1. A 25 year old patient is inquiring about the methods or ways to detect cancer earlier. The nurse least likely identifies this method by stating:
   A. Annual chest x-ray.
   B. **Annual Pap smear for sexually active women only.**
   C. Annual digital rectal examination for persons over age 40.
   D. Yearly physical and blood examination

2. The removal of entire breast, pectoralis major and minor muscles and neck lymph nodes which is followed by skin grafting is a procedure called:
   A. Simple mastectomy
   B. Modified radical mastectomy
   C. Radiation therapy
   D. **Radical mastectomy**

3. Chemotherapy is one of the therapeutic modalities for cancer. This treatment is contraindicated to which of the following conditions?
   A. Recent surgery
   B. Pregnancy
   C. Bone marrow depression
   D. **All of the above**

4. The nurse is preparing Cyclophosphamide (Cytoxan). Safe handling of the drug should be implemented to protect the nurse from injury. Which of the following action by the nurse should be corrected?
   A. The nurse should wear mask and gloves.
   B. Air bubbles should be expelled on wet cotton.
   C. Label the hanging IV bottle with “ANTINEOPLASTIC CHEMOTHERAPY” sign.
   D. Vent vials after mixing.

5. Neoplasm can be classified as either benign or malignant. The following are characteristics of malignant tumor apart from:
   A. Metastasis
   B. Infiltrates surrounding tissues
   C. **Encapsulated**
   D. Poorly differentiated cells

6. On a clinic visit a client who has a relative with cancer, is asking about the warning signs that may relate to cancer. The nurse correctly identifies the warning signs of cancer by responding:
   A. "If a sore healing took a month or more to heal, cancer should be suspected."
   B. "Presence of dry cough is one of the warning signs of cancer."
   C. "A lump located only in the breast area may suggest the presence of cancer."
   D. "**Sudden weight loss of unexplained etiology can be a warning sign of cancer.**"

7. In staging and grading neoplasm TNM system is used. TNM stands for:
   A. Time, neoplasm, mode of growth
   B. **Tumor, node, metastasis**
   C. Tumor, neoplasm, mode of growth
   D. Time, node, metastasis
8. Breast self examination (BSE) is one of the ways to detect breast cancer earlier. The nurse is conducting a health teaching to female clients in a clinic. During evaluation the clients are asked to state what they learned. Which of the following statement made by a client needs further teaching about BSE?
A. “BSE is done after menstruation.”

B. “BSE palpation is done by starting at the center going to the periphery in a circular motion.”
C. “BSE can be done in either supine or standing position.”
D. “BSE should start from age 20.”

9. A client had undergone radiation therapy (external). The expected side effects include the following apart from:
A. Hair loss
B. Ulceration of oral mucous membranes
C. Constipation
D. Headache

10. Nurse Janet is assigned in the oncology section of the hospital. Which of the following orders should the nurse question if a client is on radiation therapy?
A. Analgesics before meals
B. Saline rinses every 2 hours
C. Aspirin every 4 hours
D. Bland diet

11. Skin reactions are common in radiation therapy. Nursing responsibilities on promoting skin integrity should be promoted apart from:
A. Avoiding the use of ointments, powders and lotion to the area
B. Using soft cotton fabrics for clothing
C. Washing the area with a mild soap and water and patting it dry not rubbing it.
D. Avoiding direct sunshine or cold.

12. Nausea and vomiting is an expected side effect of chemotherapeutic drug use. Which of the following drug should be administered to a client on chemotherapy to prevent nausea and vomiting?
A. Metochlopramide (Metozol)
B. Succimer (Chemet)
C. Anastrazole (Arimidex)
D. Busulfan (Myleran)

13. Radiation protection is very important to implement when performing nursing procedures. When the nurse is not performing any nursing procedures what distance should be maintained from the client?
A. 1 feet
B. 2 feet
C. 2.5 feet
D. 3 feet

14. The following are teaching guidelines regarding radiation therapy except:
A. The therapy is painless
B. To promote safety, the client is assisted by therapy personnel while the machine is in
operation.
C. The client may communicate all his concerns or needs or discomforts while the machine is operating.
D. Safety precautions are necessary only during the time of actual irradiation.

15. Contact of client on radiation therapy should be limited only to how many minutes to promote safety of the therapy personnel?
A. 1 minute
B. 3 minutes
C. **5 minutes**
D. 10 minutes

16. A client is taking Cyclophosphamide (Cytoxan) for the treatment of lymphoma. The nurse is very cautious in administering the medication because this drug poses the fatal side effect of:
A. Alopecia
B. Myeloma
C. CNS toxicity
D. **Hemorrhagic cystitis**

17. Cytarabine (Ara-C) is an antimetabolite that can cause a common cytarabine syndrome which includes the following apart from:
A. Fever
B. Myalgia
C. Chest pain
D. **Diarrhea**

18. To provide relief from the cytarabine syndrome, which drug is given?
A. Analgesic
B. Aspirin
C. **Steroids**
D. Allopurinol

19. Chemotherapeutic agents have different specific classifications. The following medications are antineoplastic antibiotics except:
A. Doxorubicin (Adriamycin)
B. **Fluorouracil (Adrucil)**
C. Mitoxantrone (Novantrone)
D. Bleomycin (Blenoxane)

20. Specific classification of the chemotherapeutic agent, Vincristine (Oncovin) is:
A. Hormone modulator
B. **Mitotic inhibitor**
C. Antineoplastic antibiotic
D. Antimetabolite

21. A client is diagnosed with progressive prostate cancer. The nurse expects which drug is given?
A. Anstrazole (arimidex)
B. **Estramustine (Emcyt)**
C. Pclitaxel (Taxol)  
D. Irinotecan (Camptosar)

22. A client taking a chemotherapeutic agent understands the effects of therapy by stating:  
A. “I will avoid eating hot and spicy foods.”  
B. “I should stay in my room all the time.”  
C. “I should limit my fluid intake to about 500 ml per day.”  
D. “I should notify the physician immediately if a urine color change is observed.”

23. A client is diagnosed with breast cancer. The tumor size is up to 5 cm with axillary and neck lymph node involvement. The client is in what stage of breast cancer?  
A. Stage I  
B. Stage II  
C. Stage III  
D. Stage IV

24. The classic symptoms that define breast cancer includes the following except:  
A. “pink peel” skin  
B. Solitary, irregularly shaped mass  
C. Firm, nontender, nonmobile mass  
D. Abnormal discharge from the nipple

25. Surgical procedure to treat breast cancer involves the removal of the entire breast, pectoralis major muscle and the axillary lymph nodes is:  
A. Simple mastectomy  
B. Modified radical mastectomy  
C. Halstead Surgery  
D. Radical mastectomy

1. Which of the following conditions is not a complication of Hodgkin’s disease?  
1. Anemia  
2. Infection  
3. **Myocardial Infarction**  
4. Nausea

2. Which of the following laboratory values is expected for a client just diagnosed with chronic lymphocytic leukemia?  
1. Elevated sedimentation rate  
2. Uncontrolled proliferation of granulocytes
3. Thrombocytopenia and increased lymphocytes
4. Elevated aspartate aminotransferase and alanine aminotransferase levels.

3. At the time of diagnosis of Hodgkin’s lymphoma, which of the following areas is often involved?

1. Back
2. Chest
3. Groin
4. Neck

4. According to a standard staging classification of Hodgkin’s disease, which of the following criteria reflects stage II?

1. Involvement of extralymphatic organs or tissues
2. Involvement of single lymph node region or structure
3. Involvement of two or more lymph node regions or structures.
4. Involvement of lymph node regions or structures on both sides of the diaphragm.

5. Which of the following statements is correct about the rate of cell growth in relation to chemotherapy?

1. Faster growing cells are less susceptible to chemotherapy.
2. Non-dividing cells are more susceptible to chemotherapy
3. Faster growing cells are more susceptible to chemotherapy
4. Slower growing cells are more susceptible to chemotherapy.

