

HCMT 2061 CANCER REGISTRY OPERATIONS 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. True or False: The accession number is changed with every new cancer diagnosis.**
- A. True
 - B. False
 - C. Not specified
 - D. I don't know
- 2. What is an accession register?**
- A. The annual sequential listing of all reportable cancers included in the registry
 - B. A record of patient insurance
 - C. A log of hospital admissions
 - D. A list of laboratory test results
- 3. Which statement correctly describes death clearance in hospital-based cancer registries?**
- A. True
 - B. False
 - C. Sometimes
 - D. Not specified
- 4. Which of the following is not a primary casefinding source?**
- A. Pathology reports
 - B. Surgery schedules and reports
 - C. Medical and Radiation Oncology logs
 - D. HIM Disease Indices
- 5. A hospital with an ACoS approved cancer program is not required to maintain a cancer registry.**
- A. True
 - B. False
 - C. Not sure
 - D. Depends on state

- 6. Which statement about RCRS data submission is false?**
- A. New cancer cases are submitted at least once per calendar month.
 - B. Analytic cases are submitted once per calendar year.
 - C. Both statements are true.
 - D. Neither statement is true.
- 7. Which term is unacceptable to use as a final diagnosis because it denotes uncertainty?**
- A. Cannot be ruled out
 - B. Equivocal
 - C. Potentially malignant
 - D. Rule out
- 8. Which statement best describes the roles of primary vs secondary casefinding sources?**
- A. Primary sources identify cases; Secondary sources confirm treatment outcomes.
 - B. Primary sources identify cases; Secondary sources supply additional data elements and help locate cases.
 - C. Primary sources are optional; Secondary sources are mandatory.
 - D. Primary sources are hospital records; Secondary sources are patient surveys.
- 9. NPCR data are used to plan which type of programs?**
- A. Economic development
 - B. Cancer prevention and control programs
 - C. Education reform
 - D. Transportation planning
- 10. What are Edits?**
- A. When a computer program compares the coded data with the rules for abstracting
 - B. A method for data encryption
 - C. A statistical model for imputation
 - D. A manual review of all records

Answers

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

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Explanations

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1. True or False: The accession number is changed with every new cancer diagnosis.

- A. True
- B. False**
- C. Not specified
- D. I don't know

Accession numbers are fixed identifiers assigned to a specific case or specimen when it first enters the registry or lab. They are not changed just because a patient has a new cancer diagnosis. If a new primary cancer is diagnosed, that new cancer is entered as a separate case and receives its own accession number. The original accession remains tied to the initial diagnosis data, while each subsequent primary gets its own identifier to keep each cancer event distinct and accurately tracked.

2. What is an accession register?

- A. The annual sequential listing of all reportable cancers included in the registry**
- B. A record of patient insurance
- C. A log of hospital admissions
- D. A list of laboratory test results

An accession register is the master index of cancer cases entering the registry. Each case is given a unique accession number when it is abstracted, and the register lists all cases in a chronological, sequential order—often annually—so the registry can track every reportable cancer it includes. This makes it easy to verify completeness, manage retrieval, and link the abstract to source information. It isn't about patient insurance, hospital admissions, or laboratory test results—those are separate records used for different purposes.

3. Which statement correctly describes death clearance in hospital-based cancer registries?

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

Death clearance is the process of confirming a patient's death and updating the registry's records to reflect the correct vital status, usually by linking to external mortality data sources. This approach is a hallmark of population-based registries, where long-term survival data depends on accurate death information from external records. In hospital-based registries, the focus is on cancers diagnosed and treated within the hospital and on in-hospital outcomes. Because of narrower scope and limited resources, systematic, universal death clearance for all cases after discharge isn't a standard requirement across hospital-based registries. Some institutions may perform it when feasible, but it isn't routinely mandated for every hospital-based registry. That's why describing death clearance as always or universally required in hospital-based registries would be incorrect.

4. Which of the following is not a primary casefinding source?

- A. Pathology reports
- B. Surgery schedules and reports**
- C. Medical and Radiation Oncology logs
- D. HIM Disease Indices

Primary casefinding sources are the data sources used to identify new cancer cases based on evidence that a cancer diagnosis has occurred. The strongest of these is pathology reports, because they provide the definitive histology and confirmation of cancer, making them the standard starting point for casefinding. Surgery schedules and reports, while helpful for locating patients who had surgical treatment, do not by themselves confirm a cancer diagnosis. They can reflect procedures for noncancer conditions and, even when cancer surgery is performed, the diagnosis often relies on pathology results. Because of this, surgical schedules and reports are considered supplementary rather than a primary source for casefinding. Other sources like medical and radiation oncology logs and HIM disease indices play important supporting roles: oncology logs help identify treated cases and gather treatment details, while disease indices can aid in retrieving records through coded diagnoses. But they do not replace pathology as the primary, definitive source.

