# Radiation Therapy Board Practice Exam (Sample)

**Study Guide** 



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## **Questions**



- 1. In one month, the output of a cobalt machine is expected to reduce to approximately what percentage?
  - A. 0.1%
  - B. 1%
  - C. 2%
  - D. 5%
- 2. The process of cell growth and development is called:
  - A. mitosis
  - B. meiosis
  - C. differentiation
  - D. proliferation
- 3. What is the purpose of radiation safety signs in treatment areas?
  - A. To inform about potential hazards
  - B. To provide directions
  - C. To increase radiation levels
  - D. To mask emergency exits
- 4. Which of the following is required for photon production from a diagnostic X-ray tube?
  - A. Alternating current
  - **B.** Direct current
  - C. Voltage potential
  - D. Both direct current and voltage potential
- 5. What type of dosimeter is classified as a low energy dosimeter?
  - A. Pocket dosimeter
  - **B.** Thermoluminescent dosimeter
  - C. Cutie pie
  - D. None of the above

- 6. What is the typical dose rate for LDR brachytherapy procedures?
  - A. 20 Gy/minute
  - B. 10 Gy/minute
  - C. 2 Gy/minute
  - D. 0.05 Gy/minute
- 7. Which of these is NOT typically treated with monoclonal antibodies?
  - A. Certain autoimmune diseases
  - **B. Solid tumors**
  - C. Infectious diseases
  - D. Metabolic disorders
- 8. What is the main purpose of utilizing radiation therapy for cancer treatment?
  - A. To improve surgical outcomes
  - B. To shrink tumors and kill cancer cells
  - C. To manage pain
  - D. To enhance chemotherapy effects
- 9. Where do most pancreatic tumors typically occur?
  - A. Body
  - B. Head
  - C. Tail
  - D. Islet
- 10. What does systolic pressure represent?
  - A. Lowest point where the pressure drops during relaxation of the ventricles
  - B. Highest point reached during contraction of the ventricles
  - C. Lowest point reached during relaxation of the aorta
  - D. Highest point reached during contraction of the aorta

### **Answers**



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



## **Explanations**



# 1. In one month, the output of a cobalt machine is expected to reduce to approximately what percentage?

- A. 0.1%
- **B. 1%**
- C. 2%
- D. 5%

Cobalt-60 is a commonly used radioisotope in radiation therapy due to its ability to emit gamma rays for cancer treatment. Over time, cobalt machines experience a gradual loss of output due to the half-life of the isotope, which is approximately 5.27 years. Within a one-month timeframe, the output would diminish due to radioactive decay, but the reduction in photon output is relatively minor. The expected reduction in output after one month due to decay is approximately 1%. This is derived from calculating the decay constant and applying it to the one-month period, which results in a small percentage of output loss. The small magnitude of this reduction reflects the nature of radioisotope decay over short periods, with a much more noticeable decline occurring over several years. By understanding the characteristics of cobalt-60 and its decay properties, it becomes clear that a 1% reduction in output is appropriate over the first month of use.

#### 2. The process of cell growth and development is called:

- A. mitosis
- B. meiosis
- C. differentiation
- D. proliferation

The process of cell growth and development is called proliferation. Proliferation refers specifically to the process by which cells undergo division and multiply, contributing to tissue growth, repair, and overall development. In the context of biology and radiation therapy, understanding proliferation is crucial because it affects how tissues respond to radiation. Rapidly dividing cells, such as those found in tumors, are more susceptible to radiation damage. While mitosis is specifically the type of cell division that occurs during proliferation, it does not encompass all aspects of cell growth and development. Meiosis, on the other hand, is a specialized form of division that leads to the creation of gametes and is not involved in the general growth of somatic cells. Differentiation refers to the process by which unspecialized cells develop into specialized cells with distinct functions, which is a separate aspect of development. In summary, proliferation captures the essence of cell growth and development as it encompasses the entire pathway of cell division and increase in cell number.

