

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

## Study Guide



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

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**SAMPLE**

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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

- 1. Which of the following is a common screening test for prostate cancer?**
  - A. Blood pressure test**
  - B. DRE**
  - C. X-ray**
  - D. CT scan**
- 2. In breast cancer, which sign is often considered least indicative of the disease?**
  - A. Skin irritation**
  - B. Nipple discharge**
  - C. Pain**
  - D. Lump formation**
- 3. Which type of bacteria is most commonly associated with sepsis?**
  - A. Gram (+) bacteria**
  - B. Gram (-) bacteria**
  - C. Viruses**
  - D. Fungi**
- 4. Which lab results indicate Disseminated Intravascular Coagulation (DIC)?**
  - A. Increased D Dimer and Decreased platelets**
  - B. Decreased D Dimer and Increased fibrinogen**
  - C. Increased hemoglobin and Decreased fibrinogen**
  - D. Increased glucose and Increased creatinine**
- 5. Which chemotherapy agent is considered the most effective single-agent drug for treating bladder cancer?**
  - A. Cisplatin**
  - B. Mitomycin**
  - C. Adriamycin**
  - D. Vinblastine**

- 6. What symptom is associated with hypokalemia?**
- A. High blood pressure**
  - B. Diarrhea**
  - C. Irregular pulse**
  - D. Increased appetite**
- 7. What does pleural effusion refer to?**
- A. Fluid in pleural space**
  - B. Air in the pleural space**
  - C. Pneumonitis**
  - D. Collapsed lung**
- 8. What is the preferred initial therapy for anal cancer?**
- A. Surgery**
  - B. Chemoradiation**
  - C. Radiation therapy**
  - D. Chemotherapy**
- 9. What are the primary target organs affected by acute GVHD?**
- A. Kidneys and Bladder**
  - B. Skin and Lungs**
  - C. Skin, Liver, and Gut**
  - D. Heart and Brain**
- 10. Which of the following is a late effect of radiation therapy on the ovaries?**
- A. Increased cell growth**
  - B. Failure**
  - C. Blindness**
  - D. CAD**



## **Answers**

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

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## **Explanations**

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**1. Which of the following is a common screening test for prostate cancer?**

- A. Blood pressure test**
- B. DRE**
- C. X-ray**
- D. CT scan**

A Digital Rectal Examination (DRE) is a common screening test for prostate cancer. During this procedure, a healthcare provider inserts a gloved, lubricated finger into the rectum to check the prostate gland, which is located just in front of the rectal wall. This examination allows the provider to feel for any irregularities in the size, shape, or texture of the prostate that may indicate the presence of cancer or benign prostatic hyperplasia (BPH). The DRE is typically used in conjunction with a blood test for prostate-specific antigen (PSA) to enhance the screening process. Elevated PSA levels can indicate prostate cancer, but they can also result from other conditions, such as inflammation or infection. Thus, the DRE remains a valuable tool for early detection when used alongside these other assessments. In contrast, the other options listed do not serve as standard screening tests for prostate cancer. Blood pressure tests are essential for assessing cardiovascular health but do not provide information about prostate health. X-rays and CT scans are imaging techniques that may be used to evaluate the spread of established prostate cancer or other diseases but are not part of the standard screening process.

**2. In breast cancer, which sign is often considered least indicative of the disease?**

- A. Skin irritation**
- B. Nipple discharge**
- C. Pain**
- D. Lump formation**

In the context of breast cancer, pain is typically seen as the least indicative sign of the disease compared to other symptoms. While pain can occur due to cancer, it is not a common initial symptom associated with breast cancer. Many women with breast cancer may not experience any pain, especially in the early stages of the disease. The other signs, such as skin irritation, nipple discharge, and lump formation, are more closely associated with breast cancer. Skin irritation might indicate changes in the breast's skin texture or appearance, which can be a sign of underlying malignancy. Nipple discharge can sometimes contain blood or clear fluid, and while not always indicative of cancer, it warrants further investigation. Lump formation, particularly if it feels different from the surrounding tissue, is one of the classic signs prompting further evaluation for potential malignancy. Thus, in evaluating the presence of these signs, pain is often not prioritized as a critical indicator of breast cancer, supporting the choice that it is the least indicative among the options provided.

