ONCC Exams

TCTCN

ONCC Transplantation and Cellular Therapy Certified Nurse

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Question: 1

A 44-year-old man is 14 months past a matched unrelated donor transplant for acute myeloid leukemia and attends the long-term follow-up clinic. He came off immunosuppression several months ago and has no signs of cGVHD. He describes six weeks of drenching night sweats, new bruising over both shins, and unintentional weight loss. His counts today show a white cell count and a platelet count that have both fallen since his last visit, and the chimerism study sent two weeks ago shows a declining donor fraction. Which action by the nurse is the priority?

A. Contact the referring community hematologist to arrange a repeat complete blood count in one month before involving the transplant team in the findings.
B. Report the declining donor fraction as an expected consequence of withdrawing immunosuppression, note that he has no cGVHD, and confirm his next milestone visit as scheduled.
C. Explain that drenching night sweats and easy bruising are recognized late effects of total body irradiation, and reinforce fall precautions and skin protection at home.
D. Contact the transplant physician today about the falling counts, the declining donor fraction, and his systemic symptoms so that further evaluation can be arranged.

Answer: D

Question: 2

A 55-year-old man comes to the ambulatory cellular therapy clinic the day before his scheduled leukapheresis for CAR T-cell manufacturing. During the pre-collection review he mentions that his primary care physician started him on a daily oral corticosteroid three days ago for a rash, and that he did not think it was worth telling the transplant team.
Which action by the nurse is most important?

A. Tell him to take no further doses after tonight and to keep the collection appointment as scheduled.
B. Call his primary care physician to ask whether the rash could be managed with a topical preparation instead of an oral agent.
C. Report the corticosteroid exposure to the cellular therapy physician before the collection, since systemic corticosteroids can compromise a T-cell collection and the protocol may require the schedule to change.
D. Record the exposure on the pre-collection checklist so the apheresis nurse can review it when he arrives in the morning.

Answer: C

Question: 3

A five-month-old infant with a severe combined immunodeficiency is admitted to await an allogeneic transplant. The parents ask what has to change about how the family cares for him while they wait, and the ward is preparing his admission.
Which set of measures is most important for the nurse to put in place now?

A. Contact precautions for the parents, with the infant's siblings permitted to visit once they have been screened for symptoms at the door.
B. Protective isolation, with live vaccines withheld from the infant and any cellular blood product he receives irradiated.
C. A schedule to bring his routine immunizations up to date before conditioning begins, so that protection is in place during the recovery period.
D. Neutropenic dietary restrictions and daily surveillance cultures.

Answer: B

Question: 4

A man several months into continuing therapy with a B-cell-directed bispecific antibody admits at his clinic visit that he stopped his antimicrobial prophylaxis weeks ago. He says he felt fine, the tablets were an inconvenience at work, and his counts have been normal throughout.
Which response is most appropriate?

A. Arrange for immunoglobulin replacement instead, since he has shown he will not take oral medication reliably.
B. Advise him to restart the tablets only during the winter months, to stop them again in the spring, and to tell the team at his next visit, since the infections it prevents are commonest then.
C. Explain that antibody production stays suppressed while this treatment continues, restart the prophylaxis today, and tell the team.
D. Reassure him that normal counts indicate his immune function has recovered, and document that prophylaxis has been discontinued.

Answer: C

Question: 5

A nurse on the transplant unit is preparing to transfuse red cells for a patient who is three weeks past an allogeneic transplant and remains transfusion dependent. During the bedside check, the nurse finds that the unit label carries no indication that the component has been irradiated.
Which action should the nurse take?

A. Withhold the transfusion, return the unit to the transfusion service, and request an irradiated component before anything is given.
B. Ask the covering provider for permission to give this unit, given the delay involved.
C. Proceed with the transfusion, document the missing irradiation label, and then ask for irradiated units before the next one.
D. Give the unit through a leukocyte reduction filter, instead of an irradiated one.

Answer: A

Question: 6

A patient's creatinine has risen on each of the last three clinic visits while he has been taking a calcineurin inhibitor. He also takes an antifungal, an antiviral and, since last week, a non-steroidal anti-inflammatory bought over the counter for back pain.
Which nursing action is most useful now?

A. Report the trend with the full medication list, including the anti-inflammatory, to the clinic team.
B. Advise him to stop the anti-inflammatory and increase his oral fluid intake, notify his primary care provider, then have the creatinine repeated in a week.
C. Explain that a rising creatinine is expected while immunosuppression continues, that the team is aware of it, and that it will settle once the taper begins.
D. Withhold the next dose of the calcineurin inhibitor and arrange for a trough level to be drawn before the following dose.

Answer: A

Question: 7

An adolescent with a severe inherited hemoglobin disorder is admitted to receive an autologous gene-modified hematopoietic cell product. Which combination of expectations should shape the nurse's plan of care for this admission?

A. Neither conditioning nor graft-versus-host disease prophylaxis, because the cells are the patient's own and are simply returned.
B. Conditioning with its full cytopenic course, but no graft-versus-host disease risk.
C. Cytokine release syndrome surveillance, with early fever treated as a reaction the way it is after CAR T or bispecific therapy.
D. Conditioning together with graft-versus-host disease prophylaxis, because the cells have been genetically altered before reinfusion.

Answer: B

Question: 8

At a pre-admission visit a man produces a bag of supplements he takes daily, including a herbal preparation for low mood, a high-dose antioxidant and a fish oil. He says he has taken them for years and would like to continue through the transplant.
Which nursing action is indicated?

A. Suggest he continue them until admission, and bring the containers in with him to hand to the ward nurse for storage, so that the inpatient team can decide once he has arrived.
B. Advise him that supplements available without prescription do not interact with prescribed treatment and may be continued as he wishes.
C. List every product with its dose and timing and bring the list to the transplant pharmacist and physician, explaining that some of these alter how his transplant medicines behave.
D. Tell him to stop every one of them immediately.

Answer: C

Question: 9

During preparation for accreditation and Joint Commission surveys, a reviewer sampling records finds that on several product infusions the nurse recorded the start and finish times but left the receipt-to-infusion custody entries incomplete. The products were given correctly and no patient came to harm. Why does this finding matter?

A. The finding matters because it suggests the nurses involved were not trained in the electronic record, its custody fields, or its audit trail, which is what the survey is assessing.
B. It matters only if a product is later recalled, at which point the missing entries would need to be reconstructed from staffing records.
C. Incomplete documentation of this kind is a nursing record-keeping matter and is properly addressed through the unit's own audit program rather than through an external survey finding.
D. The record has to show the product's unbroken custody from receipt to administration, and without those entries the program cannot demonstrate it however well the infusions went.

Answer: D

Question: 10

Treating cytokine release syndrome with corticosteroids and an anti-interleukin-6 agent adds to a cellular therapy recipient's infection risk chiefly by

A. depleting the normal B cells that the engineered product recognizes, so that antibody production falls.

B. suppressing cell-mediated immunity, which allows latent viruses and fungi to establish.
C. breaking down the mucosal barrier of the gut, so that resident bacteria can enter the bloodstream.
D. prolonging the neutropenia that the lymphodepleting chemotherapy produced before the cells were given.

Answer: B

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