There was no association between mammographic density and intake of calcium, vitamins A, retinol, B_{12}, C and D and no association between mammographic density and combined intake of vitamin D and calcium. However, when examining mammographic density by month of screening, we observed that mean percent density was higher in women screened in April, May and June (21.5%, 20.5%, and 20.2%, respectively) compared to those screened in September, October and November (19.9%, 17.7%, and 17.1%, respectively), suggesting that vitamin D status may be important.
Conclusions: Overall, we found no association between the selected nutrients and mammographic density, although we observed a positive association with saturated fat in women with a normal BMI (23–25.9). We also observed a seasonal variation in mammographic density.

56 Pre-diagnostic serum 25-hydroxyvitamin D concentrations and the risk of ovarian cancer

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Background: The possible role of vitamin D in the prevention of ovarian cancer has been investigated in ecological and experimental studies and there are suggestions that vitamin D may be protective against ovarian cancer. There is however paucity of epidemiological studies exploiting the use of serum 25-hydroxyvitamin D and ovarian cancer risk even though this may represent the best way to determine if there is any relationship.
Materials and Methods: We investigated the relationship between serum 25-hydroxyvitamin D and ovarian cancer risk in a prospective population-based study nested within the Finnish Maternity Cohort (FMC), Finland. The FMC is a biorepository of serum samples of almost all pregnant women in Finland since 1983. It contains about 1.6 million serum samples. Within the cohort, 201 ovarian cancer cases were selected and for each case, 2 controls were matched for age ($\pm$1 year), parity and sampling season ($\pm$4 weeks). Odds Ratio and 95% CI were calculated using conditional logistic regression appropriate for matched data.
Results: We observed an increased risk, OR 1.8 (95% CI 0.9−3.5) of ovarian cancer comparing women within the lowest quintile of serum 25-hydroxyvitamin D concentrations to those within the highest quintile, but this was not statistically significant. There was also a tendency to a higher risk of ovarian cancer among women with insufficient serum 25-hydroxyvitamin D (<75 nmol/L) compared to those with sufficient concentrations (>75 nmol/L); OR 2.7, 95% CI 1.0−7.9.
Conclusions: Though we did not observe a statistically significant association between serum 25-hydroxyvitamin D and risk of ovarian cancer, there is evidence to suggest that some women (women with insufficient serum concentrations) may be at increased risk. Further studies are needed to investigate this relationship because presently, very few modifiable factors are known to have any impact on ovarian cancer risk.

57 Interaction between RFC1 and MTHFR genes polymorphisms and risk of paediatric acute lymphoblastic leukemia with common somatic alterations

