

SEER Certified Tumor Registrar (CTR) Operations Practice Exam (Sample)

Study Guide



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Questions

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- 1. In tumor registries, what process is used to combine data from multiple records of the same patient?**
 - A. Record linkage**
 - B. Data normalization**
 - C. Record consolidation**
 - D. Data compliance**
- 2. Which is a key aspect of ensuring data integrity in a tumor registry?**
 - A. Data accuracy**
 - B. Data speed**
 - C. Data volume**
 - D. Data accessibility**
- 3. What is the most common method for administering chemotherapy?**
 - A. Intravenously**
 - B. Orally**
 - C. Intra-arterially**
 - D. Topically**
- 4. Why did the Department of Health and Human Services support the coding change to ICD-10-CM?**
 - A. A. ICD-9-CM is clinically accurate and has room for more codes**
 - B. B. States need comparable morbidity data to mortality data**
 - C. C. ICD-9-CM content is outdated and limited**
 - D. D. Both (a) and (b)**
- 5. Which staging system is considered clinically relevant?**
 - A. AJCC TNM Stage**
 - B. Summary Stage**
 - C. Both A and B**
 - D. Neither A nor B**

- 6. Which tumor marker is primarily associated with ovarian cancer diagnosis and treatment assessment?**
- A. AFP**
 - B. CA-125**
 - C. ER/PR**
 - D. KRAS mutation analysis**
- 7. What is the term used to describe the record received at the central registry from reporting sources?**
- A. File record**
 - B. Data record**
 - C. Patient record**
 - D. Source record**
- 8. What is the primary responsibility of NCRA's Program Recognition Committee?**
- A. Develops educational opportunities for NCRA members**
 - B. Reviews and determines qualification for continuing education credits**
 - C. Both (a) and (b)**
 - D. Neither (a) nor (b)**
- 9. What type of registry typically obtains death certificates from governmental sources to identify missed cancer cases?**
- A. Central registries**
 - B. Hospital registries**
 - C. Private cancer centers**
 - D. National health agencies**
- 10. What type of audit determines if a facility has submitted all required cases?**
- A. Facility audit**
 - B. Lost case audit**
 - C. Registry audit**
 - D. Casefinding audit**

Answers

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

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Explanations

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1. In tumor registries, what process is used to combine data from multiple records of the same patient?

- A. Record linkage**
- B. Data normalization**
- C. Record consolidation**
- D. Data compliance**

The process utilized to combine data from multiple records of the same patient in tumor registries is known as record consolidation. This technique is essential for ensuring that a comprehensive and accurate view of a patient's cancer history is maintained. By consolidating records, registrars ensure that all relevant treatment, diagnosis, and outcome information is associated with the correct patient, minimizing duplication and discrepancies. Record consolidation involves reviewing all records related to the patient, identifying different entries for the same individual, and merging them into a single cohesive record. This is particularly important for tumor registries, as cancer care can be fragmented across different healthcare providers and facilities. A well-consolidated record enhances the quality of data available for research and for tracking cancer trends, outcomes, and survival statistics. While other processes like record linkage and data normalization are important in the context of data management and integrity, they focus on different aspects of data handling. Record linkage pertains to connecting datasets based on common identifiers to avoid duplicate records in a broader sense, and data normalization refers to organizing data to reduce redundancy and improve consistency within a database. Data compliance typically relates to adhering to regulatory standards, which, although critical, does not specifically address the combination of multiple patient records. Therefore, record consolidation is the precise term that identifies

2. Which is a key aspect of ensuring data integrity in a tumor registry?

- A. Data accuracy**
- B. Data speed**
- C. Data volume**
- D. Data accessibility**

Data accuracy is a fundamental component of ensuring data integrity in a tumor registry. It refers to the correctness and precision of the data collected and maintained within the registry. Accurate data is critical because it directly impacts the quality of patient care, outcomes analysis, and cancer research. Accurate coding and capturing of information about diagnoses, treatment and outcomes enable the registry to provide reliable statistics and insights that inform clinical practices and public health policies. Ensuring data accuracy involves rigorous training for tumor registrars, ongoing quality checks, and validation processes. It requires attention to detail during data entry and consistent application of coding rules and classifications. If the data is not accurate, it can lead to incorrect conclusions about cancer trends, treatment efficacy, or patient demographics, ultimately compromising the registry's mission. In contrast, aspects such as data speed, volume, and accessibility, while important, do not inherently guarantee the correctness or reliability of the data. Speed emphasizes how quickly data is collected and processed, volume concerns the quantity of data available, and accessibility relates to how easily stakeholders can obtain and use the data. However, none of these aspects override the fundamental necessity for accuracy if the aim is to maintain the integrity of the tumor registry's data.

