

Oncology Certified Nurse (OCN) Nursing Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. When used with surgery, which chemotherapy regimen is known to double survival rates in bladder cancer?**
 - A. Carboplatin**
 - B. Methotrexate (MTX) and Vinblastine**
 - C. MVAC**
 - D. Cisplatin**
- 2. What is the condition characterized by reduced carbon dioxide in the blood?**
 - A. Hypercapnia**
 - B. Normocapnia**
 - C. Hypocapnia**
 - D. Acidosis**
- 3. What is a common sign of colorectal cancer that may be observed by patients?**
 - A. Weight gain**
 - B. Blood in stool**
 - C. Frequent urination**
 - D. Severe headaches**
- 4. What is included in the triple test for diagnosing breast cancer?**
 - A. Physical Exam**
 - B. Mammography**
 - C. Fine Needle Aspiration (FNA)**
 - D. All of the above**
- 5. What is the primary function of bisphosphonates?**
 - A. Stimulating bone growth**
 - B. Preventing the loss of bone mass**
 - C. Increasing estrogen production**
 - D. Enhancing muscle recovery**

- 6. Which of the following is NOT a sign of pleural effusion?**
- A. Tachypnea**
 - B. Dullness to percussion**
 - C. Increased breath sounds**
 - D. Decreased breath sounds**
- 7. Which of the following is NOT a type of cytokine?**
- A. Interferons**
 - B. Antibodies**
 - C. Interleukins**
 - D. Lymphokines**
- 8. What is the most common site for metastasis from colorectal cancer?**
- A. Lungs**
 - B. Brain**
 - C. Liver**
 - D. Bone**
- 9. What factor is crucial in determining eligibility for many clinical trials?**
- A. Prior surgeries the patient has undergone**
 - B. Patient's willingness to participate**
 - C. Performance status of the patient**
 - D. Duration of the cancer diagnosis**
- 10. What are common signs and symptoms of osteosarcoma?**
- A. Severe headaches**
 - B. Fatigue and fever**
 - C. Pain and swelling**
 - D. Unexplained weight loss**

Answers

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

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Explanations

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1. When used with surgery, which chemotherapy regimen is known to double survival rates in bladder cancer?

A. Carboplatin

B. Methotrexate (MTX) and Vinblastine

C. MVAC

D. Cisplatin

The chemotherapy regimen known to double survival rates in bladder cancer when used in conjunction with surgery is MVAC, which stands for Methotrexate, Vinblastine, Doxorubicin, and Cisplatin. This combination has been supported by clinical trials that have demonstrated a significant improvement in patient outcomes compared to other regimens. The effectiveness of MVAC lies in its ability to target and destroy cancer cells more aggressively, thereby reducing the risk of recurrence after surgical intervention. While other options listed may have some benefits in treating bladder cancer, they do not have the same level of evidence supporting their use in combination with surgery to achieve the substantial survival rate improvements observed with the MVAC regimen. For instance, although Cisplatin is an important component in many chemotherapy treatments and has shown effectiveness, it is part of the MVAC regimen rather than a standalone therapy that has similar survival benefits.

2. What is the condition characterized by reduced carbon dioxide in the blood?

A. Hypercapnia

B. Normocapnia

C. Hypocapnia

D. Acidosis

Hypocapnia is the term used to describe a condition where there is a reduced level of carbon dioxide (CO₂) in the blood. This can occur as a result of various physiological processes, such as hyperventilation, where the rate of breathing increases and leads to excessive exhalation of CO₂. The decrease in carbon dioxide can result in respiratory alkalosis, a condition characterized by an elevated blood pH due to decreased carbonic acid levels, which are dependent on the concentration of CO₂. In the context of this question, recognizing that hypocapnia specifically refers to lower than normal levels of carbon dioxide is crucial. Understanding the balance of gases in the blood is a fundamental aspect of respiratory physiology, particularly in oncology nursing, where assessing patients' respiratory status is essential to their overall care.

