



Hematology LKA with Malignant Focus

Purpose

The Hematology LKA: Malignant focused assessment is based on the [Hematology General LKA](#), but includes a larger proportion of questions covering topics related to hematologic neoplastic disorders. Overall, there is about a 70% overlap with the current general Hematology blueprint. This overlap allows the focused assessment to better represent physicians with a focus in classical hematology while ensuring the focused assessment is comparable enough to uphold the same certification. Physicians taking the Hematology LKA with Malignant Focus assessment will continue to be reported as certified in Hematology.

ABIM assessments are designed to evaluate whether a certified hematologist has maintained competence and currency in the knowledge and judgment required for practice. The MOC assessments emphasize diagnosis and management of prevalent conditions, particularly in areas where practice has changed in recent years. As a result of the blueprint review by ABIM diplomates, MOC assessments place less emphasis on rare conditions and focus more on situations in which physician intervention can have important consequences for patients. For conditions that are usually managed by other specialists, the focus is on recognition rather than on management.

Longitudinal Knowledge Assessment Format

The Hematology LKA with Malignant Focus assessment is only available as a Longitudinal Knowledge Assessment. ABIM's Longitudinal Knowledge Assessment (LKA™) is a five-year cycle in which physicians answer questions on an ongoing basis and receive feedback on how they are performing along the way. More information about this assessment can be found here: <https://www.abim.org/maintenance-of-certification/assessment-information/assessment-options/longitudinal-knowledge-assessment/>. More information on how assessments are developed can be found at [abim.org/about/exam-information/exam-development.aspx](https://www.abim.org/about/exam-information/exam-development.aspx).

Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- **Diagnosis:** making a diagnosis or identifying an underlying condition
- **Testing:** ordering tests for diagnosis, staging, or follow-up
- **Treatment/Care Decisions:** recommending treatment or other patient care

- **Risk Assessment/Prognosis/Epidemiology:** assessing risk, determining prognosis, and applying principles from epidemiologic studies
- **Pathophysiology/Basic Science:** understanding the pathophysiology of disease and basic science knowledge applicable to patient care

Clinical scenarios presented take place in outpatient or inpatient settings as appropriate to a typical hematology practice. Clinical information presented may include patient photographs, radiographs, photomicrographs, and other media to illustrate relevant patient findings.

Exam tutorials, including examples of question format, can be found at abim.org/maintenance-of-certification/exam-information/hematology/exam-tutorial.aspx.

Content distribution Listed below are the major medical content categories that define the domain for the Hematology traditional, 10-year MOC exam and LKA. The relative distribution of content is expressed as a percentage of the total assessment. The Hematology Approval Committee and Specialty Board have determined the Hematology LKA: Malignant focused assessment medical content category targets are appropriate, as shown below.

Medical Content Category	% of Exam
Hematopoietic System	24%
Coagulation	19%
Hematologic Neoplastic Disorders	47%
Transfusion Medicine	4%
Cellular Therapy	6%
	100%

ABIM is committed to working toward health equity and believes that board-certified physicians should have an understanding of healthcare disparities. Therefore, health equity content that is clinically important to each discipline will be included in assessments, and the use of gender, race, and ethnicity identifiers will be re-evaluated.

Hematopoietic System

24% of Exam

Normal hematopoiesis

<2%

Disorders of red blood cells or iron

20%

Red blood cell production disorders

Nutritional deficiencies

Iron deficiency

Nutritional anemia, non-iron deficiency

Anemia of chronic inflammation

Red cell aplasia and hypoplasia

Sideroblastic anemia

Red blood cell destruction disorders

Thalassemias

Alpha thalassemia

Beta thalassemia

Hemoglobin E disorders

Sickle cell disorders

Sickle cell trait

Sickle cell anemia (hemoglobin SS disease)

Hemoglobin SC disease

Sickle cell- β^0 and sickle cell- β^+ -thalassemias

Non-sickle hemoglobinopathies

Autoimmune hemolytic anemias (AIHA)

