

POSTERIOR SEGMENT BLOCK 15 – AMD AND OTHER CAUSES OF CNV PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Where are basal linear deposits located?**
 - A. Internal to RPE plasma membrane
 - B. External to the outer retina
 - C. Internal/within the inner collagenous zone of Bruch's membrane
 - D. Within the RPE cells
- 2. Among the listed medications, which one is primarily used in the treatment of neovascular AMD?**
 - A. Brolucizumab
 - B. Aflibercept
 - C. Both Brolucizumab and Aflibercept
 - D. Bevacizumab
- 3. Which type of CNV is associated with retinal hemorrhage?**
 - A. Type I CNV
 - B. Type II CNV
 - C. Type III RAPs
 - D. Polypoidal choroidal vasculopathy
- 4. In the ANCHOR AMD study, which treatment was revealed to be more effective than verteporfin PDT in respect of visual acuity?**
 - A. Bevacizumab
 - B. Ranibizumab
 - C. Aflibercept
 - D. OCT-guided therapy
- 5. What size is typically used to define the area of drusenoid PED?**
 - A. 200um
 - B. 250um
 - C. 350um
 - D. 400um

- 6. Where does type III RAPs CNV often extend?**
- A. Anteriorly towards the anterior chamber
 - B. Posteriorly towards RPE and choroid
 - C. Lateral towards the optic nerve
 - D. Superficially into the vitreous
- 7. What are the three main treatment strategies with Ranibizumab in neovascular AMD?**
- A. Monthly injections, quarterly review, and one-time treatments
 - B. Three monthly injections followed by as-needed injections
 - C. Initial monthly injections followed by extended intervals until deterioration
 - D. All of the above
- 8. On optical coherence tomography (OCT), how does serous PED appear?**
- A. Dome-shaped and hyper-reflective
 - B. Dome-shaped and hypo-reflective
 - C. Flat and hyper-reflective
 - D. Flat and hypo-reflective
- 9. What condition is directly associated with areas of reabsorbed drusen in Geographic Atrophy?**
- A. Glaucoma
 - B. Choroidal neovascularization
 - C. Retinal pigment epithelial dysfunction
 - D. Progressive diabetic retinopathy
- 10. What imaging technique is typically used to diagnose CNV in AMD?**
- A. Optical Coherence Tomography
 - B. Fluorescein Angiography
 - C. Fundus Autofluorescence
 - D. Ultrasound Imaging

Answers

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

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Explanations

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1. Where are basal linear deposits located?

- A. Internal to RPE plasma membrane
- B. External to the outer retina
- C. Internal/within the inner collagenous zone of Bruch's membrane**
- D. Within the RPE cells

Basal linear deposits are found within the inner collagenous zone of Bruch's membrane, which is a critical part of the structure that supports the retina. These deposits are associated with aging and are particularly relevant in the context of age-related macular degeneration (AMD). They form between the retinal pigment epithelium (RPE) and Bruch's membrane, indicating a dysfunction in the metabolic exchanges between the RPE and the underlying choroidal circulation. The presence of basal linear deposits is significant as they reflect underlying pathological processes that may contribute to the development of choroidal neovascularization and other retinal health issues. Recognizing their location helps in understanding their role in disease progression and potential therapeutic targets. This is crucial for clinicians diagnosing and treating conditions like AMD. Other options describe locations that do not accurately reflect where these deposits are found. For example, deposits internal to the RPE plasma membrane or within RPE cells would suggest a different pathophysiological process, while external to the outer retina would not align with the anatomical distinction of the deposits themselves in relation to Bruch's membrane.

2. Among the listed medications, which one is primarily used in the treatment of neovascular AMD?

- A. Brolucizumab
- B. Aflibercept
- C. Both Brolucizumab and Aflibercept**
- D. Bevacizumab

In the context of neovascular age-related macular degeneration (AMD), both Brolucizumab and Aflibercept are significant treatment options. These medications are classified as anti-VEGF (vascular endothelial growth factor) therapies, which play a crucial role in managing conditions characterized by abnormal blood vessel growth in the retina, such as neovascular AMD. Aflibercept works by acting as a decoy receptor that binds to VEGF, effectively inhibiting its activity and preventing the proliferation of abnormal blood vessels. It has been extensively studied and is approved for the treatment of neovascular AMD, providing substantial benefits in vision preservation and improvement for patients. Brolucizumab, a newer entry in this class, also targets VEGF but features a unique formulation that allows for a lower dosing frequency compared to traditional treatments. Clinical trials have shown its efficacy in reducing the signs of neovascular AMD and its potential for enhancing treatment adherence due to less frequent injections. Thus, recognizing that both medications are utilized in treating neovascular AMD is fundamental, as each has demonstrated effectiveness in improving patient outcomes. This makes the option that includes both treatments the most accurate choice.

