

CANCER REGISTRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 coding standard designates the tumor site and morphology used by cancer registries?**
 - A. SNOMED.
 - B. ICD-9-CM.
 - C. ICD-O-3.
 - D. ICD-10-CM.

- 2. What term describes a surveillance system that systematically collects newly diagnosed cancer cases for monitoring disease burden, the quality of care of cancer patients, cancer survival, and disparities?**
 - A. Disease Registry
 - B. Health Registry
 - C. Surveillance System
 - D. Cancer Registry

- 3. Record linkage helps ensure accurate mortality data by?**
 - A. Correctly matching individuals across data sources to determine vital status
 - B. Increasing population counts
 - C. Removing mortality data
 - D. Isolating records from different hospitals

- 4. 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

- 5. What is the role of automated edit checks in registry data validation?**
 - A. They replace data abstractors
 - B. They identify missing data, out-of-range values, and inconsistencies; prompt correction before finalization
 - C. They create new diagnoses
 - D. They are optional for small clinics

- 6. What is ICD-O-3 topography and how does it differ from ICD-10-CM?**
- A. ICD-O-3 topography codes designate tumor site.
 - B. ICD-10-CM codes are clinical diagnoses used in medical records.
 - C. ICD-O-3 morphology codes are used for treatment planning.
 - D. Registries use ICD-O-3 for site and morphology.
- 7. Which type of registry is established to collect data from specific cancer sites, facilities, or familial cancers?**
- A. National cancer registries
 - B. Specialty cancer registries
 - C. Hospital-based cancer registries
 - D. Population-based cancer registries
- 8. The NAACCR Data Exchange Standard (DES) is primarily used for what purpose?**
- A. Standardized submission of registry data across North America
 - B. Encrypting registry data for privacy
 - C. Data visualization for public dashboards
 - D. Training staff
- 9. Which of the following lists the primary SEER Summary Stage 2000 (SS2000) categories?**
- A. Localized, Regional, Distant, In situ
 - B. In situ, Localized, Extended, Distant
 - C. In situ, Localized, Regional, Distant
 - D. Localized, Distant, Unknown, Regional
- 10. 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

Answers

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

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Explanations

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1. Which coding standard designates the tumor site and morphology used by cancer registries?

- A. SNOMED.
- B. ICD-9-CM.
- C. ICD-O-3.**
- D. ICD-10-CM.

The main idea is that cancer registries need a coding system that records both where a tumor started and what its microscopic appearance is, in a single, standardized framework. ICD-O-3, the International Classification of Diseases for Oncology, third edition, is built exactly for that purpose. It provides separate codes for the tumor site (topography) and for morphology (histology), and it includes a behavior component to indicate whether the tumor is malignant, in situ, or of uncertain behavior. This two-part structure lets registries consistently capture incidence data across different cancers, enabling reliable comparisons and research. For example, a breast cancer with ductal carcinoma histology would be coded with the breast site code and a morphology code that specifies ductal carcinoma and its malignant behavior. Other options are broader clinical coding or diagnostic classification systems that aren't designed specifically to capture the site and microscopic type of cancers in registry data. SNOMED is a comprehensive clinical terminology, while ICD-9-CM and ICD-10-CM are mainly used for general diagnoses and billing, not the dedicated site-and-m morphology framework registries rely on. Therefore, ICD-O-3 is the correct standard for this purpose.

2. What term describes a surveillance system that systematically collects newly diagnosed cancer cases for monitoring disease burden, the quality of care of cancer patients, cancer survival, and disparities?

- A. Disease Registry
- B. Health Registry
- C. Surveillance System
- D. Cancer Registry**

The main idea here is a focused, systematic collection of newly diagnosed cancer cases within a defined population to track how much cancer there is, how care is being delivered, how long patients survive, and where disparities exist. This describes a Cancer Registry. It's designed specifically to capture incidence data for cancer, along with important details like site, histology, stage at diagnosis, treatment, and follow-up for survival. This data underpins measuring disease burden, evaluating quality of care, analyzing survival trends, and identifying disparities across groups or regions. Other terms like disease registry or health registry are broader and not confined to cancer, and a surveillance system is the mechanism of data collection rather than the cancer-focused program itself.

