

Posterior Segment Block 15 - AMD and Other Causes of CNV Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 imaging technique can help differentiate between vascular and avascular PEDs?**
 - A. Optical Coherence Tomography (OCT)**
 - B. Fundus Fluorescein Angiography (FFA)**
 - C. OCT Angiography (OCT-A)**
 - D. Indocyanine Green Angiography (ICG)**
- 2. What type of delivery system does Ranibizumab (Sustivo) utilize?**
 - A. Intravenous infusion system**
 - B. Subcutaneous injection system**
 - C. Implanted port system**
 - D. Topical application**
- 3. What size of a lesion is classified as geographic atrophy?**
 - A. 100 um**
 - B. 200 um**
 - C. 175 um**
 - D. 150 um**
- 4. Fibrovascular PEDs typically present as what type of elevation with what surface texture?**
 - A. Flat elevation with smooth surface**
 - B. RPE elevation with irregular surface**
 - C. Thin elevation with glossy surface**
 - D. Subretinal elevation with rough surface**
- 5. Presence of which factor is associated with the diagnosis of neovascular AMD?**
 - A. Drusen larger than 125 micrometers**
 - B. Geographic atrophy without involving the fovea**
 - C. Exudative changes**
 - D. Subretinal hemorrhaging**

6. What did the HARBOR AMD study conclude about the monthly injection doses of 0.5 mg and 2 mg?

- A. 0.5 mg is more effective**
- B. 2 mg is more effective**
- C. Both provided similar results**
- D. 0.5 mg should be preferred**

7. What causes choroidal rupture in the context of neovascular AMD?

- A. Genetic factors**
- B. Direct trauma or shearing forces**
- C. Systemic hypertension**
- D. Chronic inflammation**

8. How does a Fibrovascular PED form?

- A. When RPE cells hyperproliferate**
- B. Through new vessels entering sub-RPE space**
- C. Due to retinal ischemia**
- D. From mechanical trauma to the retina**

9. Which nutritional approach is often recommended to manage AMD progression?

- A. High protein diet**
- B. Oral antioxidant supplements**
- C. Omega-3 fatty acid intake**
- D. Low-carb diet**

10. What visual change is typically noticed with progression of AMD?

- A. Improved color perception**
- B. Visual distortions and blurriness**
- C. Increased night vision capability**
- D. Sudden complete vision loss**

Answers

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

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Explanations

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1. Which imaging technique can help differentiate between vascular and avascular PEDs?

- A. Optical Coherence Tomography (OCT)**
- B. Fundus Fluorescein Angiography (FFA)**
- C. OCT Angiography (OCT-A)**
- D. Indocyanine Green Angiography (ICG)**

OCT Angiography (OCT-A) is particularly effective in differentiating between vascular and avascular Pigment Epithelial Detachments (PEDs) due to its ability to visualize the blood flow in retinal and choroidal vessels without the need for dye injection, which is a requirement for traditional angiographic methods. This non-invasive imaging technique leverages the movement of red blood cells to generate images that indicate perfusion status. In the case of PEDs, if there is significant vascularization, OCT-A will show increased flow, indicating the presence of abnormal neovascularization, commonly associated with conditions like age-related macular degeneration (AMD). Conversely, an avascular PED would show little or no blood flow on OCT-A imaging, allowing for clear distinction based on vascular presence. While Optical Coherence Tomography (OCT) provides structural details about the retina and can identify the presence of PEDs, it does not provide the same level of detail regarding blood flow or vascularization as OCT-A. Fundus Fluorescein Angiography (FFA) and Indocyanine Green Angiography (ICG) are traditional angiographic techniques that can also show vascular structures, but they require the use of a contrast agent and

2. What type of delivery system does Ranibizumab (Solvimo) utilize?

- A. Intravenous infusion system**
- B. Subcutaneous injection system**
- C. Implanted port system**
- D. Topical application**

Ranibizumab (Solvimo) utilizes an implanted port system, which is designed to provide sustained delivery of the medication directly to the eye. This delivery method allows for long-term treatment in patients with conditions like age-related macular degeneration (AMD) and other causes of choroidal neovascularization (CNV). The system helps maintain therapeutic drug levels with less frequent dosing compared to traditional intravitreal injections, which can be more invasive and less convenient for patients. The implanted port system specifically caters to the need for prolonged localized treatment, minimizing the risk of systemic side effects and reducing the burden of frequent clinic visits for injections. This innovative approach represents a significant advancement in the management of retinal diseases, emphasizing patient comfort and treatment adherence.

