

# MAMMOGRAPHY JEOPARDY PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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<https://mammographyjeopardy.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 placement is described by positioning the implant beneath the glandular tissue?**
  - A. Submuscular
  - B. Intracapsular
  - C. Periareolar
  - D. Subglandular
  
- 2. What is the role of ultrasound in evaluating a suspicious mammographic finding in dense breasts?**
  - A. Ultrasound helps differentiate solid versus cystic lesions and can guide biopsy if indicated.
  - B. Ultrasound replaces mammography.
  - C. Ultrasound has no role in dense breasts.
  - D. Ultrasound increases radiation dose.
  
- 3. Which layer of fat lies directly beneath the skin?**
  - A. Visceral fat layer
  - B. Subcutaneous fat layer
  - C. Intermuscular fat
  - D. Epicardial fat
  
- 4. The most commonly diagnosed breast cancer is?**
  - A. Lobular carcinoma
  - B. Ductal carcinoma in situ
  - C. Invasive ductal carcinoma
  - D. Inflammatory breast cancer
  
- 5. What is the purpose of a stereotactic core needle biopsy?**
  - A. To obtain tissue samples from a suspicious lesion or calcifications under X-ray guidance.
  - B. To remove the entire lesion.
  - C. To guide contrast injection during imaging.
  - D. To measure breast density.

- 6. Which of the following is a primary purpose of compression during a mammography exam?**
- A. To reduce breast thickness, improve image quality, ensure uniform compression, and lower radiation dose.
  - B. To eliminate the need for multiple views.
  - C. To increase patient comfort during image capture.
  - D. To shorten the overall exam time.
- 7. Approximately what percentage of lymphatic drainage travels through the axillary lymph nodes?**
- A. 25%
  - B. 50%
  - C. 75%
  - D. 90%
- 8. According to ACS guidelines, which statement is true regarding clinical breast examination (CBE) for women aged 20-39?**
- A. They recommend annual CBE for all ages
  - B. They recommend CBE only after age 50
  - C. For ages 20-39, CBE is recommended every 3 years
  - D. They do not endorse CBE
- 9. Which alternative projection might be used in addition to CC when imaging a patient with a pacemaker?**
- A. Left mediolateral oblique (LMO)
  - B. Craniocaudal (CC)
  - C. Right mediolateral oblique
  - D. Anterior oblique
- 10. In breast cancer staging, what does N1 indicate?**
- A. 1 or 2 lymph nodes involved
  - B. 0 nodes involved
  - C. 3-4 nodes involved
  - D. All lymph nodes involved

## **Answers**

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

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## **Explanations**

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**1. Which placement is described by positioning the implant beneath the glandular tissue?**

- A. Submuscular
- B. Intracapsular
- C. Periareolar
- D. Subglandular**

*In this topic, the key idea is where the implant sits in relation to the breast tissue and chest wall. Subglandular placement means the implant is positioned beneath the glandular breast tissue and in front of the pectoralis major muscle. In other words, the implant sits directly behind the breast tissue itself. This matches the description of being beneath the glandular tissue. To contrast briefly: placing the implant under the chest muscle (submuscular) puts the muscle over the implant for extra coverage; intracapsular refers to being inside the implant's own capsule, not about tissue plane; and periareolar refers to the incision site around the areola, not where the implant sits.*

**2. What is the role of ultrasound in evaluating a suspicious mammographic finding in dense breasts?**

- A. Ultrasound helps differentiate solid versus cystic lesions and can guide biopsy if indicated.**
- B. Ultrasound replaces mammography.
- C. Ultrasound has no role in dense breasts.
- D. Ultrasound increases radiation dose.

*In dense breasts, ultrasound serves as a valuable complement to mammography by providing real-time characterization of a suspicious finding. Its main strength is distinguishing solid from cystic lesions, which directly informs management—cysts may be observed or drained, while solid masses often require tissue biopsy. Ultrasound can also guide biopsy with precise needle placement if indicated, improving diagnostic accuracy. It does not replace mammography; instead it adds detail where density limits mammographic sensitivity. Since ultrasound uses sound waves, it does not increase radiation exposure, making it a safe option for further evaluation when a finding is suspicious on mammography.*

**3. Which layer of fat lies directly beneath the skin?**

- A. Visceral fat layer
- B. Subcutaneous fat layer**
- C. Intermuscular fat
- D. Epicardial fat

*The layer directly beneath the skin is the subcutaneous fat, also called the hypodermis. This superficial adipose tissue sits between the skin and the deeper fascia and muscles, providing insulation, padding, and energy storage. The other fat types are located deeper: visceral fat surrounds internal organs within the abdominal cavity, intermuscular fat lies between muscle groups, and epicardial fat sits around the heart.*

#### 4. The most commonly diagnosed breast cancer is?

- A. Lobular carcinoma
- B. Ductal carcinoma in situ
- C. Invasive ductal carcinoma**
- D. Inflammatory breast cancer

*The main idea here is the relative frequency of breast cancer types. Invasive ductal carcinoma is the most commonly diagnosed form because most breast cancers originate in the milk ducts and then invade surrounding breast tissue, making this histologic type by far the most prevalent—roughly seven to eight in ten invasive breast cancers. Ductal carcinoma in situ is a non-invasive condition confined to the ducts, so while common, it's not counted among invasive cancers and therefore isn't the most frequently diagnosed invasive type. Lobular carcinoma is less common than IDC, and inflammatory breast cancer is rare. So, the best answer is invasive ductal carcinoma due to its dominant prevalence among breast cancer cases.*

#### 5. What is the purpose of a stereotactic core needle biopsy?

- A. To obtain tissue samples from a suspicious lesion or calcifications under X-ray guidance.**
- B. To remove the entire lesion.
- C. To guide contrast injection during imaging.
- D. To measure breast density.