3. Which type of CNV is associated with retinal hemorrhage?

- A. Type I CNV
- B. Type II CNV
- C. Type III RAPs**
- D. Polypoidal choroidal vasculopathy

Type III Retinal Angiomatous Proliferation (RAP), often referred to as type III CNV, is associated with retinal hemorrhage due to its vascular characteristics. In this type of neovascularization, new blood vessels grow from the retinal vasculature into the superficial layers of the retina. This is distinct from other types of choroidal neovascularization that typically arise from deeper layers of the choroid. The nature of type III RAP causes it to be more prone to complications such as bleeding, which can lead to retinal hemorrhage. As the abnormal blood vessels proliferate and leak, they can disrupt the retinal structure and lead to significant bleeding into the retinal layers, causing visual disturbances and further retinal damage. In comparison, other types of CNV, such as Type I and Type II, may not typically present with the same degree of hemorrhage, as they originate from different layers and have different clinical presentations. Polypoidal choroidal vasculopathy also has its own distinct characteristics and potential complications but is less commonly associated with retinal hemorrhage than type III RAP.

4. In the ANCHOR AMD study, which treatment was revealed to be more effective than verteporfin PDT in respect of visual acuity?

- A. Bevacizumab
- B. Ranibizumab**
- C. Aflibercept
- D. OCT-guided therapy

In the ANCHOR AMD study, ranibizumab was shown to be more effective than verteporfin photodynamic therapy (PDT) in improving visual acuity in patients with wet age-related macular degeneration (AMD). The study specifically evaluated the safety and efficacy of ranibizumab and demonstrated significant improvements in visual outcomes compared to traditional PDT with verteporfin. Ranibizumab is an anti-VEGF (vascular endothelial growth factor) therapy that works by inhibiting the effects of VEGF, which is a key factor in choroidal neovascularization that often leads to vision loss in AMD. The ability to directly target and neutralize VEGF allows for better control over this pathological process, ultimately leading to improved visual acuity in patients treated with ranibizumab. The results of the ANCHOR study contributed to the adoption of anti-VEGF therapies as the first-line treatment for wet AMD, establishing it as a standard of care. Other options such as bevacizumab and aflibercept are also anti-VEGF treatments but were not specifically evaluated in the ANCHOR study in comparison to verteporfin PDT. OCT-guided therapy refers to a management approach using optical coherence tomography to guide treatment.

5. What size is typically used to define the area of drusenoid PED?

- A. 200um
- B. 250um
- C. 350um**
- D. 400um

The typical size used to define the area of drusenoid pigment epithelium detachment (PED) is 350 micrometers. This measurement is important in the context of age-related macular degeneration (AMD) and helps in characterizing the extent of the detachment. The significance of using this specific size is that it allows clinicians to assess the severity and potential implications of the PED in relation to the progression of AMD and the risk of developing complications such as choroidal neovascularization (CNV). Understanding this size threshold aids in clinical decision-making and monitoring of the condition over time, as changes in the size of the PED may indicate a change in disease state.

6. Where does type III RAPs CNV often extend?

- A. Anteriorly towards the anterior chamber
- B. Posteriorly towards RPE and choroid**
- C. Lateral towards the optic nerve
- D. Superficially into the vitreous

Type III retinal angiomatous proliferation (RAP) characterized by choroidal neovascularization (CNV) typically extends posteriorly towards the retinal pigment epithelium (RPE) and choroid. This pattern is due to the nature of the pathology, where new blood vessels form beneath the retina and can disrupt the RPE, leading to possible complications such as bleeding and fluid leakage. The posterior extension is significant because it indicates the location of the CNV relative to the retinal layers and highlights the importance of understanding how CNV behaves in diseases such as age-related macular degeneration. This knowledge can inform treatment options and potential surgical interventions aimed at preserving vision.

