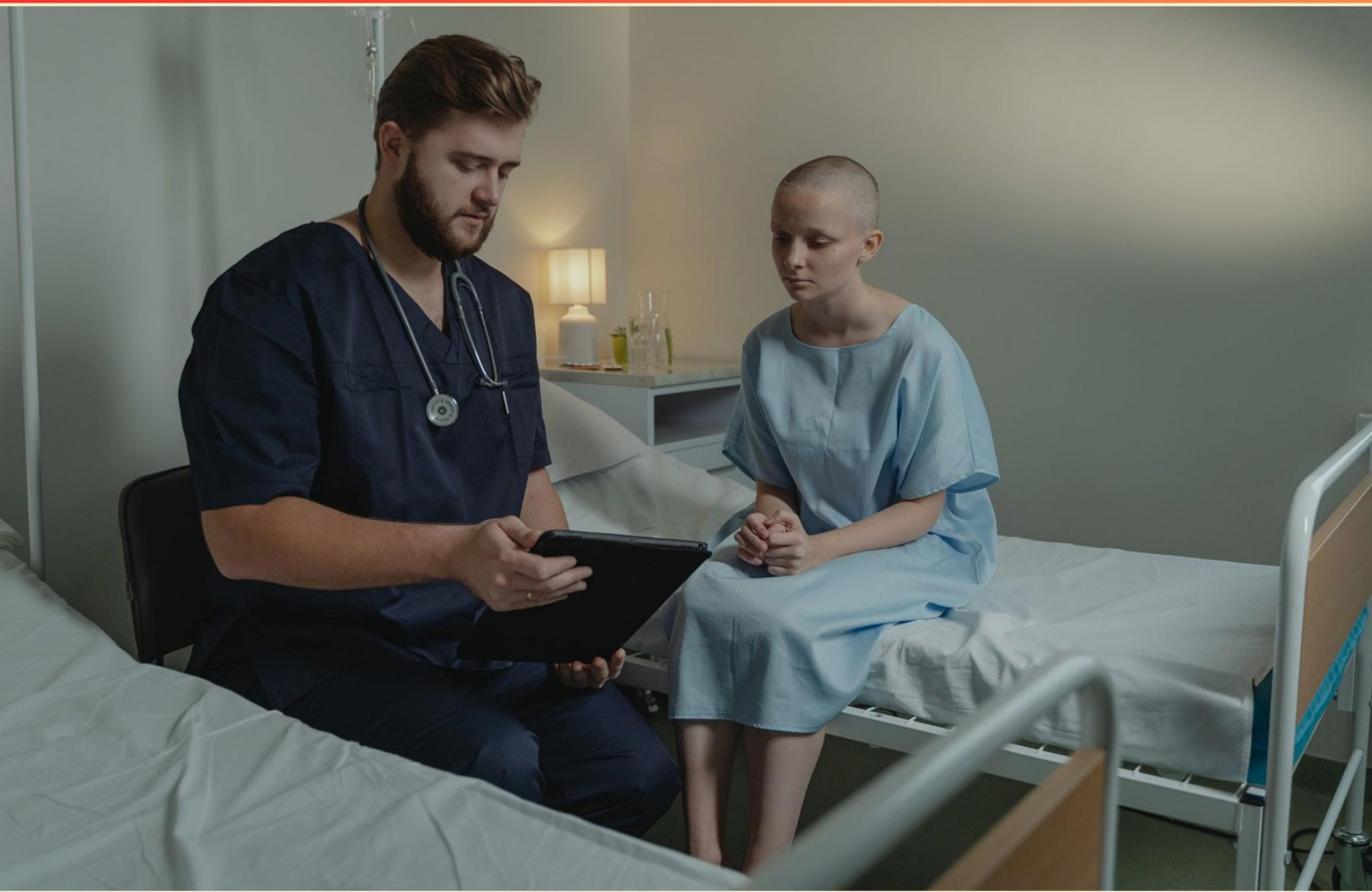


CANCER MANAGEMENT BOOK PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. Which statement best describes how data completeness is assessed?