*Stereotactic core needle biopsy is a percutaneous, image-guided procedure used to obtain tissue samples for diagnosis from a suspicious lesion or calcifications seen on mammography. Using two mammographic views, the stereotactic system triangulates the exact location, guiding a hollow needle into the abnormal area to take several core samples. The goal is to get tissue for pathology to determine whether the lesion is malignant, precancerous, or benign, without removing the entire lesion. This differs from surgical excision, which aims to remove the whole lesion, and from procedures that guide contrast or assess density, which do not involve obtaining tissue samples.*

#### 6. Which of the following is a primary purpose of compression during a mammography exam?

- A. To reduce breast thickness, improve image quality, ensure uniform compression, and lower radiation dose.**
- B. To eliminate the need for multiple views.
- C. To increase patient comfort during image capture.
- D. To shorten the overall exam time.

*Compression works by flattening the breast against the detector so the tissue becomes thinner and more uniform. This thinning reduces the amount of tissue the X-ray must penetrate, which lowers scattered radiation and improves image sharpness and contrast. With a more uniform, thinner layer of tissue, overlapping structures are minimized, making small calcifications and subtle masses easier to detect. The consistent compression also helps the exposure be more uniform across the image, reducing motion blur and enabling the use of lower kVp settings, which further lowers the radiation dose to the patient. While compression can be uncomfortable, its primary purpose is to enhance image quality and safety, not to shorten the exam or eliminate views.*

**7. Approximately what percentage of lymphatic drainage travels through the axillary lymph nodes?**

- A. 25%
- B. 50%
- C. 75%**
- D. 90%

*Most lymph from the breast drains into the axillary lymph nodes, making them the primary drainage basin. About three quarters of the lymphatic flow—from the breast region—reaches the axillary nodes, while the rest goes to the internal mammary (parasternal) nodes and other routes. This predominance is why axillary nodal involvement is the most common route for breast cancer spread and is a focus in staging and biopsy. So, roughly 75% of drainage travels through the axillary lymph nodes.*

**8. According to ACS guidelines, which statement is true regarding clinical breast examination (CBE) for women aged 20-39?**

- A. They recommend annual CBE for all ages
- B. They recommend CBE only after age 50
- C. For ages 20-39, CBE is recommended every 3 years**
- D. They do not endorse CBE

*The main idea being tested is how the American Cancer Society guides clinical breast examination (CBE) timing for younger women. For women in their 20s and 30s, the guideline supports a CBE by a health professional approximately every three years, typically as part of routine care. This interval reflects the lower incidence of breast cancer in this age group and aims to balance the potential benefits of detecting a lump with the downsides of more frequent screening, such as false positives and unnecessary procedures. So the statement that CBE is recommended every three years for ages 20-39 is the best fit. The other options imply more frequent screening for all ages, screening starting later, or not endorsing CBE at all, which don't align with this age-specific guidance.*

**9. Which alternative projection might be used in addition to CC when imaging a patient with a pacemaker?**

- A. Left mediolateral oblique (LMO)**
- B. Craniocaudal (CC)
- C. Right mediolateral oblique
- D. Anterior oblique

*When a pacemaker sits on the left chest, the device can obscure left breast tissue on a standard cranio-caudal view. Adding a different angle helps see areas that might be hidden. The left mediolateral oblique projection provides a side-angle view of the left breast, capturing the axillary tail and upper outer quadrant while shifting the breast tissue relative to the device. This reduces overlap with the pacemaker and improves visualization of tissue near the chest wall, making it the best complementary projection to use in this scenario. The other options either image the wrong side or aren't the targeted oblique projection typically used to enhance evaluation when a left-sided device is present.*

**10. In breast cancer staging, what does N1 indicate?**

**A. 1 or 2 lymph nodes involved**

B. 0 nodes involved

C. 3-4 nodes involved

D. All lymph nodes involved

*N1 in breast cancer staging refers to cancer that has started to involve nearby lymph nodes, specifically the axillary (arm pit) nodes on the same side as the tumor, but only to a limited extent. The nodes are typically movable, indicating that the disease hasn't progressed to involve very large, fixed nodal masses or more distant nodal groups. The key idea is that there is some nodal spread, but it's still a relatively small nodal burden, rather than no nodal involvement or extensive nodal disease. So the best choice reflects a small number of affected axillary nodes, rather than zero, a large burden, or widespread nodal involvement.*

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## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://mammographyjeopardy.examzify.com>

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

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