CERTIFIED SPECIALIST IN ONCOLOGY NUTRITION (CSO) PRACTICE EXAM (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

1. Outline a practical approach to constructing a new oncology nutrition care plan for a newly diagnosed patient, including initial assessment, goal setting, and monitoring milestones.

A. Nutrition risk screening, history, anthropometrics, labs, symptom review; set energy and protein goals; decide on oral intake or enteral/parenteral nutrition; implement; set milestones such as weight within 2-4 weeks and tolerance to therapy

B. Skip initial assessment

C. Only focus on protein intake

D. Delay all actions until therapy ends

2. Which drug is used as an adjunct antiemetic due to its anxiolytic effects?

A. Metoclopramide

B. Lorazepam

C. Promethazine

D. Dexamethasone

3. In older adults with cancer, how should nutrition care address sarcopenia and polypharmacy?

A. Emphasize low protein and minimize energy intake.

B. Rely on standard adult nutrition without considering swallowing issues.

C. Focus on higher quality protein, energy adequacy, monitor drug-nutrient interactions, adjust textures due to swallowing issues, coordinate with geriatric care.

D. Avoid coordinating with other healthcare providers.

4. Which drug is a selective 5-HT3 receptor antagonist commonly used to prevent chemotherapy-induced nausea and vomiting?

A. Dexamethasone

B. Ondansetron

C. Lorazepam

D. Megestrol acetate

5. Which statement about iron management in cancer patients with inflammation is correct?

A. IV iron supplementation is preferred in inflammatory cancer contexts.

B. Oral iron is always preferred over IV iron.

C. Vitamin D deficiency is corrected with calcium alone.

D. B12 deficiency is never seen in cancer patients.

6. Pernicious anemia is caused by deficiency of which vitamin?

A. Vitamin B12

B. Folate

C. Iron

D. Vitamin C

7. Which of the following food sets is known to alter CYP3A4 enzyme activity?

A. Grapefruit, pomegranate, star fruit, and Seville orange juice

B. Banana and apple

C. Bread and water

D. Beans and corn

8. What is the primary goal of the Nutrition Care Process (ADIME) in oncology?

A. Document supplements used

B. Perform routine caloric calculations only

C. Replace medical treatment

D. Systematically address nutrition care through Assessment, Diagnosis, Intervention, Monitoring and Evaluation

9. Which statement best describes the evidence base for Mediterranean-style or plant-based dietary patterns in relation to cancer recurrence?

A. Proven to reduce recurrence

B. Supports general health; not proven to reduce recurrence

C. Worsens outcomes

D. Not studied

10. Which dietary patterns are commonly recommended for supportive care in cancer, and what is the evidence base?

A. Ketogenic diet is recommended to reduce recurrence

B. Mediterranean-style or plant-based patterns; evidence supports general health but not recurrence reduction

C. High-fat Western diet

D. No dietary pattern recommendations exist

Answers

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

Explanations

1. Outline a practical approach to constructing a new oncology nutrition care plan for a newly diagnosed patient, including initial assessment, goal setting, and monitoring milestones.

A. Nutrition risk screening, history, anthropometrics, labs, symptom review; set energy and protein goals; decide on oral intake or enteral/parenteral nutrition; implement; set milestones such as weight within 2-4 weeks and tolerance to therapy

B. Skip initial assessment

C. Only focus on protein intake

D. Delay all actions until therapy ends

A practical oncology nutrition plan rests on a thorough initial assessment, clear goal setting, and ongoing monitoring that allows timely adjustments. Start by screening for nutrition risk and gathering a full picture: recent intake patterns and dietary history, weight history and current measurements, and a concise symptom review that can affect eating (nausea, mucositis, taste changes, appetite loss). Include anthropometrics such as weight, height, BMI, and trends over time, and collect relevant labs and medical data to support decision making. While labs can help, they should complement, not replace, the overall assessment, since nutrition status in cancer is best judged by weight trajectory, intake, symptoms, and functional status alongside inflammation and comorbidities. From this assessment, set realistic energy and protein goals tailored to the patient's cancer type, treatment plan, and catabolic risk. Common targets might be around adequate energy provision to support weight maintenance or gain and protein intakes sufficient to preserve lean mass, with adjustments for tolerance and goals. Decide on the most appropriate nutrition support route—continue with or optimize oral intake, add enteral nutrition if oral intake is insufficient, or pursue parenteral nutrition only when indicated—then implement the plan with the patient and care team, ensuring interventions are practical and patient-centered. Establish milestones to monitor progress, such as tracking weight trends, ensuring adequate oral intake and tolerance of therapy, and reassessing symptoms and therapy tolerance at regular intervals. Reassess and adjust the plan promptly as the cancer course and treatments evolve. This approach ensures early identification of malnutrition risk, aligns nutrition care with treatment goals, and supports better clinical and functional outcomes. Skipping the initial assessment, focusing only on protein, or delaying action until after therapy ends would miss essential information, over- or under-treat energy needs, and fail to address barriers to intake and therapy tolerance.

