



Knowledge Assessment Practice Questions

Purpose

This training resource is designed to help fellows prepare for the Knowledge Assessment exam. The questions below are sample practice questions intended for study purposes only and are not included in the actual exam.

Use this page to review concepts, test your understanding, and identify areas for additional study. Answers are included for self-checking.

Practice Questions

Question 1

A patient enters a desensitization protocol prior to kidney transplantation. Which biologic immunosuppressive agent may be used in this protocol to selectively target B cells with the intent of reducing high levels of preformed HLA antibodies?

- A. Basiliximab
- B. Rabbit anti-thymocyte globulin (rATG)
- C. Alemtuzumab
- D. Rituximab**
- E. Belatacept

Question 2

While performing a deceased donor organ recovery of the liver and kidneys, you have difficulty accessing the inferior mesenteric vein for cannulation. Which of the following is the most appropriate next step?

- A. Abort the donor
- B. Recover only the kidneys
- C. Cannulate the splenic vein in situ



D. Retrograde flush the liver through the vena cava in situ

E. Cannulate the superior mesenteric vein in situ

Question 3

Which of the following statements regarding new-onset diabetes after transplant (NODAT) is true?

A. Tacrolimus is associated with a higher incidence of NODAT than cyclosporine

B. Steroid regimens are associated with a lower incidence of NODAT

C. Cyclosporine is associated with a higher incidence of NODAT

D. Tacrolimus should not be used for patients at risk for NODAT

Question 4

In patients with HCV infection who receive treatment and achieve sustained virologic response (SVR), what is the estimated risk reduction for hepatocellular carcinoma?

A. 10%

B. 20%

C. 30%

D. 40%

E. 70%

Question 5

The most common ureteral anastomosis performed as part of a kidney transplant is:

A. Parallel incision extravesical technique (Barry technique)

B. Ureter reimplantation tunneled under bladder mucosa (Leadbetter-Politano technique)

C. One-stitch technique (Taguchi technique)

D. Ureter reimplantation extravesically (Lich-Gregoir technique)

E. Intravesical ureteroneocystostomy (Gibson technique)



Question 6

A 52-year-old Caucasian male received a deceased donor kidney transplant for end-stage renal disease due to progressive membranous nephropathy. At his 3-month follow-up visit, he was found to have 2 g protein per g creatinine in his urine. A renal allograft biopsy revealed changes typical of membranous nephropathy by light microscopy, immunofluorescence, and electron microscopy. Which of the following might have predicted recurrence of the original disease in the allograft?

- A. Elevated anti-C1q antibody titer
- B. Presence of two copies of ApoL1 nephrotoxic genes
- C. Elevated titers of anti-PLA2-R antibodies**
- D. Elevated titers of anti-C3b antibodies
- E. Presence of anti-podocyte antibodies

Question 7

Ischemic cholangiopathy associated with donation after circulatory death liver transplant is marked by:

- A. Attenuation of intrahepatic biliary radicles**
- B. Immediate post-transplant sloughing and dilation of central ducts
- C. Follows thrombosis of hepatic arterial inflow
- D. Bile leak

Question 8

A 50-year-old man is admitted to the ICU with sepsis secondary to pneumonia. He is 10 years status post DDKT with a functioning graft. He is persistently hypotensive despite adequate volume resuscitation and moderate-dose vasopressin and norepinephrine. He is not acidotic. What should be the next step in management?

- A. Administer IV hydrocortisone**
- B. Start dopamine infusion
- C. Transfuse 2 units of red blood cells



D. Administer drotrecogin alfa

E. Administer fluconazole

Question 9

A 57-year-old recipient of a deceased donor kidney transplant 6 weeks ago is diagnosed in clinic with a symptomatic candidal urinary tract infection. The current immunosuppressive regimen consists of mycophenolate, prednisone, and tacrolimus. You are planning to start fluconazole for treatment. What adjustment, if any, must be made to the tacrolimus dose?

A. Increase by 50%

B. No change

C. Decrease by 50%

D. Increase by 200%

E. Hold while undergoing treatment

Question 10

You are the abdominal recovery surgeon at a donation after circulatory death (DCD) organ procurement, and the OPO asks whether you will declare the time of death prior to skin incision. What is your response?

A. No, because you will already be scrubbed and sterile.

B. No, because as the recovery surgeon you are not involved in the determination of death due to a conflict of interest.

C. Yes, if they provide a sterile stethoscope and allow an extra gown and gloves to be worn that can be removed after declaration.

D. Maybe, if abdominal organs are not recovered due to warm ischemia time, I will declare for thoracic organs.

E. No, because you do not have those privileges at that hospital.