

HEMATOLOGIC MALIGNANCIES PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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.

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!

Questions

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- 1. Which treatment is typically NOT used for Hodgkin Lymphoma?**
 - A. Radiation therapy
 - B. Chemotherapy
 - C. Palliative care
 - D. Immunoblastic therapy
- 2. Name the specific antibody associated with Chronic Lymphocytic Leukemia (CLL).**
 - A. CD19
 - B. CD5
 - C. CD23
 - D. CD34
- 3. What percentage of patients typically achieve remission in AML?**
 - A. Over 80%
 - B. Less than 60%
 - C. 50-70%
 - D. 70-80%
- 4. Which classification system is used to assess the prognosis of CLL?**
 - A. Rai classification system
 - B. Binet classification system
 - C. International Prognostic Index
 - D. AJCC classification system
- 5. What is the goal for Philadelphia chromosome expression in CML treatment?**
 - A. Less than 10%
 - B. Less than 20%
 - C. Less than 35%
 - D. Less than 50%

- 6. What is the significance of the Philadelphia chromosome in CML?**
- A. Indicates a curable condition
 - B. Indicates a poor prognosis and guides targeted therapy
 - C. Indicates a benign tumor
 - D. Indicates a common infection
- 7. When considering NHL, what is the cure rate for aggressive types with zero risk factors?**
- A. Less than 40%
 - B. Between 60% and 70%
 - C. More than 80%
 - D. Approximately 50%
- 8. What are paraproteins commonly known as?**
- A. Monoclonal immunoglobulins
 - B. Immature plasma cells
 - C. Non-specific antibodies
 - D. Polyclonal antibodies
- 9. What is the expected prognosis for patients with stage IA/IIA Hodgkin lymphoma?**
- A. Poor prognosis
 - B. Excellent prognosis
 - C. Uncertain prognosis
 - D. Variable, depending on treatment
- 10. What type of therapy is commonly included for pain relief in multiple myeloma patients with fractures?**
- A. Palliative care
 - B. Psychotherapy
 - C. Physical therapy
 - D. Cognitive therapy

Answers

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

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Explanations

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1. Which treatment is typically NOT used for Hodgkin Lymphoma?

- A. Radiation therapy
- B. Chemotherapy
- C. Palliative care
- D. Immunoblastic therapy**

Hodgkin Lymphoma is primarily treated with chemotherapy and radiation therapy. Chemotherapy is a cornerstone of treatment, often employing a combination of drugs to maximize effectiveness and improve outcomes. Radiation therapy is also commonly used, particularly in localized stages of the disease, to target and eliminate any remaining cancer cells after chemotherapy. Palliative care is an important aspect of managing any type of cancer, including Hodgkin Lymphoma, particularly in cases where the disease is advanced or when the patient's quality of life needs to be prioritized. Immunoblastic therapy, which refers to specific forms of immunotherapy or targeted treatments focusing on the immune system's response to the cancer, is not typically a standard treatment for Hodgkin Lymphoma. Instead, treatments such as chemotherapy and radiation therapy form the foundation of the therapeutic approach. Therefore, the presence of immunoblastic therapy among the choices indicates an option that does not align with the typical treatment regimen established for Hodgkin Lymphoma.

2. Name the specific antibody associated with Chronic Lymphocytic Leukemia (CLL).

- A. CD19
- B. CD5
- C. CD23**
- D. CD34

Chronic Lymphocytic Leukemia (CLL) is characterized by the clonal expansion of mature B lymphocytes, and one of the defining features of these cells is the expression of specific surface markers. In the context of CLL, CD23 is particularly significant as it serves as a reliable marker for identifying CLL cells. The presence of CD23 on the surface of leukemic cells helps differentiate CLL from other types of leukemias and lymphomas. CD23 is a type of low-affinity immunoglobulin E receptor that is associated with normal B-cell activation and development. In CLL, the co-expression of CD5 and CD23 is a hallmark feature that aids in the diagnosis. While CD5 is also a key marker for CLL, CD23 is more specific and serves as an important diagnostic criterion. Other markers mentioned, like CD19, though expressed by B-cells in general, are not specific to CLL, and CD34 is typically associated with hematopoietic progenitor cells rather than with mature B-cells like those seen in CLL. Thus, identifying CD23 serves as a critical component of not only recognizing the leukemia but also managing and categorizing CLL in clinical practice.

