

# NBME FORM 10 STEP 2 PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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<https://nbmeform10step2.examzify.com>



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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 cancer is most commonly associated with PTHrP-mediated hypercalcemia?**
  - A. Small cell carcinoma
  - B. Adenocarcinoma of colon
  - C. Hepatocellular carcinoma
  - D. Squamous cell carcinoma
  
- 2. For irregular vaginal bleeding, which patient should undergo endometrial biopsy?**
  - A. Postmenopausal with regular cycles
  - B. Younger than 40
  - C. Older than 45 with risk factors (nulliparity, DM, peri/postmenopausal, obesity)
  - D. Postmenopausal without bleeding
  
- 3. Which treatment is appropriate for a COPD exacerbation?**
  - A. Oral antibiotics for all
  - B. Systemic corticosteroids plus short-acting bronchodilators
  - C. Immediate intubation for all
  - D. Antibiotics only if fever present
  
- 4. Tetralogy of Fallot is most often associated with which murmur?**
  - A. Pansystolic murmur at apex
  - B. Harsh systolic murmur best heard at left upper sternal border
  - C. Continuous murmur at left infraclavicular area
  - D. Midsystolic click at apex
  
- 5. What is the preferred initial treatment for sigmoid volvulus in a patient without sepsis or bowel necrosis?**
  - A. Broad-spectrum antibiotics
  - B. Immediate surgery
  - C. Flexible sigmoidoscopy
  - D. Nasogastric decompression

- 6. Which treatment combination is considered first-line for major depressive disorder?**
- A. SNRI alone with no psychotherapy.
  - B. TCA with psychotherapy.
  - C. MAOI with psychotherapy.
  - D. SSRI such as sertraline or escitalopram with psychotherapy.
- 7. A newborn infant presents with jaundice on day two; which type of bilirubin is most likely elevated and what is management?**
- A. Conjugated bilirubin elevation with physiologic jaundice.
  - B. Unconjugated bilirubin due to breast milk jaundice.
  - C. Physiologic jaundice with unconjugated bilirubin; observation and frequent feeds; phototherapy if high or risk; exchange transfusion if very high.
  - D. Conjugated bilirubin elevation requiring immediate phototherapy.
- 8. Which pattern best characterizes interstitial cystitis?**
- A. Recurrent Suprapubic Pain Relieved By Voiding With Urgency/Frequency
  - B. Acute Fever And Flank Pain
  - C. Dysuria Relieved By Urination
  - D. Hematuria With Clots
- 9. In suspected ischemic heart disease, when is coronary angiography indicated?**
- A. As initial test
  - B. After ECG shows signs of ischemia
  - C. Only if troponin negative
  - D. Never
- 10. A patient with mild persistent asthma requires daily controller therapy. What is the recommended first-line controller?**
- A. Inhaled corticosteroids (low-dose ICS)
  - B. Leukotriene receptor antagonists
  - C. Long-acting beta-agonist monotherapy
  - D. Systemic steroids

## **Answers**

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

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## **Explanations**

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**1. Which cancer is most commonly associated with PTHrP-mediated hypercalcemia?**

- A. Small cell carcinoma
- B. Adenocarcinoma of colon
- C. Hepatocellular carcinoma
- D. Squamous cell carcinoma**

*PTHrP-mediated hypercalcemia happens when a tumor secretes a PTH-related peptide that mimics PTH, leading to increased bone resorption and more calcium reabsorption by the kidneys, with suppressed endogenous PTH. The classic tumor driver of this humoral hypercalcemia is squamous cell carcinoma, especially of the lung, which frequently produces PTHrP. Small cell carcinoma tends to produce hormones like ACTH or ADH rather than PTHrP, while colon adenocarcinoma and hepatocellular carcinoma are not typically associated with PTHrP-driven calcium rise. Therefore, squamous cell carcinoma is the cancer most commonly linked to this mechanism.*

**2. For irregular vaginal bleeding, which patient should undergo endometrial biopsy?**

- A. Postmenopausal with regular cycles
- B. Younger than 40
- C. Older than 45 with risk factors (nulliparity, DM, peri/postmenopausal, obesity)**
- D. Postmenopausal without bleeding