7. What are the three main treatment strategies with Ranibizumab in neovascular AMD?

- A. Monthly injections, quarterly review, and one-time treatments
- B. Three monthly injections followed by as-needed injections
- C. Initial monthly injections followed by extended intervals until deterioration
- D. All of the above**

Ranibizumab is a widely used anti-VEGF (vascular endothelial growth factor) treatment for neovascular age-related macular degeneration (AMD). Understanding the various treatment strategies associated with this medication is crucial for optimizing patient care. The correct response encompasses the range of treatment approaches typically employed with Ranibizumab. Each strategy reflects the need for flexibility and individualization based on patient response and the nature of the condition. Starting with monthly injections can ensure rapid initial control of CNV (choroidal neovascularization) activity. The approach of three monthly injections, followed by continued treatment as needed, enables clinicians to strategically manage the condition based on observed improvements or deterioration in the patient's eye health. Extended intervals for injections following initial monthly treatment represent a tailored approach. It allows for the gradual spacing out of treatments as long as the patient's condition remains stable, which can improve comfort and reduce treatment burden while still effectively managing the disease. Combining all these strategies into one answer reflects the comprehensive management of neovascular AMD, underscoring the importance of adapting treatment based on individual patient needs and responses over time. This multifaceted perspective is essential in ensuring optimal outcomes for patients with neovascular AMD.

8. On optical coherence tomography (OCT), how does serous PED appear?

- A. Dome-shaped and hyper-reflective
- B. Dome-shaped and hypo-reflective**
- C. Flat and hyper-reflective
- D. Flat and hypo-reflective

Serous pigment epithelial detachment (PED) on optical coherence tomography (OCT) is characterized by its specific appearance. A serous PED presents as a dome-shaped elevation of the retinal pigment epithelium (RPE) that is filled with fluid. This fluid accumulation typically leads to a hypo-reflective appearance on OCT. The hypo-reflectivity is due to the presence of subretinal fluid, which is less reflective compared to the surrounding retinal tissues. In contrast, if a PED were hyper-reflective, it would suggest the presence of solid material or fibrotic changes, which would not be characteristic of a serous detachment. Therefore, the dome-shaped and hypo-reflective nature of a serous PED on OCT accurately describes how it appears, making this the correct characterization.

9. What condition is directly associated with areas of reabsorbed drusen in Geographic Atrophy?

- A. Glaucoma
- B. Choroidal neovascularization
- C. Retinal pigment epithelial dysfunction**
- D. Progressive diabetic retinopathy

Geographic Atrophy (GA) is a result of retinal degeneration that primarily involves the retinal pigment epithelium (RPE) and photoreceptors. The presence of areas of reabsorbed drusen is closely linked to the dysfunction of the RPE. Drusen are subretinal deposits that appear as yellow-white lesions and are commonly associated with age-related macular degeneration (AMD). When drusen undergo reabsorption, it often indicates a progressive deterioration of the RPE, which leads to the loss of overlying photoreceptors and the characteristic atrophic changes seen in GA. In this context, the dysfunction of the RPE plays a pivotal role in the development of geographic atrophy, as the RPE is responsible for various critical functions including the support of photoreceptors, the phagocytosis of shed photoreceptor outer segments, and the maintenance of the blood-retinal barrier. When the RPE is impaired, as evidenced by the observed reabsorption of drusen, it contributes significantly to the pathology of GA. The condition reflects a direct association, making it the most relevant answer in this scenario.

10. What imaging technique is typically used to diagnose CNV in AMD?

A. Optical Coherence Tomography

B. Fluorescein Angiography

C. Fundus Autofluorescence

D. Ultrasound Imaging

Fluorescein Angiography is the imaging technique typically used to diagnose choroidal neovascularization (CNV) in age-related macular degeneration (AMD) due to its ability to visualize the circulation of the retina and choroid. This technique involves the intravenous injection of fluorescein dye, which highlights blood vessels in the eye. It helps in identifying areas of abnormal blood vessel growth and leakage associated with CNV, providing crucial information regarding the extent and location of the neovascularization. While other imaging techniques, such as Optical Coherence Tomography (OCT) and Fundus Autofluorescence, also play important roles in assessing retinal conditions, they are used for different purposes. OCT is primarily used for cross-sectional imaging of the retina, allowing detailed visualization of its layers and the presence of fluid or structural changes but does not provide the same level of vascular detail as fluorescein angiography. Fundus Autofluorescence is helpful in assessing retinal pigment epithelium health and isn't specifically aimed at visualizing neovascularization. Ultrasound Imaging, while useful in certain scenarios, is not typically employed for diagnosing CNV in the context of AMD due to its limitations in assessing detailed vascular structures within the eye.

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:

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

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