AMERICAN SOCIETY OF HEMATOLOGY (ASH) ITE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which statement regarding Factor XII deficiency is true?

A. Causes Significant In Vivo Bleeding

B. Cured By Vitamin K

C. Does Not Require Treatment

D. Leads To Reduced Fibrinogen Levels

2. For myelonecrosis due to an underlying condition, which statement is true?

A. The myelonecrosis is always permanent.

B. The only effective treatment is transplantation.

C. Treating the underlying condition can lead to improvement.

D. There is no known cause to treat.

3. What is the typical bleeding pattern in secondary hemostatic defects?

A. Joint and muscle bleeds, severe surgical bleeding.

B. Mucosal bleeding and petechiae.

C. Immediate dental bleeding only.

D. No bleeding tendency.

4. What does vWF ristocetin cofactor activity measure?

A. Measures aggregation in whole blood with ristocetin

B. Measures activity of fixed platelets with patient plasma standardized against normal plasma

C. Measures Factor VIII activity only

D. Measures prothrombin time

5. What is the maintenance FIX dose for major surgery to keep above 50%?

A. 50 U/kg at 24 hours

B. 25 U/kg at 12 hours

C. 100 U/kg at 24 hours

D. 10 U/kg at 72 hours

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6. In patients with inhibitors and a titer below 5 Bethesda units, which strategy is used to bypass the inhibitor?

A. Emicizumab for primary prophylaxis

B. Recombinant factor VIIa, FEIBA

C. Porcine FVIII cross reactivity is universal

D. Overwhelm the inhibitor if titer < 5 BU (only 2-3 days before anamnestic response)

7. PCC reverses VKA-related coagulopathy. Which statement is true?

A. It is FDA-approved for reversal of VKA

B. It corrects prolonged times but is not FDA-approved

C. It does not affect coag times

D. It only reduces bleeding time

8. What is the role of CD55 in PNH?

A. Accelerates destruction of C3 convertase

B. Inhibits MAC

C. Binds iron

D. Promotes phagocytosis

9. In iron deficiency anemia, which pattern best describes ferritin, transferrin saturation, and TIBC?

A. Low ferritin, low transferrin saturation, high TIBC

B. Low ferritin, high transferrin saturation, low TIBC

C. Low ferritin, low transferrin saturation, high TIBC

D. High ferritin, low transferrin saturation, normal TIBC

10. Myelodysplastic syndrome is included among iron-loading anemias due to ineffective erythropoiesis.

A. Megaloblastic anemia

B. MDS

C. Thalassemia syndromes

D. PK deficiency

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Answers

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1. C
2. C
3. A
4. B
5. A
6. D
7. B
8. A
9. C
10. B

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Explanations

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1. Which statement regarding Factor XII deficiency is true?

A. Causes Significant In Vivo Bleeding

B. Cured By Vitamin K

C. Does Not Require Treatment

D. Leads To Reduced Fibrinogen Levels

Factor XII deficiency affects the laboratory finding (a prolonged aPTT) but does not cause a bleeding tendency in patients. In vivo, Factor XII is part of the contact activation pathway and is not essential for normal hemostasis, so individuals with this deficiency typically have no significant bleeding and do not require treatment. Vitamin K would not correct this deficiency because Factor XII is not vitamin K–dependent. There is also no association with reduced fibrinogen levels, since that protein's levels are unrelated to Factor XII status. Therefore, no specific therapy is needed for asymptomatic Factor XII deficiency.

2. For myelonecrosis due to an underlying condition, which statement is true?

A. The myelonecrosis is always permanent.

B. The only effective treatment is transplantation.

C. Treating the underlying condition can lead to improvement.

D. There is no known cause to treat.

Treating the underlying condition can allow the bone marrow to recover. Bone marrow necrosis occurs when the marrow tissue is damaged by an ongoing disease process. If the driving problem—such as an infection, malignancy, or another systemic condition—is controlled or resolved, the inflammatory and damaging milieu subsides, and hematopoietic tissue can regenerate or resume function. This means blood counts and marrow activity can improve with appropriate therapy for the root cause, rather than always requiring transplantation or being permanently irreversible. Of course, there are scenarios where necrosis is extensive and irreversible, but the typical and most important point is that addressing the underlying disease can lead to improvement.

3. What is the typical bleeding pattern in secondary hemostatic defects?

A. Joint and muscle bleeds, severe surgical bleeding.

B. Mucosal bleeding and petechiae.

C. Immediate dental bleeding only.

D. No bleeding tendency.

Bleeding from secondary hemostasis defects tends to be deep and space-occupying rather than mucosal. Deficiencies in coagulation factors lead to bleeding into joints and muscles (hemarthroses and intramuscular hematomas) and can cause severe, prolonged bleeding after surgery or trauma. In contrast, mucosal bleeding and petechiae are more typical of primary hemostasis problems (platelet function or von Willebrand disease). Immediate dental bleeding or no bleeding tendency don't fit the pattern of secondary defects. So the usual presentation is joint and muscle bleeds, with severe surgical bleeding when challenged.

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4. What does vWF ristocetin cofactor activity measure?

A. Measures aggregation in whole blood with ristocetin

B. Measures activity of fixed platelets with patient plasma standardized against normal plasma

C. Measures Factor VIII activity only

D. Measures prothrombin time

Ristocetin cofactor activity measures how well von Willebrand factor can mediate platelet agglutination in the presence of ristocetin. In this assay, fixed platelets are used with patient plasma, and the result is calibrated against normal plasma. The degree of agglutination reflects the functional capacity of vWF to bridge platelets via the GPIb receptor, not the amount of Factor VIII or overall coagulation time. This setup separates vWF function from platelet function and other coag factors, which is why using fixed platelets with patient plasma standardized to normal plasma best describes what the test measures.

