SELF-ASSESSMENT QUESTIONNAIRE

Haematology

Twenty self-assessment questions (SAQs) based on the published articles will appear at the end of each CME specialty featured in *Clinical Medicine*. The questions have been validated for the purpose of CME by independent experts. Three (3) CME credits will be awarded to those achieving 80% correct answers. This opportunity is open only to RCP Fellows and Collegiate Members in the UK who are registered for CME*.

A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 15 January 2002** to:

CME Department (SAQs),
Royal College of Physicians,
11 St Andrews Place,
London NW1 4LE.

Correct answers will be published in the next issue of *Clinical Medicine*.

* Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

Guidelines on completing the answer sheet

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

1 Please print your GMC Number firmly and neatly
2 Only write in allocated areas on the form
3 Only use pens with black or dark blue ink
4 For optimum accuracy, ensure printed numbers avoid contact with box edges
5 Please shade circles like this: ● Not like this: ✔
6 Please mark any mistakes made like this: ✘
7 Please do not mark any of the black squares on the corners of each page
8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

Q1 In patients newly diagnosed with chronic myeloid leukaemia (CML):

a) the platelet count is often low
b) significant lymphadenopathy is commonly seen
c) blast cells predominate in the peripheral blood
d) the diagnosis can be confidently made from the neutrophil alkaline phosphatase (NAP) score
e) anaemia is common in the chronic phase

Q2 With regard to the treatment of CML, which of the following statements are true?

a) Interferon-alpha offers a 5-year disease-free survival in excess of 95%
b) The degree of cytogenetic response to interferon-alpha can be a valuable guide to prognosis
c) Transplant-related mortality is lower for sibling transplants than for matched unrelated donor transplants
d) The tyrosine kinase inhibitor, STI571, offers better survival than interferon-alpha
e) The tyrosine kinase inhibitor, STI571, is active when given by mouth

Q3 Chronic lymphocytic leukaemia (CLL):

a) is commonly derived from a T-lymphocyte precursor
b) is associated with a cytogenetic abnormality in a minority of cases
c) usually presents with weight loss
d) suppresses normal B-lymphocyte function causing immune paresis
e) may be caused by radiation exposure

Q4 Treatment for CLL:

a) should be administered to maintain a normal leukocyte count
b) should be withheld in asymptomatic patients
c) may be curative
d) should consist of combination chemotherapy in patients under 50
e) may improve quality of life even in advanced disease

Q5 Multiple myeloma:

a) is a tumour of plasma cells arising in, and usually confined to, the bone marrow
b) is frequently associated with a cytogenetic abnormality
c) stimulates bone lesions through increased secretion of osteoprotogerin (OPG)
d) suppresses normal B-lymphocyte function causing immune paresis
e) bone lesions may be detected by isotope bone scans

Q6 Monoclonal gammopathy of undetermined significance (MGUS):

a) incidence increases with age
b) may be diagnosed in the presence of a single lytic bone lesion
c) may be diagnosed in the presence of Bence Jones protein
d) may be diagnosed in the presence of immune paresis
e) is associated with a progressive rate of transformation to myeloma, Waldenstrom's macroglobulinaemia or amyloidosis

Q7 Treatment for multiple myeloma:

a) is hopeless in the face of renal failure
b) should include haemodialysis if necessary during the early stages of chemotherapy
c) may be curative
d) should include assessment for bone marrow transplantation in patients under 50
e) should include bisphosphonate prophylaxis of further bone damage

Q8 In acute promyelocytic leukaemia:

a) t(8;21) is the classical chromosomal abnormality
b) disseminated intravascular coagulation is common
c) overall survival at 5 years is less than 30%
d) response to treatment can be monitored by the polymerase chain reaction (PCR)
e) anthracycline plus All-*trans* retinoic acid is an effective treatment

