

CPHON CHEMOTHERAPY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://cphonchemo.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. What is the first essential step in handling a chemotherapy spill?**
 - A. Put on PPE
 - B. Contain spill with absorbent material per spill kit
 - C. Clean surfaces with approved agents
 - D. Document the spill
- 2. During high-dose methotrexate therapy, which medication should be discontinued?**
 - A. Granisetron
 - B. Leucovorin
 - C. Bactrim
 - D. IV hydration
- 3. Which symptom is least typical as a presenting sign of childhood leukemia?**
 - A. Bone pain
 - B. Pallor
 - C. Bleeding
 - D. Jaundice
- 4. It is important to monitor for late effects following chemo. After receiving Cisplatin, which body system will need to be monitored?**
 - A. Renal/urinary system due to damage to the renal tubules and glomeruli
 - B. Neurologic due to cerebellar dysfunction
 - C. Pulmonary due to pulmonary fibrosis
 - D. Cardiac due to damage of the myocytes of the heart and cause cardiomyopathy
- 5. What is the immediate management for suspected vesicant extravasation of a chemotherapy drug?**
 - A. Stop the infusion; do not remove the cannula if possible; aspirate residual drug; follow antidotes per protocol and local care.
 - B. Stop the infusion; remove the cannula immediately; apply cold compress.
 - C. Stop the infusion; do not aspirate residual drug; continue to push saline.
 - D. Elevate the limb and apply heat.

- 6. Which statement describes rituximab infusion dosing?**
- A. It is titrated up to the prescribed dose
 - B. It is given as a fixed dose at full strength from the start
 - C. It is dosed by body surface area
 - D. It is given orally
- 7. In a Phase I clinical trial, which outcome is primarily evaluated to determine safety?**
- A. Cure rate improvements
 - B. Overall survival
 - C. Dose-limiting toxicities
 - D. Regulatory approval
- 8. Which immunoglobulin causes secretion of histamines, leukotrienes and prostaglandins during a hypersensitivity reaction?**
- A. IgG
 - B. IgE
 - C. IgM
 - D. IgA
- 9. Which agent is commonly associated with transient diarrhea in chemotherapy?**
- A. Vincristine
 - B. Paclitaxel
 - C. Irinotecan
 - D. Topotecan
- 10. What is the rationale for limiting lifetime cumulative doxorubicin exposure and how is it monitored?**
- A. Does not affect the risk of cardiotoxicity; monitor with CBC.
 - B. Reduces risk of late cardiomyopathy; monitor with serial echocardiograms and maintain awareness of cumulative dose.
 - C. Increases risk of mucositis; monitor with oral care.
 - D. Requires no monitoring beyond standard checks.

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the first essential step in handling a chemotherapy spill?

- A. Put on PPE
- B. Contain spill with absorbent material per spill kit
- C. Clean surfaces with approved agents
- D. Document the spill

Putting on the appropriate personal protective equipment before doing anything else is the first essential step. Hazardous chemotherapy drugs can irritate or harm skin, eyes, and airways if they contact you or become airborne, so the PPE acts as your critical barrier to exposure as you start the response. Once you're protected, you can safely move to contain the spill with absorbent material from the spill kit to prevent it from spreading, then clean the area with the approved decontaminant, dispose of contaminated materials properly, and finally document the spill and notify the appropriate person. The reason PPE comes first is that without it, every subsequent action—containment, cleaning, and documentation—risks exposing you and others to hazardous drugs.

