

Oncology Bolded Information Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. What is the risk factor increase for lung cancer in COPD patients?**
 - A. 2x
 - B. 4x
 - C. 10x
 - D. 1.5x

- 2. What is the tumor biomarker for colorectal cancer?**
 - A. CA-125
 - B. CEA
 - C. HER-2
 - D. AFP

- 3. Which surgical procedure is commonly associated with pancreatic cancer?**
 - A. Whipple procedure
 - B. Laparoscopic cholecystectomy
 - C. Pancreatectomy
 - D. Splenectomy

- 4. Which tumor marker is commonly associated with lung cancer?**
 - A. CA 19-9
 - B. AFP
 - C. CEA
 - D. PSA

- 5. What is the most common type of stomach cancer?**
 - A. Gastric lymphoma
 - B. Adenocarcinoma
 - C. Carcinoid tumor
 - D. Gastrointestinal stromal tumor

6. Which of the following factors is NOT a standout risk factor for stomach cancer?

- A. Obesity**
- B. Atrophic gastritis**
- C. High fiber intake**
- D. Salt and salt-preserved foods**

7. Are the majority of breast and ovarian cancer cases attributed to inherited mutations in BRCA1 or BRCA2 genes?

- A. Yes**
- B. No**
- C. Only in breast cancer cases**
- D. Only in ovarian cancer cases**

8. What is the likelihood that a woman will develop breast cancer in her lifetime?

- A. 1 in 5**
- B. 1 in 10**
- C. 1 in 8**
- D. 1 in 12**

9. What is the most common type of leukemia?

- A. Acute myeloid leukemia**
- B. Chronic lymphoid leukemia**
- C. Acute lymphoblastic leukemia**
- D. Chronic myeloid leukemia**

10. In the context of CLL, what observation is typically noted regarding the presence of smudge cells?

- A. Absent**
- B. They are considered benign**
- C. They are indicative of disease progression**
- D. They are associated with CLL**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the risk factor increase for lung cancer in COPD patients?

- A. 2x
- B. 4x**
- C. 10x
- D. 1.5x

Patients with Chronic Obstructive Pulmonary Disease (COPD) experience a significantly elevated risk of developing lung cancer, primarily due to the shared risk factors such as smoking and the inherent lung damage caused by COPD itself. Research indicates that COPD patients may have around a fourfold increase in lung cancer risk compared to those without the condition. This heightened risk can be attributed to the ongoing inflammation and structural changes in the lungs that accompany COPD, which can predispose individuals to malignant transformations in lung tissues. In contrast, other indices of risk—such as doubling or tripling—do not adequately encapsulate the extent of this risk in COPD patients, while a less than twofold increase does not align with the established data showing a stronger correlation. Thus, a fourfold increase accurately reflects the significant impact of COPD on the likelihood of developing lung cancer.

2. What is the tumor biomarker for colorectal cancer?

- A. CA-125
- B. CEA**
- C. HER-2
- D. AFP

The tumor biomarker for colorectal cancer is Carcinoembryonic Antigen (CEA). CEA is a glycoprotein that is produced by certain types of cells in the body, including those found in the colon. Elevated levels of CEA can indicate the presence of colorectal cancer, and it is commonly used in clinical practice to monitor treatment response and detect recurrence after surgery. While it is not exclusively associated with colorectal cancer, as elevated CEA levels can also occur in other cancers and certain benign conditions, it is the most relevant and widely utilized biomarker specifically for this type of cancer. The other options serve distinct roles in oncology but do not categorize as specific biomarkers for colorectal cancer. For example, CA-125 is primarily used as a biomarker for ovarian cancer. HER-2 is a marker associated with breast cancer, particularly in patients who have HER-2 positive tumors. AFP, or Alpha-fetoprotein, is typically linked to liver cancer and germ cell tumors. Therefore, while other tumor markers are crucial in their respective contexts, CEA stands out as the primary biomarker for colorectal cancer, making it the correct answer.

