

ONCOLOGY CERTIFIED NURSE (OCN) NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 is the most common site for metastasis from colorectal cancer?**
 - A. Lungs
 - B. Brain
 - C. Liver
 - D. Bone

- 2. Which of the following is a typical early sign observed in breast cancer diagnosis?**
 - A. Persistent fatigue
 - B. Palpable lump in the breast
 - C. Visible skin changes
 - D. Painful menstruation

- 3. Which tumor marker is associated with breast cancer?**
 - A. CEA
 - B. CA 19-9
 - C. CA 27-29
 - D. AFP

- 4. Which head and neck cancer type is noted for having the highest survival rate?**
 - A. Thyroid cancer
 - B. Oral cavity cancer
 - C. Esophageal cancer
 - D. Pharyngeal cancer

- 5. Which of the following is a late complication of stem cell transplantation?**
 - A. Nephrotoxicity
 - B. Acute GVHD
 - C. Chronic GVHD
 - D. Myelosuppression

- 6. Mutations in the PTEN gene have been linked to an increased risk of which types of cancer?**
- A. Liver, stomach, and pancreatic
 - B. Breast, thyroid, and endometrial
 - C. Colon, prostate, and testicular
 - D. Skin, bladder, and kidney
- 7. Which chemotherapy agent has a high risk for pulmonary toxicity?**
- A. Cyclophosphamide
 - B. Bleomycin
 - C. Doxorubicin
 - D. Paclitaxel
- 8. Which chromosomal abnormality involves one chromosomal segment breaking off and attaching to another site?**
- A. Aneuploidy
 - B. Frameshift
 - C. Translocation
 - D. Missense
- 9. What is the primary dose limiting toxicity of cisplatin?**
- A. Myelosuppression
 - B. Nephrotoxicity
 - C. Nausea and Vomiting
 - D. Hemorrhagic cystitis
- 10. What is a common complication of untreated SVCS?**
- A. Infection of the heart
 - B. Stroke
 - C. Respiratory failure
 - D. Pulmonary embolism

Answers

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

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Explanations

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1. 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.

2. Which of the following is a typical early sign observed in breast cancer diagnosis?

- A. Persistent fatigue
- B. Palpable lump in the breast**
- C. Visible skin changes
- D. Painful menstruation

A palpable lump in the breast is often one of the most common early signs in the diagnosis of breast cancer. Breast cancer can present as a mass that can be felt during a physical examination or self-exam. This lump may be painless and can vary in size and texture, often making it a key indicator for further evaluation through imaging studies or biopsies. While persistent fatigue and visible skin changes can be associated with breast cancer, they are generally not considered typical early signs. Fatigue could be attributed to various causes and is often a later-stage symptom, while skin changes, such as redness or dimpling, may occur as the disease progresses. Painful menstruation is unrelated to breast cancer specifically and is generally associated with gynecological issues rather than oncological conditions. Thus, the presence of a palpable lump in the breast serves as a critical warning sign prompting further investigation for breast cancer, highlighting its importance in early detection practices.

3. Which tumor marker is associated with breast cancer?

- A. CEA
- B. CA 19-9
- C. CA 27-29**
- D. AFP

CA 27-29 is a tumor marker that is specifically associated with breast cancer, particularly in patients who have been diagnosed with the disease. This marker is a mucin that can be elevated in the serum of breast cancer patients, making it useful for monitoring disease recurrence or response to treatment. While it is not solely used for diagnosis—since not all breast cancer patients will have elevated CA 27-29 levels—it can provide valuable information regarding disease activity in those already diagnosed. In contrast, the other tumor markers listed are associated with different types of cancers. CEA (Carcinoembryonic Antigen) is primarily linked to colorectal cancer, although it can also be elevated in several other malignancies. CA 19-9 is mostly associated with pancreatic cancer and can also be found in other gastrointestinal malignancies. AFP (Alpha-fetoprotein) is primarily used in the diagnosis and management of liver cancer and germ cell tumors. Therefore, CA 27-29 stands out as the most relevant marker for breast cancer in this context.