5. What is the maintenance FIX dose for major surgery to keep above 50%?

A. 50 U/kg at 24 hours

B. 25 U/kg at 12 hours

C. 100 U/kg at 24 hours

D. 10 U/kg at 72 hours

In major surgery for hemophilia B, you want factor IX activity to stay above about 50% to ensure reliable clotting. After an initial loading dose to raise activity, maintenance dosing must compensate for the drug's clearance. Factor IX has a half-life of roughly 18–24 hours, so giving about 50 U/kg every 24 hours helps keep trough levels above 50% during the critical perioperative period. The other options would either not sustain levels long enough (smaller or less frequent doses) or would push levels too high (larger dose). Therefore, 50 U/kg at 24 hours is the appropriate maintenance plan.

6. In patients with inhibitors and a titer below 5 Bethesda units, which strategy is used to bypass the inhibitor?

A. Emicizumab for primary prophylaxis

B. Recombinant factor VIIa, FEIBA

C. Porcine FVIII cross reactivity is universal

D. Overwhelm the inhibitor if titer < 5 BU (only 2-3 days before anamnestic response)

The idea is that inhibitors to factor VIII are saturable. When the inhibitor titer is low (below about 5 Bethesda units), you can attempt to overwhelm the antibodies by giving a high dose of FVIII concentrate so that enough active FVIII remains to achieve hemostasis for a planned procedure. Timing matters: this approach aims to peak before an anamnestic inhibitor rise would occur with re-exposure, typically a short window of about 2–3 days. If the titer were higher, this strategy is unlikely to work and bypassing agents like recombinant FVIIa or FEIBA would be preferred. Porcine FVIII cross-reactivity is not universal, so relying on a pig FVIII option isn't consistently effective, and emicizumab is a long-term prophylaxis rather than a short-term bypass strategy for an acute inhibitor.

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7. PCC reverses VKA-related coagulopathy. Which statement is true?

A. It is FDA-approved for reversal of VKA

B. It corrects prolonged times but is not FDA-approved

C. It does not affect coag times

D. It only reduces bleeding time

PCC works by rapidly replenishing the vitamin K–dependent clotting factors II, VII, IX, and X that warfarin inhibits. By restoring these factors, the extrinsic pathway can function again, which shortens the prothrombin time and the INR, effectively reversing the coagulopathy caused by VKA therapy. This rapid correction of prolonged coagulation tests is the key concept. In this context, the statement that it corrects prolonged times captures the essential pharmacodynamic effect—PCC brings the coagulation tests back toward normal. The note about FDA approval depends on the specific product and regulatory context, but the bottom line is that PCC reverses the warfarin effect by restoring factor levels and normalizing coagulation times. Additional practical points: PCC acts faster than plasma, is used in major bleeding or urgent procedures, and is typically given with vitamin K to sustain reversal, while monitoring for potential thrombotic risks.

8. What is the role of CD55 in PNH?

A. Accelerates destruction of C3 convertase

B. Inhibits MAC

C. Binds iron

D. Promotes phagocytosis

CD55, or decay-accelerating factor, protects cells from complement damage by rapidly dismantling C3 convertases (C3bBb in the alternative pathway and C4b2a in the classical/lectin pathways). In PNH, hematopoietic cells lack GPI-anchored CD55, so these convertases persist longer, leading to increased complement activation on the cell surface, more C3b deposition, and greater susceptibility to lysis. While CD59 deficiency in PNH mainly enables membrane attack complex–driven intravascular hemolysis, the absence of CD55 specifically removes the brake on convertase activity, amplifying the cascade. Therefore, the best description of CD55's role is that it accelerates the destruction of C3 convertases, limiting complement activation. The other options refer to functions of CD59 (inhibiting MAC) or are unrelated to CD55.

9. In iron deficiency anemia, which pattern best describes ferritin, transferrin saturation, and TIBC?

A. Low ferritin, low transferrin saturation, high TIBC

B. Low ferritin, high transferrin saturation, low TIBC

C. Low ferritin, low transferrin saturation, high TIBC

D. High ferritin, low transferrin saturation, normal TIBC

In iron deficiency anemia, the body's iron stores are depleted, and ferritin mirrors those stores. So ferritin falls. Serum iron also drops, and in response the liver increases production of transferrin, raising the total iron-binding capacity. Despite more transferrin available, there is less iron circulating to bind, so the percentage of transferrin that is iron-saturated decreases. Put together, the pattern is low ferritin, low transferrin saturation, and high TIBC. This contrasts with states like anemia of inflammation, where ferritin can be normal or high and TIBC tends to be low.

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10. Myelodysplastic syndrome is included among iron-loading anemias due to ineffective erythropoiesis.

A. Megaloblastic anemia

B. MDS

C. Thalassemia syndromes

D. PK deficiency

Iron-loading anemias occur when the body expands erythropoiesis despite anemia, and that drive pushes iron absorption higher through regulatory signals that lower hepcidin. In myelodysplastic syndromes, ineffective erythropoiesis means many erythroid precursors die in the marrow rather than becoming mature red cells. To compensate, the body ramps up erythropoietic activity, and factors produced by expanding erythropoiesis suppress hepcidin. With hepcidin lowered, more iron is absorbed from the gut and iron stores accumulate in tissues, producing iron loading even before or in addition to transfusions. That pattern is why this condition is grouped with iron-loading anemias driven by ineffective erythropoiesis. While other conditions can involve ineffective erythropoiesis, the distinctive feature here is the iron overload arising from suppressed hepcidin and increased intestinal iron absorption driven by the marrow's ineffective production.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://ashite.examzify.com

We wish you the very best on your exam journey. You've got this!

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