

# Oncology Bolded Information Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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. What should be the next step if there are positive or suspicious findings on a mammogram?**
  - A. Watchful waiting**
  - B. Radiation therapy**
  - C. Surgical oncology referral**
  - D. Immediate biopsy**
  
- 2. What is the GOLD STANDARD test for diagnosing pancreatic cancer?**
  - A. CT scan**
  - B. MRCP**
  - C. ERCP**
  - D. Endoscopic ultrasound**
  
- 3. Which risk factor is associated with a higher likelihood of breast cancer?**
  - A. Being male**
  - B. Higher educational level**
  - C. Family history of breast cancer**
  - D. Low-fat diet**
  
- 4. What factors are pivotal in determining the treatment plan and prognosis for breast cancer?**
  - A. Age and family history**
  - B. Staging and molecular testing**
  - C. Patient's preferences**
  - D. Type of cancer surgery**
  
- 5. If a patient has spinal cord compression and experiences bowel/bladder dysfunction, what typically does this suggest?**
  - A. Early-stage cancer**
  - B. Infection**
  - C. Sign of late-stage cancer**
  - D. Benign condition**

- 6. Signs and symptoms of hypercalcemia are primarily caused by what?**
- A. Elevated parathyroid hormone**
  - B. Ionized (free) calcium**
  - C. High phosphate levels**
  - D. Low vitamin D**
- 7. What are the two major types of lung cancer?**
- A. Lobular carcinoma and ductal carcinoma**
  - B. Non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC)**
  - C. Adenocarcinoma and squamous cell carcinoma**
  - D. Large cell carcinoma and bronchial carcinoid tumor**
- 8. A rising level of which substance in patients with cirrhosis or hepatitis B should raise concern for hepatocellular carcinoma?**
- A. Carcinoembryonic antigen (CEA)**
  - B. Alpha-fetoprotein (AFP)**
  - C. Lactate dehydrogenase (LDH)**
  - D. Gamma-glutamyl transferase (GGT)**
- 9. In a patient with a solid, firm mass within the testis, what is the primary diagnosis that must be considered?**
- A. Epididymitis**
  - B. Testicular cancer**
  - C. Varicocele**
  - D. Hydrocele**
- 10. What is a common early symptom of pancreatic cancer?**
- A. Nausea and vomiting**
  - B. Elevated blood pressure**
  - C. Mid-back pain**
  - D. Fatigue**

## Answers

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

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## **Explanations**

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**1. What should be the next step if there are positive or suspicious findings on a mammogram?**

- A. Watchful waiting**
- B. Radiation therapy**
- C. Surgical oncology referral**
- D. Immediate biopsy**

When positive or suspicious findings are identified on a mammogram, the appropriate next step is to make a surgical oncology referral. This action is critical because a surgical oncologist can evaluate the findings in greater detail, determine the necessity for further diagnostic procedures such as biopsy, and develop an appropriate management plan tailored to the patient's specific situation. Following up with a specialist ensures that the patient receives comprehensive care, including the possibility of additional imaging studies or a biopsy, which are crucial for confirming whether cancer is present and, if so, devising a suitable treatment strategy. Surgical oncologists play a key role in diagnosing and managing malignant tumors. In contrast, watchful waiting may delay necessary intervention and could pose a risk for the patient if the findings are indeed indicative of cancer. Radiation therapy is not a definitive next step without a clear diagnosis, as it is typically part of treatment rather than initial evaluation. Immediate biopsy, while necessary in many cases, is often coordinated through a surgical oncology referral to ensure that it is performed by qualified personnel and follows appropriate guidelines based on clinical findings and patient history.

**2. What is the GOLD STANDARD test for diagnosing pancreatic cancer?**

- A. CT scan**
- B. MRCP**
- C. ERCP**
- D. Endoscopic ultrasound**

The gold standard test for diagnosing pancreatic cancer is endoscopic retrograde cholangiopancreatography (ERCP). This procedure is particularly valuable because it allows for direct visualization of the ducts that carry bile and pancreatic juices. During ERCP, contrast dye is injected into these ducts, and imaging is captured, which can reveal blockages, tumors, or other abnormalities. One of the critical advantages of ERCP is that it does not just diagnose the presence of tumors but also offers the opportunity to obtain tissue samples through biopsy if suspicious areas are identified. This capability to both visualize the pancreatic ductal anatomy and perform therapeutic interventions, such as stenting, makes ERCP indispensable in the diagnostic workflow for suspected pancreatic cancer. While options like the CT scan, MRCP, and endoscopic ultrasound are significant diagnostic tools for pancreatic lesions, they lack the same combination of direct visualization and intervention available through ERCP. CT scans are excellent for structural imaging and assessing the extent of disease, MRCP offers non-invasive visualization of the pancreatic biliary system, and endoscopic ultrasound provides high-resolution imaging of the pancreas and surrounding tissues. However, ERCP stands out for its diagnostic and therapeutic potential in the context of pancreatic cancer, justifying its status as the gold standard.