*When evaluating irregular vaginal bleeding, the concern is to rule out endometrial hyperplasia or cancer, especially in women at higher risk. Endometrial biopsy provides tissue for definitive diagnosis and is most warranted in someone older than 45 who also has risk factors such as nulliparity, obesity, diabetes, or peri/postmenopausal status. These factors increase estrogen exposure or carcinogenic risk to the endometrium, so obtaining a sample helps detect pathology early and guide treatment. In younger patients under 40, irregular bleeding is more often due to anovulatory cycles from hormonal imbalance, so the initial workup focuses on less invasive tests and observation unless risk factors or persistent bleeding prompt biopsy. A postmenopausal patient with regular cycles isn't a typical presentation for endometrial pathology, and a postmenopausal patient without bleeding isn't suggested for endometrial sampling. Therefore, the scenario that best warrants an endometrial biopsy is age over 45 with risk factors.*

**3. Which treatment is appropriate for a COPD exacerbation?**

- A. Oral antibiotics for all
- B. Systemic corticosteroids plus short-acting bronchodilators**
- C. Immediate intubation for all
- D. Antibiotics only if fever present

*In a COPD flare, the goal is to rapidly reduce airway inflammation and relieve bronchospasm to improve breathing. Systemic corticosteroids do this by decreasing airway inflammation, speeding recovery, and shortening hospital stay. Pairing them with short-acting bronchodilators quickly opens the airways and eases dyspnea. Antibiotics aren't needed for every exacerbation; they're added only when there's evidence of bacterial infection, such as increased sputum purulence or volume and signs of infection. Immediate intubation isn't indicated for all patients—it's reserved for those with respiratory failure or inability to protect the airway. So the best initial treatment combines systemic corticosteroids with short-acting bronchodilators.*

#### 4. Tetralogy of Fallot is most often associated with which murmur?

- A. Pansystolic murmur at apex
- B. Harsh systolic murmur best heard at left upper sternal border**
- C. Continuous murmur at left infraclavicular area
- D. Midsystolic click at apex

*Tetralogy of Fallot produces obstruction of the right ventricular outflow tract, creating a pressure gradient during systole. That results in a harsh, systolic ejection murmur best heard along the left upper sternal border, where the RVOT and pulmonary valve sit. This murmur reflects the RVOT obstruction rather than a murmur from regurgitant lesions or continuous flows. The other murmurs described fit different conditions (pansystolic at the apex mitral/tricuspid regurg, continuous murmur at the infraclavicular area patent ductus arteriosus, midsystolic click mitral valve prolapse). So the harsh systolic murmur at the left upper sternal border is most characteristic of Tetralogy of Fallot.*

#### 5. What is the preferred initial treatment for sigmoid volvulus in a patient without sepsis or bowel necrosis?

- A. Broad-spectrum antibiotics
- B. Immediate surgery
- C. Flexible sigmoidoscopy**
- D. Nasogastric decompression

*When sigmoid volvulus occurs but the patient is stable and there are no signs of sepsis or bowel necrosis, the first step is to relieve the twist by decompressing the colon. Flexible sigmoidoscopy allows you to rapidly untwist the dialed loop and decompress the bowel, which both resolves the acute obstruction and reduces the risk of ischemia. After detorsion, a rectal tube is often placed and definitive surgical resection of the redundant sigmoid is planned electively to prevent recurrence. Broad-spectrum antibiotics are reserved for infection or perforation, not needed for uncomplicated obstruction. Nasogastric decompression helps with gastric decompression but does not correct the sigmoid twist. Immediate surgery is indicated only if there are signs of peritonitis, sepsis, or intestinal necrosis, or if endoscopic detorsion fails.*

#### 6. Which treatment combination is considered first-line for major depressive disorder?

- A. SNRI alone with no psychotherapy.
- B. TCA with psychotherapy.
- C. MAOI with psychotherapy.
- D. SSRI such as sertraline or escitalopram with psychotherapy.**

*The main idea is that treating major depressive disorder effectively often involves both a modern antidepressant and psychotherapy. SSRIs like sertraline or escitalopram are preferred as first-line pharmacotherapy because they reduce depressive symptoms with a favorable safety and tolerability profile. Pairing an SSRI with psychotherapy—such as cognitive-behavioral therapy—addresses both biological symptoms and maladaptive thinking patterns, and this combination yields better remission and functional outcomes than either approach alone. Other options rely on drugs with more side effects or safety concerns (like TCAs or MAOIs) or propose pharmacotherapy without psychotherapy, which is generally less effective for moderate to severe depression. So using an SSRI together with psychotherapy is the best-supported first-line approach.*

**7. A newborn infant presents with jaundice on day two; which type of bilirubin is most likely elevated and what is management?**

- A. Conjugated bilirubin elevation with physiologic jaundice.
- B. Unconjugated bilirubin due to breast milk jaundice.
- C. Physiologic jaundice with unconjugated bilirubin; observation and frequent feeds; phototherapy if high or risk; exchange transfusion if very high.**
- D. Conjugated bilirubin elevation requiring immediate phototherapy.