3. What is a common sign of colorectal cancer that may be observed by patients?

- A. Weight gain**
- B. Blood in stool**
- C. Frequent urination**
- D. Severe headaches**

Blood in the stool is a significant and common sign of colorectal cancer that patients may observe. This can manifest as bright red blood or dark, tarry stools, which indicate bleeding in the lower or upper gastrointestinal tract, respectively. The presence of blood is an important alert to patients to seek medical evaluation, as it can point to potential issues such as polyps, inflammation, or malignancies within the colon. The other options do not typically represent the classic symptoms associated with colorectal cancer. Weight gain may occur in various conditions but is not a direct indicator of colorectal cancer. Frequent urination is more commonly associated with urinary tract issues rather than gastrointestinal concerns, and severe headaches are generally indicative of neurological issues rather than colorectal pathology. Thus, recognizing blood in stool as a potential warning sign plays a crucial role in early detection and intervention for colorectal cancer.

4. What is included in the triple test for diagnosing breast cancer?

- A. Physical Exam**
- B. Mammography**
- C. Fine Needle Aspiration (FNA)**
- D. All of the above**

The triple test for diagnosing breast cancer includes a combination of a physical examination, mammography, and fine needle aspiration (FNA). This comprehensive approach is essential for an accurate diagnosis and encompasses different modalities that each contribute valuable information. The physical examination allows the healthcare provider to assess the breast for any noticeable lumps, changes, or abnormalities that may suggest the presence of cancer. It is a crucial first step in the diagnostic process as it can guide the decision for further imaging or procedures. Mammography serves as a significant imaging tool that helps to identify the presence of any suspicious lesions or calcifications in the breast tissue. This is especially important for early detection, as some breast cancers may not be palpable. The mammography results can indicate the need for follow-up tests or procedures. Fine Needle Aspiration (FNA) is a minimally invasive procedure used to obtain a sample of tissue from a suspicious area identified through imaging or physical exam findings. The analysis of this sample can provide definitive information regarding the presence of cancer cells, thus aiding in the diagnosis. Including all three components in the diagnostic process maximizes the sensitivity and specificity of breast cancer detection, improving patient outcomes through timely and accurate diagnosis. This comprehensive approach is what makes the triple test a critical standard in breast

5. What is the primary function of bisphosphonates?

- A. Stimulating bone growth
- B. Preventing the loss of bone mass**
- C. Increasing estrogen production
- D. Enhancing muscle recovery

The primary function of bisphosphonates is to prevent the loss of bone mass. These medications work by inhibiting the activity of osteoclasts, the cells responsible for bone resorption. By doing so, bisphosphonates help to maintain or increase bone density and strength, which is particularly important for individuals at risk of bone complications due to conditions such as osteoporosis or certain cancers that can lead to bone metastases. This mechanism is essential in the context of oncology, as patients with cancer are at an increased risk for bone loss due to the disease itself and/or its treatments. Bisphosphonates play a crucial role in managing these patients by reducing skeletal-related events such as fractures and other bone complications. Their ability to help preserve bone mass is why they are often utilized in both cancer treatment and prevention strategies for bone health.

6. Which of the following is NOT a sign of pleural effusion?

- A. Tachypnea
- B. Dullness to percussion
- C. Increased breath sounds**
- D. Decreased breath sounds

Decreased breath sounds are often associated with pleural effusion due to the accumulation of fluid in the pleural space, which dampens respiratory sounds when a healthcare provider listens with a stethoscope. In contrast, increased breath sounds are typically a sign of conditions where lung tissue is consolidated, such as pneumonia, or when there is less interference from fluid. Therefore, the presence of increased breath sounds would not be expected in a patient with pleural effusion, making it the correct choice for the question regarding which option is not a sign of pleural effusion. In situations of pleural effusion, patients might exhibit symptoms such as tachypnea due to the compromised respiratory mechanics, dullness to percussion when fluid is present, and decreased breath sounds when the effusion is significant enough to affect auscultation findings.