6. Which of the following foods should a client with leukemia avoid?

1. White bread
2. Carrot sticks
3. Stewed apples
4. Medium rare steak
7. A client with leukemia has neutropenia. Which of the following functions must be frequently assessed?

1. Blood pressure
2. Bowel sounds
3. Heart sounds
4. Breath sounds

8. Which of the following clients is most at risk for developing multiple myeloma?

1. A 20-year-old Asian woman
2. A 30-year-old White man
3. A 50-year-old Hispanic woman
4. A 60-year-old Black man

9. Which of the following substances has abnormal values early in the course of multiple myeloma (MM)?

1. Immunoglobulins
2. Platelets
3. Red blood cells
4. White blood cells

10. For which of the following conditions is a client with multiple myeloma (MM) monitored?

1. Hypercalcemia
2. Hyperkalemia
3. Hypernatremia
4. Hypermagnesemia

11. Giving instructions for breast self-examination is particularly important for clients with which of the following medical problems?
1. Cervical dysplasia
2. A dermoid cyst
3. Endometrial polyps
4. Ovarian cancer

12. During a routine physical examination, a firm mass is palpated in the right breast of a 35-year-old woman. Which of the following findings or client history would suggest cancer of the breast as opposed to fibrocystic disease?

1. History of early menarche
2. Cyclic changes in mass size
3. History of anovulatory cycles
4. Increased vascularity of the breast

13. The client with which of the following types of lung cancer has the best prognosis?

1. Adenocarcinoma
2. Oat cell
3. Squamous cell
4. Small cell

14. Warning signs and symptoms of lung cancer include persistent cough, bloody sputum, dyspnea, and which of the other following symptoms?

1. Dizziness
2. Generalized weakness
3. Hypotension
4. Recurrent pleural effusion

15. A centrally located tumor would produce which of the following symptoms?

1. Coughing
2. Hemoptysis
3. Pleuritic pain
4. Shoulder pain

16. Which of the following interventions is the key to increasing the survival rates of clients with lung cancer?

1. Early bronchoscopy
2. Early detection
3. High-dose chemotherapy
4. Smoking cessation

17. A client has been diagnosed with lung cancer and requires a wedge resection. How much of the lung is removed?

1. One entire lung
2. A lobe of the lung
3. A small, localized area near the surface of the lung.
4. A segment of the lung, including a bronchiole and its alveoli.

18. When a client has a lobectomy, what fills the space where the lobe was?

1. The space stays empty.
2. The surgeon fills the space with gel
3. The lung space fills up with serous fluid
4. The remaining lobe or lobes over expand to fill the space.

19. Which of the following is the primary goal for surgical resection of lung cancer?

1. To remove the tumor and all surrounding tissue.
2. To remove the tumor and as little surrounding tissue as possible.
3. To remove all of the tumor and any collapsed alveoli in the same region.
4. To remove as much as the tumor as possible, without removing any alveoli.
20. If the client with lung cancer also has preexisting pulmonary disease, which of the following statements best describes how the extent of that can be performed?

1. It doesn’t affect it.
2. It may require a whole lung to be removed.
3. The entire tumor may not be able to be removed.
4. It may prevent surgery if the client can’t tolerate lung tissue removal.

21. The client with a benign lung tumor is treated in which of the following ways?

1. The tumor is treated with radiation only.
2. The tumor is treated with chemotherapy only.
3. The tumor is left alone unless symptoms are present.
4. The tumor is removed, involving the least possible amount of tissue.

22. In the client with terminal lung cancer, the focus of nursing care is on which of the following nursing interventions?

1. Provide emotional support
2. Provide nutritional support
3. Provide pain control
4. Prepare the client’s will

23. What are the three most important prognostic factors in determining long-term survival for children with acute leukemia?

1. Histologic type of disease, initial platelet count, and type of treatment
2. Type of treatment and client’s sex
3. Histologic type of disease, initial WBC count, and client’s age at diagnosis
4. Progression of illness, WBC at the time of diagnosis, and client’s age at the time of diagnosis.

24. Which of the following complications are three main consequences of leukemia?
1. Bone deformities, spherocytosis, and infection.

2. **Anemia, infection, and bleeding tendencies**

3. Lymphocytopoiesis, growth delays, and hirsutism

4. Polycythemia, decreased clotting time, and infection.

25. A child is seen in the pediatrician’s office for complaints of bone and joint pain. Which of the following other assessment findings may suggest leukemia?

1. Abdominal pain
2. Increased activity level
3. Increased appetite
4. **Petechiae**

26. Which of the following assessment findings in a client with leukemia would indicate that the cancer has invaded the brain?

1. Headache and vomiting.
2. Restlessness and tachycardia
3. Hypervigilant and anxious behavior
4. Increased heart rate and decreased blood pressure.

27. Which of the following types of leukemia carries the best prognosis?

1. **Acute lymphoblastic leukemia**
2. Acute myelogenous leukemia
3. Basophilic leukemia
4. Eosinophilic leukemia

28. Which of the following is the reason to perform a spinal tap on a client newly diagnosed with leukemia?

1. To rule out meningitis
2. To decrease intracranial pressure
3. To aid in classification of the leukemia
4. To assess for central nervous system infiltration

29. Which of the following tests in performed on a client with leukemia before initiation of therapy to evaluate the child’s ability to metabolize chemotherapeutic agents?

1. Lumbar puncture
2. Liver function studies
3. Complete blood count (CBC)
4. Peripheral blood smear

30. Which of the following immunizations should not be given to a 4-month-old sibling of a client with leukemia?

1. Diphtheria and tetanus and pertussis (DPT) vaccine.
2. Hepatitis B vaccine
3. Haemophilus influenzae type b vaccines (Hib)
4. Oral poliovirus vaccine (OPV)

31. Which of the following medications usually is given to a client with leukemia as prophylaxis against P. carinii pneumonia?

1. Bactrim
2. Oral nystatin suspension
3. Prednisone
4. Vincristine (Oncovin)

32. In which of the following diseases would bone marrow transplantation not be indicated in a newly diagnosed client?

1. Acute lymphocytic leukemia
2. Chronic myeloid leukemia
3. Severe aplastic anemia  
4. Severe combined immunodeficiency  

33. Which of the following treatment measures should be implemented for a child with leukemia who has been exposed to the chickenpox?

1. No treatment is indicated.  
2. Acyclovir (Zovirax) should be started on exposure  
3. Varicella-zoster immunoglobulin (VZIG) should be given with the evidence of disease  
4. VZIG should be given within 72 hours of exposure.

34. Nausea and vomiting are common adverse effects of radiation and chemotherapy. When should a nurse administer antiemetics?

1. 30 minutes before the initiation of therapy.  
2. With the administration of therapy.  
3. Immediately after nausea begins.  
4. When therapy is completed.

35. Parents of pediatric clients who undergo irradiation involving the central nervous system should be warned about postirradiation somnolence. When does this neurologic syndrome usually occur?

1. Immediately  
2. Within 1 to 2 weeks  
3. Within 5 to 8 weeks  
4. Within 3 to 6 months

36. The nurse is instructing the client to perform a testicular self-examination. The nurse tells the client:

1. To examine the testicles while lying down.  
2. The best time for the examination is after a shower
3. To gently feel the testicle with one finger to feel for a growth
4. That testicular examination should be done at least every 6 months.

37. The community nurse is conducting a health promotion program at a local school and is discussing the risk factors associated with cancer. Which of the following, if identified by the client as a risk factor, indicates a need for further instructions?

1. Viral factors
2. Stress
3. Low-fat and high-fiber diets
4. Exposure to radiation

38. The client with cancer is receiving chemotherapy and develops thrombocytopenia. The nurse identifies which intervention as the highest priority in the nursing plan of care?

