CERTIFIED PEDIATRIC HEMATOLOGY ONCOLOGY NURSE (CPHON) PRACTICE EXAM (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 of the following are examples of congenital aplastic anemia?

A. Diamond-Blackfan Anemia and Fanconi Anemia

B. Fanconi Anemia and Dyskeratosis Congenita

C. Wiskott-Aldrich Syndrome and Sickle Cell Disease

D. Thalassemias and Hemophilia

2. In G6PD deficiency, which group exhibits the condition predominantly?

A. Heterozygous females and homozygous males

B. Hemizygous males and homozygous females

C. Homozygous males and heterozygous females

D. Only females

3. Which clinical manifestation is commonly associated with hereditary spherocytosis?

A. Cold intolerance

B. Abdominal pain

C. Splenomegaly

D. Weight loss

4. Which symptom might indicate a bleeding disorder associated with Schwachman-Diamond Syndrome?

A. Chronic cough

B. Bloody emesis

C. Joint pain

D. Rashes

5. Which complication of Sickle Cell Disease is characterized by a sudden decrease in blood flow to the brain?

A. Acute Chest Syndrome

B. Cerebral Vascular Accident (Stroke)

C. Spleen Sequestration

D. Aplastic Crisis

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6. What is a distinguishing feature of patients with Diamond Blackfan Anemia regarding their bone marrow findings?

A. Excessive erythroid precursors

B. Erythroid hypoplasia

C. Bone marrow hypertrophy

D. Elevated white blood cell count

7. Which condition is NOT associated with Schwachman-Diamond Syndrome?

A. Pancreatic insufficiency

B. Cardiac defects

C. Failure to thrive

D. Skeletal abnormalities

8. What are the common symptoms of anemia in individuals with aplastic anemia?

A. A decrease in appetite

B. Fatigue, pallor, and weakness

C. Flu-like symptoms

D. Neurological symptoms such as headache

9. Which gene is implicated in Diamond-Blackfan Anemia and where is it located?

A. RPS19 on chromosome 19q13.2

B. RPS17 on chromosome 18q21.1

C. RPL5 on chromosome 12p13.1

D. RPS14 on chromosome 7q31.1

10. What is one method used for the management of iron overload in patients with Beta Thalassemia?

A. Vitamin C supplementation

B. Chelation therapy

C. Increased transfusions

D. High protein diet

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Answers

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

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Explanations

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1. Which of the following are examples of congenital aplastic anemia?

A. Diamond-Blackfan Anemia and Fanconi Anemia

B. Fanconi Anemia and Dyskeratosis Congenita

C. Wiskott-Aldrich Syndrome and Sickle Cell Disease

D. Thalassemias and Hemophilia

The correct answer highlights conditions that are specifically recognized as congenital aplastic anemias. Congenital aplastic anemia is characterized by the failure of bone marrow to produce sufficient blood cells, which can be inherited or caused by genetic abnormalities. Fanconi Anemia is indeed a classic example of congenital aplastic anemia. It is a genetic disorder that leads to bone marrow failure and is associated with increased risk of cancer and other anomalies. Dyskeratosis Congenita, another condition mentioned, also involves bone marrow dysfunction, leading to aplastic anemia, among other systemic issues. Both conditions demonstrate the inherited nature of congenital aplastic anemia, underpinning the genetic pathways that lead to failure in hematopoiesis. In contrast, the other options include conditions that do not primarily present as congenital aplastic anemia. While Wiskott-Aldrich Syndrome is a genetic disorder affecting the immune system and involves thrombocytopenia, it does not primarily manifest as aplastic anemia. Similarly, Sickle Cell Disease is a hemoglobinopathy with different pathophysiology related to abnormal hemoglobin, and thalassemias and hemophilia are conditions primarily related to issues with hemoglobin production and clotting, respectively, rather than bone marrow failure. Thus, the

2. In G6PD deficiency, which group exhibits the condition predominantly?

A. Heterozygous females and homozygous males

B. Hemizygous males and homozygous females

C. Homozygous males and heterozygous females

D. Only females

G6PD (Glucose-6-Phosphate Dehydrogenase) deficiency is an X-linked recessive condition, meaning that the gene mutation responsible for the deficiency is located on the X chromosome. Since males have only one X chromosome (hemizygous), they are more likely to express X-linked conditions when they inherit the affected gene. In contrast, females have two X chromosomes (homozygous; one normal and one affected) and can be carriers of the condition without showing symptoms if they inherit one normal X chromosome from one parent. In this context, hemizygous males will manifest the condition due to their single X chromosome being affected. Homozygous females, which means that both X chromosomes are affected, can also exhibit the condition, but this is less common since females have a lower probability (compared to males) of being homozygous for the mutation. Therefore, the group that predominantly exhibits G6PD deficiency is hemizygous males and, to a lesser extent, homozygous females. This leads to the conclusion that hemizygous males predominantly show the condition, while homozygous females can also express the deficiency, even if less frequently than males.