## 3. What is the purpose of radiation safety signs in treatment areas?

- A. To inform about potential hazards
- **B.** To provide directions
- C. To increase radiation levels
- D. To mask emergency exits

The purpose of radiation safety signs in treatment areas is primarily to inform individuals about potential hazards associated with radiation exposure. These signs serve as critical visual cues to alert staff, patients, and visitors about areas where ionizing radiation is present. They often include specific warnings or indicators of the level of radiation and related safety protocols. By providing this vital information, radiation safety signs help ensure that individuals understand the risks involved and can take appropriate precautions to protect themselves from unintended exposure. While providing directions and ensuring safe navigation within a facility is important, this is not the primary function of radiation safety signs. Additionally, increasing radiation levels is contrary to the intent of these safety measures, as they are designed to promote safety by indicating where precautions should be taken. Lastly, masking emergency exits would be a significant safety violation and is directly contrary to the purpose of maintaining safety in a clinical environment.

# 4. Which of the following is required for photon production from a diagnostic X-ray tube?

- A. Alternating current
- **B.** Direct current
- C. Voltage potential
- D. Both direct current and voltage potential

For the production of photons in a diagnostic X-ray tube, both direct current (DC) and a voltage potential are essential components. The X-ray tube operates by generating high-energy photons through the process of bremsstrahlung and characteristic radiation. This occurs when high-energy electrons, produced by the cathode, are accelerated toward the anode with the application of high voltage. The direct current provides a constant flow of electrons from the filament to the target, ensuring a stable and reliable electron beam. On the other hand, the voltage potential creates the necessary energy differential that accelerates the electrons from the cathode to the anode, enabling them to collide with the target material at sufficient energy levels to produce X-rays. Therefore, the presence of both the direct current to maintain a continuous electron flow and the voltage potential to accelerate those electrons is critical for effective photon production in a diagnostic X-ray tube.

## 5. What type of dosimeter is classified as a low energy dosimeter?

- A. Pocket dosimeter
- **B.** Thermoluminescent dosimeter
- C. Cutie pie
- D. None of the above

A pocket dosimeter is classified as a low-energy dosimeter primarily due to its sensitivity to lower energy radiation, such as beta particles and low-energy x-rays. This type of dosimeter typically consists of a small ionization chamber or semiconductor that can provide immediate readings of radiation exposure. The design of pocket dosimeters allows them to respond effectively to the types of radiation commonly encountered in clinical settings, particularly where low-energy radiation is prevalent. This classification is important in the context of radiation therapy, as different dosimeters are used for different energy ranges and types of radiation. For example, thermoluminescent dosimeters (TLDs) can measure a broader spectrum of radiation energies but are not specifically categorized as low energy dosimeters. Instruments like the cutie pie are generally used for higher radiation levels and broader surveys rather than specifically tailored to low-energy measurements. Therefore, the pocket dosimeter's dedicated functionality for low-energy radiation makes it the correct choice among the given options.

# 6. What is the typical dose rate for LDR brachytherapy procedures?

- A. 20 Gy/minute
- B. 10 Gy/minute
- C. 2 Gy/minute
- D. 0.05 Gy/minute

In low-dose-rate (LDR) brachytherapy, radioactive sources are placed directly within or very close to the tumor, allowing for effective radiation treatment over an extended period of time. The typical dose rate for LDR brachytherapy procedures is around 0.05 Gy/minute. This dose rate is crucial for achieving the therapeutic effect while minimizing damage to surrounding healthy tissues. The gradual delivery of radiation over the course of hours or days enables the tumor to receive a significant dose while allowing normal cells more time to recover from any incidental exposure. LDR brachytherapy is commonly used for treating certain types of cancers, including prostate and gynecological cancers, where local control of the disease is essential. In contrast, higher dose rates, such as those represented in the other options, are characteristic of high-dose-rate (HDR) brachytherapy, which delivers a much higher dose over a shorter time frame but is not representative of LDR techniques.