1. Ambulation three times a day
2. Monitoring temperature
3. Monitoring the platelet count
4. Monitoring for pathological factors

39. A client is diagnosed with multiple myeloma. The client asks the nurse about the diagnosis. The nurse bases the response on which of the following descriptions of this disorder?

1. Malignant exacerbation in the number of leukocytes.
2. Altered red blood cell production.
3. Altered production of lymph nodes
4. Malignant proliferation of plasma cells and tumors within the bone.

40. The nurse is reviewing the laboratory results of a client diagnosed with multiple myeloma. Which of the following would the nurse expect to note specifically in this disorder?
1. Decreased number of plasma cells in the bone marrow.
2. Increased WBC’s
3. Increased calcium levels
4. Decreased blood urea nitrogen

41. The nurse is developing a plan of care for the client with multiple myeloma. The nurse includes which priority intervention in the plan of care?

1. Coughing and deep breathing
2. Encouraging fluids
3. Monitoring red blood cell count
4. Providing frequent oral care

42. The oncology nurse specialist provides an educational session to nursing staff regarding the characteristics of Hodgkin’s disease. The nurse determines that further education is needed if a nursing staff member states that which of the following is characteristic of the disease?

1. Presence of Reed-Sternberg cells
2. Involvement of lymph nodes, spleen, and liver
3. Occurs most often in the older client
4. Prognosis depends on the stage of the disease

43. The nurse is reviewing the laboratory results of a client receiving chemotherapy. The platelet count is 10,000 cells/mm. Based on this laboratory value, the priority nursing assessment is which of the following?

1. Assess level of consciousness
2. Assess temperature
3. Assess bowel sounds
4. Assess skin turgor
44. The nurse is caring for a client following a modified radical mastectomy. Which assessment finding would indicate that the client is experiencing a complication related to this surgery?

1. Sanguineous drainage in the Jackson-Pratt drain
2. Pain at the incisional site
3. Complaints of decreased sensation near the operative site
4. Arm edema on the operative side

45. A nurse is providing education in a community setting about general measures to avoid excessive sun exposure. Which of the following recommendations is appropriate?

1. Apply sunscreen only after going in the water.
2. Avoid peak exposure hours from 9am to 1pm
3. Wear loosely woven clothing for added ventilation
4. Apply sunscreen with a sun protection factor (SPF) of 15 or more before sun exposure.

46. Which of the following nursing interventions would be most helpful in making the respiratory effort of a client with metastatic lung cancer more efficient?

1. Teaching the client diaphragmatic breathing techniques
2. Administering cough suppressants as ordered
3. Teaching and encouraging pursed-lip breathing
4. Placing the client in a low semi-Fowlers position

47. The nurse is teaching a 17-year old client and the client’s family about what to expect with high-dose chemotherapy and the effects of neutropenia. What should the nurse teach as the most reliable early indicator of infection in a neutropenic client?

1. Fever
2. Chills
3. Tachycardia
4. Dyspnea

48. A 58-year-old man is going to have chemotherapy for lung cancer. He asks the nurse how the chemotherapeutic drugs will work. The most accurate explanation the nurse can give is which of the following?

1. “Chemotherapy affects all rapidly dividing cells.”
2. “The molecular structure of the DNA is altered.”
3. “Cancer cells are susceptible to drug toxins.”
4. “Chemotherapy encourages cancer cells to divide.”

49. When caring for a client with a central venous line, which of the following nursing actions should be implemented in the plan of care for chemotherapy administration? Select all that apply.

1. Verify patency of the line by the presence of a blood return at regular intervals.
2. Inspect the insertion site for swelling, erythema, or drainage.
3. Administer a cytotoxic agent to keep the regimen on schedule even if blood return is not present.
4. If unable to aspirate blood, reposition the client and encourage the client to cough.
5. Contact the health care provider about verifying placement if the status is questionable.

50. A client with stomach cancer is admitted to the oncology unit after vomiting for 3 days. Physical assessment findings include irregular pulse, muscle twitching, and complaints of prickling sensations in the fingers and hands. Laboratory results include a potassium level of 2.9 mEq/L, a pH of 7.46, and a bicarbonate level of 29 mEq/L. The client is experiencing:

1. Respiratory alkalosis
2. Respiratory acidosis
3. Metabolic alkalosis
4. Metabolic acidosis

51. A 32-year-old woman meets with the nurse on her first office visit since undergoing a left mastectomy. When asked how she is doing, the woman states her appetite is still not good, she is not getting much sleep because she doesn’t go to bed until her husband is asleep, and she is really anxious to get back to work. Which of the following nursing interventions should the nurse explore to support the client’s current needs?

1. Call the physician to discuss allowing the client to return to work earlier.
2. Suggest that the client learn relaxation techniques to help with her insomnia
3. Perform a nutritional assessment to assess for anorexia
4. Ask open-ended questions about sexuality issues related to her mastectomy

52. One of the most serious blood coagulation complications for individuals with cancer and for those undergoing cancer treatments is disseminated intravascular coagulation (DIC). The most common cause of this bleeding disorder is:

1. Underlying liver disease
2. Brain metastasis
3. Intravenous heparin therapy
4. Sepsis

53. A pneumonectomy is a surgical procedure sometimes indicated for treatment of non-small-cell lung cancer. A pneumonectomy involves removal of:

1. An entire lung field
2. A small, wedge-shaped lung surface
3. One lobe of a lung
4. One or more segments of a lung lobe
54. A 36-year-old man with lymphoma presents with signs of impending septic shock 9 days after chemotherapy. The nurse could expect which of the following to be present?

1. Flushing, decreased oxygen saturation, mild hypotension
2. **Low-grade fever, chills, tachycardia**
3. Elevated temperature, oliguria, hypotension
4. High-grade fever, normal blood pressure, increased respirations

55. Which of the following represents the most appropriate nursing intervention for a client with pruritis caused by cancer or the treatments?

1. Administration of antihistamines
2. Steroids
3. Silk sheets
4. **Medicated cool baths**

56. A 56-year-old woman is currently receiving radiation therapy to the chest wall for recurrent breast cancer. She calls her health care provider to report that she has pain while swallowing and burning and tightness in her chest. Which of the following complications of radiation therapy is most likely responsible for her symptoms?

1. Hiatal hernia
2. Stomatitis
3. Radiation enteritis
4. **Esophagitis**

1. While being prepared for a biopsy of a lump in the right breast, the patient asks the nurse what the difference is between a benign tumor and a malignant tumor. The nurse explains that a benign tumor differs from a malignant tumor in that benign tumors
   a. do not cause damage to adjacent tissue.
   b. do not spread to other tissues and organs.
   c. are simply an overgrowth of normal cells.
   d. frequently recur in the same site.
   B

   **Rationale:** The major difference between benign and malignant tumors is that malignant tumors invade adjacent tissues and spread to distant tissues and benign tumors never metastasize.
Both types of tumors may cause damage to adjacent tissues. The cells differ from normal in both benign and malignant tumors. Benign tumors usually do not recur.

2. A patient who has been told by the health care provider that the cells in a bowel tumor are poorly differentiated asks the nurse what is meant by "poorly differentiated." Which response should the nurse make?
   a. "The cells in your tumor do not look very different from normal bowel cells."
   b. "The tumor cells have DNA that is different from your normal bowel cells."
   c. "Your tumor cells look more like immature fetal cells than normal bowel cells."
   d. "The cells in your tumor have mutated from the normal bowel cells."
   C
   Rationale: An undifferentiated cell has an appearance more like a stem cell or fetal cell and less like the normal cells of the organ or tissue. The DNA in cancer cells is always different from normal cells, whether the cancer cells are well differentiated or not. All tumor cells are mutations from the normal cells of the tissue.