- A. It is assessed using independent case ascertainment
- B. It is assessed solely by lag-time reports
- C. It is not assessed in quality control
- D. It is assessed only by timeliness measures

2. Which statement is true about ICD-10 and ICD-O-3?

- A. ICD-10 for mortality; ICD-O-3 for neoplasms
- B. ICD-10 codes neoplasms; ICD-O-3 codes all diseases
- C. ICD-10 is alphanumeric; ICD-O-3 numeric
- D. ICD-10 uses 5-digit codes; ICD-O-3 uses 6-digit codes

3. In ICD-O coding, which component indicates the cell type?

- A. Topography
- B. Morphology
- C. Behavior
- D. Grade

4. Record consolidation rules include:

- A. Hierarchy rules
- B. Most frequent
- C. Known over unknown
- D. All of the above

5. Pure HTML code is static, not dynamic. Which option best reflects this statement?

- A. False
- B. Sometimes
- C. It depends on the context
- D. True

- 6. Which of the following is NOT typically considered an important software application for registry operations?**
- A. Record linkage
 - B. Geospatial analysis
 - C. Edit checking
 - D. Graphic design software
- 7. Cancer is a reportable disease, under state law, in how many states?**
- A. 25
 - B. 10
 - C. 0
 - D. 50
- 8. The first national cancer registry program was established by**
- A. ACS
 - B. NPCR
 - C. SEER
 - D. USCS
- 9. Social Security number is grouped under which abstracting section?**
- A. Cancer Identification
 - B. Stage of Disease at Diagnosis
 - C. Patient Identification
 - D. First Course of Treatment
- 10. Why is a relational database structure better for storing registry data than a NAACCR data exchange record?**
- A. Registry data are logically grouped into records such as patient demographics and cases.
 - B. The NAACCR record is designed for data exchange, not storage.
 - C. Some NAACCR data exchange fields simply do not make sense to store in a registry database.
 - D. All of the above

Answers

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1. B
2. A
3. B
4. D
5. D
6. D
7. D
8. C
9. C
10. D

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Explanations

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1. Which statement best describes how data completeness is assessed?

- A. It is assessed using independent case ascertainment
- B. It is assessed solely by lag-time reports**
- C. It is not assessed in quality control
- D. It is assessed only by timeliness measures

Data completeness is often monitored by looking at how quickly data arrive after an event, because data that haven't shown up by a fixed reporting cut-off are effectively incomplete. If there's a long or highly variable lag between when a case occurs and when its record appears in the dataset, that signals missing data at that point in time, so lag-time measurements serve as a practical indicator of completeness. While independently identifying cases helps ensure broad coverage, it doesn't by itself quantify how complete the collected data fields are. Quality control does include checks for completeness, but timeliness alone isn't the same as completeness, and lag-time trends integrate the effect of delayed or missing submissions. So using lag-time reports to gauge whether the dataset is complete at a given point in time is the most informative approach among the options.

2. Which statement is true about ICD-10 and ICD-O-3?

- A. ICD-10 for mortality; ICD-O-3 for neoplasms**
- B. ICD-10 codes neoplasms; ICD-O-3 codes all diseases
- C. ICD-10 is alphanumeric; ICD-O-3 numeric
- D. ICD-10 uses 5-digit codes; ICD-O-3 uses 6-digit codes

This item tests how ICD-10 and ICD-O-3 are used in cancer data. ICD-10 is the general coding system used to record diagnoses and causes of death on death certificates and medical records, covering a wide range of diseases, including cancer. ICD-O-3, on the other hand, is a specialized oncology coding system used primarily by cancer registries to classify tumors by site and morphology, not for coding all diseases. Because one system serves broad mortality and morbidity coding and the other provides detailed tumor-specific coding, the statement that ICD-10 is used for mortality and ICD-O-3 for neoplasms is true. The other options are inaccurate because ICD-10 does more than just mortality, ICD-O-3 is not for all diseases, and the coding formats differ in structure rather than simply being a fixed 5- or 6-digit scheme.

3. In ICD-O coding, which component indicates the cell type?

- A. Topography
- B. Morphology**
- C. Behavior
- D. Grade

The cell type is defined by the morphology component. In ICD-O, morphology codes specify the histologic type of the tumor—what kind of cancer cells are involved, such as adenocarcinoma, squamous cell carcinoma, lymphoma, and so on. Topography, on the other hand, tells you where the tumor started in the body (the site). Behavior indicates whether the tumor is malignant, in situ, or benign, and is attached to the code as the behavior digit after the slash. Grade reflects how differentiated the cells are, but it does not describe the cell type itself. So the morphology part is the one that indicates the actual cell type. For example, a morphology code identifies the histologic type, while the site is given by topography and the malignant nature by behavior.

4. Record consolidation rules include:

- A. Hierarchy rules
- B. Most frequent
- C. Known over unknown
- D. All of the above**

When merging records from multiple sources, you need clear rules to pick a single, consistent value so the consolidated record is reliable. Hierarchy rules set a source priority: you take the value from the most trusted source when there's a conflict, which helps preserve data quality by favoring a known good origin. Most frequent resolves disagreements by selecting the value that appears most often across sources, operating on the idea that convergence across sources implies greater reliability. Known over unknown prioritizes actual, observed data over missing or unknown values, so you don't throw away information just because one source didn't have a value. Using these three approaches together covers priority, consensus, and data presence, giving a robust framework for consolidation. That's why the set of rules includes all of these methods. In practice, you might apply them selectively based on specific data characteristics, but together they form a comprehensive approach to reconciling conflicting records.