5. A hospital with an ACoS approved cancer program is not required to maintain a cancer registry.

- A. True
- B. False**
- C. Not sure
- D. Depends on state

A hospital with an accreditation from the Commission on Cancer must maintain a cancer registry because the program's credibility and quality improvement rely on complete, accurate cancer data. Accreditation standards require collecting and sustaining registry data for all eligible cancer cases, supporting staging, treatment, follow-up, and ongoing quality measures, and they align with submitting data to the National Cancer Database. So even if state laws touch on reporting, the CoC accreditation itself imposes the registry requirement as part of the program's core operations.

6. Which statement about RCRS data submission is false?

- A. New cancer cases are submitted at least once per calendar month.
- B. Analytic cases are submitted once per calendar year.
- C. Both statements are true.
- D. Neither statement is true.**

Understanding submission cadence is being tested. In RCRS, new cancer cases are submitted at least monthly to keep the registry current, and analytic cases are submitted on an annual cycle for analysis and reporting. Since those submission schedules are real, the claim that neither statement is true cannot be correct. If both statements are true, the option claiming "both are true" would be accurate, making the statement that neither are true the false one. In short, the false statement is the one that says neither statement is true.

7. Which term is unacceptable to use as a final diagnosis because it denotes uncertainty?

- A. Cannot be ruled out
- B. Equivocal**
- C. Potentially malignant
- D. Rule out

In this context, final diagnoses must be definite statements about the patient's disease status. The term that signals uncertainty most directly is equivocal. It means the results are inconclusive and cannot confirm or exclude disease based on the current data, so it cannot serve as a final diagnosis. Clinicians would pursue additional testing or follow-up to resolve the uncertainty and arrive at a definitive classification. The other phrases describe ongoing assessment or speculation during workup rather than a concluded diagnosis. Cannot be ruled out and rule out reference a differential or planned next steps rather than a final statement. Potentially malignant conveys concern or suspicion but does not establish a definite malignant diagnosis. For accurate records, the final entry should reflect a confirmed category (such as malignant, benign, in situ, or no evidence of disease) once the diagnosis is resolved.

8. Which statement best describes the roles of primary vs secondary casefinding sources?

- A. Primary sources identify cases; Secondary sources confirm treatment outcomes.
- B. Primary sources identify cases; Secondary sources supply additional data elements and help locate cases.**
- C. Primary sources are optional; Secondary sources are mandatory.
- D. Primary sources are hospital records; Secondary sources are patient surveys.

In cancer registry work, finding every eligible case hinges on two related roles of information sources. Primary casefinding sources are the first to document that a cancer case exists. These are sources that directly identify a new cancer diagnosis, such as pathology reports, surgical pathology notes, and other initial diagnostic documents. They are the core identifiers that reveal that a patient has cancer and should be abstracted. Secondary casefinding sources, on the other hand, play a complementary and widening role. They help locate cases that might not be captured through the initial documents alone and provide additional details needed to complete the abstract. These sources bring in extra data elements such as treatment details, staging information, and follow-up data, and they help you find patients who may have been treated outside the primary facility or whose records are incomplete in the initial source set. Examples include ongoing medical records from other departments, radiation or medical oncology notes, radiology and lab reports, vital records, and other administrative or registry sources. Together, primary sources ensure you identify all cases, while secondary sources enrich the data and help ensure no case is missed. The other statements don't fit this dynamic: secondary sources aren't defined by confirming treatment outcomes alone; primary sources aren't optional—without them, cases wouldn't be identified; and the common distinction isn't accurately captured by labeling hospital records strictly as primary and patient surveys strictly as secondary.

9. NPCR data are used to plan which type of programs?

- A. Economic development
- B. Cancer prevention and control programs**
- C. Education reform
- D. Transportation planning

Cancer registry data are collected to guide public health actions aimed at reducing the cancer burden. By analyzing who gets cancer, what types, stages at diagnosis, and where cases occur, NPCR data help identify high risk groups, track trends over time, and assess the impact of screening, prevention, and early detection efforts. This information supports planning and prioritizing cancer prevention and control programs, directing resources to areas of greatest need, and evaluating the effectiveness of interventions. Other areas like economic development, education reform, or transportation planning rely on different data and purposes, so they aren't primarily driven by NPCR cancer incidence data.

10. What are Edits?

- A. When a computer program compares the coded data with the rules for abstracting**
- B. A method for data encryption
- C. A statistical model for imputation
- D. A manual review of all records

Edits are automated checks built into registry software that compare each field of coded data against the predefined rules used during abstracting. They test for completeness, proper ranges, logical consistency, and cross-field relationships, catching errors like impossible dates, mismatched ages, or incompatible site and histology codes. If a record fails an edit, it's flagged for correction rather than being accepted as final, helping ensure data quality before reporting or research uses. The other options describe encryption, a statistical method for filling in missing data, or a full manual review of records, none of which define what edits are in the context of cancer registry quality checks.

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://hcmt2061.examzify.com>

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

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