3. A patient who smokes tells the nurse, "I want to have a yearly chest x-ray so that if I get cancer, it will be detected early." Which response by the nurse is most appropriate?
   a. "Chest x-rays do not detect cancer until tumors are already at least a half-inch in size."
   b. "Annual x-rays will increase your risk for cancer because of exposure to radiation."
   c. "Insurance companies do not authorize yearly x-rays just to detect early lung cancer."
   d. "Frequent x-rays damage the lungs and make them more susceptible to cancer."
   A
   Rationale: A tumor must be at least 1 cm large before it is detectable by an x-ray and may already have metastasized by that time. Radiographs have low doses of radiation, and an annual x-ray alone is not likely to increase lung cancer risk. Insurance companies do not usually authorize x-rays for this purpose, but it would not be appropriate for the nurse to give this as the reason for not doing an x-ray. A yearly x-ray is not a risk factor for lung cancer.

4. In teaching about cancer prevention to a community group, the nurse stresses promotion of exercise, normal body weight, and low-fat diet because
   a. most people are willing to make these changes to avoid cancer.
   b. dietary fat and obesity promote growth of many types of cancer.
   c. people who exercise and eat healthy will make other lifestyle changes.
   d. obesity and lack of exercise cause cancer in susceptible people.
   B
   Rationale: Obesity and dietary fat promote the growth of malignant cells, and decreasing these risk factors can reduce the chance of cancer development. Many people are not willing to make these changes. Good diet and exercise habits are not a guarantee that other healthy lifestyle changes will then occur. Obesity and lack of exercise do not cause cancer, but they promote the growth of altered cells.

5. During a routine health examination, a 30-year-old patient tells the nurse about a family history of colon cancer. The nurse will plan to
   a. teach the patient about the need for a colonoscopy at age 50.
   b. ask the patient to bring in a stool specimen to test for occult blood.
   c. schedule a sigmoidoscopy to provide baseline data about the patient.
   d. have the patient ask the doctor about specific tests for colon cancer.
   D
   Rationale: The patient is at increased risk and should talk with the health care provider about needed tests, which will depend on factors such as the exact type of family history and any
current symptoms. Colonoscopy at age 50 is used to screen for individuals without symptoms or increased risk, but earlier testing may be needed for this patient because of family history. For fecal occult blood testing, patients use a take-home multiple sample method rather than bring one specimen to the clinic. The health care provider will take multiple factors into consideration before determining whether a sigmoidoscopy is needed at age 30.

6. When reviewing the chart for a patient with cervical cancer, the nurse notes that the cancer is staged as Tis, N0, M0. The nurse will teach the patient that
   a. the cancer cells are well-differentiated.
   b. it is difficult to determine the original site of the cervical cancer.
   c. further testing is needed to determine the spread of the cancer.
   d. the cancer is localized to the cervix.

   D
   Rationale: Cancer in situ indicates that the cancer is localized to the cervix and is not invasive at this time. Cell differentiation is not indicated by clinical staging. Because the cancer is in situ, the origin is the cervix. Further testing is not indicated given that the cancer has not spread.

7. Which statement by a patient who is scheduled for a needle biopsy of the prostate indicates that the patient understands the purpose of a biopsy?
   a. "The biopsy will tell the doctor whether the cancer has spread to my other organs."
   b. "The biopsy will help the doctor decide what treatment to use for my enlarged prostate."
   c. "The biopsy will determine how much longer I have to live."
   d. "The biopsy will indicate the effect of the cancer on my life."

   B
   Rationale: A biopsy is used to determine whether the prostate enlargement is benign or malignant and determines the type of treatment that will be needed. Biopsy does not give information about metastasis, life expectancy, or the impact of cancer on the patient's life; the three remaining statements indicate a need for patient teaching.

8. The nurse is teaching a postmenopausal patient with breast cancer about the expected outcomes of her cancer treatment. The nurse evaluates that the teaching has been effective when the patient says
   a. "After cancer has not recurred for 5 years, it is considered cured."
   b. "I will need to have follow-up examinations for many years after I have treatment before I can be considered cured."
   c. "Cancer is considered cured if the entire tumor is surgically removed."
   d. "Cancer is never considered cured, but the tumor can be controlled with surgery, chemotherapy, and radiation."

   B
   Rationale: The risk of recurrence varies by the type of cancer; for breast cancer in postmenopausal women, the patient needs at least 20 disease-free years to be considered cured. Some cancers (e.g., leukemia) are cured by nonsurgical therapies such as radiation and chemotherapy.

9. A patient with a large stomach tumor that is attached to the liver is scheduled to have a debulking procedure. The nurse explains that the expected outcome of this surgery is
   a. control of the tumor growth by removal of malignant tissue.
   b. promotion of better nutrition by relieving the pressure in the stomach.
   c. relief of pain by cutting sensory nerves in the stomach.
   d. reduction of the tumor burden to enhance adjuvant therapy.
D
Rationale: A debulking surgery reduces the size of the tumor and makes radiation and chemotherapy more effective. Debulking surgeries do not control tumor growth. The tumor is debulked because it is attached to the liver, a vital organ (not to relieve pressure on the stomach). Debulking does not sever the sensory nerves, although pain may be lessened by the reduction in pressure on the abdominal organs.

10. External-beam radiation is planned for a patient with endometrial cancer. The nurse teaches the patient that an important measure to prevent complications from the effects of the radiation is to
a. test all stools for the presence of blood.
   b. inspect the mouth and throat daily for the appearance of thrush.
   c. perform perianal care with sitz baths and meticulous cleaning.
   d. maintain a high-residue, high-fat diet.
C
Rationale: Radiation to the abdomen will affect organs in the radiation path, such as the bowel, and cause frequent diarrhea. Stools are likely to have occult blood from the inflammation associated with radiation, so routine testing of stools for blood is not indicated. Radiation to the abdomen will not cause stomatitis. A low-residue diet is recommended to avoid irritation of the bowel when patients receive abdominal radiation.

11. Which action by a nursing assistant (NA) caring for a patient with a temporary radioactive cervical implant indicates that the RN should intervene?
   a. The NA places the patient's bedding in the laundry container in the hallway.
   b. The NA flushes the toilet once after emptying the patient's bedpan.
   c. The NA stands by the patient's bed for an hour talking with the patient.
   d. The NA gives the patient an alcohol-containing mouthwash for oral care.
C
Rationale: Because patients with temporary implants emit radioactivity while the implants are in place, exposure to the patient is limited. Laundry and urine/feces do not have any radioactivity and do not require special precautions. Cervical radiation will not affect the oral mucosa, and alcohol-based mouthwash is not contraindicated.

12. A patient with Hodgkin's lymphoma is undergoing external radiation therapy on an outpatient basis. After 2 weeks of treatment, the patient tells the nurse, "I am so tired I can hardly get out of bed in the morning." An appropriate intervention for the nurse to plan with the patient is to
   a. exercise vigorously when fatigue is not as noticeable.
   b. consult with a psychiatrist for treatment of depression.
   c. establish a time to take a short walk every day.
   d. maintain bed rest until the treatment is completed.
C
Rationale: Walking programs are used to keep the patient active without excessive fatigue. Vigorous exercise when the patient is less tired may lead to increased fatigue. Fatigue is expected during treatment and is not an indication of depression. Bed rest will lead to weakness and other complications of immobility.

13. Which information obtained by the nurse about a patient with colon cancer who is scheduled for external radiation therapy to the abdomen indicates a need for patient teaching?
   a. The patient swims a mile 5 days a week.
   b. The patient eats frequently during the day.
c. The patient showers with Dove soap daily.

d. The patient has a history of dental caries.

A

Rationale: The patient is instructed to avoid swimming in salt water or chlorinated pools during the treatment period. The patient does not need to change the habits of eating frequently or showering with a mild soap. A history of dental caries will not impact the patient who is scheduled for abdominal radiation.

14. A patient undergoing external radiation has developed a dry desquamation of the skin in the treatment area. The nurse knows that teaching about management of the skin reaction has been effective when the patient says

a. "I can use ice packs to relieve itching in the treatment area."

b. "I can buy a steroid cream to use on the itching area."

c. "I will expose the treatment area to a sun lamp daily."

d. "I will scrub the area with warm water to remove the scales."