3. Record linkage helps ensure accurate mortality data by?

- A. Correctly matching individuals across data sources to determine vital status
- B. Increasing population counts**
- C. Removing mortality data
- D. Isolating records from different hospitals

Record linkage is the process of accurately identifying and linking records that refer to the same person across multiple data sources, such as a cancer registry, death certificates, hospital records, and national death indexes. This enables you to determine the person's vital status (alive or deceased) and capture the date of death when applicable. By combining information from different sources, mortality status can be verified, gaps filled, and inconsistencies resolved, leading to more complete and accurate mortality data and better survival analyses. It isn't about increasing population counts, removing mortality data, or isolating records; those would compromise data quality and follow-up.

4. 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.

5. What is the role of automated edit checks in registry data validation?

- A. They replace data abstractors
- B. They identify missing data, out-of-range values, and inconsistencies; prompt correction before finalization**
- C. They create new diagnoses
- D. They are optional for small clinics

Automated edit checks are validation rules built into registry data systems that run as records are entered or updated. They examine fields for missing data, values that fall outside plausible ranges, and inconsistencies between related fields. When a problem is detected, they flag it and prompt the data abstractor to verify or correct the information before the record can be finalized. This helps ensure the data are complete, internally consistent, and reliable for surveillance and research. They don't replace data abstractors, they don't create diagnoses, and they are not optional in registries seeking high-quality data.

6. What is ICD-O-3 topography and how does it differ from ICD-10-CM?

- A. ICD-O-3 topography codes designate tumor site.
- B. ICD-10-CM codes are clinical diagnoses used in medical records.
- C. ICD-O-3 morphology codes are used for treatment planning.
- D. Registries use ICD-O-3 for site and morphology.**

The main idea is how ICD-O-3 is used specifically for cancer data collection versus how ICD-10-CM is used in general medical records. ICD-O-3 is designed for cancer registries and codes two things: where the cancer is located (topography, the tumor site) and what type of tumor it is (morphology, including histology and behavior). This structure lets registries systematically categorize cancers for epidemiology and surveillance. The statement that registries use ICD-O-3 for site and morphology directly describes its purpose and how it differs from ICD-10-CM, which is the broader clinical diagnosis coding system used in medical records and billing. ICD-10-CM focuses on describing patient diagnoses in everyday clinical care, not the specialized site-and-histology coding scheme needed for cancer surveillance. So, this answer best captures the role of ICD-O-3 in registries and how it differs in purpose from ICD-10-CM. The other options touch on parts of ICD-O-3 or ICD-10-CM, but they don't explain the registry-focused use as clearly.

7. Which type of registry is established to collect data from specific cancer sites, facilities, or familial cancers?

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

Specialty cancer registries focus on collecting data for a narrow area—specific cancer sites, particular facilities, or familial cancers. This targeted approach allows detailed analysis and quality improvement within that niche, such as tracking outcomes for a single cancer type across several clinics, monitoring data from a network of facilities, or studying cancers that occur in families with a genetic predisposition. In contrast, national or population-based registries gather information across wide geographic areas to monitor overall incidence and trends, while hospital-based registries collect data from patients within a single institution.

8. The NAACCR Data Exchange Standard (DES) is primarily used for what purpose?

- A. Standardized submission of registry data across North America
- B. Encrypting registry data for privacy**
- C. Data visualization for public dashboards
- D. Training staff

The Data Exchange Standard used by NAACCR is about making registry data interoperable by defining consistent data elements, codes, formats, and submission requirements that registries use when sharing data across North America. By standardizing what data must be included and how it's encoded, it ensures that different registries interpret and process records the same way, which supports reliable data exchange, comparability, and quality checks. It's not primarily about encrypting data, visualizing data, or training staff—those are separate concerns. So, the main purpose is standardized submission of registry data across North America.

9. Which of the following lists the primary SEER Summary Stage 2000 (SS2000) categories?

- A. Localized, Regional, Distant, In situ
- B. In situ, Localized, Extended, Distant
- C. In situ, Localized, Regional, Distant**
- D. Localized, Distant, Unknown, Regional

The main idea is understanding the four SS2000 categories that describe how far cancer has spread at diagnosis. SEER Summary Stage 2000 uses four primary categories: in situ, localized, regional, and distant. In situ means the cancer is non-invasive and confined to the site of origin. Localized means the cancer is limited to the organ or site of origin. Regional indicates spread to nearby structures or regional lymph nodes. Distant denotes metastasis to distant organs or sites. The best answer lists these four categories in the standard order: In situ, Localized, Regional, Distant. The other options include terms not used in SS2000 (like Extended or Unknown) or arrange the categories in a nonstandard order, so they don't reflect the official SS2000 categorization.

10. 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.

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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