

ONCOLOGY DATA SPECIALIST (ODS) CERTIFICATION PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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 term describes the inability to swallow?**
 - A. Ascites
 - B. Agglutination
 - C. Neuritis
 - D. Myasthenia

- 2. When is class of case 10 assigned?**
 - A. When the patient is treated at your facility
 - B. When the patient was diagnosed but treatment details are unknown
 - C. When the patient had all treatment at your facility
 - D. When the patient only received follow-up care

- 3. Who typically forms the Ethics committee in cancer registries?**
 - A. Only physicians
 - B. Medical researchers only
 - C. Volunteers, including cancer registrars
 - D. Government officials

- 4. What should all oropharyngeal cancers be tested for?**
 - A. p53 mutation
 - B. p16 overexpression
 - C. HER2/neu amplification
 - D. EGFR expression

- 5. What is the longest-standing accreditation program mentioned?**
 - A. National Accreditation Program for Breast Cancer (NAPBC)
 - B. CoC
 - C. NCDB
 - D. NAACCR

- 6. How can cancer spread to other organs or structures?**
 - A. By undergoing surgical removal
 - B. By a trail of tumor cells from the primary site
 - C. Through direct contact with other tissues
 - D. By accidental exposure during treatment

- 7. What does the term 'anesthesia' refer to?**
- A. Loss of sensation
 - B. Formation of blood vessels
 - C. Edit of tissue
 - D. Inflammation of the brain
- 8. Which term describes the practice of assessing an individual's risk for cancer based on genetic factors?**
- A. Cancer genomics
 - B. Risk stratification
 - C. Patient profiling
 - D. Cancer epidemiology
- 9. What does the suffix "-penia" mean in a medical context?**
- A. Increased levels of
 - B. Pertaining to blood
 - C. Deficiency or decrease
 - D. Formation of tumors
- 10. Which of the following is NOT a national cancer organization?**
- A. ACS
 - B. OVAC
 - C. NCCN
 - D. SEER

Answers

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

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Explanations

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1. What term describes the inability to swallow?

- A. Ascites
- B. Aglutition**
- C. Neuritis
- D. Myasthenia

The term that describes the inability to swallow is "Aglutition." This condition specifically refers to difficulties or an inability to swallow, which can result from various underlying factors such as neurological issues, muscle disorders, or obstruction in the esophagus. In this context, understanding swallowing is crucial in oncology, as patients with cancer may experience dysphagia (difficulty swallowing) due to tumors affecting the throat or esophagus, side effects of treatment, or other related complications. By identifying and using the correct terminology, healthcare professionals can better communicate about a patient's symptoms and ensure appropriate care is provided. The other terms, while related to different medical conditions, do not pertain to swallowing. Ascites refers to the accumulation of fluid in the abdominal cavity, neuritis is the inflammation of a nerve, and myasthenia is a condition characterized by weakness in the skeletal muscles. Each of these plays a role in various diseases or symptoms but does not correspond to difficulty swallowing like Aglutition does.

2. When is class of case 10 assigned?

- A. When the patient is treated at your facility
- B. When the patient was diagnosed but treatment details are unknown**
- C. When the patient had all treatment at your facility
- D. When the patient only received follow-up care

Class of case 10 is assigned in situations where the patient has been diagnosed with cancer, but there is a lack of information regarding any treatment received. This classification is used to denote cases where the patient's treatment history is unclear or not documented, despite the presence of a confirmed diagnosis. This scenario emphasizes the critical importance of accurate data collection and reporting in oncology, as treatment details significantly influence patient management and outcomes. In contrast, other classifications correspond to different situations based on the patient's treatment received at a specific facility, whether it's complete treatment or follow-up care. By identifying class of case 10, healthcare facilities can better track these ambiguous cases and highlight areas for improvement in documentation and patient information retention.