Warm antibody-mediated autoimmune hemolytic anemia

Cold antibody-mediated autoimmune hemolytic anemia

Drug-induced hemolysis

Metabolic abnormalities and enzyme deficiency hemolytic anemias

Oxidant hemolysis, including glucose-6-phosphate dehydrogenase (G6PD) deficiency

Pyruvate kinase deficiency and other metabolic deficiencies

Paroxysmal nocturnal hemoglobinuria

Red blood cell membrane disorders

Microangiopathic hemolytic anemias

(other than TTP, HUS, or DIC)

Non-autoimmune, acquired hemolytic anemias

Erythrocytosis

Porphyrias

Hemochromatosis

White blood cell disorders	<2%
Granulocyte disorders	
Quantitative granulocyte disorders	
Qualitative granulocyte disorders	
Lymphocytopenia and lymphocyte dysfunction syndromes	
Leukocytosis	
Eosinophilia	
Hemophagocytic syndromes	
Bone marrow failure syndromes	2%
Aplastic anemia	
Inherited aplastic anemia	
Acquired aplastic anemia	
Pancytopenia	

Coagulation	19% of Exam
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Platelet and megakaryocyte disorders	5%
Inherited disorders of platelet function	
Acquired disorders of platelet function	
Drug-induced disorders	
Non-drug-induced disorders	
Thrombocytopenia	
Inherited thrombocytopenia	
Acquired thrombocytopenia	
Immune thrombocytopenic purpura (ITP)	
Drug-induced thrombocytopenia	
Thrombotic thrombocytopenic purpura (TTP)	
Hemolytic uremic syndrome (HUS)	
Thrombocytopenia secondary to liver	
Disease and splenic disorders	
Thrombocytosis	
Hemostasis	7%
Molecular basis of coagulation and hemostatic agents	
Normal hemostasis	
Laboratory evaluation	
Hemostatic drugs	
Inherited bleeding disorders (non-platelet)	
Von Willebrand disease	
Types 1, 2A, 2M, 2N, and 3	
Type 2B	

- Modifiers of von Willebrand factor levels
 - Hemophilias A and B
 - Hemophilia A
 - Hemophilia B
 - Factor XI deficiency
 - Factor deficiencies other than factor XI
- Inherited vascular abnormalities
- Acquired bleeding disorders (non-platelet)
 - Factor inhibitors
 - Disseminated intravascular coagulation (DIC)
 - Acquired vascular abnormalities
 - Secondary acquired factor deficiencies

Thrombosis

7%

- Molecular basis of natural anticoagulants, fibrinolytic pathway, and anticoagulant therapy
 - Normal anticoagulant and fibrinolytic mechanisms
 - Laboratory evaluation
 - Anticoagulant drugs
 - Thrombotic disorders
 - Inherited thrombotic disorders
 - Factor V Leiden and prothrombin G20210A
 - Deficiencies of natural anticoagulants (antithrombin, proteins C and S)
 - Hyperhomocysteinemia
 - Acquired thrombotic disorders
 - Heparin-induced thrombocytopenia (HIT)
 - Anti-phospholipid antibody syndrome (APS)
 - Cancer-related thrombotic disorders
 - Thromboembolism at unusual sites
 - Thrombosis management (non-disease-specific)
 - Complications of thrombotic disorders

Hematologic Neoplastic Disorders

47% of Exam

Myeloproliferative neoplasms

6%

- Chronic myeloid leukemia
- Polycythemia vera and secondary erythrocytosis
- Primary myelofibrosis
- Essential thrombocythemia
- Mastocytosis

