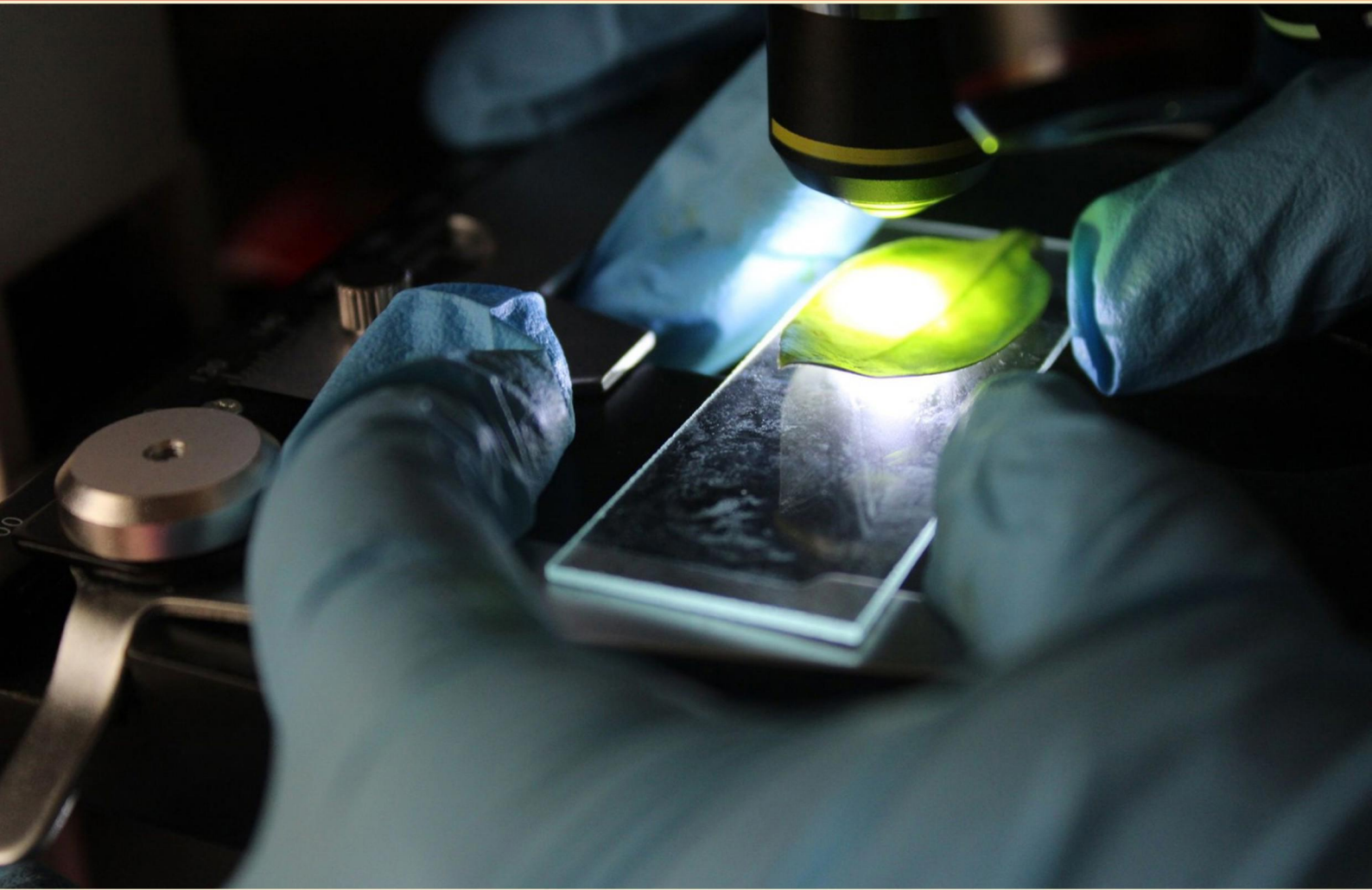


ONCOLOGY BOLD INFORMATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

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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: CBD obstruction can occur with lesions in the head of the pancreas.**
 - A. True
 - B. False
 - C. Depends on lesion size
 - D. Only with metastasis
- 2. Which of the following is NOT a risk factor for colorectal cancer?**
 - A. Increasing age
 - B. High fiber diet
 - C. Inflammatory bowel disease
 - D. Family history of colon cancer
- 3. What condition might a rising level of alpha-fetoprotein (AFP) indicate?**
 - A. Cholangiocarcinoma
 - B. Hepatocellular carcinoma (HCC)
 - C. Pancreatic adenocarcinoma
 - D. Colorectal cancer
- 4. Which biomarker is noted for being elevated in cases of ovarian cancer?**
 - A. CA19-9
 - B. CA15-3
 - C. CA125
 - D. AFP
- 5. What is a noninvasive tumor found in the breast ducts that can progress to invasive cancer?**
 - A. Fibroadenoma
 - B. Invasive ductal carcinoma
 - C. Ductal carcinoma in situ (DCIS)
 - D. Invasive lobular carcinoma

- 6. What is the primary treatment for renal cell carcinoma that is considered curative for local disease?**
- A. Radiation therapy
 - B. Chemotherapy
 - C. Surgery
 - D. Targeted therapy
- 7. What inherited syndrome is known for its greater association with various cancers, particularly colorectal cancer?**
- A. BRCA1
 - B. HNPCC
 - C. Lynch Syndrome
 - D. Familial Adenomatous Polyposis
- 8. Which inflammatory bowel diseases significantly increase the risk of colorectal cancer?**
- A. Ulcerative colitis and Crohn's disease
 - B. Coeliac disease and Crohn's disease
 - C. Ulcerative colitis and Celiac disease
 - D. Gastritis and Crohn's disease
- 9. What is one key characteristic of triple-negative breast cancer?**
- A. Overexpression of HER2
 - B. Estrogen receptor-positive
 - C. Lack of hormone receptors
 - D. Predominantly occurs in the male population
- 10. At what age does a family history of colon cancer significantly increase risk?**
- A. 60 years
 - B. 50 years
 - C. 45 years
 - D. 30 years

Answers

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

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Explanations

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1. True or False: CBD obstruction can occur with lesions in the head of the pancreas.

A. True