3. What size of a lesion is classified as geographic atrophy?

- A. 100 um
- B. 200 um
- C. 175 um**
- D. 150 um

Geographic atrophy is identified based on the size of the lesions present in the retinal pigment epithelium (RPE). The threshold for classifying a lesion as geographic atrophy is typically defined as being greater than 175 micrometers (μm) in diameter. This classification is important because it indicates a more advanced form of atrophic changes associated with conditions such as age-related macular degeneration (AMD).

Understanding this threshold clarifies the significance of the chosen answer: 175 μm marks the transition into what is considered geographic atrophy. Lesions smaller than this threshold, like those measured at 100 μm or 150 μm , would not meet the criteria for this classification, as they are indicative of earlier stages of retinal damage and do not reflect the full extent of atrophy that impacts visual function significantly. Thus, recognizing the specific cutoff point is crucial for accurate diagnosis and management of conditions involving geographic atrophy.

4. Fibrovascular PEDs typically present as what type of elevation with what surface texture?

- A. Flat elevation with smooth surface
- B. RPE elevation with irregular surface**
- C. Thin elevation with glossy surface
- D. Subretinal elevation with rough surface

Fibrovascular pigment epithelial detachments (PEDs) are indeed characterized as retinal pigment epithelium (RPE) elevations that have an irregular surface. This irregularity arises from the underlying fibrovascular tissue components within the PED, which contribute to its atypical surface contour. Unlike other types of retinal elevations, the irregular surface of fibrovascular PEDs can indicate the presence of associated pathologies, such as choroidal neovascularization (CNV), which can complicate the clinical picture. Recognizing the specific characteristics of fibrovascular PEDs is important for differential diagnosis and management. The irregular surface texture contrasts with the smoother surfaces seen in other types of PEDs or retinal elevations, highlighting the unique pathophysiological processes at play with fibrovascular involvement. Understanding these distinctions can aid clinicians in diagnosing conditions such as age-related macular degeneration (AMD) and making informed treatment decisions.

5. Presence of which factor is associated with the diagnosis of neovascular AMD?

- A. Drusen larger than 125 micrometers**
- B. Geographic atrophy without involving the fovea**
- C. Exudative changes**
- D. Subretinal hemorrhaging**

The presence of exudative changes is closely associated with the diagnosis of neovascular age-related macular degeneration (AMD). Neovascular AMD, also known as wet AMD, is characterized by the growth of abnormal blood vessels under the retina, which can lead to leakage of fluid and exudates. This exudative process can cause significant visual distortion and loss if not treated promptly. In contrast, while larger drusen can indicate an increased risk of progression to neovascular AMD, they are not definitive for the disease itself. Geographic atrophy, although a form of advanced AMD, refers to a different endpoint related to dry AMD and does not exhibit the features of neovascularity. Subretinal hemorrhaging can occur as a secondary effect of neovascular AMD, but the term "exudative changes" encompasses a broader range of pathological processes, including the accumulation of fluid and other material associated with the underlying neovascularization, making it the most accurate indication for the diagnosis.

6. What did the HARBOR AMD study conclude about the monthly injection doses of 0.5 mg and 2 mg?

- A. 0.5 mg is more effective**
- B. 2 mg is more effective**
- C. Both provided similar results**
- D. 0.5 mg should be preferred**

The HARBOR AMD study concluded that both the 0.5 mg and 2 mg monthly injection doses of the test drug provided similar results in terms of efficacy for the treatment of neovascular age-related macular degeneration (AMD). This finding is significant as it indicates that increasing the dose does not lead to a proportionate increase in effectiveness, and both dosages can be considered adequate for managing the condition. This essentially means that patients and clinicians have the flexibility to choose a dosing regimen that may be more comfortable or suitable for the patient's needs, without compromising treatment outcomes. The results suggest a potential for minimizing side effects and treatment burden, as the lower dose remains effective in achieving comparable visual outcomes.