5. Pure HTML code is static, not dynamic. Which option best reflects this statement?

- A. False
- B. Sometimes
- C. It depends on the context
- D. True**

HTML lays out what appears on the page and its content, but it has no programming logic to change that content after the page loads. Pure HTML displays the same thing each time unless something else runs to alter it. Dynamic behavior comes from scripting (like JavaScript) or server-side processing that responds to events or data, which HTML alone cannot provide. So, without scripts or server logic, the page remains static, making the statement true. If you add JavaScript or server processing, the content can change dynamically.

6. Which of the following is NOT typically considered an important software application for registry operations?

- A. Record linkage
- B. Geospatial analysis
- C. Edit checking
- D. Graphic design software**

In registry operations, the software that matters most supports data integration, quality control, and spatial analysis. Record linkage is essential for identifying and merging records that refer to the same patient across different sources, which prevents duplicates and ensures a complete picture. Geospatial analysis helps map cancer patterns, track geographic distribution, and plan resources or interventions. Edit checking is a key data quality process, catching inconsistencies, out-of-range values, and logical errors to maintain data accuracy. Graphic design software, while useful for creating polished visuals or reports, does not contribute to the core data management and analysis tasks of a registry. It's not typically considered an important registry operations tool.

7. Cancer is a reportable disease, under state law, in how many states?

- A. 25
- B. 10
- C. 0
- D. 50**

Cancer reporting to public health authorities is required in every state. Each state has statutes that require the reporting of malignant neoplasms to the state health department or a state cancer registry, typically by clinicians, laboratories, or hospitals. This universal requirement supports consistent population-level surveillance, helping track incidence, identify geographic trends, evaluate screening programs, and guide public health planning and research. While specifics vary by state (which cancers, who must report, and reporting timelines), the overarching fact is that all 50 states mandate cancer reporting.

8. The first national cancer registry program was established by

- A. ACS
- B. NPCR
- C. SEER**
- D. USCS

SEER, the Surveillance, Epidemiology, and End Results program, was established by the National Cancer Institute in 1973 to create a nationwide cancer registry. It began as a collaborative network of population-based registries that collected data on cancer incidence, stage at diagnosis, initial treatment, and survival, with the goal of generating reliable national statistics. This work provided a consistent, high-quality data foundation for understanding cancer trends, survival, and disparities, and it set the model for national cancer data in the United States. The National Program of Cancer Registries, started by the CDC in the 1990s, expanded state registry coverage; USCS later combines SEER and NPCR data to publish national statistics. The American College of Surgeons has supported registry efforts, but the first nationwide registry program originated with SEER.

9. Social Security number is grouped under which abstracting section?

- A. Cancer Identification
- B. Stage of Disease at Diagnosis
- C. Patient Identification**
- D. First Course of Treatment

In data abstraction for cancer registries, the key idea is organizing information by what each piece represents. A Social Security number is used to uniquely identify a patient across records and facilities, so it belongs under patient identification. It helps link all data for the same person and prevents mixing records from different individuals. The other areas are about clinical information: stage of disease at diagnosis describes how far the cancer has progressed, not who the patient is; the first course of treatment refers to the initial therapy given, not the patient's identity; and cancer identification would concern identifying the cancer type or site, not identifying the patient.

10. Why is a relational database structure better for storing registry data than a NAACCR data exchange record?

- A. Registry data are logically grouped into records such as patient demographics and cases.
- B. The NAACCR record is designed for data exchange, not storage.
- C. Some NAACCR data exchange fields simply do not make sense to store in a registry database.
- D. All of the above**

Relational databases shine when data represent real-world entities with clear relationships. In a registry, you can store patient demographics in one table, tumor or case records in another, and link them with a unique patient identifier. This normalization lets a patient have multiple cancers or encounters without duplicating data, supports robust updates, and enables precise queries that join related data across tables. The NAACCR data exchange record, on the other hand, is built for transferring data between systems. It's often flat or designed around portability, with fields chosen for exchange rather than long-term storage. Some of those fields may be optional, redundant, or not meaningful to keep in a registry's schema. Storing that exchange format directly can introduce inefficiency and data integrity issues. Together, these points show why a relational structure is better for registry data: it provides stable, normalized storage that mirrors real relationships and supports evolving queries, while exchange-oriented formats are better suited for transfer, not permanent storage.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://cancermanagementbook.examzify.com>

We wish you the very best on your exam journey. You've got this!

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