

CANCER REGISTRY STRUCTURE AND MANAGEMENT PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

<https://cancerregistrystructuremgmt.examzify.com>



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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 two organizations represent state and regional central cancer registries?**
 - A. SEER and NCRA
 - B. NAACCR and CoC
 - C. NPCR and SEER
 - D. Cancer Society and CDC
- 2. What type of registries primarily focus on past patient data and outcomes?**
 - A. Retrospective registries
 - B. Concurrent registries
 - C. Cross-sectional registries
 - D. Quality improvement registries
- 3. Which type of cancer data is specifically geared towards understanding population health trends?**
 - A. Clinical trials data
 - B. Hospital registry data
 - C. Population-based cancer registry data
 - D. Treatment outcome data
- 4. Who is eligible to serve on the NCRA Council on Certification?**
 - A. An NCRA member
 - B. A NAACCR member
 - C. A Certified Tumor Registrar
 - D. Both a and b
- 5. Which of the following roles is involved in the data processing aspect of cancer registries?**
 - A. Research Analyst
 - B. Coding/Processing Staff
 - C. Medical or Scientific Director
 - D. Office Manager

- 6. When must state central registries typically report an incident cancer case?**
- A. Within 30 days of diagnosis
 - B. Within 6 months of diagnosis
 - C. Within 1 year of diagnosis
 - D. As soon as treatment begins
- 7. What standard population is commonly used for statistics in cancer registries?**
- A. 1990 US Census
 - B. 2000 US Census
 - C. 2010 US Census
 - D. 2020 US Census
- 8. Case Completeness Audits primarily review which two components?**
- A. Casefinding procedures and Casefinding sources
 - B. Patient interviews and Physician evaluations
 - C. Data accuracy and Database management
 - D. Source document comparison and Duplicate entries
- 9. What must registries ensure to maintain patient confidentiality?**
- A. Minimal data sharing
 - B. Data encryption
 - C. Strict access control measures
 - D. All of the above
- 10. What statistic reflects the rate of dying (unspecified) among people with cancer?**
- A. Relative Survival Rate
 - B. Overall Survival Rate
 - C. Five-Year Survival Rate
 - D. Two-Year Survival Rate

Answers

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

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Explanations

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1. Which two organizations represent state and regional central cancer registries?

- A. SEER and NCRA
- B. NAACCR and CoC
- C. NPCR and SEER**
- D. Cancer Society and CDC

The correct answer highlights two crucial organizations involved in the oversight and operation of state and regional central cancer registries. The National Program of Cancer Registries (NPCR) plays a vital role in overseeing cancer data collection at the state level, functioning under the Centers for Disease Control and Prevention (CDC). NPCR establishes standards, provides training, and supports state cancer registries to improve cancer data quality and completeness. The Surveillance, Epidemiology, and End Results (SEER) program, administered by the National Cancer Institute (NCI), is another essential entity that collects cancer incidence and survival data. SEER focuses on specific geographic areas, which allows comprehensive tracking and analysis of cancer statistics in those regions. Together, NPCR and SEER ensure that cancer registries across the country operate effectively and that data collected can be used for public health policy, research, and cancer control efforts. The collaboration between these two entities is vital in enhancing the accuracy and usability of cancer data at local, state, and national levels.

2. What type of registries primarily focus on past patient data and outcomes?

- A. Retrospective registries**
- B. Concurrent registries
- C. Cross-sectional registries
- D. Quality improvement registries

Retrospective registries are designed to collect and analyze data from patients who have already been diagnosed and treated. These registries focus on historical data, gathering information on past patient experiences, treatment outcomes, and follow-up results. By examining data collected over time, retrospective registries allow researchers and healthcare providers to understand the long-term effects of various treatment modalities and disease progression, providing valuable insights into patient care and outcomes. Concurrent registries, in contrast, track patients as they are currently undergoing treatment, which means they prioritize real-time data collection rather than historical information. Cross-sectional registries provide a snapshot of data at a single point in time, making them less suitable for evaluating past patient outcomes based on a comprehensive historical perspective. Quality improvement registries aim to enhance patient care by analyzing data for ongoing treatment and processes, rather than focusing solely on past outcomes. Thus, the emphasis on historical patient data distinguishes retrospective registries from other types of registries.

