETINGS

- a. The meetings of the BIWG shall be held approximately once per year. The date, time and place of each meeting being decided in reasonable time by the hosting club and notified to the other clubs. This time normally to be at least 6 months prior to the meeting.
- b. Any member of any member club or organisation attending with the support of that club shall be entitled to attend as well as those qualifying at 2d and 2e above. Notice of proposed numbers must be given in advance to the hosting club and in the event of too many persons for the venue the larger delegations will be reduced.
- c. The President will organise the meeting to make efficient use of the time. Depending on circumstances this may include allowing each club to speak just once in debate or asking only one person per club to speak.
- d. The President shall have a casting vote only, unless he or she is the sole delegate from his or her club. In this event he or she will be able to put forward his or her club's vote and in the event of a tied vote the President shall also have an extra deciding vote.

4] NOTICE AND AGENDAS OF MEETINGS

- a. The hosting club will forward a Notice of the meeting to all member clubs 6 months in advance.
- b. All clubs will then forward by email any items for the agenda to the Secretary at least 49 days before the meeting. The Secretary will then compile and circulate the agenda by email at least 42 days before the meeting. This gives member clubs a chance to discuss items and present a considered opinion at the meeting.
- c. Each member may propose items for the agenda or persons for officers but no item will be discussed at a meeting without a seconder. These may be seconded in advance or on the day at the discretion of the President.

5] VOTING

- a. Each member club shall have one vote only and each club will determine who will vote on its behalf.
- b. The election of Officers will be by a show of hands, one per club.
- c. Voting on proposals will be by a show of hands with a simple majority to decide.
- d. Proxy voting from absent clubs will be accepted provided the proxy is in writing and in the hands of the Secretary before the meeting. It is the responsibility of the voting club to effect and confirm this. Emails will be acceptable but the same responsibility applies.
- e. 50% plus 1 of the voting members shall form a quorum.
- f. Voting may occur in person or in writing within 21 days of the call for a vote.

6] THE CONSTITUTION

- a. The Constitution, once agreed, shall not be altered without the prior agreement of the constituent member clubs at a meeting. A simple majority to confirm changes.

7] JURISDICTION

The BIWG acknowledges the jurisdiction and authority of all its member clubs National Kennel Clubs and other governing bodies and the need of its members to comply with their regulations. Whilst the BIWG will always be as sympathetic as possible to any problems caused by unavoidable clashes, the opinion of the majority of members and need to focus on our objectives will always be a main priority.