B

Rationale: Steroid (over-the-counter [OTC] hydrocortisone) cream may be used to reduce itching in the area. Ice and sunlamps may injure the skin. Treatment areas should be cleaned gently to avoid further injury.

15. A patient with metastatic cancer of the colon experiences severe vomiting following each administration of chemotherapy. An important nursing intervention for the patient is to

a. teach about the importance of nutrition during treatment.

b. have the patient eat large meals when nausea is not present.

c. administer prescribed antiemetics 1 hour before the treatments.

d. offer dry crackers and carbonated fluids during chemotherapy.

C

Rationale: Treatment with antiemetics before chemotherapy may help to prevent anticipatory nausea. Although nausea may lead to poor nutrition, there is no indication that the patient needs instruction about nutrition. The patient should eat small, frequent meals. Offering food and beverages during chemotherapy is likely to cause nausea.

16. When the nurse is administering a vesicant chemotherapeutic agent intravenously, an important consideration is to

a. stop the infusion if swelling is observed at the site.

b. infuse the medication over a short period.

c. administer the chemotherapy through small-bore catheter.

d. hold the medication unless a central venous line is available.

A

Rationale: Swelling at the site may indicate extravasation, and the IV should be stopped immediately. The medication should generally be given slowly to avoid irritation of the vein. The size of the catheter is not as important as administration of vesicants into a running IV line to allow dilution of the chemotherapy drug. These medications can be given through peripheral lines, although central vascular access devices (CVADs) are preferred.

17. A chemotherapeutic agent known to cause alopecia is prescribed for a patient. To maintain the patient's self-esteem, the nurse plans to

a. suggest that the patient limit social contacts until regrowth of the hair occurs.

b. encourage the patient to purchase a wig or hat and wear it once hair loss begins.

c. have the patient wash the hair gently with a mild shampoo to minimize hair loss.

d. inform the patient that hair loss will not be permanent and that the hair will grow back.
Rationale: The patient is taught to anticipate hair loss and to be prepared with wigs, scarves, or hats. Limiting social contacts is not appropriate at a time when the patient is likely to need a good social support system. The damage occurs at the hair follicle and will occur regardless of gentle washing or use of a mild shampoo. The information that the hair will grow back is not immediately helpful in maintaining the patient's self-esteem.

18. A patient with ovarian cancer tells the nurse, "I don't think my husband cares about me anymore. He rarely visits me." On one occasion when the husband was present, he told the nurse he just could not stand to see his wife so ill and never knew what to say to her. An appropriate nursing diagnosis in this situation is
a. compromised family coping related to disruption in lifestyle and role changes.
b. impaired home maintenance related to perceived role changes.
c. risk for caregiver role strain related to burdens of caregiving responsibilities.
d. interrupted family processes related to effect of illness on family members.

D
Rationale: The data indicate that this diagnosis is most appropriate because the family members are impacted differently by the patient's cancer diagnosis. There are no data to suggest a change in lifestyle or role as an etiology. The data do not support impairment in home maintenance or a burden caused by caregiving responsibilities.

19. A patient receiving head and neck radiation and systemic chemotherapy has ulcerations over the oral mucosa and tongue and thick, ropey saliva. An appropriate intervention for the nurse to teach the patient is to
a. remove food debris from the teeth and oral mucosa with a stiff toothbrush.
b. use cotton-tipped applicators dipped in hydrogen peroxide to clean the teeth.
c. gargle and rinse the mouth several times a day with an antiseptic mouthwash.
d. rinse the mouth before and after each meal and at bedtime with a saline solution.

D
Rationale: The patient should rinse the mouth with a saline solution frequently. A soft toothbrush is used for oral care. Hydrogen peroxide may damage tissues. Antiseptic mouthwashes may irritate the oral mucosa and are not recommended.

20. A patient who is receiving interleukin-2 (IL-2) therapy (Proleukin) complains to the nurse about all of these symptoms. Which one is most important to report to the health care provider?
a. Generalized aches
b. Dyspnea
c. Decreased appetite
d. Insomnia

B
Rationale: Dyspnea may indicate capillary leak syndrome and pulmonary edema, which requires rapid treatment. The other symptoms are common with IL-2 therapy, and the nurse should teach the patient that these are common adverse effects that will resolve at the end of the therapy.

21. A 32-year-old male patient is to undergo radiation therapy to the pelvic area for Hodgkin's lymphoma. He expresses concern to the nurse about the effect of chemotherapy on his sexual function. The best response by the nurse to the patient's concerns is
a. "Radiation does not cause the problems with sexual functioning that occur with chemotherapy or surgical procedures used to treat cancer."
b. "It is possible you may have some changes in your sexual function, and you may want to
consider pretreatment harvesting of sperm if you want children."
c. "The radiation will make you sterile, but your ability to have sexual intercourse will not be changed by the treatment."
d. "You may have some temporary impotence during the course of the radiation, but normal sexual function will return."

B
Rationale: The impact on sperm count and erectile function depends on the patient's pretreatment status and on the amount of exposure to radiation. The patient should consider sperm donation before radiation. Radiation (like chemotherapy or surgery) may affect both sexual function and fertility either temporarily or permanently.

22. A 40-year-old divorced mother of four school-age children is hospitalized with metastatic cancer of the ovary. The nurse finds the patient crying, and she tells the nurse that she does not know what will happen to her children when she dies. The most appropriate response by the nurse is
a. "Why don't we talk about the options you have for the care of your children?"
b. "Many patients with cancer live for a long time, so there is time to plan for your children."
c. "For now you need to concentrate on getting well, not worry about your children."
d. "Perhaps your ex-husband will take the children when you can't care for them."

A
Rationale: This response expresses the nurse's willingness to listen and recognizes the patient's concern. The responses beginning "Many patients with cancer live for a long time" and "For now you need to concentrate on getting well" close off discussion of the topic and indicate that the nurse is uncomfortable with the topic. In addition, the patient with metastatic ovarian cancer may not have a long time to plan. Although it is possible that the patient's ex-husband will take the children, more assessment information is needed before making plans.

23. A patient who has terminal cancer of the liver and is cared for by family members at home tells the nurse, "I have intense pain most of the time now." The nurse recognizes that teaching regarding pain management has been effective when the patient
a. uses the ordered opioid pain medication whenever the pain is greater than 5 on a 10-point scale.
b. states that nonopioid analgesics may be used when the maximal dose of the opioid is reached without adequate pain relief.
c. agrees to take the medications by the IV route to improve effectiveness.
d. takes opioids around the clock on a regular schedule and uses additional doses when breakthrough pain occurs.

D
Rationale: For chronic cancer pain, analgesics should be taken on a scheduled basis, with additional doses as needed for breakthrough pain. Taking the medications only when pain reaches a certain level does not provide effective pain control. Although nonopioid analgesics may also be used, there is no maximum dose of opioid. Opioids are given until pain control is achieved. The IV route is not more effective than the oral route and the oral route is preferred.

24. Interleukin-2 (IL-2) is used as adjuvant therapy for a patient with metastatic renal cell carcinoma. The nurse teaches the patient that the purpose of therapy with this agent is to
a. protect normal kidney cells from the damaging effects of chemotherapy.
b. enhance the patient's immunologic response to tumor cells.
c. stimulate malignant cells in the resting phase to enter mitosis.
d. prevent the bone marrow depression caused by chemotherapy.
Rationale: IL-2 enhances the ability of the patient's own immune response to suppress tumor cells. IL-2 does not protect normal cells from damage caused by chemotherapy, stimulate malignant cells to enter mitosis, or prevent bone marrow depression.