3. Which type of cancer data is specifically geared towards understanding population health trends?

- A. Clinical trials data
- B. Hospital registry data
- C. Population-based cancer registry data**
- D. Treatment outcome data

Population-based cancer registry data is specifically tailored to understanding health trends within a specific population. This type of data is collected from the entire population within designated geographic areas, allowing for comprehensive tracking of cancer incidence, survival rates, and mortality statistics. By aggregating data from diverse sources such as hospitals, clinics, and community health organizations, population-based registries can provide insights into how different demographic factors, such as age, gender, and ethnicity, affect cancer outcomes. This data is invaluable for public health officials and researchers aiming to identify patterns in cancer prevalence, assess the effectiveness of prevention strategies, and allocate healthcare resources more effectively. It plays a crucial role in informing policy decisions and developing targeted outreach programs to improve cancer care and prevention efforts in the community. In contrast, clinical trials data focuses on the effectiveness of specific treatments in controlled environments, while hospital registry data tends to reflect a narrower scope of patients treated at particular facilities. Treatment outcome data evaluates the results of various therapeutic interventions but does not inherently provide a broad perspective on population-level health trends. Thus, population-based cancer registry data stands out as the most appropriate choice for analyzing trends in cancer health across different segments of the population.

4. Who is eligible to serve on the NCRA Council on Certification?

- A. An NCRA member
- B. A NAACCR member
- C. A Certified Tumor Registrar**
- D. Both a and b

The eligibility to serve on the NCRA Council on Certification is specifically restricted to Certified Tumor Registrars (CTRs). This designation is critical because the role requires a comprehensive understanding of cancer registry practices, data collection, and the ethical considerations pertinent to the field, which are fundamentally part of the training and ongoing education that CTRs undergo. While being a member of NCRA or NAACCR may provide advantages or opportunities for involvement within the respective organizations, it is the certification as a CTR that directly qualifies an individual for the Council on Certification. CTRs are recognized as professionals who meet specific standards of knowledge and competency in cancer registries, ensuring that the Council is composed of individuals who are not only informed but also specifically invested in the certification process and the advancement of cancer registry practices. Therefore, the correct answer focuses on that necessary certification rather than mere membership in an organization.

5. Which of the following roles is involved in the data processing aspect of cancer registries?

- A. Research Analyst
- B. Coding/Processing Staff**
- C. Medical or Scientific Director
- D. Office Manager

The involvement of Coding/Processing Staff in the data processing aspect of cancer registries is critical. This role is directly responsible for the accurate collection, coding, and management of cancer data. These personnel utilize specific coding systems, such as ICD (International Classification of Diseases) and AJCC (American Joint Committee on Cancer) staging, to ensure that the information recorded is standardized, which is essential for data integrity and reporting. Their expertise in data manipulation and coding is fundamental to transforming raw cancer-related data into structured datasets that can be used for analysis, reporting, and research. In cancer registries, the accuracy and integrity of data are paramount since these datasets contribute to epidemiological studies, treatment outcomes, and overall public health initiatives. The work performed by the Coding/Processing Staff lays the groundwork for subsequent analyses and research conducted by other roles within the registry, underscoring their pivotal role in the data processing landscape.

6. When must state central registries typically report an incident cancer case?

- A. Within 30 days of diagnosis**
- B. Within 6 months of diagnosis
- C. Within 1 year of diagnosis
- D. As soon as treatment begins

State central registries typically require the reporting of incident cancer cases within 30 days of diagnosis. This timeline is essential for ensuring that the data collected is both timely and relevant, allowing for effective public health monitoring, resource allocation, and cancer control initiatives. Prompt reporting enables health authorities to respond quickly to trends in cancer incidence, which is crucial for research, epidemiological studies, and health policy planning. It is important for registries to have up-to-date data to facilitate the provision of care and to support various health programs designed to prevent and address cancer. Timely reporting also assists in tracking changes in cancer patterns, thus helping in the evaluation of cancer control programs. While longer reporting timelines, such as 6 months or 1 year, can be found in some contexts, they do not align with the typical requirements set forth for state central registries focused on immediate cancer case documentation. Reporting at the onset of treatment is not the standard process either because it ignores the critical need for data at the point of diagnosis when interventions and research can be most effectively tailored.

