



The Royal College of **Pathologists**  
Pathology: the science behind the cure

## **Diploma Examination**

### **Dermatopathology: First paper**

**Tuesday 20 March 2018**

*Candidates must answer FOUR questions*

**Time allowed: 3 hours**

1. Give an account of the genetic aberrations encountered in Spitzoid neoplasms and how these play a role in diagnosis. In your answer pay particular attention to BAP1 inactivated Spitzoid tumour (Wiesner's naevus).
2. Write short notes on the following:
  - a) PD-L1 in cutaneous neoplasms.
  - b) The advantages and disadvantages of digital pathology.
  - c) The use of FISH in diagnosing cutaneous mesenchymal tumours.
  - d) Dermatopathology of cutaneous auto inflammatory syndromes.
3. Give an account of the aetiopathogenesis of Merkel cell carcinoma.
4. Discuss the differential diagnosis of dermal clear cell neoplasms and explain how you would attempt to establish a diagnosis.
5. Write short notes on the following:
  - a) Role of immunohistochemistry in the assessment of sclerosing epithelial neoplasms.
  - b) GATA 3 in dermatopathology
  - c) BRAF immunohistochemistry (pros and cons)
  - d) Use of p16 in melanocytic lesions and epidermal squamous proliferations



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## **Diploma Examination**

### **Dermatopathology: Second paper**

**Tuesday 20 March 2018**

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**Time allowed: 3 hours**

1. Outline the UICC TNM 8 staging system for skin cancer as adopted by the Royal College of Pathologists in Jan 2018. Pay particular reference to any significant changes from previous staging systems and the impact this will have on day to day reporting.
2. Write short notes on the following:
  - a) Primary cutaneous perivascular epithelioid cell tumour (PEComa)
  - b) Primary cutaneous gamma delta T cell lymphoma
  - c) Cutaneous manifestations of Netherton's syndrome
  - d) Palisaded neutrophilic and granulomatous dermatitis
3. Describe your approach to the diagnosis of panniculitis, paying attention to the histological and clinical features of specific entities within this group.
4. Discuss and highlight the cutaneous side effects of the different classes of drugs used to treat patients with metastatic melanoma.
5. Write short notes on the following:
  - a) Cutaneous Rosai-Dorfman disease
  - b) Necrolytic migratory erythema
  - c) Digital papillary adenocarcinoma
  - d) Pigmented epithelioid melanocytoma



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### **Dermatopathology: First paper**

**Tuesday 21 March 2017**

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**Time allowed: Three hours**

1. Discuss the role of fluorescent in-situ hybridization (FISH) and emerging molecular techniques in the diagnosis of cutaneous melanocytic lesions, with an emphasis on practical applications and potential pitfalls.
2. Give an account of clinical, morphological and immunohistochemical features, which may be used to distinguish between primary cutaneous adnexal neoplasms and metastases to the skin.
3. Write short notes on the following:
  - a) Applications of polarizing microscopy in disorders of altered dermal collagen.
  - b) Immunohistochemical alternatives to immunofluorescence techniques in autoimmune blistering disorders.
  - c) Confocal microscopy in dermatopathology.
  - d) Macroscopic specimen photography in dermatopathology.
4. Write short notes on the following:
  - a) The histological assessment of pigmented lesions of the nail unit.
  - b) The comparison of molecular and immunohistochemical techniques in assessing for BRAF mutations in melanoma.
  - c) The diagnosis of fungal infection in dermatopathology.
  - d) Making the diagnosis of leishmaniasis in skin biopsies.
5. Describe the use of immune checkpoint reversal drugs such as PD-L1 inhibitors and dermatoses associated with their use.



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**Diploma examination  
Dermatopathology: Second paper  
Tuesday 21 March 2017**

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1. Critically discuss the following statement: keratoacanthoma is a variant of squamous cell carcinoma and should be managed as such.
2. Discuss the spectrum of both benign and malignant melanocytic lesions in the “blue” spectrum with particular reference to the difficulties and pitfalls in diagnosis and clinical consequences.
3. Write short notes on the following:
  - a) Cutaneous small medium pleomorphic T-cell lymphoma
  - b) Erythema elevatum diutinum
  - c) Superficial acral fibromyxoma
4. Outline the classification including salient clinical and pathological features of CD30+ cutaneous lymphoproliferative disorders.
5. Write short notes on the following:
  - a) The monogenic autoinflammatory disorders
  - b) The use of p16 in dermatopathology
  - c) Cutaneous manifestations due to *Borrelia* infections



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**Diploma Examination  
Dermatopathology: First paper  
Tuesday 22 March 2016**

*Candidates must answer FOUR questions ONLY*

**Time allowed: Three hours**

1. Discuss how molecular diagnostic techniques can improve our understanding and complement morphological assessment of cutaneous mesenchymal neoplasms.
2. Critically evaluate the role of immunofluorescence studies as a diagnostic adjunct in *non-bullous* skin disorders with particular emphasis on its limitations.
3. Write short notes on the following:
  - a) Stem cell markers and their potential applications in diagnostic dermatopathology.
  - b) Plasmacytoid dendritic cells in inflammatory skin disorders.
  - c) The demonstration of amyloid in tissue sections.
  - d) Methods of identifying Mycobacteria in tissue sections.
4. Describe the spectrum of sebaceous neoplasia and describe the techniques that can be employed in establishing an association with Lynch Syndrome.
5. Write short notes on the following;
  - a) The optimum method of handling scalp biopsies in the assessment of alopecia.
  - b) Processing and cutting related artefacts encountered in dermatopathology.
  - c) The demonstration and identification of foreign material in tissue sections.
  - d) The role of the dermatopathologist in Mohs surgery.



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## Diploma Examination

### Dermatopathology: Second paper

Tuesday 22 March 2016

*Candidates must answer FOUR questions ONLY*

**Time allowed: Three hours**

1. Write short notes on the following:
  - a) fibroblastic connective tissue naevus and plaque-like CD34 positive dermal fibroma
  - b) histiocytoid Sweet's syndrome
  - c) levamisole-induced vasculopathy
  - d) cutaneous collagenous vasculopathy
  - e) primary cutaneous apocrine carcinoma
2. Write short notes on the following:
  - a) epithelioid vascular tumours
  - b) Birt-Hogg-Dube syndrome
  - c) Brooke-Spiegler syndrome
  - d) perineurioma and its differential diagnosis
  - e) post-irradiation angiosarcoma
3. Discuss the cutaneous manifestations of neurofibromatosis type I (NF1) and the histological criteria for malignancy in tumours seen in neurofibromatosis type I.
4. Discuss the differential diagnosis of disorders showing deposition of PAS positive material in the skin.
5. Discuss the genetics of Spitzoid melanocytic lesions.