**3. Which type of bacteria is most commonly associated with sepsis?**

- A. Gram (+) bacteria**
- B. Gram (-) bacteria**
- C. Viruses**
- D. Fungi**

The correct answer is gram-negative bacteria, which are commonly associated with sepsis due to their widespread presence and virulence factors. Gram-negative bacteria, such as *Escherichia coli* and *Klebsiella pneumoniae*, have an outer membrane containing lipopolysaccharides (LPS), which can trigger strong immune responses when they enter the bloodstream. This response often leads to systemic inflammation and can result in septic shock, a severe complication of sepsis. In contrast, while gram-positive bacteria can also cause sepsis, they do not account for as many cases as gram-negative bacteria do. Viruses and fungi, although capable of causing infections, are less frequently associated with sepsis compared to bacteria, particularly gram-negative species. Understanding the distinction between these types of pathogens is essential for effective diagnosis and treatment in septic patients, where prompt intervention is crucial to improving outcomes.

**4. Which lab results indicate Disseminated Intravascular Coagulation (DIC)?**

- A. Increased D Dimer and Decreased platelets**
- B. Decreased D Dimer and Increased fibrinogen**
- C. Increased hemoglobin and Decreased fibrinogen**
- D. Increased glucose and Increased creatinine**

Disseminated Intravascular Coagulation (DIC) is a complex disorder characterized by the widespread activation of the clotting cascade, which leads to the formation of small blood clots throughout the body's small vessels. As a result of this process, various laboratory changes are noted in DIC. One of the key laboratory findings in DIC is the increase in D-dimer levels. D-dimer is a fibrin degradation product, and its elevation indicates that there has been an excessive breakdown of fibrin, which is a direct consequence of the coagulation process being activated and the subsequent formation and breakdown of clots. Alongside this, a decrease in platelet count is also observed. In DIC, platelets are consumed as they aggregate at thrombus sites, leading to thrombocytopenia, which is a low platelet count. The combination of increased D-dimer levels and decreased platelet counts is indicative of the coagulopathy seen in DIC. The other options present laboratory findings that do not align with what is known about DIC. A decrease in D-dimer and an increase in fibrinogen would not be observed in DIC, as fibrinogen levels typically drop during the active phase of this condition due to consumption.

**5. Which chemotherapy agent is considered the most effective single-agent drug for treating bladder cancer?**

- A. Cisplatin**
- B. Mitomycin**
- C. Adriamycin**
- D. Vinblastine**

Cisplatin is recognized as the most effective single-agent chemotherapy drug for treating bladder cancer, specifically in cases of transitional cell carcinoma, which is the most common type of bladder cancer. Its effectiveness stems from its ability to form DNA cross-links, which inhibit DNA synthesis and lead to apoptosis (cell death) of cancer cells. Clinical studies have demonstrated that cisplatin can significantly improve survival rates and is often a cornerstone in combination regimens as well. In contrast, while other agents like mitomycin, Adriamycin, and vinblastine may also be used in the treatment of bladder cancer, they do not show the same level of efficacy as cisplatin when used alone. Mitomycin is sometimes used in combination therapies, particularly in non-invasive bladder cancer, but not typically as a single treatment. Adriamycin (doxorubicin) is more commonly associated with other malignancies and has not proven to be as effective as cisplatin for bladder cancer specifically. Vinblastine, primarily used in the treatment of other types of cancer, is not standard for bladder cancer treatment either. Thus, cisplatin's unique effectiveness as a stand-alone chemotherapy agent makes it the preferred choice.

**6. What symptom is associated with hypokalemia?**

- A. High blood pressure**
- B. Diarrhea**
- C. Irregular pulse**
- D. Increased appetite**

Hypokalemia, which refers to lower than normal levels of potassium in the blood, can lead to several physiological disturbances. One of the notable symptoms associated with hypokalemia is an irregular pulse. This condition impacts the electrical impulses that regulate heart rhythm; potassium is crucial for proper cardiac function. When potassium levels drop, it can alter the heart's electrical activity, potentially resulting in arrhythmias or irregular heartbeat, which can manifest as palpitations, skipped beats, or other rhythm disturbances. While high blood pressure and diarrhea can be related to potassium levels, they are not as directly associated with hypokalemia as irregular pulse is. High blood pressure can result from various conditions and is not a direct symptom of low potassium. Diarrhea, conversely, often leads to hypokalemia due to excessive loss of potassium. An increased appetite is generally not associated with hypokalemia; rather, it is an atypical response. Understanding these connections is essential for diagnosing and managing conditions related to electrolyte imbalances effectively.

