

HEMATOLOGY

PAPER-II

Time: 3 hours
Max. Marks:100

HEMAT/J/20/48/II

Important Instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

- Multiple myeloma diagnosis and indications for therapy. 3+3+4
 - Risk stratification of multiple myeloma
 - First line therapy for newly diagnosed multiple myeloma.
- Daratuzumab. 4+4+2
 - Selinexor.
 - Minimal residual disease in multiple myeloma.
- Chronic myelomonocytic leukemia (CMML): 3+3+4
 - Diagnosis.
 - Prognosis.
 - Management.
- List common parasites that cause eosinophilia. 3+3+4
 - What are causes of increased basophils?
 - How can you identify myeloid versus lymphoid hyper-eosinophilia?
- What is monoclonal lymphocytosis of undetermined significance? 5+5
 - How will you diagnose chronic lymphocytic leukemia? How will you prognosticate?
- What is secondary leukemia and therapy related leukemia? 5+5
 - How will you diagnose, risk stratify and treat secondary acute myeloid leukemia?
- What is fresh frozen plasma, what does it contain? How is it prepared? 5+5
 - What is convalescent plasma for COVID-19? What tests are required and precautions needed when using this blood product?

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8. a) What is leuodepletion of packed red blood cells? What methods are available? 4+3+3
b) What are the indications of leukodepleted blood products?
c) What is irradiation of blood products? Why is it done? What is the problem with irradiated blood products?
9. a) Rare blood groups are precious; How can you store rare red blood groups for long term in the blood bank? 5+5
b) What is Bombay blood group? How is it identified?
10. a) TRALI. 3+4+3
b) How will you manage a patient with allo-immunization who requires blood transfusion support for thalassemia intermedia and has a big spleen?
c) What are the requirements in a donor before platelet apheresis donation?