3. What is the most common method for administering chemotherapy?

- A. Intravenously**
- B. Orally**
- C. Intra-arterially**
- D. Topically**

The most common method for administering chemotherapy is intravenously. This approach allows for direct delivery of the chemotherapy agents into the bloodstream, which ensures that the drugs are quickly disseminated throughout the body. Intravenous administration also facilitates the ability to manage large volumes of fluid and enables the healthcare provider to give the appropriate dose of medication rapidly in a controlled manner. This method is particularly effective for systemic treatment, where the goal is to target cancer cells throughout the body rather than just at a localized site. Intravenous chemotherapy can also help in closely monitoring the patient's response to treatment and managing potential side effects in real time. While other methods, such as oral administration, intra-arterial delivery, and topical application, are used in certain circumstances, they are not as commonly utilized for the broad range of chemotherapy treatments compared to intravenous administration. Oral chemotherapy has its benefits, particularly in outpatient settings, but it is limited by factors like absorption variability and gastrointestinal side effects. Intra-arterial and topical methods are generally reserved for specific situations.

4. Why did the Department of Health and Human Services support the coding change to ICD-10-CM?

- A. A. ICD-9-CM is clinically accurate and has room for more codes**
- B. B. States need comparable morbidity data to mortality data**
- C. C. ICD-9-CM content is outdated and limited**
- D. D. Both (a) and (b)**

The choice indicating that ICD-9-CM content is outdated and limited is correct because the transition to ICD-10-CM was primarily driven by the need for a more comprehensive and contemporary coding system that reflects advancements in medicine and improves the granularity of health data. As medical knowledge and practices evolve, ICD-9-CM, with its limited code set and outdated structure, became increasingly inadequate for capturing the complexities of patient diagnoses and disease management. ICD-10-CM includes a broader range of codes that allows for more specific classification of diseases, injuries, and clinical conditions. This increased specificity enhances the ability to track and analyze health trends and outcomes, facilitating more effective public health strategies and healthcare planning. The other options incorrectly emphasize the adequacy of ICD-9-CM or focus on specific state needs without recognizing the overarching issues with the outdated nature of the coding system. Transitioning to ICD-10-CM responds directly to the demand for improved healthcare data quality and specificity, making it a significant advancement in health information standards.

5. Which staging system is considered clinically relevant?

A. AJCC TNM Stage

B. Summary Stage

C. Both A and B

D. Neither A nor B

The AJCC TNM staging system is clinically relevant because it provides a comprehensive framework for classifying the extent of cancer spread based on specific criteria. This system consists of three key components: T (Tumor size and local extent), N (Regional lymph node involvement), and M (Distant metastasis). Each of these components is given a specific classification that helps to standardize cancer staging across different types of tumors. As a result, this staging allows healthcare providers to make informed decisions regarding treatment options and helps in predicting the patient's prognosis. In contrast, while the Summary Stage is a valuable tool for epidemiological statistics and public health reporting, it tends to be less precise in aiding individual patient management compared to the AJCC TNM system. The Summary Stage focuses mainly on whether cancer is localized, regional, or metastatic, without the granular details that the TNM system provides. Therefore, while both staging systems serve important roles, the AJCC TNM stage is considered the more clinically relevant system for managing individual cancer cases.

6. Which tumor marker is primarily associated with ovarian cancer diagnosis and treatment assessment?

A. AFP

B. CA-125

C. ER/PR

D. KRAS mutation analysis

The tumor marker primarily associated with ovarian cancer diagnosis and treatment assessment is CA-125. This marker is a protein that is found at higher levels in the blood of many women with ovarian cancer, though it can also be elevated in other conditions. CA-125 is used primarily as a blood test to help in diagnosing ovarian cancer, monitoring treatment response, and checking for recurrence after treatment. In the context of ovarian cancer, the presence of elevated CA-125 levels can provide critical information about the disease's status and how well the patient is responding to therapy. It is important to note that while CA-125 is a useful marker for diagnosis and monitoring, it is not exclusively used for screening; hence, it should be interpreted alongside other clinical findings. In contrast, while other tumor markers mentioned have their specific roles, they are not primarily linked to ovarian cancer. For instance, AFP (alpha-fetoprotein) is mainly associated with liver cancer and germ cell tumors, ER/PR (estrogen and progesterone receptors) relate to breast cancer, and KRAS mutation analysis is typically used in colorectal cancer and other types for indicating a specific treatment plan. Therefore, CA-125 stands out as the most relevant tumor marker in the context of ovarian cancer.