### 3. Which risk factor is associated with a higher likelihood of breast cancer?

- A. Being male
- B. Higher educational level
- C. Family history of breast cancer**
- D. Low-fat diet

The association between family history of breast cancer and an increased likelihood of developing the disease is well established in oncology. Having a family member, particularly a first-degree relative such as a mother or sister, who has been diagnosed with breast cancer significantly raises an individual's risk. This risk is particularly pronounced in families with inherited genetic mutations, such as BRCA1 and BRCA2, which are known to strongly predispose individuals to breast and ovarian cancers. Family history contributes to genetic, environmental, and lifestyle factors that may interact to elevate risk. The presence of breast cancer in a family can also influence earlier screening and lifestyle choices, which can impact overall outcomes. Understanding family history as a risk factor is crucial for stratifying patients for preventive measures and screening protocols, such as mammography and genetic counseling. Therefore, recognizing the link between a family history of breast cancer and increased risk is vital for healthcare providers and patients alike in making informed decisions related to surveillance and prevention.

### 4. What factors are pivotal in determining the treatment plan and prognosis for breast cancer?

- A. Age and family history
- B. Staging and molecular testing**
- C. Patient's preferences
- D. Type of cancer surgery

Determining the treatment plan and prognosis for breast cancer primarily hinges on staging and molecular testing. Staging refers to the extent of cancer present in the body, including the size of the tumor and whether it has spread to lymph nodes or other organs. This information is crucial for deciding the appropriate course of treatment, which can range from surgery to chemotherapy, radiation therapy, and targeted therapies. Molecular testing, which analyzes specific characteristics of the breast cancer cells, provides insights into how aggressive the cancer may be and how it is likely to respond to various treatments. For example, testing for hormone receptors (like estrogen and progesterone) and genetic markers (such as HER2) can guide the use of hormone therapies or targeted treatments that improve outcomes for certain subtypes of breast cancer. Although factors such as age, family history, patient preferences, and the type of surgery are important considerations in the overall management of breast cancer, they do not directly inform the specific treatment plan and prognosis to the same extent as staging and molecular testing. Age may influence the choice of treatment due to potential comorbidities, and family history can indicate genetic predispositions, but the immediate clinical relevance for treatment decisions comes primarily from the precise staging and tumor characteristics determined through molecular testing.

**5. If a patient has spinal cord compression and experiences bowel/bladder dysfunction, what typically does this suggest?**

- A. Early-stage cancer**
- B. Infection**
- C. Sign of late-stage cancer**
- D. Benign condition**

In the context of spinal cord compression accompanied by bowel and bladder dysfunction, this typically indicates significant neurological compromise, often associated with advanced or late-stage cancer. In cases of late-stage malignancies, particularly those that metastasize to the spine, there is a heightened risk of compression of the spinal cord due to tumor growth or associated fluid forming around the spinal structures. This can lead to a loss of function in the nerves that control bowel and bladder functions. The presence of these symptoms suggests that the cancer has progressed to a point where it has started to affect crucial neurological pathways, indicating a more severe clinical stage. The urgency to address this symptomatology often warrants immediate interventions, such as surgical decompression or radiation therapy, to relieve pressure and restore function, if possible. In contrast, early-stage cancer typically does not present with such severe complications, as the tumor burden is minimal and typically confined. Infection, while it can lead to similar symptoms, usually presents with other systemic signs that differ from the encapsulated nature of cancer-related compressive symptoms. Benign conditions usually do not result in such pronounced dysfunction unless they are causing significant physical obstruction or pressure, which is less common.

**6. Signs and symptoms of hypercalcemia are primarily caused by what?**

- A. Elevated parathyroid hormone**
- B. Ionized (free) calcium**
- C. High phosphate levels**
- D. Low vitamin D**

Hypercalcemia, characterized by elevated levels of calcium in the blood, leads to various signs and symptoms that are primarily caused by ionized (free) calcium. When calcium levels are high, it affects the functionality of numerous organs and systems in the body, particularly the nervous system, kidneys, and muscles. The manifestations of hypercalcemia can include confusion, lethargy, muscle weakness, increased thirst, and frequent urination, all stemming from the impact that high levels of ionized calcium have on cellular function and fluid balance. Ionized calcium is the biologically active form of calcium in the blood, playing a crucial role in many physiological processes, including neuromuscular conduction, hormone secretion, and enzymatic reactions. Therefore, it is the elevation of ionized calcium that directly correlates with the clinical symptoms experienced by individuals with hypercalcemia. In contrast, elevated parathyroid hormone typically contributes to the regulation of calcium levels rather than being a direct cause of the symptoms associated with hypercalcemia. High phosphate levels can occur in certain conditions but are not the primary cause of hypercalcemia's signs and symptoms. Low vitamin D can influence calcium absorption and metabolism but does not directly cause hypercalcemia, rather it can lead to low