25. The home health nurse is caring for a patient who has been receiving interferon therapy for treatment of cancer. Which statement by the patient may indicate a need for a change in treatment?
   a. "I have frequent muscle aches and pains."
   b. "I rarely have the energy to get out of bed."
   c. "I take acetaminophen (Tylenol) every 4 hours."
   d. "I experience chills after I inject the interferon."

Rationale: Fatigue can be a dose-limiting toxicity for use of biologic therapies. Flulike symptoms, such as muscle aches and chills, are common side effects with interferon use. Patients are advised to use Tylenol every 4 hours.

26. Which information noted by the nurse reviewing the laboratory results of a patient who is receiving chemotherapy is most important to report to the health care provider?
   a. Hemoglobin of 10 g/L
   b. WBC count of 1700/µl
   c. Platelets of 65,000/µl
   d. Serum creatinine level of 1.2 mg/dl

Rationale: Neutropenia places the patient at risk for severe infection and is an indication that the chemotherapy dose may need to be lower or that white blood cell (WBC) growth factors such as filgrastim (Neupogen) are needed. The other laboratory data do not indicate any immediate life-threatening adverse effects of the chemotherapy.

27. A bone marrow transplant is being considered for treatment of a patient with acute leukemia that has not responded to chemotherapy. In discussing the treatment with the patient, the nurse explains that
   a. hospitalization will be required for several weeks after the hematopoietic stem cell transplant (HSCT).
   b. the transplant of the donated cells is painful because of the nerves in the tissue lining the bone.
   c. donor bone marrow cells are transplanted immediately after an infusion of chemotherapy.
   d. the transplant procedure takes place in a sterile operating room to minimize the risk for infection.

Rationale: The patient requires strict protective isolation to prevent infection for 2 to 4 weeks after HSCT while waiting for the transplanted marrow to start producing cells. The transplanted cells are infused through an IV line, so the transplant is not painful, nor is an operating room required. The HSCT takes place 1 or 2 days after chemotherapy to prevent damage to the transplanted cells by the chemotherapy drugs.

28. The nurse teaches a patient with cancer of the liver about high-protein, high-calorie diet choices. Which snack choice by the patient indicates that the teaching has been effective?
   a. Fresh fruit salad
   b. Orange sherbet
c. Strawberry yogurt
d. French fries

C
Rationale: Yogurt has high biologic value because of the protein and fat content. Fruit salad does not have high amounts of protein or fat. Orange sherbet is lower in fat and protein than yogurt. French fries are high in calories from fat but low in protein.

29. The nurse has identified the nursing diagnosis of imbalanced nutrition: less than body requirements related to altered taste sensation in a patient with lung cancer who has had a 10% loss in weight. An appropriate nursing intervention that addresses the etiology of this problem is to
a. provide foods that are highly spiced to stimulate the taste buds.
b. avoid presenting foods for which the patient has a strong dislike.
c. add strained baby meats to foods such as soups and casseroles.
d. teach the patient to eat whatever is nutritious since food is tasteless.

B
Rationale: The patient will eat more if disliked foods are avoided and foods that patient likes are included instead. Additional spice is not usually an effective way to enhance taste. Adding baby meats to foods will increase calorie and protein levels, but does not address the issue of taste. Patients will not improve intake by eating foods that are beneficial but have unpleasant taste.

30. After the nurse has explained the purpose of and schedule for chemotherapy to a 23-year-old patient who recently received a diagnosis of acute leukemia, the patient asks the nurse to repeat the information. Based on this assessment, which nursing diagnosis is most likely for the patient?
a. Acute confusion related to infiltration of leukemia cells into the central nervous system
b. Knowledge deficit: chemotherapy related to a lack of interest in learning about treatment
c. Risk for ineffective health maintenance related to anxiety about new leukemia diagnosis
d. Risk for ineffective adherence to treatment related to denial of need for chemotherapy

C
Rationale: The patient who has a new cancer diagnosis is likely to have high anxiety, which may impact learning and require that the nurse repeat and reinforce information. The patient's history of a recent diagnosis suggests that infiltration of the leukemia is not a likely cause of the confusion. The patient asks for the information to be repeated, indicating that lack of interest in learning and denial are not etiologic factors.

31. A hospitalized patient who has received chemotherapy for leukemia develops neutropenia. Which observation by the RN caring for the patient indicates that the nurse should take action?
a. The patient's visitors bring in some fresh peaches from home.
b. The patient ambulates several times a day in the room.
c. The patient uses soap and shampoo to shower every other day.
d. The patient cleans with a warm washcloth after having a stool.

A
Rationale: Fresh, thinned-skin peaches are not permitted in a neutropenic diet because of the risk of bacteria being present. The patient should ambulate in the room rather than the hospital hallway to avoid exposure to other patients or visitors. Because overuse of soap can dry the skin and increase infection risk, showering every other day is acceptable. Careful cleaning after having a bowel movement will help to prevent perineal skin breakdown and infection.

32. Which action by a nursing assistant (NA) when caring for a patient who is pancytopenic indicates a need for the nurse to intervene?
a. The NA assists the patient to use dental floss after eating.
b. The NA makes an oral rinse using 1 teaspoon of salt in a liter of water.
c. The NA adds baking soda to the patient's saline oral rinses.
d. The NA puts fluoride toothpaste on the patient's toothbrush.

A
Rationale: Use of dental floss is avoided in patients with pancytopenia because of the risk for infection and bleeding. The other actions are appropriate for oral care of a pancytopenic patient.

33. A with tumor lysis syndrome (TLS) is taking allopurinol (Xyloprim). Which laboratory value should the nurse monitor to determine the effectiveness of the medication?
a. Blood urea nitrogen (BUN)
b. Serum phosphate
c. Serum potassium
d. Uric acid level

D
Rationale: Allopurinol is used to decrease uric acid levels. BUN, potassium, and phosphate levels are also increased in TLS but are not affected by allopurinol therapy.

34. When assessing a patient's needs for psychologic support after the patient has been diagnosed with stage I cancer of the colon, which question by the nurse will provide the most information?
a. "Can you tell me what has been helpful to you in the past when coping with stressful events?"
b. "How long ago were you diagnosed with this cancer?"
c. "Are you familiar with the stages of emotional adjustment to a diagnosis like cancer of the colon?"
d. "How do you feel about having a possibly terminal illness?"

A
Rationale: Information about how the patient has coped with past stressful situations helps the nurse determine usual coping mechanisms and their effectiveness. The length of time since the diagnosis will not provide much information about the patient's need for support. The patient's knowledge of typical stages in adjustment to a critical diagnosis does not provide insight into patient needs for assistance. The patient with stage I cancer is not considered to have a terminal illness at this time, and this question is likely to worry the patient unnecessarily.

1. A 61-year-old woman who is 5 feet, 3 inches tall and weighs 125 pounds (57 kg) tells the nurse that she has a glass of wine two or three times a week. The patient works for the post office and has a 5-mile mail-delivery route. This is her first contact with the health care system in 20 years. Which of these topics will the nurse plan to include in patient teaching about cancer? (Select all that apply.)
a. Alcohol use
b. Physical activity
c. Body weight
d. Colorectal screening
e. Tobacco use
f. Mammography
g. Pap testing
h. Sunscreen use

D, F, G, H
Rationale: The patient's age, gender, and history indicate a need for teaching about or screening or both for colorectal cancer, mammography, Pap smears, and sunscreen. The patient does not use excessive alcohol or tobacco, she is physically active, and her body weight...
is healthy.

