HCMT 2061 CANCER REGISTRY OPERATIONS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://hcmt2061.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Cancer surveillance, as described, is primarily focused on which activity?

A. Providing direct patient care

B. Collecting and analyzing data on cancer incidence and outcomes

C. Financing cancer research

D. Developing new drugs

2. Which section would contain details about who performed the surgery?

A. X-ray and Scans

B. Operative Findings

C. History and Physical Exam

D. Lab tests

3. Monitoring the volume of casefinding sources by facility by year is sufficient for ensuring complete reporting of casefinding source records.

A. True

B. It depends

C. False

D. Not sufficient

4. What is NCI's SEER?

A. An authoritative source of information on cancer incidence and survival in the US that provides info on cancer statistics to support research and to reduce the cancer burden.

B. A private database of hospital billing codes.

C. A registry dedicated to pediatric cancer only.

D. A global cancer risk assessment tool.

5. Which data item uniquely identifies a patient in the registry?

A. Date of Diagnosis

B. Sequence number

C. Accession number

D. Class of Case

SAMPLE

6. Which process is used to ensure coding accuracy by reviewing abstracts for completeness and correctness?

A. Analytic

B. Date of Diagnosis

C. Visual Review

D. Sequence number

7. What is an Accession number?

A. The cancer stage code

B. The physician's license number

C. The hospital's fiscal code

D. A unique number assigned to a patient that can be used as a numerical control to identify the patient

8. What is an abstracting time frame?

A. The time from initial lab test to final pathology

B. The time between hospital admission to discharge

C. The time between when a patient is first seen for their cancer and the completion of their abstract

D. The time between cancer diagnosis and treatment initiation

9. What is the purpose of the Suspense System in cancer registry operations?

A. To track completed abstracts

B. To store potential reportable cases awaiting abstraction

C. To archive old records

D. To manage patient consent

10. Which data item indicates whether the facility participated in diagnosing and/or delivering the first course of treatment?

A. Analytic

B. Class of Case

C. Accession number

D. Date of Diagnosis

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Cancer surveillance, as described, is primarily focused on which activity?

A. Providing direct patient care

B. Collecting and analyzing data on cancer incidence and outcomes

C. Financing cancer research

D. Developing new drugs

Cancer surveillance focuses on tracking cancer at the population level by systematically collecting and analyzing data on how often cancer occurs and what happens to patients. This means compiling incidence data, mortality, survival, stage at diagnosis, and sometimes treatment patterns, then analyzing trends and disparities to inform public health actions and policy. It's not about providing direct patient care, financing research, or developing new drugs, which are clinical services, funding activities, and pharmaceutical development, respectively. So the primary activity is collecting and analyzing data on cancer incidence and outcomes.

2. Which section would contain details about who performed the surgery?

A. X-ray and Scans

B. Operative Findings

C. History and Physical Exam

D. Lab tests

The surgeon and the act of performing the operation are documented in the operative portion of the chart, specifically in the section that records intraoperative details. The Operative Findings section describes what was found during the surgery and what procedures were carried out, and it is where the operator (the surgeon) is identified as responsible for the procedure. This makes it the most reliable place to verify who performed the surgery. Imaging sections (X-ray and scans) contain images and interpretations, not surgical personnel; History and Physical Exam covers preoperative history and assessment; Lab tests list lab results.

3. Monitoring the volume of casefinding sources by facility by year is sufficient for ensuring complete reporting of casefinding source records.

A. True

B. It depends

C. False

D. Not sufficient

Monitoring how much activity comes from each casefinding source at each facility tells you how busy the reporting system is, but it does not prove that reporting is complete. Completeness means every eligible cancer case is captured and reported, not just that the volume from sources looks consistent or matches expectations. Volume checks can miss gaps. A facility might report a steady number of records while still omitting cases due to incomplete identifiers, misclassification, or reporting delays. Duplicates or reporting from sources that are not truly eligible can also distort the picture, making it seem like reporting is solid when it isn't. To truly assess completeness, you need additional checks such as comparing registry counts with external benchmarks, reconciling sources to ensure all facilities and all potential data streams are covered, using capture–recapture techniques, performing targeted audits, and monitoring timeliness and data quality across sources. So, relying on volume by source and facility by year is not enough to guarantee complete reporting.

SAMPLE

4. What is NCI's SEER?

A. An authoritative source of information on cancer incidence and survival in the US that provides info on cancer statistics to support research and to reduce the cancer burden.