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3. Which clinical manifestation is commonly associated with hereditary spherocytosis?

A. Cold intolerance

B. Abdominal pain

C. Splenomegaly

D. Weight loss

Hereditary spherocytosis is a condition characterized by the presence of spherical red blood cells that are more fragile and prone to rupture than normal disc-shaped cells. One of the hallmark manifestations of this condition is splenomegaly, or enlargement of the spleen. The spleen plays a crucial role in filtering abnormal red blood cells from circulation, and in hereditary spherocytosis, it works overtime to remove these spherically shaped cells. As a result, the spleen can become enlarged due to this increased activity, leading to splenomegaly. This enlargement can cause abdominal discomfort or pressure and can be detected during a physical exam. The other choices do not have a direct association with hereditary spherocytosis. Cold intolerance is more commonly related to conditions affecting the thyroid or vascular issues. Abdominal pain may occur, but it is not as definitive or characteristic as splenomegaly. Weight loss is not typically associated with hereditary spherocytosis and could point to other underlying health issues. Thus, splenomegaly is the most closely linked clinical manifestation to hereditary spherocytosis.

4. Which symptom might indicate a bleeding disorder associated with Schwachman-Diamond Syndrome?

A. Chronic cough

B. Bloody emesis

C. Joint pain

D. Rashes

Bloody emesis is a significant symptom that may indicate a bleeding disorder associated with Schwachman-Diamond Syndrome. This condition is characterized by exocrine pancreatic insufficiency, bone marrow dysfunction, and an increased risk for hematological abnormalities, particularly those affecting platelet function and coagulation pathways. In individuals with bleeding disorders, gastrointestinal bleeding can manifest as bloody emesis, serving as a potential indicator of underlying hemostatic issues. In contrast, while chronic cough, joint pain, and rashes may be noted in various conditions or syndromes, they are not specifically indicative of bleeding disorders. Chronic cough is often associated with respiratory infections or conditions, joint pain could result from various forms of arthritis or other musculoskeletal issues, and rashes might indicate dermatological conditions or systemic diseases but do not directly relate to bleeding abnormalities.

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5. Which complication of Sickle Cell Disease is characterized by a sudden decrease in blood flow to the brain?

A. Acute Chest Syndrome

B. Cerebral Vascular Accident (Stroke)

C. Spleen Sequestration

D. Aplastic Crisis

A Cerebral Vascular Accident (Stroke) is indeed characterized by a sudden decrease in blood flow to the brain. In patients with Sickle Cell Disease, the abnormal sickle-shaped red blood cells can obstruct blood vessels due to their rigidity and tendency to clump together. This obstruction can lead to ischemia, resulting in stroke. The reduced blood flow can cause damage to brain tissue, leading to neurological deficits or even death if not promptly treated. The occurrence of stroke in sickle cell patients highlights the importance of early recognition and management strategies aimed at preventing such complications. These patients may be at a higher risk for both ischemic stroke, which is caused by an obstruction of blood flow, and hemorrhagic stroke, which results from blood vessel rupture. Understanding this complication underscores the need for regular monitoring and possible interventions, such as blood transfusions or hydroxyurea therapy, to reduce the frequency of sickle cell crises and to prevent vascular occlusions.

6. What is a distinguishing feature of patients with Diamond Blackfan Anemia regarding their bone marrow findings?

A. Excessive erythroid precursors

B. Erythroid hypoplasia

C. Bone marrow hypertrophy

D. Elevated white blood cell count

The distinguishing feature of Diamond-Blackfan Anemia is erythroid hypoplasia, which refers to a marked reduction in the number of erythroid progenitor cells in the bone marrow. This condition leads to significant anemia as the body fails to produce adequate red blood cells despite normal or increased levels of erythropoietin. In patients with Diamond-Blackfan Anemia, the bone marrow typically shows diminished erythroid elements, while other myeloid and megakaryocyte lineages may be relatively intact or even increased in certain cases, which helps to differentiate this condition from other types of anemia. This lack of erythroid precursors contrasts with other conditions where one might see an excess of these cells or an increase in overall cellularity in the marrow. The other choices present findings that do not align with the hallmark presentation of Diamond-Blackfan Anemia.

