

# Cancer Registry Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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. Collection of cancer data by state cancer registries is mandated by \_\_\_\_\_ law.**
  - A. Federal**
  - B. Local**
  - C. State**
  - D. International**
  
- 2. True or False: Cancer registries are revenue-generating.**
  - A. True**
  - B. False**
  - C. Not applicable**
  - D. Sometimes**
  
- 3. Which organization is responsible for developing the first standards of quality cancer care and continues to provide hospital-based cancer registries with data standards and coding instructions?**
  - A. Commission on Cancer (CoC)**
  - B. Centers for Disease Control**
  - C. National Cancer Institute**
  - D. American College of Surgeons**
  
- 4. In the AJCC Staging System, what does N represent?**
  - A. Number of tumors**
  - B. Nuclear grade**
  - C. Regional lymph node metastasis**
  - D. Neoplasia type**
  
- 5. Which document is commonly used for cancer staging in registries?**
  - A. AJCC Cancer Staging Manual**
  - B. ICD-O**
  - C. NAACCR Standards**
  - D. MP/H**

- 6. For HIM graduates pursuing CTR certification through an NCRA-Accredited Certificate Program, what is the practicum requirement?**
- A. 40-hour practicum**
  - B. 80-hour practicum**
  - C. 320-hour practicum**
  - D. 160-hour practicum**
- 7. In the AJCC Staging System, what does M represent?**
- A. Metastatic disease in distant tissues and lymph nodes**
  - B. Median tumor size**
  - C. Micro metastasis**
  - D. Methylation status**
- 8. Which type of registry would be most appropriate for monitoring cancer incidence trends at the state level?**
- A. Hospital-based registries**
  - B. Specialty registries**
  - C. Population-based registries**
  - D. National registries**
- 9. Which database is used to examine cancer treatment trends and survival and for quality improvement in cancer care?**
- A. National Cancer Database (NCDB)**
  - B. SEER Program**
  - C. Global Cancer Registry**
  - D. National Health Database**
- 10. In cancer registry reporting, the stage represents what?**
- A. The extent of the disease**
  - B. The tumor grade**
  - C. The patient's age**
  - D. The treatment plan**

## Answers

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

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## **Explanations**

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**1. Collection of cancer data by state cancer registries is mandated by \_\_\_\_\_ law.**

- A. Federal**
- B. Local**
- C. State**
- D. International**

Collection of cancer data by state registries is required by state law. States pass public health statutes that compel hospitals, physicians, and other reporting entities to notify the state cancer registry about new cancer diagnoses. These laws define what must be reported, how data are submitted, and how patient confidentiality is protected, creating the legal foundation for systematic cancer surveillance within the state. Federal programs may fund and standardize reporting and provide national data, but the binding mandate to collect data originates at the state level. Local laws would be at a city or county level and international law does not govern domestic reporting.

**2. True or False: Cancer registries are revenue-generating.**

- A. True**
- B. False**
- C. Not applicable**
- D. Sometimes**

The main idea is how cancer registries operate and are funded. They are public health data systems that collect, code, and report cancer cases to monitor incidence, trends, and outcomes. This work is supported by government funding, grants, and hospital resources, not by aiming to generate profit. Their purpose is to enable surveillance, quality improvement, policy planning, and research, not to earn revenue. While some data access fees may exist to cover operating costs, that doesn't make the registry revenue-generating in the business sense. Therefore the statement is not correct.

**3. Which organization is responsible for developing the first standards of quality cancer care and continues to provide hospital-based cancer registries with data standards and coding instructions?**

- A. Commission on Cancer (CoC)**
- B. Centers for Disease Control**
- C. National Cancer Institute**
- D. American College of Surgeons**

The Commission on Cancer is the organization that established and continues to uphold standards for quality cancer care and to provide hospital-based cancer registries with standardized data elements and coding instructions. As a program of the American College of Surgeons, it developed the first widely adopted accreditation standards for cancer programs and maintains ongoing guidelines for how data should be collected and reported in registries, ensuring uniformity across hospitals and enabling valid quality comparisons. Other agencies have different primary roles: the CDC focuses on public health surveillance, the NCI on cancer research, and the American College of Surgeons is the parent organization, with the Commission on Cancer serving as the body that creates and maintains these care-quality standards and registry guidelines.

**4. In the AJCC Staging System, what does N represent?**

- A. Number of tumors**
- B. Nuclear grade**
- C. Regional lymph node metastasis**
- D. Neoplasia type**

In the AJCC staging system, the letter N represents regional lymph node metastasis. The TNM framework is T for the primary tumor's size and extent, N for whether cancer has spread to nearby regional lymph nodes, and M for distant metastasis. So N specifically flags involvement of lymph nodes that drain the tumor site, which is a key step in determining stage and prognosis. Other options don't fit this term: number of tumors isn't how N is defined, nuclear grade is a histologic grade of the tumor's cells rather than nodal spread, and neoplasia type refers to the histologic type of cancer, not its nodal involvement.

