AMP case report: November 2016 test yourself answers

Test yourself answers

In the November 2016 issue was a report, "Detection of cnLOH as a sole abnormality in the diagnosis of myelodysplastic syndrome," written by members of the Association for Molecular Pathology. Here are answers (in bold) to the three "test yourself" questions that followed that case report.

1. The 2008 WHO guidelines recognize which abnormalities as criteria for diagnosis of MDS? Cytopenia of undetermined origin in the blood *and*

a) >five percent blasts in the bone marrow.

b) <10 percent blasts in the bone marrow if unequivocal dysplasia is present and cnLOH.

c) <10 percent blasts in the bone marrow if unequivocal dysplasia is present and monosomy 5.

d) <10 percent blasts in the bone marrow if unequivocal dysplasia is present and t(2;11)(p21;q23).

e) Answers A, C, and D.

f) All of the above.

2. At a point in this patient's disease progression, he demonstrated:

a) A FISH abnormality of monosomy 5.

b) Higher than 10 percent abnormal cells by flow cytometry.

c) A cytogenetic abnormality of del(7q).

d) An abnormality detected by CGAT (chromosome genomic array testing) at higher than 40 percent.

e) A copy number aberration by CGAT (chromosome genomic array testing).

3. Which is true regarding copy neutral loss of heterozygosity (cnLOH)?

a) It is detectable by conventional cytogenetics and FISH.

b) The mechanism leading to cnLOH has been reviewed.

c) It is associated with a higher risk of disease recurrence in patients with acute myeloid leukemia.

d) It is detectable by molecular techniques such as PCR-based analyses and hybridization-based CGAT (chromosome genomic array testing).

e) Answers B, C, and D.