

CANCER REGISTRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 is a casefinding window and how does it impact registry data quality?**
 - A. The period used to compile annual financial reports.
 - B. The window during which patients provide consent.
 - C. The time frame in which cases are identified after diagnosis; a shorter window may miss cases (lower completeness) and a longer window delays data; balance needed.
 - D. The interval between successive updates to a cancer registry.
- 2. True or False: All states have cancer reporting laws to which hospital-based registries are subject.**
 - A. Sometimes
 - B. True
 - C. Not sure
 - D. False
- 3. Which organization administers the CTR credential exam?**
 - A. AJCC
 - B. SEER
 - C. NCRA
 - D. HIMSS
- 4. Which term describes an abbreviated abstract developed from pathology reports and disease indices used to identify potential cancer cases for abstracting?**
 - A. Abstract
 - B. Registry Case
 - C. Suspense Case
 - D. Case File
- 5. Do cancer patients need to consent to the collection of their information?**
 - A. False
 - B. True
 - C. Not specified
 - D. Only in some cases

- 6. What is relative survival and how is it interpreted?**
- A. Observed survival minus expected survival.
 - B. Expected survival divided by observed survival.
 - C. Observed survival divided by expected survival in a matched general population; reflects excess mortality due to cancer.
 - D. It is only used for pediatric cancers.
- 7. One purpose of a cancer registry is to maintain a complete, accurate record of the cancer experience for all patients newly diagnosed and treated in the hospital or designated population.**
- A. False
 - B. True
 - C. Not Applicable
 - D. Cannot be Determined
- 8. Which statement best describes stage concordance between clinical and pathologic staging?**
- A. Stage data is always identical between clinical and pathologic
 - B. Discordance is not possible
 - C. Differences between clinical and pathologic stage can cause discordance and affect data quality
 - D. Discordance only affects mortality data
- 9. How many practicum hours must be completed to earn the CTR credential?**
- A. 160
 - B. 170
 - C. 180
 - D. 165
- 10. What best distinguishes a population-based cancer registry from a hospital-based registry?**
- A. Population-based captures all cancer cases in a population for surveillance; hospital-based collects data from hospitals for clinical/quality improvement; population-based enables incidence and survival estimates.
 - B. Population-based collects data from one hospital; hospital-based covers entire population.
 - C. Population-based uses ICD-O; hospital-based uses SNOMED.
 - D. Population-based is only for mortality data; hospital-based is for incidence.

Answers

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

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Explanations

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1. What is a casefinding window and how does it impact registry data quality?

- A. The period used to compile annual financial reports.
- B. The window during which patients provide consent.
- C. The time frame in which cases are identified after diagnosis; a shorter window may miss cases (lower completeness) and a longer window delays data; balance needed.**
- D. The interval between successive updates to a cancer registry.

A casefinding window is the time period after a cancer diagnosis during which cases are identified and abstracted for inclusion in the registry. The length of this window directly affects data quality. If the window is too short, cases diagnosed near the end of the period or those with delayed reporting may be missed, reducing completeness. If the window is too long, data become less timely, delaying analyses and public-health decisions. The aim is to balance capturing as many eligible cases as possible with keeping data current, so registries often adjust the window to optimize both completeness and timeliness.

2. True or False: All states have cancer reporting laws to which hospital-based registries are subject.

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

The essential point is that there are state public health laws requiring hospitals to report cancer cases to the state cancer registry, and these laws are in place in every state. Because hospital-based registries rely on these laws to collect complete cancer data for surveillance, they operate under legal obligations to report. The uniform presence of reporting statutes across states supports consistent data collection for incidence, outcomes, and public health planning, which is why the statement is true. Although states may differ in the specific cancers reported, reporting timelines, or required data elements, the obligation to report cancer cases to a state registry exists nationwide, making the true answer the best choice.

3. Which organization administers the CTR credential exam?

- A. AJCC
- B. SEER
- C. NCRA**
- D. HIMSS

The organization that administers the CTR credential exam is the National Cancer Registrars Association (NCRA). The CTR, or Certified Tumor Registrar, is the professional certification for individuals who manage cancer data, and NCRA develops the exam, sets eligibility requirements, and oversees maintenance of certification through continuing education to ensure competency in activities like case finding, abstracting, coding, data quality, staging, and surveillance. The other organizations each serve different roles: AJCC creates cancer staging guidelines, SEER is a cancer surveillance program, and HIMSS focuses on health information technology systems. So NCRA is the body responsible for administering the CTR exam.

4. Which term describes an abbreviated abstract developed from pathology reports and disease indices used to identify potential cancer cases for abstracting?

- A. Abstract
- B. Registry Case
- C. Suspense Case**
- D. Case File

The term describes a screening tool in registry operations: an abbreviated abstract created from pathology reports and disease indices to flag potential cancer cases for later, full abstraction. This suspense-like record acts as a placeholder, allowing staff to identify which cases show enough diagnostic evidence to warrant pursuing a complete abstract. It helps prioritize work and ensures that only cases with diagnostic support move forward to full data collection. In this workflow, the full abstract contains the complete set of required data elements, while other terms refer to different things. An abstract is the finished, detailed summary of the case. A registry case is the record for a case in the registry, not the preliminary screening stage. A case file is the collection of documents and records associated with a case, not the screening abstract itself.