7. Which of the following is NOT a type of cytokine?

- A. Interferons**
- B. Antibodies**
- C. Interleukins**
- D. Lymphokines**

The answer indicating that antibodies are not a type of cytokine is correct because antibodies are immunoglobulin proteins produced by B cells as part of the adaptive immune response to neutralize pathogens or mark them for destruction by other immune cells. They function primarily in the humoral immune response and are specific to antigens. In contrast, cytokines are a broad category of signaling molecules that mediate and regulate immunity, inflammation, and hematopoiesis. Interferons are cytokines that play a critical role in the antiviral immune response. Interleukins are cytokines that are produced by leukocytes and act on other leukocytes, and they help facilitate communication between cells in the immune system. Lymphokines, a subtype of cytokines, are produced by lymphocytes and have roles in immune response regulation. Understanding these classifications is crucial for comprehending the complex signaling pathways and interactions within the immune system, which are vital in oncology, particularly in the context of cancer therapies that utilize immune modulation.

8. What is the most common site for metastasis from colorectal cancer?

- A. Lungs**
- B. Brain**
- C. Liver**
- D. Bone**

The liver is the most common site for metastasis from colorectal cancer due to the anatomical and physiological connections between the intestines and the liver. Colorectal cancer can spread to the liver via the portal venous system, which drains blood from the intestines directly into the liver. This close proximity facilitates the arrival of cancer cells as they infiltrate nearby tissues and enter the bloodstream. As a result, liver metastases are frequently observed in patients with advanced colorectal cancer. Understanding this pathway is crucial for oncology nurses and healthcare professionals, as it influences both monitoring strategies and treatment planning for patients with colorectal cancer. While metastasis can occur in other organs such as the lungs or bones, the liver remains the predominant site, making it a key focus in the management of this disease.

9. What factor is crucial in determining eligibility for many clinical trials?

- A. Prior surgeries the patient has undergone**
- B. Patient's willingness to participate**
- C. Performance status of the patient**
- D. Duration of the cancer diagnosis**

The performance status of the patient is a key factor in determining eligibility for many clinical trials as it provides insight into the patient's overall functional ability and well-being. Performance status is often assessed using standardized scales, such as the Eastern Cooperative Oncology Group (ECOG) scale or the Karnofsky Performance Status scale, which help researchers gauge how well a patient can carry out daily activities and tolerate treatments. Clinical trials often have specific performance status requirements because they aim to recruit participants who are likely to benefit from the study interventions and who can handle the potential side effects of the treatments being tested. A patient with a higher performance status is generally considered to have a better prognosis and may respond more favorably to the experimental therapy, making them a more appropriate candidate for inclusion in the trial. Other factors like prior surgeries, the patient's willingness to participate, and the duration of the cancer diagnosis may influence eligibility, but they do not hold the same level of critical importance as performance status when it comes to assessing a patient's ability to engage safely and effectively in a clinical trial. Performance status not only impacts the individual's health but also the overall integrity and outcomes of the research being conducted.

10. What are common signs and symptoms of osteosarcoma?

- A. Severe headaches**
- B. Fatigue and fever**
- C. Pain and swelling**
- D. Unexplained weight loss**

The most common signs and symptoms of osteosarcoma are pain and swelling, particularly around the bones affected by the cancer. Patients often experience localized pain that may start as a dull ache and can progress to more severe pain, particularly at night or during physical activity. Swelling typically occurs as a result of the tumor growth, which can cause tenderness and can be palpable in the affected area. These symptoms can prompt further investigation, often leading to a diagnosis through imaging studies or biopsy. In contrast, severe headaches are not a typical manifestation of osteosarcoma and are generally more associated with neurological issues. Fatigue and fever can occur with many different conditions, but they are not specific to osteosarcoma itself. Unexplained weight loss can also be seen in various types of cancer, but it is not a hallmark symptom of osteosarcoma, which primarily presents with localized symptoms. Therefore, pain and swelling are the definitive indicators in the context of osteosarcoma.