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7. Which condition is NOT associated with Schwachman-Diamond Syndrome?

A. Pancreatic insufficiency

B. Cardiac defects

C. Failure to thrive

D. Skeletal abnormalities

Schwachman-Diamond Syndrome is primarily characterized by a triad of findings: pancreatic insufficiency, bone marrow dysfunction leading to hematological issues, and skeletal abnormalities. Each of these features is associated with the condition due to its genetic underpinnings. Pancreatic insufficiency occurs in a significant number of patients, leading to difficulties with digestion and nutrient absorption, which is a hallmark of the syndrome. Failure to thrive is also common as a direct consequence of pancreatic insufficiency, as children struggle to gain weight and grow normally because they cannot effectively absorb the nutrients they need. Skeletal abnormalities, such as short stature and other bone issues, are frequently noted in children with Schwachman-Diamond Syndrome, contributing to the overall understanding of the condition's impact on development. In contrast, while individuals with Schwachman-Diamond Syndrome may have a variety of health issues, cardiac defects are not typically associated with this condition. Therefore, the presence of cardiac defects does not fit within the recognized spectrum of complications and characteristics of Schwachman-Diamond Syndrome, making this the condition that is not associated with the syndrome.

8. What are the common symptoms of anemia in individuals with aplastic anemia?

A. A decrease in appetite

B. Fatigue, pallor, and weakness

C. Flu-like symptoms

D. Neurological symptoms such as headache

The common symptoms of anemia in individuals with aplastic anemia primarily include fatigue, pallor, and weakness. These symptoms occur because aplastic anemia leads to a significant decrease in the production of red blood cells, which are responsible for transporting oxygen throughout the body. When red blood cell levels drop, the body's ability to supply adequate oxygen to tissues is compromised, leading to feelings of fatigue and a general lack of energy. Pallor, or paleness, is a visible manifestation of reduced red blood cell count, making the skin and mucous membranes appear lighter in color. Weakness often results from the body not getting enough oxygen to function optimally, further highlighting the direct correlation between anemia and these symptoms. While some symptoms related to appetite, flu-like conditions, or neurological issues may arise in other contexts, they are not characteristic manifestations of anemia specifically due to aplastic anemia.

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9. Which gene is implicated in Diamond-Blackfan Anemia and where is it located?

A. RPS19 on chromosome 19q13.2

B. RPS17 on chromosome 18q21.1

C. RPL5 on chromosome 12p13.1

D. RPS14 on chromosome 7q31.1

Diamond-Blackfan Anemia (DBA) is characterized by a failure of the bone marrow to produce enough red blood cells. This condition is often associated with mutations in ribosomal protein genes, which are crucial for proper ribosome function and, consequently, protein synthesis within cells. The gene RPS19, located on chromosome 19q13.2, has been well-established as one of the primary genetic causes of DBA. Mutations in this gene lead to ineffective erythropoiesis and a higher propensity for certain cancers, making RPS19 a significant focus in the study of Diamond-Blackfan Anemia. Understanding the genetic basis of DBA is essential because it informs clinical management, genetic counseling, and potential treatments for affected individuals. The other genes listed in the options may also be associated with different forms of anemia or other syndromes, but RPS19's direct link to Diamond-Blackfan Anemia, along with its specific chromosomal location, makes it the most accurate answer to the question.

10. What is one method used for the management of iron overload in patients with Beta Thalassemia?

A. Vitamin C supplementation

B. Chelation therapy

C. Increased transfusions

D. High protein diet

Chelation therapy is widely recognized as an effective method for managing iron overload in patients with beta thalassemia. This condition often leads to frequent blood transfusions, which are necessary to treat anemia but can result in excessive iron accumulation in the body. The body has no natural means of excreting this excess iron, so chelation therapy becomes vital. Chelation agents work by binding to free iron in the bloodstream, allowing it to be excreted through the urine or feces. This process helps to prevent complications associated with iron overload, such as damage to the heart, liver, and endocrine organs, which can significantly affect quality of life and overall health. The other options, while they may have some relevance or potential benefits, do not effectively address iron overload in the same way. Vitamin C supplementation, for instance, can enhance iron absorption and is therefore not suitable for someone who is already managing an excess of iron. Increased transfusions would likely worsen iron overload rather than help manage it. A high-protein diet, while important for overall health and recovery, does not specifically target the problem of iron overload in beta thalassemia.

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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://cphon.examzify.com

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

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