**5. Which document is commonly used for cancer staging in registries?**

- A. AJCC Cancer Staging Manual**
- B. ICD-O**
- C. NAACCR Standards**
- D. MP/H**

Staging is guided by a single, standardized reference that defines how to classify tumor extent using the TNM system and how those findings translate into stage groups. The AJCC Cancer Staging Manual provides the exact criteria for Tumor size/extent (T), lymph node involvement (N), and metastasis (M), plus the resulting stage groupings (0 through IV). In registries, this consistency lets stage data be comparable across hospitals and over time, which is essential for survival analyses and reporting stage distributions. Other options serve different roles: ICD-O codes are for describing the tumor's site and histology, not its stage. NAACCR Standards cover data collection formats and variable definitions, not the staging rules themselves. MP/H focuses on documenting multiple primaries and histology details, not staging criteria.

**6. For HIM graduates pursuing CTR certification through an NCRA-Accredited Certificate Program, what is the practicum requirement?**

- A. 40-hour practicum**
- B. 80-hour practicum**
- C. 320-hour practicum**
- D. 160-hour practicum**

The key idea is that a CTR certificate pathway requires a hands-on, supervised field experience that is long enough to demonstrate real-world competency in cancer registry work. For graduates pursuing CTR through an NCRA-Accredited Certificate Program, the practicum is set at 160 hours. This duration provides enough time to complete a meaningful portion of registry tasks under supervision, such as abstracting cases from medical records, applying coding conventions (like ICD-O and staging), performing data quality checks, and understanding the workflow and follow-up processes. It's long enough to expose you to multiple cases and to receive guided feedback, which helps ensure you can produce accurate, complete registry data in practice. Choosing 160 hours aligns with the standard expectations for the certificate route, balancing thorough hands-on experience with the program's structure. Shorter practicum hours, like 40 or 80 hours, might not give enough exposure to demonstrate consistent proficiency across cases, while a much longer practicum, such as 320 hours, is typically more characteristic of more extensive or degree-level training rather than the certificate pathway.

**7. In the AJCC Staging System, what does M represent?**

- A. Metastatic disease in distant tissues and lymph nodes**
- B. Median tumor size**
- C. Micro metastasis**
- D. Methylation status**

In the AJCC TNM system, the letter M stands for metastasis, meaning the cancer has spread beyond the primary tumor and regional lymph nodes to distant sites in the body. This distinction between M0 (no distant metastasis) and M1 (distant metastasis present) is crucial because distant spread typically changes prognosis and drives the choice of systemic treatments. The correct interpretation is that M represents metastatic disease in distant sites, which is why this option best captures the concept. The other ideas—size of the tumor, micro-metastases, or molecular features like methylation status—are not what the M category measures in AJCC staging.

**8. Which type of registry would be most appropriate for monitoring cancer incidence trends at the state level?**

- A. Hospital-based registries**
- B. Specialty registries**
- C. Population-based registries**
- D. National registries**

The essential idea is to have data that represent every new cancer case in a defined population so you can calculate accurate incidence rates over time. Population-based registries do just that for a defined geographic area, such as a state. They aim to capture all incident cancer cases arising in the state's population and link those cases to the state's population data, allowing you to compute incidence rates and observe trends year after year. Because they include data from multiple sources and apply uniform definitions, they provide a complete and comparable picture of how cancer incidence is changing within the state. Hospital-based registries, by contrast, collect information from one or a few hospitals. They reflect hospital activity and patient mix, not the entire population, so they're not suitable for measuring statewide incidence trends. Specialty registries focus on particular cancer types or populations, so they're not representative of all cancers in the state. National registries aggregate data at a larger scale and may obscure state-specific trends, making them less ideal for monitoring state-level changes. So, for tracking how cancer incidence changes over time within a state, a population-based registry is the best choice.

**9. Which database is used to examine cancer treatment trends and survival and for quality improvement in cancer care?**

- A. National Cancer Database (NCDB)**
- B. SEER Program**
- C. Global Cancer Registry**
- D. National Health Database**

The main idea here is understanding which registry focuses on how cancer is treated in real-world practice and how care quality is measured and improved. The National Cancer Database fits this use because it is a hospital-based registry that collects detailed treatment data from CoC-accredited facilities and links it to patient outcomes. This setup makes it ideal for analyzing treatment patterns, survival, and for benchmarking and quality improvement across cancer programs. SEER, by contrast, is a population-based program that tracks incidence and survival across the U.S. and is primarily used for epidemiology and demographic-level trends rather than hospital-level treatment trends and quality initiatives. Global Cancer Registry and the National Health Database are not the standard repositories used for this specific purpose.

**10. In cancer registry reporting, the stage represents what?**

**A. The extent of the disease**

**B. The tumor grade**

**C. The patient's age**

**D. The treatment plan**

Stage in cancer registry reporting describes how far the cancer has spread at the time of diagnosis. It reflects the extent of the disease, including the size of the primary tumor, involvement of nearby lymph nodes, and whether the cancer has spread to distant sites. This information is crucial because it helps determine prognosis and guides treatment decisions, as more extensive disease generally carries a different outlook and needs different management than localized disease. This concept is different from tumor grade, which looks at how abnormal the cancer cells appear under a microscope and how aggressively they might behave, regardless of how far the cancer has spread. It's also not about the patient's age, which is a demographic factor, or the treatment plan, which is the chosen course of therapy rather than the disease's extent.

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## 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](mailto:hello@examzify.com).**

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

**<https://cancerregistry.examzify.com>**

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

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