4. Which head and neck cancer type is noted for having the highest survival rate?

- A. Thyroid cancer**
- B. Oral cavity cancer
- C. Esophageal cancer
- D. Pharyngeal cancer

Thyroid cancer is noted for having the highest survival rate among head and neck cancers, largely due to its generally indolent nature and the effectiveness of treatment options available. It is often detected at an early stage and, in many cases, can be successfully managed with surgery alone, depending on the type and stage of the tumor. The favorable prognosis is primarily associated with the distinctive biological behavior of most thyroid malignancies, especially papillary and follicular thyroid cancers, which typically have high cure rates. Moreover, the advancements in surgical techniques and post-operative care contribute to improved survival rates. In contrast, the other types of cancers mentioned—oral cavity, esophageal, and pharyngeal cancers—tend to have lower survival rates due to factors such as later-stage diagnosis, more aggressive tumor behavior, and a tendency for these cancers to metastasize at diagnosis. The complexity of treatment for these cancers, which may involve radiation and chemotherapy in addition to surgery, also impacts overall survival outcomes negatively.

5. Which of the following is a late complication of stem cell transplantation?

- A. Nephrotoxicity
- B. Acute GVHD
- C. Chronic GVHD**
- D. Myelosuppression

Chronic graft-versus-host disease (GVHD) is a known late complication following stem cell transplantation. While acute GVHD can occur in the early phase post-transplant, chronic GVHD typically develops months to years after the procedure. This condition arises when the donated immune cells (graft) recognize the recipient's (host) tissues as foreign and mounts an immune response against them. The symptoms can manifest in various organs, including skin, liver, and lungs, leading to significant morbidity and a potential decrease in quality of life for affected patients. The timing and nature of chronic GVHD distinguish it from other complications such as nephrotoxicity, which may occur due to medications used during or after transplantation but is not exclusive to the transplant itself. Acute GVHD happens soon after the graft procedure and is not classified as a late complication. Myelosuppression, characterized by decreased blood cell production, typically occurs early in the post-transplant period due to the high-dose chemotherapy or radiotherapy used before the transplant. Therefore, the defining characteristics and timing of chronic GVHD make it the correct answer in defining a late complication of stem cell transplantation.

6. Mutations in the PTEN gene have been linked to an increased risk of which types of cancer?

- A. Liver, stomach, and pancreatic
- B. Breast, thyroid, and endometrial**
- C. Colon, prostate, and testicular
- D. Skin, bladder, and kidney

Mutations in the PTEN gene are most notably associated with an increased risk of breast, thyroid, and endometrial cancers. The PTEN gene is a key tumor suppressor gene involved in regulating cell division and preventing cells from growing and dividing too rapidly or in an uncontrolled way. When mutations occur in this gene, the regulatory function can be impaired, leading to a higher likelihood of cancer development, particularly in these specific types. Breast cancer is a well-documented condition linked to PTEN mutations, especially in families with Peutz-Jeghers syndrome and Cowden syndrome, which includes a risk for multiple types of cancer due to PTEN dysfunction. Thyroid cancer is also frequently observed in individuals with PTEN mutations, as these mutations can lead to an overgrowth of thyroid cells. Endometrial cancer, affecting the lining of the uterus, is another major risk due to hormonal influences and the uncontrolled growth of endometrial cells often associated with PTEN loss. The other options list cancer types that are typically not as directly correlated with PTEN mutations, emphasizing the specificity of the gene's impact on breast, thyroid, and endometrial tissues. This specificity reinforces the importance of the PTEN gene as a significant factor in the pathogenesis