*Newborn physiologic jaundice is characterized by a rise in unconjugated (indirect) bilirubin due to immature liver metabolism and high bilirubin turnover in the first days of life. The day-two onset fits this pattern, and most term infants have predominantly unconjugated bilirubin that gradually declines as liver conjugation improves. Management centers on supporting clearance and preventing complications. Adequate feeds and hydration promote regular stooling, which helps excrete bilirubin and reduces enterohepatic circulation. Phototherapy is added if bilirubin levels reach a threshold or if the infant has risk factors, because light converts unconjugated bilirubin into water-soluble isomers that can be excreted without conjugation. Exchange transfusion is reserved for very high unconjugated bilirubin levels or signs of bilirubin-induced neurologic injury, where rapid reduction is needed. Conjugated bilirubin elevation would suggest a hepatobiliary problem (not typical this early in life), and breast milk jaundice usually appears later, after the first week, so it's less likely in this scenario.*

**8. Which pattern best characterizes interstitial cystitis?**

- A. Recurrent Suprapubic Pain Relieved By Voiding With Urgency/Frequency
- B. Acute Fever And Flank Pain
- C. Dysuria Relieved By Urination
- D. Hematuria With Clots**

*Interstitial cystitis is a chronic noninfectious bladder pain syndrome characterized by pelvic or suprapubic pain with urinary urgency and frequency, often worsened by bladder filling and sometimes relieved by voiding. A key feature is sterile urine and absence of fever or systemic signs, helping distinguish it from infections. The pattern that fits this condition best is recurrent suprapubic pain linked to bladder filling and relief with emptying, occurring with urgency and frequency, rather than fever with flank pain, dysuria from infection, or hematuria with clots. Hematuria with clots points to other bladder disorders (like stones or tumors) and not interstitial cystitis.*

**9. In suspected ischemic heart disease, when is coronary angiography indicated?**

- A. As initial test
- B. After ECG shows signs of ischemia**
- C. Only if troponin negative
- D. Never

*Coronary angiography is reserved for when there is objective evidence of ischemia, because it is an invasive test used to define the exact coronary anatomy and guide revascularization. In suspected ischemic heart disease, you first use noninvasive assessments (like ECG and stress testing) to detect ischemia. If those tests show ischemia on ECG, that indicates a high likelihood of obstructive CAD and warrants coronary angiography to identify lesion details and plan treatment such as PCI or CABG. Troponin status alone doesn't decide the need for angiography, and the test isn't done as the initial step or never performed.*

**10. A patient with mild persistent asthma requires daily controller therapy. What is the recommended first-line controller?**

- A. Inhaled corticosteroids (low-dose ICS)**
- B. Leukotriene receptor antagonists
- C. Long-acting beta-agonist monotherapy
- D. Systemic steroids

*Managing mild persistent asthma focuses on reducing chronic airway inflammation to prevent symptoms and flare-ups. The best first-line controller therapy for most patients is daily low-dose inhaled corticosteroids. These inhaled steroids deliver anti-inflammatory effects directly to the airways, decreasing inflammatory cells and mediators, which lowers airway hyperresponsiveness and frequency of symptoms and nighttime awakenings. At low doses, systemic side effects are minimal, making them the most effective and safe long-term controller for mild persistent asthma. Leukotriene receptor antagonists can help some patients, especially if inhalers aren't suitable or adherence is an issue, but they are generally less effective as a first-line controller compared with low-dose inhaled corticosteroids. Long-acting beta-agonist monotherapy is not appropriate for asthma because it does not address the underlying inflammation and carries safety concerns; if a LABA is added, it must be combined with an inhaled corticosteroid. Systemic steroids are reserved for severe disease or acute exacerbations due to significant systemic risks and are not used as daily maintenance therapy.*

## 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](mailto:hello@examzify.com).

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

<https://nbmeform10step2.examzify.com>

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

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