3. Who typically forms the Ethics committee in cancer registries?

- A. Only physicians
- B. Medical researchers only
- C. Volunteers, including cancer registrars**
- D. Government officials

The ethics committee in cancer registries typically includes a diverse group of individuals, which is reflected in the correct choice. Volunteers, including cancer registrars, play a crucial role in ensuring that the ethical standards associated with cancer data collection and management are upheld. Cancer registrars, due to their expertise in handling and analyzing patient data, can provide valuable insights into ethical considerations surrounding patient privacy and data integrity. Having volunteers incorporated into the ethics committee allows for a broader perspective, which can include various stakeholders, such as healthcare professionals, community representatives, and patients themselves. This inclusivity helps the committee address ethical issues more comprehensively, considering the interests and rights of all parties involved. In contrast, limiting the committee to only physicians, medical researchers, or government officials would restrict the range of perspectives that are essential for effective oversight in ethical practices related to cancer data. Each of these groups may have specific insights, but none can cover the full spectrum of ethical considerations without the inclusion of volunteers from various backgrounds.

4. What should all oropharyngeal cancers be tested for?

- A. p53 mutation
- B. p16 overexpression**
- C. HER2/neu amplification
- D. EGFR expression

Testing for p16 overexpression is critical in all oropharyngeal cancers as it serves as a biomarker for identifying human papillomavirus (HPV)-associated malignancies. HPV-positive oropharyngeal cancers have a distinct etiology compared to HPV-negative cancers, often linked to tobacco and alcohol use. These HPV-positive cancers typically exhibit p16 overexpression due to the action of the viral E7 protein, which inactivates the pRb protein, resulting in increased levels of p16. The presence of p16 overexpression in tumors is a strong indicator of HPV involvement and has implications for prognosis and treatment. Patients with HPV-positive oropharyngeal cancers generally have better outcomes and may be eligible for less aggressive treatment protocols. Thus, testing for p16 overexpression is not only essential for diagnosis but also plays a crucial role in guiding clinical management and therapeutic decisions. In contrast, while there are testing protocols for other biomarkers such as p53 mutations, HER2/neu amplification, and EGFR expression, these do not hold the same universal significance for oropharyngeal tumors as the presence of p16. The pivotal role of p16 in the context of HPV-related oropharyngeal cancer makes it a standard

5. What is the longest-standing accreditation program mentioned?

- A. National Accreditation Program for Breast Cancer (NAPBC)
- B. CoC**
- C. NCDB
- D. NAACCR

The CoC, or Commission on Cancer, is recognized as the longest-standing accreditation program within the context of cancer care. Established in 1922, it has played a pivotal role in driving improvements in the quality of care for cancer patients. The CoC creates standards that healthcare organizations must meet to achieve accreditation, ensuring that cancer care delivery is comprehensive, coordinated, and of high quality. The longevity of this program reflects a deep commitment to enhancing patient outcomes through continuous evaluation and improvement of cancer care standards over the years. The other organizations mentioned are important in their own right, but they do not have the same historical foundation or accreditation longevity as the CoC. For example, the NAPBC focuses specifically on breast cancer and was established later, while the NCDB is a database that tracks cancer outcomes but is not an accreditation program. The NAACCR is involved in promoting standardized cancer registration but also does not serve the same accreditation purpose as the CoC.

6. How can cancer spread to other organs or structures?

- A. By undergoing surgical removal
- B. By a trail of tumor cells from the primary site**
- C. Through direct contact with other tissues
- D. By accidental exposure during treatment

The process by which cancer spreads to other organs or structures is termed metastasis, and it often involves a trail of tumor cells that detach from the primary tumor. Once these cells enter the bloodstream or lymphatic system, they can travel to distant sites in the body, where they may establish new tumors. This mechanism demonstrates the aggressive nature of cancer, as the ability of cells to migrate and proliferate in new environments enhances the disease's severity. Surgical removal of a tumor does not cause cancer spread; rather, it can be a treatment method aimed at controlling or eliminating cancer. While direct contact with other tissues can sometimes lead to local invasion of cancer cells, it is not the primary mechanism for spreading cancer to distant organs, which is primarily achieved through systemic circulation. Accidental exposure during treatment may introduce risks but does not directly lead to the spread of cancer itself. Thus, the movement of tumor cells from the primary tumor site is the definitive process that underlies metastasis and explains why tumor cells can establish secondary growths in other parts of the body.