7. Which chemotherapy agent has a high risk for pulmonary toxicity?

- A. Cyclophosphamide
- B. Bleomycin**
- C. Doxorubicin
- D. Paclitaxel

Bleomycin is known for its association with pulmonary toxicity, which is a critical consideration in oncology nursing. This agent, part of the glycopeptide class of antibiotics, can lead to a condition known as bleomycin-induced pneumonitis. The risk of lung damage is particularly heightened in patients who receive higher cumulative doses. This toxicity manifests as symptoms such as cough, dyspnea, and potentially interstitial lung disease, which can be serious. Patients who are elderly, those with pre-existing lung conditions, or those who have previously received radiation therapy to the chest are at an even higher risk for developing this complication. This necessitates careful monitoring of pulmonary function tests during treatment and potentially holding therapy or using lower doses if there are signs of respiratory distress. Understanding the specific toxicities associated with chemotherapy agents is crucial for effective patient management and education, ensuring that oncology nurses can provide thorough pre-infusion assessments and ongoing monitoring throughout treatment.

8. Which chromosomal abnormality involves one chromosomal segment breaking off and attaching to another site?

- A. Aneuploidy
- B. Frameshift
- C. Translocation**
- D. Missense

Translocation is the chromosomal abnormality being described, where a segment of one chromosome breaks off and attaches to another chromosome or a different site on the same chromosome. This process can lead to various genetic disorders and cancers, as the normal pairing and functioning of genes may be disrupted. In particular, translocations are commonly associated with certain leukemias and lymphomas, highlighting their clinical significance in oncology. Aneuploidy refers to an abnormal number of chromosomes, which does not specifically involve segment transfer between chromosomes. Frameshift mutations occur when nucleotides are inserted or deleted from the DNA sequence, altering the reading frame of the gene, while missense mutations involve a single nucleotide change that results in a different amino acid in the protein sequence. These mutations, while important in genetics and oncology, do not describe the process of a chromosomal segment relocating to a different chromosomal location.

9. What is the primary dose limiting toxicity of cisplatin?

- A. Myelosuppression
- B. Nephrotoxicity**
- C. Nausea and Vomiting
- D. Hemorrhagic cystitis

The primary dose limiting toxicity of cisplatin is nephrotoxicity. This drug is well-known for causing damage to the kidneys, which can lead to acute kidney injury, particularly when given at higher doses or in patients with pre-existing renal impairment. The nephrotoxic effects of cisplatin are attributed to its accumulation in renal tubules, causing tubular damage and dysfunction, which ultimately limits the dosage that can be safely administered to a patient. While myelosuppression and nausea/vomiting are side effects associated with cisplatin, they are not typically the primary concerns when determining the maximum tolerated dose. Myelosuppression is more prominent with other chemotherapy agents. Nausea and vomiting are frequently managed effectively with antiemetic therapy and, although they can be severe with cisplatin, they do not limit dosing to the extent that nephrotoxicity does. Hemorrhagic cystitis is associated with other drugs, such as ifosfamide, and is not a common toxicity linked to cisplatin. Thus, the nephrotoxic potential of cisplatin is what primarily influences dose adjustments and treatment planning in patients receiving this chemotherapy agent.

10. What is a common complication of untreated SVCS?

- A. Infection of the heart
- B. Stroke
- C. Respiratory failure**
- D. Pulmonary embolism

Superior vena cava syndrome (SVCS) is a condition that occurs when the superior vena cava, the large vein carrying blood from the head, neck, and upper extremities to the heart, becomes obstructed. When SVCS is left untreated, one of the significant complications that can arise is respiratory failure. This occurs due to the buildup of pressure in the veins draining into the superior vena cava, leading to venous congestion and subsequent respiratory distress. The obstruction can restrict blood flow and oxygen delivery, resulting in a decreased ability of the lungs to expand and function effectively. Additionally, the increased intracranial pressure from the backlog can lead to swelling in the brain, further impacting respiratory function. As a result, patients may experience significant respiratory symptoms, including shortness of breath and hypoxia, which can culminate in respiratory failure if not addressed promptly. While untreated SVCS can lead to various health issues, such as potential infections or complications like stroke, respiratory failure directly results from the underlying venous obstruction and its effects on blood flow and airway management. Understanding the pathophysiology of SVCS highlights why respiratory failure is a prominent concern when the condition is not treated.

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://ocn-oncc.examzify.com>

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

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