**Membership Survey Clinical Assertion Statements**

**Intraorbital Pathology**

1.1. The percentage of WHO grade II intraorbital meningiomas is almost twice that of intracranial meningiomas.  **(FALSE)**

1.2. Massive retinal gliosis may be misinterpreted histologically as a retinal ependymoma.  **(TRUE)**

1.3. Mutations in BRAF V600E are uncommon in uveal melanomas.  **(TRUE)**

1.4. The majority of intraocular astrocytomas are associated with neurofibromatosis type 1.  **(FALSE)**

1.5. Retinal involvement by prion protein deposits has been observed in both sporadic and hereditary prionopathies.  **(TRUE)**

**CTE**

2.1. A unique characteristic of tau pathology found in chronic traumatic encephalopathy is a perivascular distribution.  **(TRUE)**

2.2. Chronic traumatic encephalopathy has a unique tau isoform profile and phosphorylation state signature that differs from Alzheimer Disease.  **(FALSE)**

2.3. TDP43 inclusions are seen in all advanced stages of chronic traumatic encephalopathy.  **(TRUE)**

**ALS/FTD**

3.1. The FUS/TLS mutation form of ALS is inherited in an autosomal dominant manner and has a long clinical course.  **(FALSE)**

3.2. In ALS associated with TDP-43 gene mutation, the typical clinical phenotype is classic ALS.  **(TRUE)**

3.3. Mutations in genes that encode for DNA binding proteins including TARDBP, FUS, MATR3, HNRNPA2B1 and HNRNPA1 are pathogenic for ALS.  **(FALSE)**

3.4. The distribution and number of dipeptide repeat protein aggregates within the brain and spinal cord in C9orf72 mutation cases does not correlate well with the extent of neurodegeneration.  **(TRUE)**

3.5. TDP-43 protein aggregates are seen in nearly all cases of ALS, including familial ALS cases linked to known autosomal dominant mutations.  **(FALSE)**
Glioblastoma Immunotherapy

4.1. EGFRvIII is a deletion of exons 2-7 of EGFR that is seen in approximately 30% of glioblastomas. (TRUE/COMpletely AGREE)

4.2. Rindopepimut is a peptide vaccine that generates an immune response against EGFRvIII and has demonstrated an increase in progression free and overall survival in Phase II trials. (TRUE/COMpletely AGREE)

4.3. Dendritic cells pulsed with patient tumor lysate comprise an immunotherapy modality that has demonstrated promising results in Phase II clinical trials. (TRUE/COMpletely AGREE)

CNS Tumor Classification, Prognosis, and Reporting

5.1. A favorable prognosis associated with 1p/19q codeletions is not limited to oligodendrogial tumors. (TRUE/COMpletely AGREE)

5.2. It is important for the patient to know the 1p/19q deletion status of his/her tumor. (TRUE/COMpletely AGREE)

5.3. When reporting pathology results, I currently use the International Society of Neuropathology – Haarlem Consensus Guidelines for nervous system tumor classification and grading. (NO CORRECT ANSWER)