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Hinrichs (page 573) -

- 1. High-resolution melting analysis is a real-time polymerase chain reaction (PCR) technique that detects mutations how?
- A. By melting the DNA before the PCR reaction and thereby increasing the mutation specificity
- B. By applying mutation-specific DNA probes
- C. By comparing melting patterns of wild-type and mutated PCR products
- D. By Sanger sequencing melted PCR products
- 2. The cobas platform uses mutation-specific probes but is unable to call each mutation for what reason?
- A. Not all hotspot mutations are covered.
- B. Different probes are combined for efficiency reasons.
- The sensitivity is not sufficient.
- D. Products have to be sequenced additionally.

- 3. Both next-generation sequencing (NGS) platforms studied (454 GS junior and Ion Torrent) are able to combine DNA from different patients in one test for what reason?
- A. They have endless sequencing capacity.
- The DNA is unique for each patient.
- C. The DNA is first amplified before the actual sequencing.
- D. The DNA is first labeled with patient-specific barcodes.
- 4. Both cobas and Rotor-Gene platforms automatically call mutations immediately because of what?
- A. They use mutation-specific probes.
- They do not need a PCR amplification step.
- They only detect the mutation hotspots.
- D. They only report if a mutation is present or not.
- 5. Both NGS platforms use a PCR amplicon-based approach for what reason?
- To sequence exons completely
- To improve sequencing speed
- To be able to discriminate between patient sequences
- D. To specifically sequence relevant mutation hotspots

Wong (page 593)

- 1. The pathology requisition form that accompanies the specimen to pathology is a part of which phase of testing?
- A. Analytical
- B. Preanalytical
- C. Postanalytical
- D. Diagnostic
- 2. Which of the following statements is true?
- A. Insufficient clinical information and partial biopsy samples are commonly encountered problems in daily dermatopathology practice.
- B. Clinical communication of relevant and specific information to the pathologist is not necessary for accurate and timely pathologic interpretation in dermatology.
- Shared electronic medical record access by pathologists does not facilitate review of pertinent clinical information to support pathologic interpretation.
- D. Dermatologic expertise of the requesting clinician has limited impact on the quality of clinical information submitted to the pathologist.

- 3. A family practitioner obtains a skin biopsy of a lesion in the clinic and completes an order communication in the electronic medical record. The single most helpful piece of clinical information for accurate and timely pathologic interpretation is what?
- A. Clinical diagnosis
- B. Clinical differential diagnosis
- C. Description of lesion morphology
- D. ICD-9 code
- 4. One of the barriers to achieving effective clinician-pathologist communication in the skin biopsy care process is what?
- A. Geographic location of the clinical practice relative to the pathology practice
- Inadequate clinician education
- Lack of access to computerized provider order entry systems
- D. Skin biopsy technique
- 5. Which statement is accurate regarding specimen procurement?
- Curettage specimens are usually adequate for most conditions.
- Wedge-shaped specimens that include dermis are preferred for pigmented lesions.
- Punch biopsies that include dermis are not suitable for inflammatory skin lesions.
- D. Shave biopsies are the preferred approach for most conditions.

Correction

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In the March 2015 AJCP article by the African Strategies for Advancing Pathology Group (African Strategies for Advancing Pathology Group Members. Quality pathology and laboratory diagnostic services are key to improving global health outcomes: improving global health is not possible without accurate disease diagnosis. Am J Clin Pathol. 2015;143:325-328), the name of Lorenzo Leoncini, Siena, Italy, was inadvertently omitted from the list of members. We apologize for this omission.