## 7. What does pleural effusion refer to?

- A. Fluid in pleural space**
- B. Air in the pleural space**
- C. Pneumonitis**
- D. Collapsed lung**

Pleural effusion specifically refers to the accumulation of fluid in the pleural space, which is the thin cavity between the layers of tissue lining the lungs and the chest wall. This condition can occur as a result of various underlying diseases or conditions such as heart failure, infections, malignancies, or trauma. The presence of excess fluid can lead to respiratory symptoms and reduced lung function, making it a significant concern in oncology patients due to the potential impact on their respiratory health. Fluid accumulation in the pleural space can be identified and evaluated through imaging techniques such as ultrasound or chest X-ray, and management may involve therapeutic procedures like thoracentesis to relieve symptoms or further investigate the nature of the fluid. Understanding pleural effusion is crucial for oncology nurses as it is often associated with cancer-related complications, necessitating careful monitoring and management strategies.

## 8. What is the preferred initial therapy for anal cancer?

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

The preferred initial therapy for anal cancer is chemoradiation, which involves a combination of chemotherapy and radiation therapy. This approach is particularly effective for this type of cancer because it addresses the tumor locally through radiation while also targeting any potential systemic disease with chemotherapy. Anal cancer is often treated with chemoradiation because it has been shown to increase the chances of tumor control and can help preserve anal function, avoiding the need for more radical surgical interventions such as abdominoperineal resection that result in a permanent colostomy. The combination enhances the effectiveness of both modalities, yielding better outcomes compared to using either radiation therapy or chemotherapy alone. Surgery is typically not the first-line treatment for anal cancer due to the higher likelihood of complications and less favorable outcomes compared to combined chemoradiation. Radiation therapy alone may not provide the same level of tumor control as when combined with chemotherapy. Similarly, chemotherapy alone does not adequately address the local disease in the anal region, making it a less effective initial treatment without the adjunctive use of radiation. Thus, chemoradiation is favored as the standard care, establishing it as the preferred initial therapy for managing anal cancer effectively.

**9. What are the primary target organs affected by acute GVHD?**

- A. Kidneys and Bladder**
- B. Skin and Lungs**
- C. Skin, Liver, and Gut**
- D. Heart and Brain**

Acute graft-versus-host disease (GVHD) most commonly affects the skin, liver, and gastrointestinal tract due to the immune response from the donor's T cells against the recipient's tissues. In acute GVHD, the donor's immune cells recognize the host tissues as foreign, resulting in an inflammatory response that primarily targets these organs. The skin often presents with a rash or dermatitis, which can be one of the first signs of acute GVHD. The liver may show elevated liver enzymes and jaundice due to damage caused by the attacking cells. The gastrointestinal tract can be severely affected, leading to symptoms like diarrhea, cramping, and malabsorption. While other organs such as the kidneys and lungs may be involved in other forms of tissue damage or in chronic GVHD, they are not the primary targets in the acute phase. The heart and brain are also rarely implicated in acute GVHD. Thus, the focus on the skin, liver, and gut reflects the classic clinical manifestations of the acute phase of this condition.

**10. Which of the following is a late effect of radiation therapy on the ovaries?**

- A. Increased cell growth**
- B. Failure**
- C. Blindness**
- D. CAD**

Failure is recognized as a late effect of radiation therapy on the ovaries due to the potential for radiation to cause damage to ovarian tissue over time. Ovarian failure can manifest as primary ovarian insufficiency, leading to decreased hormone production, fertility issues, and menopausal symptoms at a younger age than expected. Radiation therapy can affect the DNA in the ovarian follicular cells, disrupting their function and ultimately leading to cell death or an inability to proliferate normally. This phenomenon is particularly concerning in women undergoing radiation therapy for pelvic tumors, as the ovaries are frequently included in the treatment field. The other options do not directly relate to the late effects of radiation on the ovaries. Increased cell growth would suggest a proliferative response rather than failure. Blindness is not associated with ovarian radiation effects, and cardiovascular disease (CAD) typically arises from other risk factors unrelated to ovarian function. Thus, ovarian failure stands out as a specific and significant consequence of radiation therapy in this context.



## 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://ocn-oncc.examzify.com>**

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