3. Which surgical procedure is commonly associated with pancreatic cancer?

- A. Whipple procedure**
- B. Laparoscopic cholecystectomy**
- C. Pancreatectomy**
- D. Splenectomy**

The Whipple procedure, also known as pancreaticoduodenectomy, is a major surgical operation commonly associated with pancreatic cancer, particularly for tumors located in the head of the pancreas. This procedure involves the removal of the head of the pancreas, the duodenum (the first part of the small intestine), the gallbladder, and part of the bile duct. The goal of the Whipple procedure is to remove cancerous tissues while preserving as much of the surrounding healthy organs as possible, thus improving outcomes and potentially facilitating the patient's digestion post-surgery. It is considered the standard surgical treatment for resectable pancreatic tumors and is significant in improving survival rates for individuals diagnosed with pancreatic cancer. Other surgical procedures listed, such as laparoscopic cholecystectomy and splenectomy, are not primarily associated with pancreatic cancer. The laparoscopic cholecystectomy is a common surgery to remove the gallbladder and is usually performed for gallstones or gallbladder disease, not cancer. Splenectomy involves the removal of the spleen and is relevant in various contexts but is not specific to pancreatic cancer treatment. While a pancreatectomy is a general term for the surgical removal of the pancreas, the Whipple procedure specifically addresses resectable

4. Which tumor marker is commonly associated with lung cancer?

- A. CA 19-9**
- B. AFP**
- C. CEA**
- D. PSA**

The tumor marker commonly associated with lung cancer is CEA, or carcinoembryonic antigen. CEA is a glycoprotein involved in cell adhesion and is typically present at low levels in healthy adults. It tends to be elevated in various malignancies, particularly in non-small cell lung cancer, and can be used to monitor the disease as well as response to treatment. Elevated levels of CEA in patients with lung cancer can provide insights into the progression of the disease and potential treatment outcomes. In contrast, CA 19-9 is primarily used as a marker for pancreatic cancer and sometimes for colorectal cancer, while AFP (alpha-fetoprotein) is associated with liver cancer and germ cell tumors. PSA (prostate-specific antigen) is specific to prostate cancer. Therefore, although elevated markers can occur in different malignancies, CEA's strongest association is with lung cancer, making it the most relevant choice in this context.

5. What is the most common type of stomach cancer?

- A. Gastric lymphoma
- B. Adenocarcinoma**
- C. Carcinoid tumor
- D. Gastrointestinal stromal tumor

Adenocarcinoma is the most prevalent type of stomach cancer, accounting for a significant majority of cases. This type of cancer arises from the glandular cells of the stomach lining, which are responsible for producing mucus and digestive enzymes. Factors contributing to the increased risk of adenocarcinoma include chronic gastritis, infection with *Helicobacter pylori*, dietary influences, and genetic predispositions. In comparison, gastric lymphoma, carcinoid tumors, and gastrointestinal stromal tumors make up a smaller proportion of stomach cancer cases. Gastric lymphoma generally originates from lymphatic tissue in the stomach, while carcinoid tumors arise from neuroendocrine cells, and gastrointestinal stromal tumors develop from interstitial cells of Cajal or precursor cells. These types are less common than adenocarcinoma, which is why adenocarcinoma is recognized as the most common form of stomach cancer.

6. Which of the following factors is NOT a standout risk factor for stomach cancer?

- A. Obesity
- B. Atrophic gastritis
- C. High fiber intake**
- D. Salt and salt-preserved foods

High fiber intake is not considered a standout risk factor for stomach cancer. In fact, evidence suggests that a diet rich in fiber may be protective against various types of cancer. High fiber foods, typically found in fruits, vegetables, and whole grains, contribute to overall digestive health and may reduce the risk of stomach cancer by diluting carcinogens and promoting healthy gut flora. In contrast, obesity, atrophic gastritis, and diets high in salt or salt-preserved foods have been associated with an increased risk of developing stomach cancer. Obesity can lead to increased inflammation and hormonal changes that may contribute to cancer development. Atrophic gastritis, a condition characterized by chronic inflammation of the stomach lining, is a predisposing factor for stomach cancer due to the cellular changes that occur within the gastric tissue. Similarly, high consumption of salt and salt-preserved foods has been linked to an elevated risk of stomach cancer due to the potential for these foods to damage the stomach lining and promote the growth of carcinogenic microorganisms.

