AMP case report: October 2016 test yourself answers

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In the October 2016 issue was a report, "Laser capture microdissection: Vanishing roles in tissue microdissection revalued in salvaging a melanoma with micrometastasis for BRAF V600E mutation detection," 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. Which of the following statements regarding laser capture microdissection is true?

a) The LCM technology was developed for research use only.

b) LCM is still used in certain clinical settings, especially when precision tissue microdissection is demanded for quality DNA samples with high wild type DNA proportion.

c) Manual tissue microdissection is cost-efficient and time-efficient and has replaced LCM clinically as the only means to isolate tumor DNA.

2. Manual tissue microdissection denotes:

a) Manually setting aside a piece of tumor tissue during specimen grossing for DNA preparation.

b) FFPE tissue blocks are manually punched followed by standard procedures of DNA isolation.

c) Tumor areas need to be designated and marked by a pathologist before the manual scraping of tissue from the unstained slides.

3. *BRAF* V600E mutation is indicated:

a) In metastatic malignant melanoma only as a companion test for targeted therapy.
b) In diagnosis of Lynch syndrome as a reflex test in patients with MSI-H genotype colorectal carcinoma.
c) As a companion test for non-small cell lung cancer as recommended (as standard practice) by the NCCN.