B. False

C. Depends on lesion size

D. Only with metastasis

Cannabinoid obstruction can indeed occur with lesions located in the head of the pancreas, making the statement true. The head of the pancreas is anatomically situated near the common bile duct (CBD). When a lesion, such as a tumor, develops in this area, it can compress or directly invade the surrounding structures, including the CBD. This obstruction can lead to a series of complications, such as jaundice, due to the accumulation of bile. The anatomy of the pancreas and its relationship to the CBD is crucial to understanding this phenomenon. The CBD runs adjacent to the head of the pancreas, and any mass effect from a pancreatic lesion can disrupt the normal flow of bile from the liver to the duodenum. This blockage can result in obstructive jaundice and other clinical symptoms associated with biliary obstruction. Other options focus on conditions that might influence obstruction rates, but the direct connection between pancreatic lesions in the head and CBD obstruction substantiates the correctness of the true statement in this context.

2. Which of the following is NOT a risk factor for colorectal cancer?

A. Increasing age

B. High fiber diet

C. Inflammatory bowel disease

D. Family history of colon cancer

A high fiber diet is recognized for its protective effects against colorectal cancer, rather than being a risk factor. Numerous studies suggest that diets rich in fiber, particularly from fruits, vegetables, and whole grains, can contribute to a lower risk of developing colorectal cancer. Fiber may help in various ways, including promoting regular bowel movements, improving gut health, and potentially lowering the levels of certain harmful substances in the colon. In contrast, increasing age is a well-established risk factor for colorectal cancer, with the incidence rising significantly after the age of 50. Inflammatory bowel disease, such as Crohn's disease and ulcerative colitis, is also associated with an increased risk due to chronic inflammation of the intestinal lining. Additionally, a family history of colon cancer can indicate a genetic predisposition to the disease, thus making it a significant risk factor for those individuals. Therefore, the assertion that a high fiber diet is not a risk factor holds true, as it is actually linked with a decrease in risk for colorectal cancer.