7. What is the term used to describe the record received at the central registry from reporting sources?

- A. File record**
- B. Data record**
- C. Patient record**
- D. Source record**

The term used to describe the record received at the central registry from reporting sources is "source record." This terminology reflects the nature of the information that has been collected and submitted by various healthcare facilities, such as hospitals or clinics, where patients are diagnosed and treated. Source records typically contain essential information about the patient's diagnosis, treatment, and demographic details, which are crucial for the registry's purpose of tracking and studying cancer statistics. Utilizing the term "source record" emphasizes the origin of the data, highlighting that it is not the final output or compilation within the registry but rather the initial inputs received from the healthcare providers. This distinction is important for understanding the flow of information into cancer registries and the foundational role of reporting sources in cancer surveillance and research.

8. What is the primary responsibility of NCRA's Program Recognition Committee?

- A. Develops educational opportunities for NCRA members**
- B. Reviews and determines qualification for continuing education credits**
- C. Both (a) and (b)**
- D. Neither (a) nor (b)**

The primary responsibility of NCRA's Program Recognition Committee involves reviewing and determining qualifications for continuing education credits. This is crucial because it ensures that educational programs meet the necessary standards to provide meaningful learning experiences for professionals in the field. By evaluating the content, format, and learning outcomes of various programs, the Committee helps maintain a high quality of continuing education that aligns with the ongoing professional development needs of NCRA members. While developing educational opportunities is an important aspect of NCRA's mission, it is not the specific focus of the Program Recognition Committee. Instead, this Committee's role is more targeted toward accreditation and validation of existing educational offerings, which directly impacts members' ability to earn credits for their professional growth. Therefore, the correct answer emphasizes the Committee's essential role in overseeing continuing education qualifications.

9. What type of registry typically obtains death certificates from governmental sources to identify missed cancer cases?

- A. Central registries**
- B. Hospital registries**
- C. Private cancer centers**
- D. National health agencies**

A central registry typically obtains death certificates from governmental sources to identify missed cancer cases because its primary function is to compile comprehensive data on cancer diagnoses and outcomes across a defined geographic area. Central registries have the authority and resources to access public health information, including death certificates, which helps in identifying cases that may not have been reported through other means, such as hospital or clinical reports. This process is crucial for maintaining the accuracy and completeness of cancer data, as it allows registries to identify patients who may have died from cancer without having an initial report of their diagnosis. By analyzing death certificates, central registries can ensure that their cancer data reflects the true burden of the disease in the population, which is vital for public health research, policy-making, and cancer control initiatives. Hospital registries, in contrast, are primarily focused on collecting data from within a specific facility, making them less likely to have direct access to death certificates from multiple governmental sources. Private cancer centers and national health agencies may work with mortality data but do so within different scopes and mechanisms that may not prioritize missed case identification in the same manner as central registries do.

10. What type of audit determines if a facility has submitted all required cases?

- A. Facility audit**
- B. Lost case audit**
- C. Registry audit**
- D. Casefinding audit**

The correct answer is a casefinding audit. This type of audit focuses on the identification and reporting of all eligible cancer cases that a facility is required to submit to a cancer registry. It assesses whether the facility has effectively identified all patients with reportable cancers within a specific timeframe, ensuring comprehensive data collection. In a casefinding audit, the emphasis is on the processes and systems that are in place for detecting and recording cases, which may involve reviewing medical records and other documentation to ensure that the registry captures all necessary information. This type of audit is crucial for maintaining data completeness, which is essential for accurate cancer statistics and research purposes. The other options may relate to different aspects of auditing within a cancer registry context. For instance, a facility audit often focuses on the administrative processes and compliance of the facility itself, while a lost case audit specifically investigates cases that have been missed or not accounted for in the registry. A registry audit typically involves a broader review of the registry's overall performance and data quality, rather than a specific focus on casefinding. Therefore, for the purpose of assessing the completeness of case submissions by a facility, a casefinding audit is the most appropriate choice.