B. A private database of hospital billing codes.

C. A registry dedicated to pediatric cancer only.

D. A global cancer risk assessment tool.

SEER is an authoritative source of information on cancer incidence and survival in the United States. It's a program of the National Cancer Institute that collects data from population-based cancer registries, providing statistics on how often cancers occur and how long people survive, which researchers and public health professionals use to study trends, disparities, and outcomes. This data supports research and efforts to reduce the cancer burden by informing policy, prevention, and treatment improvements. It isn't a private database of hospital billing codes, it isn't limited to pediatric cancers, and it isn't a global cancer risk assessment tool. Those descriptions refer to other kinds of data resources, not SEER.

5. Which data item uniquely identifies a patient in the registry?

A. Date of Diagnosis

B. Sequence number

C. Accession number

D. Class of Case

Accession number is the unique identifier for a case in the registry. It is a system-assigned value given when the case is received and it stays with that record as it moves through abstracting, pathology, treatment, and follow-up data. Because it is unique to each case, it's the reliable key you use to retrieve and link all information for that patient's cancer record. Dates of diagnosis can be the same for many patients, so they don't distinguish one record from another. A sequence number is typically a local order within a facility or case and isn't guaranteed to be unique across the entire registry. Class of Case is a category describing how the case entered or is treated in the registry, not a means of identifying the patient.

6. Which process is used to ensure coding accuracy by reviewing abstracts for completeness and correctness?

A. Analytic

B. Date of Diagnosis

C. Visual Review

D. Sequence number

Visual Review is the process of checking abstracts to ensure all required elements are present and coded correctly. In cancer registry work, abstracts must accurately capture key information such as site, histology, diagnosis date, method of diagnosis, staging, and treatment details. A visual review is done by trained staff who compare the abstract to source documents and coding standards, looking for missing fields, plausible values, and internal consistency. This direct check is how coding accuracy and completeness are actively ensured before data are used for reporting or submission. Analytic work analyzes data for patterns or quality issues but isn't the step focused on verifying the completeness and correctness of each abstract. Date of Diagnosis and Sequence Number are data fields, not review processes, so they don't describe the verification activity.

SAMPLE

7. What is an Accession number?

A. The cancer stage code

B. The physician's license number

C. The hospital's fiscal code

D. A unique number assigned to a patient that can be used as a numerical control to identify the patient

An Accession number is the unique identifier assigned to a patient's cancer record when it enters the registry, serving as the numerical control used to identify and link all related data for that patient across records. It stays constant for that case, enabling accurate data retrieval, linkage of pathology, diagnoses, treatment, and follow-up, and audit trails. It is not a cancer stage code, not a physician's license number, and not a hospital fiscal code.

8. What is an abstracting time frame?

A. The time from initial lab test to final pathology

B. The time between hospital admission to discharge

C. The time between when a patient is first seen for their cancer and the completion of their abstract

D. The time between cancer diagnosis and treatment initiation

Abstracting time frame is the interval from when a patient is first seen for their cancer to the completion of the abstract. In cancer registry work, the abstract collects key clinical data from the medical record, so this window measures how quickly the registry completes that documentation after the patient's initial cancer encounter. This focus on the data collection process distinguishes abstracting from clinical timelines. For example, the span from lab testing to final pathology reflects pathology turnaround, the stay from hospital admission to discharge measures length of stay, and the period from diagnosis to treatment initiation pertains to treatment timing. Each of those relates to different aspects of care, whereas abstracting time frame specifically targets the data abstraction workflow.

9. What is the purpose of the Suspense System in cancer registry operations?

A. To track completed abstracts

B. To store potential reportable cases awaiting abstraction

C. To archive old records

D. To manage patient consent

The main idea is that the Suspense System serves as a holding area for potential reportable cases awaiting abstraction. It collects cases identified from hospitals, pathology labs, and other sources and flags them for follow-up, verification of reportability, and completion of missing data. This keeps potential cases from slipping through the cracks and helps ensure timely, complete reporting by moving cases into the abstraction workflow only when the necessary information is ready. It's all about managing cases that are identified but not yet ready for abstraction, not about archiving old records or handling patient consent, and not about tracking completed abstracts.

SAMPLE

10. Which data item indicates whether the facility participated in diagnosing and/or delivering the first course of treatment?

A. Analytic

B. Class of Case

C. Accession number

D. Date of Diagnosis

The data item is analytic status. Analytic indicates that the facility participated in diagnosing and/or delivering the first course of treatment, meaning this site was involved in the initial cancer care for the patient. If a case is non-analytic, the facility did not play a role in the diagnosis or first treatment. This differs from the other options: Class of Case shows how the case was identified or confirmed (not about the facility's involvement in initial care). Accession number is just the registry's unique identifier for the case. Date of Diagnosis is simply when the cancer was diagnosed, not about whether the facility participated in diagnosis or initial treatment.

SAMPLE

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://hcmt2061.examzify.com

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

SAMPLE