<table>
<thead>
<tr>
<th>1. Which of the following is a characteristic of benign tumors?</th>
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<tbody>
<tr>
<td>A. Invasive growth</td>
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<tr>
<td>B. Immature, poorly differentiated tissue</td>
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<tr>
<td>C. Presence of metastasis</td>
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<td><strong>D. Fully differentiated tissue</strong></td>
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<th>2. Human papilloma virus is known to be associate with:</th>
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<tr>
<td>A. cervical cancer</td>
</tr>
<tr>
<td>B. lymphoma</td>
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<tr>
<td>C. hepatocellular cancer</td>
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<tr>
<td>D. gastric cancer</td>
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<th>3. Fine-needle aspiration (FNA) is used most commonly to differentiate between:</th>
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<td>A. solid and cystic masses.</td>
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<td>B. primary and secondary tumors.</td>
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<td>C. stage I and II of metastasis.</td>
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<td>D. connective and epithelial tissue cancers.</td>
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<th>4. Which of the following is NOT a phase in the cell cycle?</th>
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<tbody>
<tr>
<td>A. G1 (gap one) phase</td>
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<td>B. S (synthesis) phase</td>
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<tr>
<td>C. G2 (gap two) phase</td>
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<td>D. M (mitosis) phase</td>
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<td><strong>E. P (Proein) Phase</strong></td>
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<th>5. Which of the following chemotherapeutic agent is a plant alkaloid?</th>
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<tr>
<td>A. Mitomycin</td>
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<td>B. <strong>Vinblastine</strong></td>
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<td>C. Melphalan</td>
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<td>D. Cisplatin</td>
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<th>6. Which of the following chemotherapeutic agent has least known mylosuppression?</th>
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<tbody>
<tr>
<td>A. Actinomycin D</td>
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<tr>
<td>B. Cyclophosphamide</td>
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<tr>
<td>C. <strong>Bleomycin</strong></td>
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<tr>
<td>D. Docetaxel</td>
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<tr>
<th>7. Which of the following is NOT a anti-metabolite group of chemotherapeutic agents?</th>
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<tbody>
<tr>
<td>A. 6-Mercaptopurine</td>
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<td>B. Methotrexate</td>
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<tr>
<td>C. 5-Fluorouracil</td>
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<tr>
<td>D. <strong>Vindesine</strong></td>
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<th>8. ____________ is not an antineoplastic agent, which binds to reactive metabolite of IFEX or Cytoxan without affecting antitumor activity.</th>
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<tbody>
<tr>
<td>A. Fluorouracil</td>
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<td>B. Tamoxifen</td>
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<td>C. L-Asparaginase</td>
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<td>Question</td>
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<tr>
<td>9. Filgrastim (Neupogen) is a:</td>
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<tr>
<td>10. ___________ is a therapeutic agent used to promote recovery of neutrophils after chemotherapy.</td>
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<td>11. Levamisole is used as a anticancer drug in the treatment of:</td>
</tr>
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<td>12. Which of the following drugs is most specific in the management of breast cancer?</td>
</tr>
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<td>13. The nitrogen mustard with the broadest spectrum of antitumor activity in its class is:</td>
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<tr>
<td>14. Which of the following chemotherapeutic agent is a folate antagonist group of antimetabolite?</td>
</tr>
<tr>
<td>15. Which of the following is a hormonal agent used as a chemotherapy of breast cancer?</td>
</tr>
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1. A male client has an abnormal result on a Papanicolaou test. After admitting, he read his chart while the nurse was out of the room, the client asks what dysplasia means. Which definition should the nurse provide? 
   a. Presence of completely undifferentiated tumor cells that don’t resemble cells of the tissues of their origin 
   b. Increase in the number of normal cells in a normal arrangement in a tissue or an organ
c. Replacement of one type of fully differentiated cell by another in tissues where the second type
normally isn’t found
d. Alteration in the size, shape, and organization of differentiated cells

2. For a female client with newly diagnosed cancer, the nurse formulates a nursing diagnosis of
Anxiety related to the threat of death secondary to cancer diagnosis. Which expected outcome
would be appropriate for this client?
a. “Client verbalizes feelings of anxiety.”
b. “Client doesn’t guess at prognosis.”
c. “Client uses any effective method to reduce tension.”
d. “Client stops seeking information.”

3. A male client with a cerebellar brain tumor is admitted to an acute care facility. The nurse
formulates a nursing diagnosis of Risk for injury. Which “related-to” phrase should the nurse add to
complete the nursing diagnosis statement?
a. Related to visual field deficits
b. Related to difficulty swallowing
c. Related to impaired balance
d. Related to psychomotor seizures

4. A female client with cancer is scheduled for radiation therapy. The nurse knows that radiation at
any treatment site may cause a certain adverse effect. Therefore, the nurse should prepare the client
to expect:
a. hair loss.
b. stomatitis.
c. fatigue.
d. vomiting.

5. Nurse April is teaching a client who suspects that she has a lump in her breast. The nurse
instructs the client that a diagnosis of breast cancer is confirmed by:
a. breast self-examination.
b. mammography.
c. fine needle aspiration.
d. chest X-ray.

6. A male client undergoes a laryngectomy to treat laryngeal cancer. When teaching the client how
to care for the neck stoma, the nurse should include which instruction?
a. “Keep the stoma uncovered.”
b. “Keep the stoma dry.”
c. “Have a family member perform stoma care initially until you get used to the procedure.”
d. “Keep the stoma moist.”

7. A female client is receiving chemotherapy to treat breast cancer. Which assessment finding indicates a fluid and electrolyte imbalance induced by chemotherapy?
   a. Urine output of 400 ml in 8 hours
   b. Serum potassium level of 3.6 mEq/L
   c. Blood pressure of 120/64 to 130/72 mm Hg
   d. Dry oral mucous membranes and cracked lips

8. Nurse April is teaching a group of women to perform breast self-examination. The nurse should explain that the purpose of performing the examination is to discover:
   a. cancerous lumps.
   b. areas of thickness or fullness.
   c. changes from previous self-examinations.
   d. fibrocystic masses.

9. A client, age 41, visits the gynecologist. After examining her, the physician suspects cervical cancer. The nurse reviews the client’s history for risk factors for this disease. Which history finding is a risk factor for cervical cancer?
   a. Onset of sporadic sexual activity at age 17
   b. Spontaneous abortion at age 19
   c. Pregnancy complicated with eclampsia at age 27
   d. Human papillomavirus infection at age 32

10. A female client is receiving methotrexate (Mexate), 12 g/m2 I.V., to treat osteogenic carcinoma. During methotrexate therapy, the nurse expects the client to receive which other drug to protect normal cells?
    a. probenecid (Benemid)
    b. cytarabine (ara-C, cytosine arabinoside [Cytosar-U])
    c. thioguanine (6-thioguanine, 6-TG)
    d. leucovorin (citrovorum factor or folinic acid [Wellcovorin])

11. The nurse is interviewing a male client about his past medical history. Which preexisting condition may lead the nurse to suspect that a client has colorectal cancer?
    a. Duodenal ulcers
    b. Hemorrhoids
    c. Weight gain
    d. Polyps
12. Nurse Amy is speaking to a group of women about early detection of breast cancer. The average age of the women in the group is 47. Following the American Cancer Society guidelines, the nurse should recommend that the women:
   a. perform breast self-examination annually.
   b. have a mammogram annually.
   c. have a hormonal receptor assay annually.
   d. have a physician conduct a clinical examination every 2 years.

13. A male client with a nagging cough makes an appointment to see the physician after reading that this symptom is one of the seven warning signs of cancer. What is another warning sign of cancer?
   a. Persistent nausea
   b. Rash
   c. Indigestion
   d. Chronic ache or pain

14. For a female client newly diagnosed with radiation-induced thrombocytopenia, the nurse should include which intervention in the plan of care?
   a. Administering aspirin if the temperature exceeds 102° F (38.8° C)
   b. Inspecting the skin for petechiae once every shift
   c. Providing for frequent rest periods
   d. Placing the client in strict isolation

15. Nurse Lucia is providing breast cancer education at a community facility. The American Cancer Society recommends that women get mammograms:
   a. yearly after age 40.
   b. after the birth of the first child and every 2 years thereafter.
   c. after the first menstrual period and annually thereafter.
   d. every 3 years between ages 20 and 40 and annually thereafter.

