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 oligodendroglial 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)