2. During high-dose methotrexate therapy, which medication should be discontinued?

- A. Granisetron
- B. Leucovorin
- C. Bactrim
- D. IV hydration

During high-dose methotrexate therapy the aim is to clear the drug efficiently while protecting normal cells, using leucovorin rescue and supportive measures like IV hydration to reduce toxicity. A medication that can dramatically raise methotrexate toxicity is trimethoprim-sulfamethoxazole, known as Bactrim. It can interfere with how methotrexate is cleared by the kidneys and add to folate pathway disruption, increasing the risk of serious side effects such as bone marrow suppression, mucositis, and nephrotoxicity. Because of this, Bactrim should be stopped during high-dose methotrexate treatment. The other options fit into the supportive management rather than raising toxicity. Granisetron is an antiemetic used to prevent chemotherapy-induced nausea and does not impair methotrexate clearance. Leucovorin is given after high-dose methotrexate to rescue normal cells from toxicity and should not be discontinued. IV hydration supports kidney clearance of methotrexate and should be continued to prevent drug precipitation in the kidneys.

3. Which symptom is least typical as a presenting sign of childhood leukemia?

- A. Bone pain
- B. Pallor
- C. Bleeding
- D. Jaundice

Leukemia in children most often presents with signs of bone marrow failure and infiltration, so symptoms like bone pain from marrow expansion, pallor from anemia, and bleeding or easy bruising from low platelets are common initial clues. Jaundice, however, points to liver involvement or hemolysis, which is not a typical presenting feature of childhood leukemia. While jaundice can occur if the liver is affected or if there are other concurrent issues, it is not the usual first sign the disease presents with.

4. It is important to monitor for late effects following chemo. After receiving Cisplatin, which body system will need to be monitored?

- A. Renal/urinary system due to damage to the renal tubules and glomeruli**
- B. Neurologic due to cerebellar dysfunction
- C. Pulmonary due to pulmonary fibrosis
- D. Cardiac due to damage of the myocytes of the heart and cause cardiomyopathy

Nephrotoxicity from cisplatin is the main late effect you need to watch for. Cisplatin damages the cells of the renal tubules and glomeruli, which can reduce kidney filtration and disrupt electrolyte balance. Because of this, monitoring should focus on kidney function and electrolytes: baseline and periodic serum creatinine and BUN, estimated GFR, urine output, and electrolytes such as magnesium and potassium. Maintaining good hydration around treatment and adjusting the dose if kidney function declines are key protective steps; in some regimens a nephroprotective strategy may be used. Other potential toxicities you might hear about with different drugs (like cerebellar dysfunction, pulmonary fibrosis, or Cardiomyopathy) are not the primary late effects of cisplatin, though they can occur with other chemotherapies.

5. What is the immediate management for suspected vesicant extravasation of a chemotherapy drug?

- A. Stop the infusion; do not remove the cannula if possible; aspirate residual drug; follow antidotes per protocol and local care.
- B. Stop the infusion; remove the cannula immediately; apply cold compress.
- C. Stop the infusion; do not aspirate residual drug; continue to push saline.**
- D. Elevate the limb and apply heat.

Vesicant extravasation management centers on rapidly limiting tissue exposure to the drug and starting the appropriate antidote as soon as possible. The immediate step is to stop the infusion right away. If possible, leave the cannula in place and attempt to aspirate any residual vesicant from the tissue through the cannula; this helps reduce further spread. Do not push more fluid through the cannula to flush the drug, as that can drive it deeper into tissue. After aspiration, remove the cannula when no additional drug can be retrieved or per local protocol. Apply the antidote specified for the drug involved (drug-specific antidotes may include dexrazoxane for anthracyclines, hyaluronidase for certain agents), and provide local care accordingly. Elevate the limb and use the appropriate temperature therapy (cold or warm compress) as directed by the agent's guidelines, since different vesicants respond to different treatments. Continuous monitoring for evolving pain, swelling, or necrosis is essential, with escalation of care as needed.

6. Which statement describes rituximab infusion dosing?

- A. It is titrated up to the prescribed dose**
- B. It is given as a fixed dose at full strength from the start
- C. It is dosed by body surface area
- D. It is given orally

Rituximab infusion is given with a carefully escalated rate to reach the full prescribed dose safely. The total dose is determined by the regimen (often based on body size), but the infusion starts at a low rate and is increased in steps as the patient tolerates it. This titration helps detect and manage infusion reactions, especially during the first administration. It is delivered intravenously, not orally, and starting at full strength from the outset would increase the risk of reactions.