2. Which drug is used as an adjunct antiemetic due to its anxiolytic effects?

A. Metoclopramide

B. Lorazepam

C. Promethazine

D. Dexamethasone

Anxiety can drive or worsen nausea and vomiting, especially anticipatory nausea before chemotherapy. The drug most fitting as an adjunct antiemetic due to anxiolytic effects is a benzodiazepine, which calms anxiety, can provide mild sedation, and may cause short-term amnesia. This helps break the cycle of anticipatory nausea and improves overall control of symptoms when used with standard antiemetics. The other choices work through different mechanisms that don't address anxiety: metoclopramide acts mainly as a dopamine receptor antagonist with prokinetic effects; promethazine is an antihistamine with sedative properties but not anxiolysis; dexamethasone has antiemetic effects via anti-inflammatory pathways but lacks anxiolytic action.

3. In older adults with cancer, how should nutrition care address sarcopenia and polypharmacy?

A. Emphasize low protein and minimize energy intake.

B. Rely on standard adult nutrition without considering swallowing issues.

C. Focus on higher quality protein, energy adequacy, monitor drug-nutrient interactions, adjust textures due to swallowing issues, coordinate with geriatric care.

D. Avoid coordinating with other healthcare providers.

Addressing sarcopenia and polypharmacy in older adults with cancer requires a targeted, multidisciplinary nutrition plan. Combat muscle loss by ensuring energy needs are met and protein quality is high, since adequate calories spare protein for muscle maintenance and repair, and leucine-rich, high-quality protein supports muscle protein synthesis. Distribute protein intake across meals and consider convenient, palatable forms to meet goals. When swallowing issues are present, adjust textures and consistencies (e.g., thicker liquids, purees) and involve speech-language pathology to enable safe, adequate intake while maintaining enjoyment. Polypharmacy increases the risk of drug–nutrient interactions, so the nutrition plan should include reviewing medications with the healthcare team, timing nutrient intake appropriately, and avoiding unnecessary supplements that could interact with treatments. Coordinating care with geriatric specialists and other providers ensures nutrition goals align with functional status, treatment plan, and overall goals of care, making the approach comprehensive and individualized.

4. Which drug is a selective 5-HT3 receptor antagonist commonly used to prevent chemotherapy-induced nausea and vomiting?

A. Dexamethasone

B. Ondansetron

C. Lorazepam

D. Megestrol acetate

The main idea is that blocking serotonin signaling at the 5-HT3 receptor prevents the vomiting reflex triggered by chemotherapy. Ondansetron is a selective antagonist of the 5-HT3 receptor, meaning it specifically blocks serotonin's action at those receptors located in the gut and in the brain's chemoreceptor trigger zone. By inhibiting this pathway, it effectively reduces nausea and vomiting associated with chemotherapy, especially in the acute phase right after treatment. This makes it a go-to antiemetic for CINV. Other options listed have different roles: a corticosteroid with antiemetic effects but not a 5-HT3 blocker, a benzodiazepine mainly for anxiety and anticipatory nausea, and a progestin used to stimulate appetite rather than prevent nausea.

5. Which statement about iron management in cancer patients with inflammation is correct?

A. IV iron supplementation is preferred in inflammatory cancer contexts.

B. Oral iron is always preferred over IV iron.

C. Vitamin D deficiency is corrected with calcium alone.

D. B12 deficiency is never seen in cancer patients.

Inflammation raises hepcidin, which blocks iron absorption in the gut and traps iron in storage sites, leading to functional iron deficiency in cancer. Oral iron often cannot overcome this blockade and may cause GI side effects, while intravenous iron bypasses the gut and rapidly replenishes iron stores. For cancer patients with inflammation, IV iron is therefore the more reliable and quicker option to correct iron deficiency. The other statements don't fit: oral iron isn't always preferred in inflammatory contexts, vitamin D deficiency isn't fixed by calcium alone, and B12 deficiency can occur in cancer patients.

6. Pernicious anemia is caused by deficiency of which vitamin?

A. Vitamin B12

B. Folate

C. Iron

D. Vitamin C

Pernicious anemia is a megaloblastic anemia caused by insufficient absorption of vitamin B12 due to a lack of intrinsic factor produced by the stomach. Vitamin B12 is essential for proper DNA synthesis in rapidly dividing cells, including red blood cell precursors; without it, cells fail to mature properly, leading to large, structurally abnormal red blood cells. In addition, vitamin B12 is needed for maintaining myelin, so deficiency can cause neurologic symptoms. The lack of intrinsic factor—often from autoimmune destruction of gastric parietal cells—prevents B12 from being absorbed in the terminal ileum, which is the hallmark of pernicious anemia. Folate deficiency can also cause megaloblastic anemia but does not involve intrinsic factor or the same neurologic risk; iron deficiency causes microcytic anemia, and vitamin C deficiency leads to scurvy.

