

Name: Dr Anna Mason

Training year: ST2

Why did you want to go on this study day?

I was keen to go on the study day because molecular pathology is becoming increasingly important in routine practice and is something we will need to have a good understanding of throughout our careers. It is also something that I have received very little teaching on during medical school or pathology training so far, so I wanted the opportunity to grasp the basics of the topic early in my training.

Do you feel more confident in your knowledge / understanding of molecular pathology following attendance at the study day?

I feel a lot more confident in my basic understanding of molecular pathology, particularly the different techniques available, what they are used for in clinical practice and their limitations. I also feel more confident in applying these to day-to-day practice and being aware of the situations in each specialty where molecular investigation is beneficial. The talks were particularly useful in my preparation for the FRCPath Part 1 exam which I have just taken, as many of the topic areas covered were relevant to these questions.

Highlight aspects of molecular pathology that you have learnt from the study day which you were not aware of prior to the day.

The information on testing for Lynch syndrome was particularly helpful. I had an understanding that this needed to be done in colorectal and endometrial carcinoma, but I did not know the specifics of how it was done or how to interpret the results. I learnt about the pairing of the mismatch repair genes MLH1, PMS2, MSH2, MSH6 and how to interpret the staining pattern on IHC. I also learnt about when hypermethylation studies should be performed and the relevance of BRAF testing in distinguishing between sporadic and hereditary cases of microsatellite instability. I also learnt about the classification of breast cancer according to morphological subtypes, particularly the meaning of 'luminal' and 'basal' types and the implications of ER/HER2 positivity on response to hormones, targeted treatments and chemotherapy.

Are there any aspects of what you have learnt during the molecular pathology study day that you would consider incorporating into your own practice?

Since the study day, I have been able to identify cases of colorectal and endometrial carcinoma that require mismatch repair IHC for possible Lynch syndrome. I have also better understood the implications of ER and HER2 testing in breast carcinoma on treatment and prognosis.

Did the study day meet your expectations?

Yes. I appreciated it being online as it made it much more accessible and convenient to attend. I also liked the structure of the day with the talks each being focussed on a particular specialty which made it more interesting and easier to apply to clinical practice.

Finally, would you recommend this study day to your colleagues?

Definitely, particularly if the choice of attending online was available in future years as well.

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Why did you want to go on this study day?

Cut up is something that is very important day-to-day as a pathology trainee, and whilst we get plenty of hands on experience we receive very little formal teaching about the subject. I am aware that a better understanding of why we do things a particular way and the importance of certain parameters for patient staging and management will improve my cut up. I was keen to get a better understanding of the datasets, the main aspects in the cut up of each common specimen type and how these improve your microscopy and reporting.

Do you feel more confident in your ability to cut up most specimens following attendance at the study day?

Yes, I feel a lot more confident cutting up most common specimens since the study day. It was helpful going through all the systems in one day and noticing the main principles that apply to all specimens, as well as the differences and specific points to notice in a particular case. As we learn in specialty rotations during training, it is easy not to see a particular specimen type for 6 months or so and then forget or lose confidence in what you had previously learnt.

Highlight aspects of cut up that you have learnt from the study day which you were not aware of prior to the day.

I particularly learnt about the key features to assess on the macroscopy description and how this is important in determining block taking and likely staging. For example, surface involvement and solid elements in ovarian cysts or renal sinus involvement in renal tumours. I learnt about which blocks always need to be taken for certain tumours, for example margins or a particular number of blocks per size of tumour. It was helpful to have a talk on pancreatic cut up as this is a specimen type that I had not seen at all before the study day.

Are there any aspects of what you have learnt during the cut up study day that you would consider incorporating into your own practice?

Since the study day I have become much more familiar with the datasets and how the core data items and staging criteria affect the cut up that is needed for that specimen. I have also made a basic crib sheet for each specimen that was covered in the talks so I can easily remember what I have learnt when doing these specimens in day-to-day practice.

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