

# 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. What term describes a registry that collects data for a hospital or network of hospitals on new cancer cases diagnosed and/or treated there?**
  - A. Hospital-based cancer registry**
  - B. SEER Program Coding and Staging Manual**
  - C. National Program of Cancer Registries**
  - D. National Cancer Registrars Association**
  
- 2. Which document is commonly used for cancer staging in registries?**
  - A. AJCC Cancer Staging Manual**
  - B. ICD-O**
  - C. NAACCR Standards**
  - D. MP/H**
  
- 3. True or False? Cancer-specific information includes the primary site, histology, behavior, laterality, and grade of the cells.**
  - A. True**
  - B. False**
  - C. Not sure**
  - D. Not applicable**
  
- 4. Published in 1976 after physicians expressed a desire for morphology codes: which ICD-O edition?**
  - A. ICD-O second edition**
  - B. ICD-O third edition**
  - C. ICD-O first edition**
  - D. ICD-O fourth edition**
  
- 5. NPCR stands for which?**
  - A. National Program of Cancer Registries**
  - B. North American Association of Central Cancer Registries**
  - C. National Program for Central Cancer Registries**
  - D. North Program of Central Cancer Registries**

- 6. Which manual published by the Commission on Cancer provides data standards and coding instructions for facility-based cancer surveillance for quality patient care?**
- A. National Cancer Database (NCDB)**
  - B. CoC Manual of Standards**
  - C. Data Standards for Oncology Registries**
  - D. Facility Oncology Registry Data Standards (FORDS)**
- 7. Which program established program standards and a minimum data set for funded statewide cancer registries?**
- A. NAACCR (North American Association of Central Cancer Registries)**
  - B. SEER (Surveillance, Epidemiology, and End Results)**
  - C. CoC (Commission on Cancer)**
  - D. NPCR (National Program of Cancer Registries)**
- 8. Collection of cancer data by state cancer registries is mandated by \_\_\_\_\_ law.**
- A. Federal**
  - B. Local**
  - C. State**
  - D. International**
- 9. True or False? The stage of the cancer is the extent of the disease.**
- A. True**
  - B. False**
  - C. Not applicable**
  - D. Cannot be determined**
- 10. With focus on administration and clinical care, which registry collects data for individual hospitals or networks?**
- A. Hospital-based cancer registries**
  - B. Specialty cancer registries**
  - C. Population-based cancer registries**
  - D. National cancer registries**

## Answers

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

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## **Explanations**

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**1. What term describes a registry that collects data for a hospital or network of hospitals on new cancer cases diagnosed and/or treated there?**

- A. Hospital-based cancer registry**
- B. SEER Program Coding and Staging Manual**
- C. National Program of Cancer Registries**
- D. National Cancer Registrars Association**

The hospital-based cancer registry is the term that fits. It collects data on new cancer cases diagnosed and/or treated in a hospital or a network of hospitals, focusing on the patient care and outcomes within that health system. This differs from population-based registries, which aim to capture all cancer cases in a defined population (like a state or region) to study incidence and trends. The SEER Manual is a coding and staging resource used within registries, not a registry type. The National Program of Cancer Registries is a national population-based registry effort, not hospital-based. The National Cancer Registrars Association is a professional organization for registry staff. So, the hospital-based registry best describes data gathered specifically for a hospital or network.

**2. 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.

**3. True or False? Cancer-specific information includes the primary site, histology, behavior, laterality, and grade of the cells.**

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

Cancer-specific data describe the tumor's own characteristics, not just the patient. Including the primary site, histology, behavior, laterality, and grade gives a precise profile of the cancer. The primary site identifies where the tumor began; histology records the cell type and morphology; behavior indicates malignant, in situ, or benign; laterality notes left or right (when applicable); and grade shows how differentiated the tumor cells are. These elements are standard in cancer registries because they enable consistent classification, meaningful comparisons across cases, and essential epidemiologic and quality reporting. While some sites may not require every item (laterality or grade may not apply in all cases), each of these fields is a common cancer-specific data element.