3. What condition might a rising level of alpha-fetoprotein (AFP) indicate?

- A. Cholangiocarcinoma
- B. Hepatocellular carcinoma (HCC)**
- C. Pancreatic adenocarcinoma
- D. Colorectal cancer

A rising level of alpha-fetoprotein (AFP) is particularly associated with hepatocellular carcinoma (HCC), which is a primary liver cancer. AFP is a protein that is typically produced by the fetal liver, but its levels can rise in certain conditions, especially liver diseases and malignancies. In adults, elevated AFP levels are most commonly linked to liver conditions, with HCC being the most notable. Elevated levels of AFP can also occur in other situations, such as in patients with liver cirrhosis or hepatitis, but its specific association with HCC makes it a crucial biomarker for diagnosis and monitoring of this cancer. Therefore, when physicians observe an increase in AFP levels, they often consider the possibility of hepatocellular carcinoma and may recommend further diagnostic imaging or biopsies to confirm. In contrast, other cancers listed, such as cholangiocarcinoma, pancreatic adenocarcinoma, and colorectal cancer, do not have a typical association with elevated AFP levels, making their relevance much less significant in this context. Thus, the correct answer is that a rising level of alpha-fetoprotein indicates hepatocellular carcinoma (HCC).

4. Which biomarker is noted for being elevated in cases of ovarian cancer?

- A. CA19-9
- B. CA15-3
- C. CA125**
- D. AFP

CA125 is considered a key biomarker for ovarian cancer, as it is often found at elevated levels in women diagnosed with this type of cancer. This glycoprotein is produced by a variety of tissues and is notably associated with ovarian epithelium. In clinical practice, testing for CA125 levels is commonly utilized to assist in diagnosing ovarian cancer, monitoring treatment effectiveness, and checking for recurrence after treatment. Elevated CA125 levels can be seen not only in ovarian cancer but also in other conditions, including endometriosis and pelvic inflammatory disease. However, its specificity and sensitivity make it particularly valuable in the context of ovarian malignancies, where it serves as an important tool for oncologists when assessing a patient who presents with symptoms suggestive of ovarian cancer, such as abdominal bloating or pelvic pain. In contrast, the other biomarkers like CA19-9 and CA15-3 are more commonly associated with gastrointestinal cancers and breast cancer, respectively, while AFP (alpha-fetoprotein) is primarily used as a marker in liver cancer and germ cell tumors. Thus, CA125 stands out specifically for its relevance to ovarian cancer, making it the correct choice in this context.

5. What is a noninvasive tumor found in the breast ducts that can progress to invasive cancer?

- A. Fibroadenoma
- B. Invasive ductal carcinoma
- C. Ductal carcinoma in situ (DCIS)**
- D. Invasive lobular carcinoma

Ductal carcinoma in situ (DCIS) is indeed the correct answer as it describes a noninvasive tumor located in the breast ducts. DCIS is characterized by abnormal cells that are confined within the ducts of the breast, meaning they have not yet invaded surrounding breast tissue. This condition is considered a precursor to invasive breast cancer, as it has the potential to progress to invasive ductal carcinoma if not treated. Early detection and intervention are critical for DCIS, as treatment options typically lead to excellent outcomes and a reduced risk of developing invasive breast cancer. Monitoring is essential for patients diagnosed with DCIS, as it poses varying risks for progression, making it important for healthcare providers to formulate appropriate management strategies. In contrast, fibroadenoma is a benign tumor that does not have invasive potential. Invasive ductal carcinoma and invasive lobular carcinoma, on the other hand, are both types of breast cancers that are already invasive, having spread beyond the ductal or lobular structures into surrounding tissue.

6. What is the primary treatment for renal cell carcinoma that is considered curative for local disease?

- A. Radiation therapy
- B. Chemotherapy
- C. Surgery**
- D. Targeted therapy

The primary treatment for renal cell carcinoma that is considered curative for localized disease is surgery. Specifically, nephrectomy, which is the surgical removal of the kidney containing the cancerous tumor, is the most effective approach when the cancer has not spread beyond the kidney. Surgery has consistently shown to significantly improve survival rates in patients with localized renal cell carcinoma and is regarded as the standard of care. While radiation therapy can be used in some cases to manage symptoms or treat metastases, it is not curative for localized renal cell carcinoma. Similarly, chemotherapy has historically had limited efficacy for this type of cancer, particularly compared to surgery. Targeted therapies, which have become increasingly important in the management of advanced renal cell carcinoma, are primarily used in cases where the disease is metastatic and not localized. Therefore, despite advancements in medical treatments, the definitive and curative option remains surgical intervention for localized renal cell carcinoma.