Chronic neutrophilic leukemia	
Acute leukemias and myelodysplasia	11%
Acute promyelocytic leukemia	
Acute myeloid leukemia (non-promyelocytic)	
Therapy-related myeloid neoplasms	
Myeloid sarcoma/extramedullary leukemia	
Myelodysplastic syndromes	
Chronic myelomonocytic leukemia and myelodysplastic/myeloproliferative neoplasm overlap syndromes	
B-cell acute lymphoblastic leukemia/lymphoma (B-ALL)	
T-cell acute lymphoblastic leukemia/lymphoma (T-ALL)	
B-cell neoplasms	17%
Chronic lymphoid leukemias	
Chronic lymphocytic leukemia/small lymphocytic lymphoma	
Monoclonal B-cell lymphocytosis	
Hairy cell leukemia	
Plasma cell neoplasms	
Multiple myeloma	
Plasmacytomas	
Amyloidosis	
Castleman disease and POEMS syndrome (polyneuropathy, organ enlargement, endocrinopathy, Monoclonal plasma-proliferative disorder, skin changes)	
Monoclonal gammopathy of undetermined significance (MGUS)	
Non-Hodgkin lymphomas, B-cell	
Diffuse large B-cell lymphoma	
Follicular lymphoma	
Mantle cell lymphoma	
Marginal zone B-cell and mucosa-associated lymphoid tissue (MALT) lymphomas	
Burkitt lymphoma	
Primary central nervous system lymphoma	
Lymphoplasmacytic lymphoma (including Waldenström macroglobulinemia)	
General lymphoma issues (not specific to lymphoma type)	

Immunodeficiency-associated lymphoproliferative disorders	<2%
Post-transplantation lymphoproliferative disorders (solid organ transplant)	
Lymphomas associated with human immunodeficiency virus (HIV) infection or primary immune disorders	
Lymphoproliferative disorders associated with iatrogenic immunodeficiency	
T-cell and NK-cell neoplasms	2%
Cutaneous T-cell lymphoma (mycosis fungoides and Sézary syndrome)	
T-cell lymphomas	
Adult T-cell leukemia/lymphoma	
Large granular lymphocyte leukemia	
Prolymphocytic leukemia	
Hodgkin lymphoma	3%
Classical Hodgkin lymphoma	
Nodular lymphocyte-predominant Hodgkin lymphoma	
Histiocytic and dendritic cell neoplasms	<2%
Myeloid and lymphoid neoplasms with eosinophilia and Abnormalities of <i>PDGFRA</i>, <i>PDGFRB</i>, or <i>FGFR1</i>	<2%
Complications of hematologic malignancies	2%
Tumor lysis syndrome	
Spinal cord compression	
Paraneoplastic disorders	
Pharmacology	3%
Toxicities and complications, including cytopenic complications	
Drug dosing and dose modifications	
Clinical trial design and interpretation	<2%

Transfusion Medicine

4% of Exam

Clinical indications for the use of blood products	<2%
Red blood cell preparations	
Platelet preparations	
Fresh frozen plasma	
Cryoprecipitate	
Risks associated with blood products	3%
Risks associated with administration	
Allergic reactions	

Nonanaphylactic allergic reactions	
IgA deficiency	
Anaphylactic reactions	
Graft-versus-host disease	
Electrolyte disturbances	
Infectious organisms	
Alloimmunizations	
Transfusion reactions	
Hemolytic reactions	
Febrile reactions	
Transfusion-related acute lung injury (TRALI)	
Transfusion-associated circulatory overload (TACO)	
Post-transfusion purpura and other risks associated with administration	
Risks associated with therapeutic apheresis procedures	
Management of patients who refuse transfusion	<2%

Cellular Therapy	6% of Exam
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Hematopoietic cell biology and engraftment	<2%
Biology of hematopoietic cell transplantation	
Biologic and immunologic relationship between donor and host	
Hematopoietic cell transplantation in the management of hematologic diseases	<2%
Autologous HCT	
Allogeneic HCT	
Conditioning regimens	<2%
Regimen intensity	
Toxicities	
Supportive care	<2%
Preventing infectious disease	
Transfusion support, including graft compatibility and blood product issues	
Graft-versus-host disease (GVHD)	<2%
Acute GVHD	
Chronic GVHD	
Other complications after hematopoietic cell transplantation	<2%
Engraftment failure or rejection	

Infections	
Organ toxicity	
Transplant-associated thrombotic microangiopathy	
Post-transplant lymphoproliferative disorder	
Late effects	
Disease relapse	<2%
Chimeric antigen receptor (CAR) T-cell therapy and other genetically modified cell therapy	<2%

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