7. Are the majority of breast and ovarian cancer cases attributed to inherited mutations in BRCA1 or BRCA2 genes?

- A. Yes**
- B. No**
- C. Only in breast cancer cases**
- D. Only in ovarian cancer cases**

The majority of breast and ovarian cancer cases are not attributed to inherited mutations in the BRCA1 or BRCA2 genes. While these two genes are indeed significant contributors to hereditary breast and ovarian cancer syndromes—accounting for a substantial proportion of familial cases—they only represent a fraction of the overall incidence of these cancers. Many cases of breast and ovarian cancer occur sporadically, without any known inherited genetic mutation. The majority of breast cancer cases do not involve BRCA mutations at all, and while BRCA mutations significantly increase the risk of developing these cancers, they are not the sole factor and affect only a subset of patients. Inherited mutations in BRCA1 and BRCA2 account for approximately 5-10% of breast cancer cases and about 10-15% of ovarian cancer cases. Thus, while their importance cannot be understated, the answer highlights that the majority of cases arise from other genetic, environmental, and lifestyle factors, not exclusively from BRCA mutations. This distinction is critical for understanding the broader landscape of cancer risk and the multifactorial nature of these diseases.

8. What is the likelihood that a woman will develop breast cancer in her lifetime?

- A. 1 in 5**
- B. 1 in 10**
- C. 1 in 8**
- D. 1 in 12**

The likelihood that a woman will develop breast cancer in her lifetime is commonly recognized as 1 in 8. This statistic reflects a significant risk that many women face, highlighting the importance of regular screenings and awareness of breast health. The figure is derived from various studies and data collected over years, indicating that approximately 12.5% of women will be diagnosed with breast cancer at some point during their lives. This statistic serves as a crucial reminder for women to engage in preventive measures such as self-examinations and mammography screenings. The other choices, while they may represent varying degrees of risk perception, do not accurately reflect the established statistics reported by health organizations, which consistently state the risk as 1 in 8. Thus, the selection of 1 in 8 as the correct answer underscores the importance of acknowledging and addressing the significant risk of breast cancer among women.

9. What is the most common type of leukemia?

- A. Acute myeloid leukemia
- B. Chronic lymphoid leukemia**
- C. Acute lymphoblastic leukemia
- D. Chronic myeloid leukemia

Chronic lymphoid leukemia (CLL) is the most common type of leukemia, particularly among adults. CLL originates in the bone marrow and is characterized by an overproduction of B lymphocytes, a type of white blood cell that plays a crucial role in the immune response. This accumulation of abnormal B cells can lead to a variety of symptoms, such as fatigue, swollen lymph nodes, and increased susceptibility to infections. The reason CLL is considered the most prevalent form of leukemia is due to its relatively high incidence in the adult population compared to other forms. It typically manifests slowly over time, often diagnosed in older adults, and its prevalence reflects changes in demographic factors, including an aging population. In contrast, acute myeloid leukemia (AML), acute lymphoblastic leukemia (ALL), and chronic myeloid leukemia (CML) have distinct characteristics and are less common than CLL. AML and ALL are more prevalent in children, while CML is a less frequently diagnosed form of leukemia that primarily affects adults.

10. In the context of CLL, what observation is typically noted regarding the presence of smudge cells?

- A. Absent
- B. They are considered benign
- C. They are indicative of disease progression
- D. They are associated with CLL**

The presence of smudge cells is a characteristic finding associated with Chronic Lymphocytic Leukemia (CLL). Smudge cells are formed when fragile lymphocytes rupture during the preparation of blood smears, leading to their shattered appearance. This phenomenon occurs due to the increased number of abnormal lymphocytes in CLL, which are more prone to damage. The identification of smudge cells serves as a helpful diagnostic indicator for healthcare providers. While these cells are not exclusively found in CLL, their prevalence in the context of this leukemia helps to differentiate it from other hematologic conditions. Therefore, recognizing the connection between smudge cells and CLL is significant in understanding the pathophysiology and diagnosis of the disease. In contrast, the other options relate to different aspects of smudge cells and their significance in CLL but do not represent the most accurate observation regarding their presence.