

Welcome to the FIT Board Review Corner, prepared by Timothy Chow, MD, and Christopher Foster, MD, senior and junior representatives of the College's Fellows-in-Training (FITs) to the Board of Regents. The FIT Board Review Corner is an opportunity to help hone your Board preparedness.

## **Review Questions**

Allergy and Immunology Review Corner: Janeway's Immunobiology, 9th edition

## **Chapter 10:** <u>Humoral Immunity</u>

- 1. Naïve T cells express which of the following chemokine receptor in order to localize to a specific zone within the lymph node?
  - a. CXCR5
  - b. CCL19
  - c. CCR7
  - d. CXCL13
- 2. A 12-year-old boy with fulminant hepatitis due to EBV infection and pancytopenia has a defect in which gene?
  - a. CD40 ligand
  - b. Signaling lymphocyte activation molecule-associated protein (SAP)
  - c. ICOS ligand
  - d. Activation-induced cytidine deaminase (AID)
- 3. Which of the following B cell maturation steps is impaired in ataxia telangiectasia due to a mutation in the ATM gene?
  - a. Somatic hypermutation
  - b. Affinity maturation
  - c. Class switching
  - d. Development into a plasmablast
- 4. Deficiency of which ligand found on which cell results in hyper IgM syndrome?
  - a. CD40 on T cells
  - b. CD40 on B cells
  - c. CD40 ligand on T cells
  - d. CD40 ligand on B cells





- 5. Which IgG subclass does not play a role in complement activation?
  - a. IgG1
  - b. IgG2
  - c. IgG3
  - d. IgG4
- 6. The selective transport of IgG across the placenta is due to which receptor?
  - a. Poly Ig receptor
  - b. Neonatal Fc receptor
  - c. Complement receptor 2
  - d. Fc receptor
- 7. Antibody-dependent cell-mediated cytotoxicity is triggered when antibody bound to the surface of a cell interacts with which Fc receptor on the NK cell?
  - a. FcγRI
  - b. FcyRIII
  - c. FceRI
  - d. FcεRII
- 8. A plasma cell has which of the following characteristics?
  - a. Undergoes class switching
  - b. High rate of immune globulin secretion
  - c. Undergoes somatic hypermutation
  - d. High rate of immune globulin expression
- 9. The B cell co-receptor complex is made of which of the following cell-surface proteins?
  - a. CD19, CD21, CD81
  - b. CD19, CD20, CD86
  - c. CD20, CD21, CD80
  - d. CD16, CD20, CD80
- 10. A 15-month-old boy presents with a history of recurrent *haemophilus influenzae* infections, eczema, thrombocytopenia, and a history of bleeding after circumcision. What is the most likely diagnosis?
  - a. X-linked lymphoproliferative syndrome
  - b. Hyper IgM syndrome
  - c. Ataxia telangiectasia
  - d. Wiskott-Aldrich syndrome





## **Answers:**

- 1. **c** (page 403): Naïve T cells express the chemokine receptor CCR7 and localize to zones where its ligands, CCL19 and CCL21, are highly expressed within the lymph node.
- 2. **b** (page 406): In X-linked lymphoproliferative syndrome, the SAP gene is inactivated, and patients can have an exaggerated immune response to EBV.
- 3. **c** (page 417): Class switching is sometimes impaired in ataxia telangiectasia, which is caused by mutations in the DNA-PKcs-family kinase, ATM, a known DNA repair protein.
- 4. **c** (page 418): Genetic deficiency of CD40 ligand on activated helper T cells reduces class switching and results in abnormally high levels of plasma IgM, a condition known as hyper IgM syndrome.
- 5. **d** (page 423): IgG1 and IgG3 strongly activate complement, and IgG2 weakly activates complement. IgG4 does not activate complement.
- 6. **b** (page 426): The selective transport of IgG from mother to fetus is due to an IgG transport protein in the placenta, FcRN (neonatal Fc receptor).
- 7. **b** (page 435): NK cells express FcyRIII (CD16) which recognizes IgG1 and IgG3 subclasses and destroys antibody-coated target cells in a process called antibody-dependent cell-mediated cytotoxicity (ADCC).
- 8. **b** (page 407): A plasma cell produces large amounts of secreted antibody.
- 9. **a** (page 402): The B cell co-receptor complex contains the cell-surface proteins CD19, CD21 (or complement receptor 2), and CD81.
- 10. **d** (page 421): Wiskott-Aldrich syndrome is caused by defects in T cells that impair their interaction with B cells and lead to increased susceptibility to encapsulated bacteria such as *H. influenzae*.