3. What percentage of patients typically achieve remission in AML?

- A. Over 80%
- B. Less than 60%**
- C. 50-70%
- D. 70-80%

In acute myeloid leukemia (AML), the percentage of patients who achieve remission varies based on several factors, including age, biological characteristics of the disease, and treatment regimens. Although it is common for healthcare professionals to see reports indicating remission rates, it is generally accepted that the initial remission rate for AML averages around 65-75%. However, this rate can be somewhat misleading because it captures a range of subtypes within AML and the heterogeneity of the patient population. The correct option indicates that less than 60% of patients achieve remission, which does not accurately reflect prevailing clinical practice and observed outcomes in studied populations. In reality, when considering the broader category of AML patients undergoing typical induction therapy, particularly with more favorable genetic factors, the remission rates tend to reach higher thresholds. Understanding these dynamics is crucial, and while individual outcomes can differ significantly, expecting over 80% remission in all cases of AML is optimistic beyond the average rates reported in clinical studies. Therefore, assessing the broader patient population with standard induction therapy shows that 70-80% is a more realistic figure reflecting current treatment outcomes.

4. Which classification system is used to assess the prognosis of CLL?

- A. Rai classification system**
- B. Binet classification system
- C. International Prognostic Index
- D. AJCC classification system

The Rai classification system is widely utilized to assess the prognosis of Chronic Lymphocytic Leukemia (CLL). This system categorizes patients into different stages based on factors such as lymphocytosis, lymphadenopathy, splenomegaly, and anemia or thrombocytopenia. Each stage correlates with disease severity and overall prognosis, allowing healthcare providers to communicate effectively about the potential disease course and treatment options. The Binet classification system also assesses prognosis in CLL but is more focused on clinical features like the number of affected lymphoid areas and the presence of anemia or thrombocytopenia. While both classification systems are valuable, the Rai system is often preferred in the United States for many clinical scenarios. The International Prognostic Index is mainly associated with aggressive non-Hodgkin lymphoma and is not applicable for CLL. Similarly, the AJCC classification system focuses primarily on solid tumors and does not provide the framework needed for a lymphoproliferative disorder like CLL. Therefore, the Rai classification is the most relevant system specifically for prognosis in CLL.

5. What is the goal for Philadelphia chromosome expression in CML treatment?

- A. Less than 10%
- B. Less than 20%
- C. Less than 35%**
- D. Less than 50%

The goal for Philadelphia chromosome expression in the treatment of Chronic Myeloid Leukemia (CML) is to achieve a level of less than 35%. The Philadelphia chromosome is a genetic abnormality associated with CML, resulting from a translocation that creates the BCR-ABL fusion gene, which drives malignant cell proliferation. In clinical practice, monitoring the levels of the Philadelphia chromosome is crucial as it correlates with disease response and prognosis. Achieving less than 35% expression indicates a significant reduction in the leukemic clone, reflecting a positive response to therapy. This target is important for ongoing management, as it is associated with improved outcomes and may guide further treatment decisions. Lower targets, such as less than 10% or less than 20%, are often not realistic or necessary during the initial treatment phases and are not standard benchmarks for assessing response in CML. Thus, the choice of less than 35% is both clinically relevant and aligned with treatment guidelines for managing CML effectively.

6. What is the significance of the Philadelphia chromosome in CML?

- A. Indicates a curable condition
- B. Indicates a poor prognosis and guides targeted therapy**
- C. Indicates a benign tumor
- D. Indicates a common infection

The Philadelphia chromosome is a specific genetic abnormality that is most commonly associated with chronic myeloid leukemia (CML). This chromosome results from a translocation between chromosomes 9 and 22, leading to the formation of the BCR-ABL fusion gene. The presence of this fusion gene is crucial as it encodes a tyrosine kinase that promotes cell proliferation and inhibits apoptosis, which contributes to the malignancy of CML. The detection of the Philadelphia chromosome is significant because it serves as both a prognostic indicator and a target for therapy in CML. In most cases, the presence of the Philadelphia chromosome is correlated with a poor prognosis, as it is associated with a more aggressive disease course compared to its absence. However, the identification of this genetic anomaly has also enabled the development of targeted therapies, such as tyrosine kinase inhibitors (e.g., imatinib), which have dramatically improved treatment outcomes and survival rates for patients with CML. Overall, the Philadelphia chromosome's impact on both prognosis and targeted therapy underscores its importance in managing CML, making option B the most comprehensive answer in understanding the significance of this genetic marker in the disease.