# 7. Which of these is NOT typically treated with monoclonal antibodies?

- A. Certain autoimmune diseases
- **B. Solid tumors**
- C. Infectious diseases
- D. Metabolic disorders

Monoclonal antibodies are highly specific proteins engineered to target particular antigens, making them effective in treating a variety of medical conditions. They are widely utilized in the treatment of certain autoimmune diseases, solid tumors, and even some infectious diseases. These therapies function by either marking cells for destruction by the immune system, blocking specific pathways, or neutralizing toxins. Metabolic disorders, on the other hand, typically relate to abnormalities in chemical processes in the body and are not generally addressed with monoclonal antibodies. Treatment for metabolic disorders often involves dietary management, hormone replacement, or enzyme supplementation rather than targeted immune therapies. This is due to the fact that the underlying issues in metabolic disorders usually require different approaches that go beyond the action of monoclonal antibodies. Thus, it is accurate to state that metabolic disorders are not typically treated with these types of therapies.

# 8. What is the main purpose of utilizing radiation therapy for cancer treatment?

- A. To improve surgical outcomes
- B. To shrink tumors and kill cancer cells
- C. To manage pain
- D. To enhance chemotherapy effects

The primary purpose of utilizing radiation therapy for cancer treatment is to shrink tumors and kill cancer cells. Radiation therapy employs high-energy rays or particles to target and destroy cancerous cells. This is achieved by damaging the DNA of the cancer cells, which inhibits their ability to reproduce and leads to cell death. In many cases, radiation therapy is used as a curative treatment, especially for localized tumors, making it effective in controlling or eliminating cancer. It can also be employed palliatively to reduce the size of tumors and relieve symptoms in advanced cancer stages, thereby improving the quality of life for patients. While other options have valid roles in cancer management, they do not capture the primary goal of radiation therapy as precisely as the correct choice does. For instance, improving surgical outcomes, managing pain, or enhancing chemotherapy effects are often seen as complementary aspects of cancer treatment but are not the fundamental objective of radiation therapy itself. The direct action of radiation therapy is specifically geared towards tumor reduction and cancer cell destruction.

#### 9. Where do most pancreatic tumors typically occur?

- A. Body
- **B.** Head
- C. Tail
- D. Islet

Most pancreatic tumors typically occur in the head of the pancreas. This is significant because the head of the pancreas is where the bile duct enters the pancreatic duct, making it a common site for tumor formation. Tumors in this area are often associated with obstructive jaundice due to their proximity to the bile duct. Pancreatic adenocarcinomas, which are the most common type of pancreatic cancer, are particularly prevalent in the head, accounting for the majority of cases. This anatomical feature contributes to the clinical presentation and can impact treatment decisions, as tumors in the head may be more identifiable and accessible for surgical resection than those in the tail or body of the pancreas. Furthermore, the head's location often results in earlier detection due to the associated symptoms and complications, such as weight loss and jaundice, prompting patients to seek medical attention sooner.

#### 10. What does systolic pressure represent?

- A. Lowest point where the pressure drops during relaxation of the ventricles
- B. Highest point reached during contraction of the ventricles
- C. Lowest point reached during relaxation of the aorta
- D. Highest point reached during contraction of the aorta

Systolic pressure represents the highest point reached during the contraction of the ventricles of the heart. When the ventricles contract, they force blood into the arteries, which results in a peak pressure within the arterial system known as systolic pressure. This measurement is a critical indicator of cardiovascular health, as it reflects the maximum force the heart is exerting to pump blood throughout the body during each heartbeat. The significance of understanding systolic pressure lies in its role in assessing heart function and overall blood pressure management. A higher-than-normal systolic pressure may indicate conditions like hypertension, which can lead to various cardiovascular issues, while a lower systolic pressure might suggest inadequate blood flow or heart issues. In contrast, the other options do not accurately describe systolic pressure. The lowest point mentioned in the choices refers to diastolic pressure, which is recorded when the heart is in a relaxed state between beats.