7. In a Phase I clinical trial, which outcome is primarily evaluated to determine safety?

- A. Cure rate improvements
- B. Overall survival
- C. Dose-limiting toxicities**
- D. Regulatory approval

In early-stage trials, safety is determined by looking for dose-limiting toxicities. A DLT is a predefined, treatment-related adverse event of sufficient severity that occurs within a specified early period and prevents increasing the drug dose. Observing DLTs at a given dose helps establish whether that dose is tolerable and guides the determination of the maximum tolerated dose for future studies. Other outcomes like cure rate or overall survival are later, larger efficacy endpoints evaluated in subsequent phases, and regulatory approval comes after full safety and efficacy data are reviewed. So the key safety signal in Phase I is the occurrence and pattern of dose-limiting toxicities.

8. Which immunoglobulin causes secretion of histamines, leukotrienes and prostaglandins during a hypersensitivity reaction?

- A. IgG
- B. IgE**
- C. IgM
- D. IgA

IgE-mediated activation of mast cells and basophils drives this mediator release. When an allergen is encountered, B cells switch to producing IgE that binds to high-affinity FcεRI receptors on these cells. On subsequent exposures, the allergen cross-links the bound IgE, triggering intracellular signaling that causes rapid degranulation and the production of lipid mediators. Histamine released from granules causes vasodilation and increased vascular permeability, contributing to swelling and redness, itching, and, in the airways, bronchoconstriction. In addition, leukotrienes and prostaglandins are produced and amplify inflammation, promoting further bronchoconstriction, mucus secretion, and vascular effects. This sequence is the classic Type I hypersensitivity reaction. Other antibody classes (like IgG or IgM) do not cause this immediate mast cell degranulation in the same way, and IgA does not primarily drive this rapid mediator release.

9. Which agent is commonly associated with transient diarrhea in chemotherapy?

- A. Vincristine
- B. Paclitaxel
- C. Irinotecan**
- D. Topotecan

Transient diarrhea is a short-lived, early diarrheal response that can occur soon after chemotherapy infusion. Irinotecan is the classic drug linked to this pattern. It's a topoisomerase I inhibitor that is converted to the active metabolite SN-38, which irritates the intestinal lining and drives secretory diarrhea. The initial, acute diarrhea is cholinergic in nature, arising within about a day of treatment, and often responds to anticholinergic measures like atropine, with rapid improvement. There can also be a later diarrheal phase from mucosal injury, but the immediate, transient form is what this drug is most known for. The other agents listed have different toxicity profiles: vincristine commonly causes constipation and neuropathy; paclitaxel mainly causes neuropathy and myelosuppression; topotecan can cause diarrhea but is not as characteristically associated with this transient pattern as irinotecan.

10. What is the rationale for limiting lifetime cumulative doxorubicin exposure and how is it monitored?

- A. Does not affect the risk of cardiotoxicity; monitor with CBC.
- B. Reduces risk of late cardiomyopathy; monitor with serial echocardiograms and maintain awareness of cumulative dose.**
- C. Increases risk of mucositis; monitor with oral care.
- D. Requires no monitoring beyond standard checks.

Doxorubicin causes cardiotoxicity that is strongly related to the total amount given, so limiting the lifetime cumulative exposure reduces the risk of developing late cardiomyopathy or heart failure years after treatment. Because heart damage can emerge long after therapy ends, ongoing cardiac surveillance is essential, not just during treatment. The main monitoring approach is to keep a careful tally of the cumulative dose and perform serial echocardiograms to track left ventricular function over time, allowing early detection of dysfunction and timely modification of therapy if needed. CBC monitoring targets bone marrow suppression and does not address this cardiac risk, and mucositis concerns are separate from long-term heart toxicity, so that choice doesn't fit. Continuous standard checks alone wouldn't capture the specialized cardiac risk or guide decisions about stopping or altering cumulative therapy.

SAMPLE

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://cphonchemo.examzify.com>

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

SAMPLE