7. What causes choroidal rupture in the context of neovascular AMD?

- A. Genetic factors
- B. Direct trauma or shearing forces**
- C. Systemic hypertension
- D. Chronic inflammation

Choroidal rupture is a structural break in the choroid layer of the eye, and its occurrence in the context of neovascular age-related macular degeneration (AMD) is primarily due to direct trauma or shearing forces. In neovascular AMD, the development of abnormal blood vessels under the retina can create significant tension and stress on the underlying structures. This mechanical strain can lead to tears or ruptures in the choroid as the abnormal vessels proliferate and cause deformation of the retinal layers. While other factors such as genetic predispositions, systemic hypertension, and chronic inflammation can play roles in the overall pathology of neovascular AMD, they do not directly cause choroidal rupture. Instead, it is the physical forces exerted by the pathological changes in the eye that are responsible for this specific complication. Understanding this connection highlights the mechanical aspects of how neovascular processes impact the structural integrity of choroidal tissues in AMD.

8. How does a Fibrovascular PED form?

- A. When RPE cells hyperproliferate
- B. Through new vessels entering sub-RPE space**
- C. Due to retinal ischemia
- D. From mechanical trauma to the retina

Fibrovascular pigment epithelial detachment (PED) is primarily formed through the entrance of new blood vessels into the subretinal pigment epithelium (RPE) space. This pathological process typically occurs in conditions such as age-related macular degeneration (AMD), where exudative changes lead to choroidal neovascularization (CNV). When these new vessels penetrate the membrane beneath the RPE, they create a detachment of the pigment epithelium due to the accumulation of fluid and blood. This is significant in the context of AMD because the presence of fibrovascular PED is associated with visual loss and disease progression. The structural changes within the retinal layers contribute to the overall impact on retinal function and vision. Other mechanisms like hyperproliferation of RPE cells can lead to changes in the RPE itself, but this does not directly account for the formation of a fibrovascular PED. Similarly, retinal ischemia might contribute to the conditions that promote neovascularization but is not the primary mechanism for forming a PED. Mechanical trauma can cause direct damage to the retina, but it also does not directly lead to the typical formation of fibrovascular PEDs as seen in AMD.

9. Which nutritional approach is often recommended to manage AMD progression?

- A. High protein diet**
- B. Oral antioxidant supplements**
- C. Omega-3 fatty acid intake**
- D. Low-carb diet**

Oral antioxidant supplements are often recommended as a nutritional approach to manage the progression of age-related macular degeneration (AMD). This recommendation is primarily based on research indicating that certain vitamins and minerals can play a significant role in eye health and may help slow the progression of AMD. The Age-Related Eye Disease Study (AREDS) found that a specific combination of antioxidants, including vitamins C and E, beta-carotene, and zinc, reduced the risk of progression to advanced AMD in individuals who already had intermediate AMD. These supplements are believed to combat oxidative stress, which is a factor in the degeneration of retinal cells. By providing the necessary antioxidants, these supplements may help protect the retina from further damage. In contrast, while dietary factors like omega-3 fatty acids may have beneficial effects on overall eye health, they are not directly linked to the management of AMD progression in the same way as the specific oral antioxidant supplements highlighted in AMD research. Other diets, such as low-carb or high-protein diets, generally lack the targeted protective components found in the recommended supplements for AMD management.

10. What visual change is typically noticed with progression of AMD?

- A. Improved color perception**
- B. Visual distortions and blurriness**
- C. Increased night vision capability**
- D. Sudden complete vision loss**

The visual change that is typically noticed with the progression of Age-related Macular Degeneration (AMD) is indeed characterized by visual distortions and blurriness. As AMD advances, especially in its wet form where choroidal neovascularization (CNV) can occur, individuals often experience symptoms such as blurred or distorted central vision. This may manifest as straight lines appearing wavy or the presence of dark or empty spots in the central visual field, which can significantly impact activities like reading or recognizing faces. This distortion is a result of damage to the macula, the central part of the retina responsible for sharp, central vision. The presence of new, abnormal blood vessels leads to fluid leakage and retinal damage, further contributing to these visual symptoms. Such changes are prominent as the disease progresses, making it crucial for monitoring and early intervention. Therefore, recognizing visual distortions and blurriness is critical for diagnosing and managing AMD effectively.

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://posteriorsegmentblock15.examzify.com>

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

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