7. What does the term 'anesthesia' refer to?

- A. Loss of sensation**
- B. Formation of blood vessels
- C. Edit of tissue
- D. Inflammation of the brain

The term 'anesthesia' specifically refers to the loss of sensation, which can be temporary or permanent, depending on the type and purpose of the anesthesia administered. This medical practice is crucial during surgical procedures as it allows patients to undergo operations without experiencing pain or distress. Anesthesia can be achieved through various methods, including local anesthesia that numbs a specific area, and general anesthesia that affects the entire body, leading to a state of unconsciousness. The other choices represent different medical concepts unrelated to anesthesia. The formation of blood vessels is referred to as angiogenesis, while the edit of tissue might imply procedures like suturing or grafting, and inflammation of the brain denotes conditions such as encephalitis. These terms highlight distinct biological processes, underscoring why the correct interpretation of 'anesthesia' is the loss of sensation.

8. Which term describes the practice of assessing an individual's risk for cancer based on genetic factors?

- A. Cancer genomics
- B. Risk stratification**
- C. Patient profiling
- D. Cancer epidemiology

The correct term for assessing an individual's risk for cancer based on genetic factors is risk stratification. This practice involves evaluating various risk factors, including genetic predispositions, family history, lifestyle choices, and environmental exposures, to categorize individuals into different risk levels for developing cancer. By identifying these risk levels, healthcare providers can better tailor prevention strategies, surveillance protocols, and early detection efforts toward those who are at higher risk of developing cancer. Cancer genomics refers to the study of the genetic mutations and alterations that occur in cancer, but it is broader and focuses more on the genetic aspects of cancer rather than individual risk assessments. Patient profiling typically encompasses a more comprehensive view of a patient's health and demographic data, which may include genetic information, but it is not exclusively tied to cancer risk. Cancer epidemiology studies the distribution, patterns, and determinants of cancer in populations, which is more focused on understanding cancer at the population level rather than at the individual genetic risk assessment level.

9. What does the suffix "-penia" mean in a medical context?

- A. Increased levels of
- B. Pertaining to blood
- C. Deficiency or decrease**
- D. Formation of tumors

The suffix "-penia" in a medical context signifies a deficiency or decrease in the number of certain cells, typically referring to blood cells such as leukocytes (white blood cells), erythrocytes (red blood cells), or platelets. For example, leukopenia indicates a low white blood cell count, while thrombocytopenia refers to a deficiency in platelets. This suffix helps to convey the concept of insufficiency in various bodily components, notably in hematology, where it is crucial to denote abnormalities in cell counts that may contribute to various health conditions or impacts on immune function and overall health. Understanding this terminology is vital for accurately interpreting medical documentation and communicating effectively within clinical settings.

10. Which of the following is NOT a national cancer organization?

- A. ACS
- B. OVAC**
- C. NCCN
- D. SEER

The correct answer is OVAC because it is not recognized as a national cancer organization in the same way that the others are. The American Cancer Society (ACS), National Comprehensive Cancer Network (NCCN), and the Surveillance, Epidemiology, and End Results (SEER) program are all well-established national organizations that play significant roles in cancer research, education, advocacy, and providing resources for patients and healthcare professionals. The American Cancer Society focuses on cancer research, advocacy, and support for patients and their families. The NCCN is a coalition of leading cancer centers that formulates clinical practice guidelines to ensure high-quality cancer care. SEER is a program of the National Cancer Institute that collects and publishes data on cancer incidence and survival, contributing valuable statistics to public health efforts. In contrast, OVAC, while it may be focused on specific cancer-related initiatives, does not have the same level of national recognition or influence in the overall landscape of cancer organizations in the United States. Therefore, identifying OVAC distinguishes it as the correct choice for the entity that is not a national cancer organization.

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://oncologydataspecialist.examzify.com>

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

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