5. Do cancer patients need to consent to the collection of their information?

- A. False**
- B. True
- C. Not specified
- D. Only in some cases

Public health data collection for cancer surveillance is typically mandated by law, so patient consent is not required to collect information for the registry. The registry needs essential details such as diagnosis, tumor site and characteristics, treatment, and outcomes to monitor cancer trends and evaluate control efforts. Privacy protections are central: data are protected, used for public health purposes, and often de-identified before analysis or sharing. If data are used for purposes beyond routine registry operations, separate consent or ethics approval may be needed, but that doesn't change the baseline for mandatory data collection.

6. What is relative survival and how is it interpreted?

- A. Observed survival minus expected survival.
- B. Expected survival divided by observed survival.
- C. Observed survival divided by expected survival in a matched general population; reflects excess mortality due to cancer.**
- D. It is only used for pediatric cancers.

Relative survival compares what happens to cancer patients to what would be expected in the general population with the same age and sex. It is calculated by taking the observed survival of the cancer patients and dividing it by the expected survival from general-population life tables. This ratio estimates the excess mortality attributable to cancer, beyond normal background mortality. Interpretation ideas: - A relative survival of 1 (or 100%) means cancer patients survive as well as people in the general population—no excess mortality from cancer in that period. - A value less than 1 indicates higher mortality due to cancer. - A value greater than 1 is uncommon in practice and would suggest survival better than the general population, which may point to biases or unusual circumstances. The expected survival comes from life tables for the general population, matched by age, sex, and calendar year. Relative survival is not a difference (observed minus expected) nor the inverse (expected divided by observed), and it is used across all ages, not only pediatrics. The best description is the one that states observed survival divided by expected survival in a matched general population and that it reflects excess mortality due to cancer.

7. One purpose of a cancer registry is to maintain a complete, accurate record of the cancer experience for all patients newly diagnosed and treated in the hospital or designated population.

A. False

B. True

C. Not Applicable

D. Cannot be Determined

The main idea is that cancer registries are designed to create a complete, high-quality record of cancer cases within a defined population. This includes all patients newly diagnosed and treated in the hospital or designated area, so investigators and health planners can accurately measure incidence, monitor trends, assess outcomes, and support research and quality improvement. Because the registry's purpose is to provide a comprehensive, reliable dataset for the population it serves, the statement is true. The other options do not align with the registry's purpose: False would deny the aim of completeness, while Not Applicable or Cannot be Determined don't reflect what registries are intended to do.

8. Which statement best describes stage concordance between clinical and pathologic staging?

A. Stage data is always identical between clinical and pathologic

B. Discordance is not possible

C. Differences between clinical and pathologic stage can cause discordance and affect data quality

D. Discordance only affects mortality data

The question tests how staging data from different sources can align or diverge and why that matters for data quality. Clinical stage is assigned based on exams, imaging, and biopsies before any treatment. Pathologic stage comes from microscopic examination of tissue after surgery. Because these assessments rely on different information and occur at different times, they can match or differ. When they don't match, that's discordance, and it matters because stage is a key variable used to estimate prognosis, guide treatment decisions, and compare outcomes across groups. If discordance occurs, it can lead to misclassification, bias stage-specific survival or incidence analyses, and generally reduce the reliability of registry data. Pathologic staging is usually more accurate when available, but factors like neoadjuvant therapy or sampling limits can cause discrepancies. Therefore, differences between clinical and pathologic stage can cause discordance and affect data quality.

9. How many practicum hours must be completed to earn the CTR credential?

A. 160

B. 170

C. 180

D. 165

Practicum hours measure hands-on experience applying cancer registry skills in real-world tasks under supervision. For the CTR credential, the standard practicum requirement is 160 hours. This ensures you gain practical exposure to core activities like case abstraction, applying coding rules, performing data quality checks, conducting follow-up, and submitting data to state and national registries. The hours are typically earned through an approved practicum or internship and documented in a log to verify completion. While other hour totals may be used in different programs, 160 hours is the credentialing body's established minimum.

10. What best distinguishes a population-based cancer registry from a hospital-based registry?

- A. Population-based captures all cancer cases in a population for surveillance; hospital-based collects data from hospitals for clinical/quality improvement; population-based enables incidence and survival estimates.**
- B. Population-based collects data from one hospital; hospital-based covers entire population.
- C. Population-based uses ICD-O; hospital-based uses SNOMED.
- D. Population-based is only for mortality data; hospital-based is for incidence.

The main idea here is coverage and purpose. A population-based registry is designed to capture every new cancer case occurring in a defined population (such as a geographic area or demographic group) so public health surveillance can track incidence and survival over time. It gathers data from multiple sources—hospitals, pathology labs, imaging centers, and death certificates—to ensure completeness, which makes it possible to calculate true population-level incidence rates and survival estimates. A hospital-based registry, by contrast, collects data from patients treated within one or a few hospitals and concentrates on clinical care, treatment patterns, and quality improvement within that hospital system. Because it only includes cases seen in those facilities, it doesn't provide a complete picture of cancer in the broader population, so incidence and population survival estimates wouldn't be reliable. So the option that states population-based registries cover all cancer cases in a population for surveillance and enable incidence and survival estimates, while hospital-based registries collect data from hospitals for clinical/quality purposes, best captures the distinction. The other choices mix up the scope (one hospital vs entire population), coding systems, or focus on mortality versus incidence, which don't reflect the fundamental difference.

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://cancerregistry.examzify.com>

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

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