7. Which of the following food sets is known to alter CYP3A4 enzyme activity?

A. Grapefruit, pomegranate, star fruit, and Seville orange juice

B. Banana and apple

C. Bread and water

D. Beans and corn

Foods can influence how drugs are metabolized by cytochrome P450 enzymes, especially CYP3A4 in the intestinal wall. When CYP3A4 is inhibited there, the first-pass breakdown of many oral drugs decreases, leading to higher drug exposure and a greater risk of toxicity. Grapefruit juice is the classic example of this effect, and citrus products like Seville orange juice contain similar compounds (furanocoumarins) that can cause mechanism-based, time-dependent inhibition of intestinal CYP3A4. Some studies also suggest that pomegranate juice and star fruit can interact with drug-metabolizing enzymes, including CYP3A4, although the evidence is more variable. Taken together, this set includes components known to alter CYP3A4 activity, which is why it is the correct choice. The other food pairings—banana with apple; bread with water; beans with corn—do not have recognized, clinically meaningful effects on CYP3A4 activity, so they are not expected to alter drug metabolism through this pathway.

8. What is the primary goal of the Nutrition Care Process (ADIME) in oncology?

A. Document supplements used

B. Perform routine caloric calculations only

C. Replace medical treatment

D. Systematically address nutrition care through Assessment, Diagnosis, Intervention, Monitoring and Evaluation

The central idea is that nutrition care in oncology is guided by a structured, ongoing process that ensures each patient's needs are identified, addressed, and re-evaluated over time. The Nutrition Care Process uses four interconnected steps—Assessment, Diagnosis, Intervention, and Monitoring and Evaluation—to deliver individualized, evidence-based care rather than a one-off calculation or a generic plan. This approach is the best because it creates a consistent framework for exploring all nutrition-related issues a cancer patient might face, such as weight loss, reduced intake, treatment-related side effects, or altered metabolism. By starting with a thorough assessment, the clinician identifies specific problems; a formal diagnosis translates those problems into actionable nutrition targets; the intervention outlines concrete strategies (dietary changes, supplements, feeding support) to meet those targets; and ongoing monitoring and evaluation track progress with objective data (weight, intake, labs, symptoms) and adjust the plan as the cancer and its treatment evolve. In oncology, this cycle is crucial since nutritional needs can change rapidly with treatment and disease progression. The aim is to optimize nutritional status to support treatment tolerance, preserve function and quality of life, and improve overall outcomes, rather than merely counting calories, providing supplements, or replacing medical treatment.

9. Which statement best describes the evidence base for Mediterranean-style or plant-based dietary patterns in relation to cancer recurrence?

A. Proven to reduce recurrence

B. Supports general health; not proven to reduce recurrence

C. Worsens outcomes

D. Not studied

Adopting a Mediterranean or plant-based pattern is best understood as benefiting overall health and health-related factors rather than having proven, universal evidence that it lowers cancer recurrence. These diets emphasize plant foods, healthy fats, and weight management, which can improve inflammation, insulin sensitivity, and metabolic health—factors linked to better cancer prognosis. However, high-quality randomized trials showing a clear reduction in recurrence across cancer types are not established, and results from studies focused on recurrence are mixed and not definitive. So, the evidence supports general health benefits and potential improvement in factors tied to recurrence, but it does not prove a reduction in recurrence itself. That's why this option best fits the evidence base.

10. Which dietary patterns are commonly recommended for supportive care in cancer, and what is the evidence base?

A. Ketogenic diet is recommended to reduce recurrence

B. Mediterranean-style or plant-based patterns; evidence supports general health but not recurrence reduction

C. High-fat Western diet

D. No dietary pattern recommendations exist

In supportive cancer care, the focus is on dietary patterns that promote overall health, support weight and nutrient intake, and help patients tolerate treatment. The patterns most commonly recommended are Mediterranean-style or plant-based diets. They have the strongest evidence for improving general health markers—such as cardiovascular risk factors, gut function, and energy balance—and they're associated with better tolerance to therapy and quality of life in many patients. Importantly, there isn't solid evidence that these patterns reduce cancer recurrence, so the aim is general health and treatment support rather than proven recurrence prevention. Ketogenic diets have been explored in some cancer contexts, but they are not standard for recurrence reduction due to insufficient robust evidence and potential risks, including nutrient imbalances. A high-fat Western diet is not advised for supportive care because it's linked to poorer metabolic health and inflammation. So the message is to favor Mediterranean-style or plant-based patterns for overall health and supportive care, with individual tailoring to the person's treatment plan and symptoms.

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://cso.examzify.com

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