**4. Published in 1976 after physicians expressed a desire for morphology codes: which ICD-O edition?**

- A. ICD-O second edition**
- B. ICD-O third edition**
- C. ICD-O first edition**
- D. ICD-O fourth edition**

Morphology coding was added to ICD-O to capture the histologic type of tumors in addition to their location. Published in 1976 after physicians expressed a need for detailed morphology codes, this first edition established the combined system of site (topography) and morphology codes. It gave registries a standardized way to describe what the cancer cells look like, not just where the cancer is in the body, using specific four-digit histology codes (with a behavior indicator) to distinguish malignant, benign, in situ, and other categories. This breakthrough made national and international cancer data more comparable and meaningful. Later editions refined and expanded the codes, but the 1976 publication marks the introduction of morphology coding in ICD-O.

**5. NPCR stands for which?**

- A. National Program of Cancer Registries**
- B. North American Association of Central Cancer Registries**
- C. National Program for Central Cancer Registries**
- D. North Program of Central Cancer Registries**

NPCR stands for National Program of Cancer Registries. This is a Centers for Disease Control and Prevention program that funds and supports state, territorial, and District of Columbia cancer registries to collect standardized, population-based data on cancer incidence. The information gathered helps track cancer burden, supports public health planning and prevention efforts, and provides a solid data foundation for research. NPCR data are often used together with data from the SEER program (run by the National Cancer Institute) to build a fuller picture of national cancer statistics. The other proposed names are not official expansions of NPCR.

**6. Which manual published by the Commission on Cancer provides data standards and coding instructions for facility-based cancer surveillance for quality patient care?**

**A. National Cancer Database (NCDB)**

**B. CoC Manual of Standards**

**C. Data Standards for Oncology Registries**

**D. Facility Oncology Registry Data Standards (FORDS)**

The main idea is standardizing how cancer data are collected and coded so every facility records information in the same way, enabling reliable comparisons and quality care. The manual published by the Commission on Cancer that provides these data standards and coding instructions for facility-based cancer surveillance is the Facility Oncology Registry Data Standards, known as FORDS. It lays out exactly which data items to collect, how to code tumor site and histology, how to stage disease, what treatment and follow-up data to record, and the rules for timing and data definitions. Registrars use FORDS to ensure consistency across all reporting facilities, which also supports submission to the National Cancer Database and meets accreditation and quality reporting needs. Other publications mentioned don't serve this role: the National Cancer Database is a data repository, not the coding manual; the CoC Manual of Standards covers accreditation requirements rather than the detailed data item definitions and coding rules; and Data Standards for Oncology Registries is not the official CoC data-coding manual.

**7. Which program established program standards and a minimum data set for funded statewide cancer registries?**

**A. NAACCR (North American Association of Central Cancer Registries)**

**B. SEER (Surveillance, Epidemiology, and End Results)**

**C. CoC (Commission on Cancer)**

**D. NPCR (National Program of Cancer Registries)**

This item focuses on who provides the standardized data collection framework for funded statewide cancer registries. The National Program of Cancer Registries (NPCR) is a CDC program that funds state cancer registries and sets the program standards, including a required minimum data set, so that data collected across states are consistent and comparable. While NAACCR develops the data standards and the minimum data set that registries use, it does not fund the registries itself. SEER is a separate NCI program covering specific areas with its own system, and CoC is about accrediting cancer programs rather than providing statewide registry standards. So NPCR is the program that established the standards and the minimum data set for funded statewide registries.

**8. 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.

**9. True or False? The stage of the cancer is the extent of the disease.**

- A. True**
- B. False**
- C. Not applicable**
- D. Cannot be determined**

Staging measures how far the cancer has spread in the body. The stage is defined by the extent of disease, including tumor size, involvement of nearby lymph nodes, and whether there are distant metastases. This information, gathered from imaging and pathology, guides treatment decisions and helps predict outcome. So the statement is true. Non-applicable or undetermined options don't describe how we categorize the spread of disease.

**10. With focus on administration and clinical care, which registry collects data for individual hospitals or networks?**

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

Hospital-based cancer registries are built to track cancer patients within a single hospital or hospital network, making them the primary tool for administration and clinical care. They collect detailed information on patients treated at that facility—demographics, tumor characteristics, treatments given, and outcomes—so the hospital can plan care, monitor quality, allocate resources, and evaluate how well its therapies are working for its own patients. This local, facility-centered focus is what sets them apart from other registries. Population-based registries aim to capture all cancer cases in a geographic area to study incidence and trends, not to manage care inside a specific hospital. National registries compile data at the country level, and specialty registries focus on particular cancer types or care pathways across multiple institutions. None of those are specifically designed to support administration and day-to-day clinical decision-making within an individual hospital or network, which is why hospital-based registries best fit this purpose.

## 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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