7. When considering NHL, what is the cure rate for aggressive types with zero risk factors?

- A. Less than 40%
- B. Between 60% and 70%
- C. More than 80%**
- D. Approximately 50%

The cure rate for aggressive types of non-Hodgkin lymphoma (NHL) in patients with zero risk factors being more than 80% reflects an important aspect of the disease's behavior and treatment efficacy. Aggressive forms of NHL, such as diffuse large B-cell lymphoma (DLBCL), can be highly responsive to treatment, particularly when detected early and in otherwise healthy patients without additional complications or comorbidities. Advances in therapy, such as the use of intensive chemotherapy protocols combined with targeted therapies (like rituximab), have greatly enhanced the prognosis for these patients. Patients with zero risk factors have a favorable outcome due to better overall health and the absence of additional variables that could complicate treatment, such as age, other medical conditions, or poor performance status. In such cases, the likelihood of achieving long-term remission and potential cure is significantly increased. In contrast, less aggressive types or those presenting with multiple risk factors typically show lower cure rates, which emphasizes the significance of both the type of NHL and the patient's baseline health status in determining treatment outcomes.

8. What are paraproteins commonly known as?

- A. Monoclonal immunoglobulins**
- B. Immature plasma cells
- C. Non-specific antibodies
- D. Polyclonal antibodies

Paraproteins are commonly known as monoclonal immunoglobulins. These proteins are produced by a clone of plasma cells and are typically associated with conditions such as multiple myeloma and other plasma cell disorders. In essence, a paraprotein is an abnormal immunoglobulin that results from excessive production by a single population of plasma cells, which is why the term "monoclonal" applies. Monoclonal immunoglobulins can be detected and measured in the serum or urine, and their presence is a hallmark indicator of certain hematologic malignancies. Identifying these proteins is crucial for diagnosis and monitoring of diseases like multiple myeloma, as well as for tailoring treatment strategies. The other options refer to different types of immune components or cells that do not capture the specific nature of paraproteins. For example, immature plasma cells refer to earlier stages of B cell differentiation, non-specific antibodies are not associated with a single clone, and polyclonal antibodies consist of multiple antibody types produced by different plasma cell lines. Therefore, the distinction of paraproteins as monoclonal immunoglobulins is particularly significant in the context of hematologic malignancies.

9. What is the expected prognosis for patients with stage IA/IIA Hodgkin lymphoma?

- A. Poor prognosis
- B. Excellent prognosis**
- C. Uncertain prognosis
- D. Variable, depending on treatment

The prognosis for patients with stage IA/IIA Hodgkin lymphoma is considered to be excellent due to several factors related to the characteristics of the disease at this stage. In stage I, the lymphoma is localized to a single group of lymph nodes, and in stage IIA, it may involve two or more groups, but still with limited spread. These stages typically indicate that the disease has not progressed significantly, which allows for more effective treatment outcomes. Patients at this stage usually respond well to standard treatment protocols, which may include chemotherapy, radiation therapy, or a combination of both. The overall survival rates for early-stage Hodgkin lymphoma patients are high, often exceeding 80-90% when treated appropriately, making it one of the more curable forms of lymphoma. This strong prognosis is reflected in clinical studies and treatment guidelines that reaffirm the favorable outcomes for early-stage Hodgkin lymphoma. It is important to consider that while treatment protocols can influence outcomes, the inherent characteristics of stage IA/IIA Hodgkin lymphoma contribute significantly to the positive prognosis. Therefore, the characterization of the disease as having an excellent prognosis in these early stages is well-supported by clinical evidence and outcomes.

10. What type of therapy is commonly included for pain relief in multiple myeloma patients with fractures?

- A. Palliative care**
- B. Psychotherapy
- C. Physical therapy
- D. Cognitive therapy

Palliative care is an essential component of treatment for patients with multiple myeloma, particularly those experiencing pain due to fractures. This type of care focuses on enhancing the quality of life for patients with serious illnesses by managing symptoms, including pain relief. In the context of multiple myeloma, where bone health can be severely impacted leading to fractures and significant discomfort, palliative care specialists employ various methods to alleviate pain and improve overall well-being. Palliative care encompasses a range of interventions including pain management with medications, supportive therapies, and addressing the psychological and emotional needs of the patient. This holistic approach is particularly important in multiple myeloma, where chronic pain can arise from both the disease itself and the treatment side effects. In contrast, other options such as psychotherapy, physical therapy, and cognitive therapy, while beneficial in certain contexts, do not primarily focus on pain relief associated with fractures in this patient population. Instead, these therapies may deal more with psychological support or rehabilitation aspects, which, although valuable, do not directly address the management of pain related to skeletal complications of multiple myeloma.

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://hematologicmalignancies.examzify.com>

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

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