7. What standard population is commonly used for statistics in cancer registries?

- A. 1990 US Census
- B. 2000 US Census**
- C. 2010 US Census
- D. 2020 US Census

The 2000 US Census is commonly used as the standard population for statistics in cancer registries due to its relevance and availability of detailed demographic information at that time. The 2000 Census provides a comprehensive dataset that allows for consistent and accurate calculation of cancer incidence and prevalence rates across different population groups and time periods. Using a standardized population, like the one provided by the 2000 Census, enables researchers and public health officials to make valid comparisons and assess trends over time. While subsequent censuses have been conducted, the 2000 Census remains a key reference for many existing studies and data analyses within cancer registries, establishing a benchmark for understanding changes in cancer epidemiology. It's also important to recognize that while newer census data might be available, transitions to new standards can take time and require updates to existing data collection protocols and methodologies, making the 2000 Census a widely acknowledged reference point in the field during its use.

8. Case Completeness Audits primarily review which two components?

- A. Casefinding procedures and Casefinding sources**
- B. Patient interviews and Physician evaluations
- C. Data accuracy and Database management
- D. Source document comparison and Duplicate entries

Case Completeness Audits are fundamental in ensuring that a cancer registry has accurately captured all the necessary cases for reporting and analysis. The primary focus of these audits is on the procedures that identify cases and the specific sources from which those cases are obtained. By reviewing casefinding procedures, registrars can assess how effectively they are identifying patients diagnosed with cancer. This includes evaluating the methods used for gathering new cases, which may involve monitoring hospital admissions, outpatient visits, and other relevant medical encounters. Similarly, examining casefinding sources allows registrars to determine whether all potential avenues for case identification are being utilized. This could include various healthcare facilities, pathologies, and public health departments that might provide cancer-related data. These two components are critical in maintaining the integrity and completeness of the registry, ensuring that it reflects an accurate count of cancer cases within the defined population. This accuracy is essential for epidemiological studies, healthcare resource allocation, and improving patient outcomes through informed decision-making.

9. What must registries ensure to maintain patient confidentiality?

- A. Minimal data sharing
- B. Data encryption
- C. Strict access control measures
- D. All of the above**

To maintain patient confidentiality, registries must implement a comprehensive approach that includes minimal data sharing, data encryption, and strict access control measures. Each of these elements plays a critical role in safeguarding sensitive patient information. Minimal data sharing is essential to limit exposure of patient identities and medical histories. By sharing only the necessary information and restricting access to those who truly need it, registries can reduce the risk of accidental disclosures. Data encryption further protects patient data, especially during transmission and storage. By encoding data, registries ensure that even if unauthorized individuals gain access, they cannot easily interpret the information without the decryption key. Strict access control measures are crucial for defining who can view or manipulate sensitive data. This includes the use of role-based access ensuring that only authorized personnel have access based on their specific job functions and needs. Together, these strategies form a robust framework for maintaining patient confidentiality, highlighting the importance of a multifaceted approach in protecting sensitive health information within cancer registries.

10. What statistic reflects the rate of dying (unspecified) among people with cancer?

- A. Relative Survival Rate
- B. Overall Survival Rate**
- C. Five-Year Survival Rate
- D. Two-Year Survival Rate

The Overall Survival Rate is a key statistic that measures the percentage of people diagnosed with cancer who are still alive after a specific period, typically expressed in years. This statistic takes into account all causes of death, not just those directly related to cancer, making it a comprehensive reflection of the mortality associated with cancer among patients. This rate is essential because it provides insight into the effectiveness of cancer treatments and the overall prognosis of patients over time. It encompasses individuals who may have died from cancer as well as those who may have succumbed to unrelated health issues. Therefore, when considering the rate of dying among cancer patients, the Overall Survival Rate serves as an important metric, highlighting the survival outcomes and the impact of therapies on the larger population of individuals diagnosed with cancer. While the other survival rates mentioned may focus on specific timeframes or conditions, they do not encapsulate the full spectrum of causes of death among individuals with cancer in the same comprehensive way that the Overall Survival Rate does.

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://cancerregistrystructuremgmt.examzify.com>

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

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