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from colorectal polyps over many years, making it a suitable target for early detection and elimination. Using a primarily opportunistic approach, the US has achieved the world's highest rates of CRC screening compliance at 60% associated with the greatest reduction in CRC incidence and mortality. CRC screening tests may be grouped in 3 tiers based on performance features, costs, and practical considerations. Since none of these tests are perfect, it is challenging to counsel the patient at average risk of CRC about the risks and benefits of all CRC screening options. A critical review is provided on available strategies for optimizing clinical practice of CRC screening.

Results: Sequential administration of screening tests, providing multiple screening options, and risk-stratified screening are major strategies that clinicians may follow when offering CRC screening. Test choice will be eventually guided by evidence such as the outcomes of CONFIRM (Colonoscopy Versus Fecal Immunochemical Test in Reducing Mortality From Colorectal Cancer), the largest-ever cooperative clinical trial in the VA healthcare system that has enrolled almost 50,000 US veterans to compare the 10-year mortality reduction by the two first-tier CRC screening tests.

Conclusions: It is a common adage that the best CRC screening test is the one that gets done. Clinicians who advise their clients about CRC screening need to be aware of the advantages and deficiencies of major CRC tests to facilitate informed decision making.

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SLAMF5, A NOVEL POSITIVE REGULATOR OF DC AUTOPHAGY

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Aims: Recent studies revealed that autophagy, a process essential for maintenance of cellular homeostasis, is an integral part of the immune response. By shaping the functions of dendritic cells (DC), the most proficient antigen-presenting cells of the immune system, it facilitates immunosurveillance as well as guards against excessive inflammation. Since autophagy has been

associated with several pathological conditions including infectious and autoimmune diseases as well as cancer, identification of cell surface receptors regulating autophagic activity may improve the clinical management of these conditions. In light of the recently established role of SLAM-family (SLAMF) receptors in autophagy, we decided to analyze the role of SLAMF5 in DC autophagy and in the cytokine production of DCs responding to inflammatory signals.

Methods: We performed RNA-interference targeting SLAMF5 on freshly isolated monocytes then differentiated them into DCs in the presence of GM-CSF and IL-4. To mimic inflammatory conditions cells were exposed to LPS and IFN γ and then changes in DC functions in the absence of SLAMF5 were monitored.

Results: In DCs lacking SLAMF5 we detected decreased autophagic flux both in the presence and absence of inflammatory stimuli. Treatment of SLAMF5-deficient DCs with LPS/IFN γ significantly increased production of IL-1 β and IL-23, while IL-12 secretion was diminished. Strikingly, we found greatly reduced protein levels of the autophagy regulator IRF8, which could be reversed in the presence of the proteasome inhibitor MG132. Furthermore, DCs made IRF8-deficient by RNA interference show similar characteristics to those lacking SLAMF5.

Conclusions: Together these findings demonstrate that SLAMF5 enhances autophagy and shapes the cytokine profile of human DCs, presumably by preventing the proteosomal degradation of IRF8. Learning more about the function of SLAMF5 and revealing its signaling pathway might provide promising therapeutic targets for the treatment of autophagy-driven diseases.

PLACOID CHORIORETINOPATHIES AND THE IMPORTANCE OF DIFFERENTIAL DIAGNOSIS

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Aims: The white dot syndromes are a group of idiopathic multifocal inflammatory conditions involving the retina and the choroid. They are characterized by the appearance of white dots in the fundus. Most patients completely recover spontaneously; however, in a small percentage of patients, atrophy and scarring of the retina and choroid develop with resultant poor visual acuity despite treatment. In this lecture we present four cases of placoid retinopathy (acute posterior multifocal placoid