## 7. What are the two major types of lung cancer?

- A. Lobular carcinoma and ductal carcinoma
- B. Non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC)**
- C. Adenocarcinoma and squamous cell carcinoma
- D. Large cell carcinoma and bronchial carcinoid tumor

The two major types of lung cancer are classified as non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). This classification is based on the behavior and growth patterns of the cancer cells. Non-small cell lung cancer encompasses a variety of subtypes, including adenocarcinoma, squamous cell carcinoma, and large cell carcinoma. It is the more common form of lung cancer, accounting for approximately 85% of all cases. NSCLC tends to grow and spread more slowly than small cell lung cancer, making it more amenable to surgical interventions in the early stages. On the other hand, small cell lung cancer is known for its rapid growth and aggressive behavior. It typically begins in the larger airways and is often associated with smoking. SCLC is more likely to spread to other parts of the body early on, which can complicate treatment options. Understanding these classifications is crucial for determining appropriate treatment strategies and predicting patient outcomes. The distinction between NSCLC and SCLC is a cornerstone in the management of lung cancer, guiding both diagnostic approaches and therapeutic protocols.

## 8. A rising level of which substance in patients with cirrhosis or hepatitis B should raise concern for hepatocellular carcinoma?

- A. Carcinoembryonic antigen (CEA)
- B. Alpha-fetoprotein (AFP)**
- C. Lactate dehydrogenase (LDH)
- D. Gamma-glutamyl transferase (GGT)

Alpha-fetoprotein (AFP) is a protein that is typically produced by the fetal liver and is used as a tumor marker in adults, particularly in the context of liver disease. In patients with conditions like cirrhosis or hepatitis B, the levels of AFP can become elevated, and this is clinically significant. Rising AFP levels are particularly associated with hepatocellular carcinoma (HCC), a common type of liver cancer that can develop in patients with chronic liver diseases. In the context of cirrhosis and hepatitis B, monitoring AFP levels is an important part of cancer surveillance. Physicians often use AFP levels, along with imaging studies, to help make early diagnoses of HCC, as early detection can significantly improve treatment outcomes and survival rates. Thus, an increasing trend in AFP levels in these patients is a strong clinical indicator that warrants further investigation for malignancy. The other substances listed, while they may have their own clinical significance, are not typically associated with the diagnosis of hepatocellular carcinoma in the same manner as AFP. Carcinoembryonic antigen (CEA) is more commonly linked to colorectal and other gastrointestinal cancers, lactate dehydrogenase (LDH) can be elevated in various conditions but is less specific for

**9. In a patient with a solid, firm mass within the testis, what is the primary diagnosis that must be considered?**

**A. Epididymitis**

**B. Testicular cancer**

**C. Varicocele**

**D. Hydrocele**

A solid, firm mass within the testis raises significant concern for testicular cancer, which is the most critical diagnosis to consider in this scenario. Testicular cancer often presents as a non-tender, hard mass that can be palpated within the scrotum. Other characteristics of testicular cancer include the potential for alterations in testicular size and shape. While conditions such as epididymitis, varicocele, and hydrocele can affect the testis or scrotum, they typically present with different characteristics. Epididymitis often presents with pain and swelling in the epididymis and is associated with infection rather than a firm mass. A varicocele is characterized by engorged veins and may create a "bag of worms" feeling, but it does not present as a discrete solid mass. Hydrocele usually presents as fluid accumulation around the testis, causing a swelling rather than a solid mass. Thus, given the nature of the mass described—a solid and firm testicular mass—the primary concern should be for testicular cancer, emphasizing the need for prompt evaluation and possible biopsy or imaging to confirm the diagnosis.

**10. What is a common early symptom of pancreatic cancer?**

**A. Nausea and vomiting**

**B. Elevated blood pressure**

**C. Mid-back pain**

**D. Fatigue**

Mid-back pain is recognized as a common early symptom of pancreatic cancer and can often present before other more pronounced symptoms become apparent. This type of pain occurs because the pancreas is located deep in the abdomen, and tumors in this area can irritate surrounding tissues and nerves, leading to discomfort that radiates to the back. This symptom can sometimes be overlooked or attributed to other less serious conditions, making it important for both patients and healthcare professionals to consider it in the context of a broader clinical picture. Nausea and vomiting, elevated blood pressure, and fatigue may also be associated with pancreatic cancer, but they are generally not as specific to the early stages of the disease as mid-back pain. Nausea and vomiting can occur due to various gastrointestinal conditions, elevated blood pressure is not usually a direct symptom of pancreatic cancer, and fatigue can result from many different health issues, making them less indicative of pancreatic cancer in its early stages.

## 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://oncologyboldedinfo.examzify.com>**

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

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