CONTRACTURAL ARACHNODACTYLY "CA" UPDATE (FORMERLY REFERRED TO BY THE NAME OF "FAWN CALF SYNDROME")

At a special meeting of the Board of Directors held on July 14, 2010 in Denver Colorado, the Association's Board of Directors formally recognized Contractural Arachnodactyly (formerly referred to by the name of "Fawn Calf Syndrome") as a genetic defect. In the future, the defect will be referred to by the two letter designation "CA" in keeping with standards urged on the breeds by the scientific community. Acting pursuant to Rule 307, the Board also confirmed that it will implement a specific policy relating to the potential and known carriers of this newly-recognized defect that will, *in all substantive respects except dates*, parallel the specific testing and registration policies currently in effect for AM and NH. This new policy will be published for members as soon as a commercially available and acceptably-priced DNA test for the mutation is available at laboratories approved by the Association.

The Board's actions come nearly eight months after its preliminarily announcement that it intended to process known and potential carriers of CA in a manner similar to the Association's handling of AM and NH animals. See December 21, 2009 posting. (click here) They are based on a finding by Dr. Jon Beever of the University of Illinois that the mutation is caused by a simple recessive gene and on Dr. David Steffen's opinion that this defect "has a negative impact on performance and productivity."

As a result of its recognition of CA as a defect, the Board has amended Rule 103 to add CA to those abnormalities and defects listed there. It has also amended Rule 300 to add a new definitional paragraph "h" which reads:

Contractural Arachnodactyly (CA)

Affected calves are born with (1) proximal limb contracture, (2) distal limb hyperextension and joint laxity and (3) kyphosis. The condition is associated with postnatal improvement in the above-referenced clinical symptoms as the calf grows and matures. Dr. Beever reports that he is very close to announcing a test that can segregate carriers from non-carriers of CA and that he anticipates that the test will be priced similarly to those available for AM and NH. He continues to believe that the rate of incidence for this defect will be low – in the rate of 3% or less.