Q9 In acute myeloid leukaemia:

a) autografting has demonstrated superior overall survival compared with standard chemotherapy
b) autografting has demonstrated better disease-free survival compared with standard chemotherapy
c) patients under the age of 60 in first remission should receive an allograft from an HLA identical sibling
d) in patients aged under 45 the transplant related mortality of an allogeneic transplant is 5%
e) post-remission therapy with high dose cytosine may match transplant results

Q10 Factor V Leiden:

a) confers an increased risk of venous thrombosis of about four fold
b) is an absolute contraindication to use of combined oral contraceptive hormones
c) should be sought in an adult with thrombotic stroke
d) is present in homozygous form in around 5% of northern Europeans
e) induces resistance to the anticoagulant effect of activated protein C

Q11 The following are true:

a) Deep vein thrombosis in a subject heterozygous for factor V Leiden indicates the need for life-long warfarin therapy
b) All women should be screened for heritable thrombophilia before HRT use
c) Antiphospholipid syndrome is associated with a high rate of recurrent thrombosis
d) A woman who is heterozygous for factor V Leiden and uses a combined oral contraceptive preparation has a 30–40 fold higher risk of venous thrombosis than a non-carrier non-pill user
e) Antithrombotic therapy improves pregnancy outcome in women with recurrent pregnancy failure and antiphospholipid antibodies

Q12 von Willebrand disease:

a) can result in thrombocytopenia
b) is a rare disorder
c) may be treated with DDAVP
d) is often diagnosed in women
e) is excluded by a normal coagulation screen

Q13 Haemophilia A:

a) is never symptomatic in women
b) is severe when factor VIII is <5%
c) results in a long bleeding time
d) can always be treated with factor VIII
e) is not passed from father to son

Q14 Deep vein thrombosis:

a) is diagnosed in 50% of patients presenting with suggestive symptoms or signs
b) is excluded in patients with a negative D-dimer
c) must be treated with heparin initially
d) does not require treatment with oral anticoagulants if low molecular weight heparin is used for initial treatment
e) can be safely managed in an outpatient setting in most patients

Q15 In relation to treatment of venous thromboembolism:

a) oral anticoagulation should be monitored with the APTT in the first 5 days of treatment
b) inadequately treated calf vein thrombi extend in at least 5% of patients
c) treatment of post-operative calf vein thrombi for only 6 weeks is considered adequate
d) heparin resistance is common in patients with antithrombin deficiency
e) a target INR of 2.5 is appropriate for most patients with pulmonary embolism (PE)

Q16 In patients with venous thromboembolism:

a) PE are present in approximately 5% of patients presenting with DVT
b) treatment with heparin for 10 days is recommended if unfractionated heparin is used
c) treatment with LMWH has been shown to be superior to treatment with unfractionated heparin
d) post phlebitic syndrome can be prevented by use of appropriate compression stockings
e) thrombophilia testing has high predictive value for recurrent thrombosis

Q17 Pain episodes in sickle cell disease:

a) affect over 90% of patients with HbSS, sickle cell anaemia
b) need to be managed in hospital
c) may be precipitated by infection
d) usually need parenteral opiate analgesia
e) may be helped by cognitive behavioural therapy

Q18 In acute sickle 'chest syndrome':

a) there is nearly always demonstrable infection
b) tachypnoea is an important feature
c) there is often no pain
d) assisted ventilation may be needed
e) repeated episodes can lead to chronic restrictive lung disease

Q19 In adult idiopathic thrombocytopenic purpura:

a) there is often a history of viral illness before the onset of thrombocytopenia
b) the presence of platelet-associated Ig helps establish the diagnosis
c) red cell fragmentation in seen on the blood film
d) the autoantibody usually shows specificity for platelet glycoprotein IIb/IIIa
e) mild splenomegaly is a found in roughly one-third of cases

Q20 In autoimmune haemolytic anaemia:

a) IgM autoantibodies are usually cold-reacting
b) the bone marrow may show underlying lymphoma
c) spherocytes cause a higher mean corpuscular volume than normal red cells
d) the absence of haptoglobins confirms the diagnosis
e) splenectomy should be considered early in the disease