7. What inherited syndrome is known for its greater association with various cancers, particularly colorectal cancer?

- A. BRCA1
- B. HNPCC**
- C. Lynch Syndrome
- D. Familial Adenomatous Polyposis

The correct answer is associated with a hereditary condition known as Lynch Syndrome. Lynch Syndrome is characterized by an increased risk of various cancers, especially colorectal cancer, due to mutations in mismatch repair (MMR) genes. This condition can lead to the development of colorectal cancer at a younger age compared to sporadic cases, along with other associated malignancies such as endometrial, ovarian, stomach, and urinary tract cancers. While the option related to BRCA1 primarily pertains to hereditary breast and ovarian cancers, and Familial Adenomatous Polyposis involves a different mechanism focused on the development of numerous polyps leading to colorectal cancer, Lynch Syndrome specifically highlights the genetic underpinnings that predispose individuals to an increased risk for a broader range of cancers, particularly colorectal. Thus, Lynch Syndrome captures both the genetic factors and the specific cancer associations that make it a key focus in oncology related to inherited cancer syndromes.

8. Which inflammatory bowel diseases significantly increase the risk of colorectal cancer?

- A. Ulcerative colitis and Crohn's disease**
- B. Coeliac disease and Crohn's disease
- C. Ulcerative colitis and Celiac disease
- D. Gastritis and Crohn's disease

Ulcerative colitis and Crohn's disease are both forms of inflammatory bowel disease (IBD) that have been widely studied and recognized for their association with an increased risk of colorectal cancer. In Ulcerative colitis, the inflammation and ulceration of the colonic mucosa can lead to dysplasia, which is a precancerous condition. The risk of colorectal cancer increases with the duration of the disease and the extent of colonic involvement. Routine surveillance colonoscopy is recommended for patients with long-standing ulcerative colitis to monitor for dysplastic changes and early cancer. Similarly, Crohn's disease, which can affect any part of the gastrointestinal tract but primarily impacts the colon, also poses an increased risk of colorectal cancer, particularly in patients with chronic inflammation and those who have had the disease for an extended period. The nature of Crohn's disease, including the formation of strictures and the potential for fistula formation, can complicate the clinical picture and contribute to a higher risk of malignancy. In contrast, conditions like coeliac disease and gastritis are not directly associated with increased colorectal cancer risk in the same way as ulcerative colitis and Crohn's disease. Coeliac disease primarily affects the small intestine, and while

9. What is one key characteristic of triple-negative breast cancer?

- A. Overexpression of HER2
- B. Estrogen receptor-positive
- C. Lack of hormone receptors**
- D. Predominantly occurs in the male population

Triple-negative breast cancer is defined by its lack of expression of three key receptors: estrogen receptors (ER), progesterone receptors (PR), and human epidermal growth factor receptor 2 (HER2). This characteristic distinguishes it from other types of breast cancer that may be hormone receptor-positive or HER2-positive. Because triple-negative breast cancer does not express these receptors, it is not responsive to hormonal therapies such as tamoxifen or aromatase inhibitors, which target hormone receptor-positive tumors. Furthermore, it is essential to understand that this subtype is more aggressive and has a different clinical outlook compared to other breast cancers. The lack of hormone receptors contributes to its unique treatment challenges and necessitates different therapeutic strategies, primarily focusing on chemotherapy. This makes the identification of triple-negative breast cancer crucial for guiding treatment decisions.

10. At what age does a family history of colon cancer significantly increase risk?

- A. 60 years
- B. 50 years
- C. 45 years**
- D. 30 years

A family history of colon cancer significantly increases the risk for individuals starting at age 45. This is based on current guidelines and research indicating that screening for colorectal cancer should begin earlier for those with a family history of the disease due to their higher susceptibility. Patients with a first-degree relative (such as a parent or sibling) who had colon cancer are at a greater risk and thus are advised to start screening at least ten years prior to the age at which their family member was diagnosed, or at age 45, whichever comes first. This recommendation is crucial as it aims to catch potential cancers earlier when they can be more effectively treated, leading to better outcomes. Overall, age 45 has been recognized as a critical starting point for increased awareness and proactive health measures regarding colorectal cancer in those with familial risk factors.

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://oncologyboldedinfo.examzify.com>

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

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