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Background: Folate is an important substance for cell division and for maintaining homeostasis. Its metabolism is crucial for the prevention of chromosomal abnormalities. Depending on the folate intake and on the polymorphisms in folate-related genes, the risk of acute lymphoblastic leukemia (ALL) may be affected. We previously observed different risk patterns of Brazilian acute leukemias associated to *MTHFR 677 C>T* and *MTHFR 1298 A>C* polymorphisms. We now aim to address whether there is an interaction pattern between folate-related genes polymorphisms (*RFC1 80G>A, MTHFR 677 C>T* and *MTHFR 1298 A>C*) and the occurrence of somatic alterations commonly observed in ALL.
Material and Methods: From 2000 to 2009, children (0−14 years-old) newly diagnosed with ALL were included. Control group consisted of unselected children with no previous history of malignancy living in the same regions of cases. At the time of diagnosis, samples were routinely screened and subclassified according to the molecular-cytogenetic biomarkers. DNA from cases and controls were obtained from biological sample, which included fresh mononuclear cells or smears or peripheral blood or buccal cells. Genotyping was performed by standard polymerase chain reaction restriction fragment length polymorphism (PCR-RFLP) technique for determining *MTHFR 677C>T* and *MTHFR 1298A>C* and *RFC1 80G A* genetic variants. Maximum likelihood method was used to estimate the allelic frequencies and the goodness-of-fit of genotype distribution to Hardy–Weinberg equilibrium was ascertained by the chi-square test. Unconditional logistic regression methods were used in univariated and multivariated models. To increase the statistical power, heterozygous and mutant homozygous groups were combined and compared to wild-type groups.
Results: A total of 687 ALL cases [pro-B ALL (n, 122), c-ALL (n, 290), pre-B ALL (n, 140) and T-ALL (n, 42); 93 ALL samples could not be subclassified] and 605 controls were analyzed. 274 cases were diagnosed with somatic alterations, being *MLL* rearrangements (n = 90), *ETV6/RUNX1* (*TEL/AML1*) (n = 53), hyperdiploidy (n = 53) the most commonly observed. Univariate analyses of childhood ALL patients and controls demonstrated that *MTHFR 677C>T* results in a protector factor [OR = 0.60; 95% CI, 0.42−1.0], while the *RFC1 80G>A* genotype showed an increased risk but without statistical significance [OR = 1.90; 95% CI, 0.82–4.42]. A significant association for carriers of 677C>T was demonstrated for leukemias with *ETV6/RUNX1* [OR = 2.41; 95% CI, 1.03–5.62]. No significant associations were evident for either polymorphism with other molecular defined subgroups.
Conclusions: The results indicate that molecularly defined subgroups of leukemias have different etiologies and also confirm the importance of folate pathways in the development of childhood leukemia.

58 Human DNArepair genes and genetic susceptibility to melanoma: a candidate gene approach using sequenom platform

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Background: Cutaneous malignant melanomas (MM) represent aggressive neoplasms and its frequency is increasing rapidly. The key environmental risk factor is exposure to the ultraviolet (UV) component in sunlight, which causes various kinds of DNA damage, including bulky lesions and oxidative damage, which may lead to mutations, if not repaired efficiently. Thus, DNA repair is critical for maintaining the integrity of the genome. The nucleotide excision repair (NER) pathway deals with the main forms of UV induced DNA damage. Polymorphisms on these pathway genes might modulate cancer predisposition.
Materials and Methods: We present a case-control study including 640 Spanish MM patients and 340 control subjects. Phenotypic information was collected using a standardised questionnaire. All studied subjects gave informed consent. Functional (from coding and regulatory regions) SNPs with MAF < 0.5 were selected using HapMap database.
Results: Thirty SNPs in 17 genes belonging to the NER pathway were finally selected. Twenty five have been successfully genotyped using Sequenom platform (16 and 9 multiplexes respectively). The 5 remaining assays failed were designed by Taqman.
Conclusions: Associations with melanoma and pigmentary characteristics such as hair, skin and eye colour will be discussed. These results will confirm the contribution of excision repair genes to genetic predisposition to MM in Spain.

59 Colorectal cancer: candidate gene approach using obesity associated genes that show ancestral susceptibility

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Background: Colorectal cancer (CRC) and obesity are nutrition related, complex diseases which share both environmental and genetic risk factors. A number of studies have shown that complex diseases can be associated with ancestral risk alleles. In the evolutionary context, the mechanism of ancestral-susceptibility can be explained by continuous adaptation to varying environmental conditions. Due to a change in these conditions a former beneficial variant can become disadvantageous. In such a case, positive selection will drive the derived, protective or more beneficial allele to higher frequency. In this study we want to apply this framework to single nucleotide polymorphisms (SNPs) and genes that are associated with an increased risk of obesity to find new candidate genes for CRC.
Methods: To identify candidate SNPs we used a two step selection process. 1. We selected genes, for which ancestral alleles have been associated with increased risk of obesity. 2. We chose SNPs with a minimal allele frequency difference of 60% among the worldwide populations YRI, CEU, CHB and JPT, indicating a selective process. So far, we selected 9 SNPs in 3 genes (ENPP1, GAD2 and MTMR9) to test for an association with CRC. A hospital