16. Which intervention is appropriate for the nurse caring for a male client in severe pain receiving a continuous I.V. infusion of morphine?
   a. Assisting with a naloxone challenge test before therapy begins
   b. Discontinuing the drug immediately if signs of dependence appear
   c. Changing the administration route to P.O. if the client can tolerate fluids
   d. Obtaining baseline vital signs before administering the first dose

17. A 35 years old client with ovarian cancer is prescribed hydroxyurea (Hydrea), an antimetabolite drug. Antimetabolites are a diverse group of antineoplastic agents that interfere with various metabolic actions of the cell. The mechanism of action of antimetabolites interferes with:
a. cell division or mitosis during the M phase of the cell cycle.
b. normal cellular processes during the S phase of the cell cycle.
c. the chemical structure of deoxyribonucleic acid (DNA) and chemical binding between DNA molecules (cell cycle–nonspecific).
d. one or more stages of ribonucleic acid (RNA) synthesis, DNA synthesis, or both (cell cycle–nonspecific).

18. The ABCD method offers one way to assess skin lesions for possible skin cancer. What does the A stand for?
   a. Actinic
   b. Asymmetry
   c. Arcus
   d. Assessment

19. When caring for a male client diagnosed with a brain tumor of the parietal lobe, the nurse expects to assess:
   a. short-term memory impairment.
   b. tactile agnosia.
   c. seizures.
   d. contralateral homonymous hemianopia.

20. A female client is undergoing tests for multiple myeloma. Diagnostic study findings in multiple myeloma include:
   a. a decreased serum creatinine level.
   b. hypocalcemia.
   c. Bence Jones protein in the urine.
   d. a low serum protein level.

21. A 35 years old client has been receiving chemotherapy to treat cancer. Which assessment finding suggests that the client has developed stomatitis (inflammation of the mouth)?
   a. White, cottage cheese–like patches on the tongue
   b. Yellow tooth discoloration
   c. Red, open sores on the oral mucosa
   d. Rust-colored sputum

22. During chemotherapy, an oncology client has a nursing diagnosis of impaired oral mucous membrane related to decreased nutrition and immunosuppression secondary to the cytotoxic effects of chemotherapy. Which nursing intervention is most likely to decrease the pain of stomatitis?
   a. Recommending that the client discontinue chemotherapy
   b. Providing a solution of hydrogen peroxide and water for use as a mouth rinse
c. Monitoring the client’s platelet and leukocyte counts
d. Checking regularly for signs and symptoms of stomatitis

23. What should a male client over age 52 do to help ensure early identification of prostate cancer?
   a. Have a digital rectal examination and prostate-specific antigen (PSA) test done yearly.
   b. Have a transrectal ultrasound every 5 years.
   c. Perform monthly testicular self-examinations, especially after age 50.
   d. Have a complete blood count (CBC) and blood urea nitrogen (BUN) and creatinine levels checked yearly.

24. A male client complains of sporadic epigastric pain, yellow skin, nausea, vomiting, weight loss, and fatigue. Suspecting gallbladder disease, the physician orders a diagnostic workup, which reveals gallbladder cancer. Which nursing diagnosis may be appropriate for this client?
   a. Anticipatory grieving
   b. Impaired swallowing
   c. Disturbed body image
   d. Chronic low self-esteem

25. A male client is in isolation after receiving an internal radioactive implant to treat cancer. Two hours later, the nurse discovers the implant in the bed linens. What should the nurse do first?
   a. Stand as far away from the implant as possible and call for help.
   b. Pick up the implant with long-handled forceps and place it in a lead-lined container.
   c. Leave the room and notify the radiation therapy department immediately.
   d. Put the implant back in place, using forceps and a shield for self-protection, and call for help.

26. Jeovina, with advanced breast cancer is prescribed tamoxifen (Nolvadex). When teaching the client about this drug, the nurse should emphasize the importance of reporting which adverse reaction immediately?
   a. Vision changes
   b. Hearing loss
   c. Headache
   d. Anorexia

27. A female client with cancer is being evaluated for possible metastasis. Which of the following is one of the most common metastasis sites for cancer cells?
   a. Liver
   b. Colon
   c. Reproductive tract
   d. White blood cells (WBCs)
28. A 34-year-old female client is requesting information about mammograms and breast cancer. She isn’t considered at high risk for breast cancer. What should the nurse tell this client?
   a. She should have had a baseline mammogram before age 30.
   b. She should eat a low-fat diet to further decrease her risk of breast cancer.
   c. She should perform breast self-examination during the first 5 days of each menstrual cycle.
   d. When she begins having yearly mammograms, breast self-examinations will no longer be necessary.

29. Nurse Brian is developing a plan of care for marrow suppression, the major dose-limiting adverse reaction to floxuridine (FUDR). How long after drug administration does bone marrow suppression become noticeable?
   a. 24 hours
   b. 2 to 4 days
   c. 7 to 14 days
   d. 21 to 28 days

30. The nurse is preparing for a female client for magnetic resonance imaging (MRI) to confirm or rule out a spinal cord lesion. During the MRI scan, which of the following would pose a threat to the client?
   a. The client lies still.
   b. The client asks questions.
   c. The client hears thumping sounds.
   d. The client wears a watch and wedding band.

1. Nina, an oncology nurse educator is speaking to a women’s group about breast cancer. Questions and comments from the audience reveal a misunderstanding of some aspects of the disease. Various members of the audience have made all of the following statements. Which one is accurate?
   a. Mammography is the most reliable method for detecting breast cancer.
   b. Breast cancer is the leading killer of women of childbearing age.
   c. Breast cancer requires a mastectomy.
   d. Men can develop breast cancer.

2. Nurse Meredith is instructing a premenopausal woman about breast self-examination. The nurse should tell the client to do her self-examination:
   a. at the end of her menstrual cycle.
   b. on the same day each month.
   c. on the 1st day of the menstrual cycle.
   d. immediately after her menstrual period.
3. Nurse Kent is teaching a male client to perform monthly testicular self-examinations. Which of the following points would be appropriate to make?
   a. Testicular cancer is a highly curable type of cancer.
   b. Testicular cancer is very difficult to diagnose.
   c. Testicular cancer is the number one cause of cancer deaths in males.
   d. Testicular cancer is more common in older men.

4. Rhea, has malignant lymphoma. As part of her chemotherapy, the physician prescribes chlorambucil (Leukeran), 10 mg by mouth daily. When caring for the client, the nurse teaches her about adverse reactions to chlorambucil, such as alopecia. How soon after the first administration of chlorambucil might this reaction occur?
   a. Immediately
   b. 1 week
   c. 2 to 3 weeks
   d. 1 month

5. A male client is receiving the cell cycle–nonspecific alkylating agent thiotepa (Thioplex), 60 mg weekly for 4 weeks by bladder instillation as part of a chemotherapeutic regimen to treat bladder cancer. The client asks the nurse how the drug works. How does thiotepa exert its therapeutic effects?
   a. It interferes with deoxyribonucleic acid (DNA) replication only.
   b. It interferes with ribonucleic acid (RNA) transcription only.
   c. It interferes with DNA replication and RNA transcription.
   d. It destroys the cell membrane, causing lysis.

6. The nurse is instructing the 35 year old client to perform a testicular self-examination. The nurse tells the client:
   a. To examine the testicles while lying down
   b. That the best time for the examination is after a shower
   c. To gently feel the testicle with one finger to feel for a growth
   d. That testicular self-examination should be done at least every 6 months

7. A female client with cancer is receiving chemotherapy and develops thrombocytopenia. The nurse identifies which intervention as the highest priority in the nursing plan of care?
   a. Monitoring temperature
   b. Ambulation three times daily
   c. Monitoring the platelet count
   d. Monitoring for pathological fractures
8. Gian, a community health nurse is instructing a group of female clients about breast self-examination. The nurse instructs the client to perform the examination:
   a. At the onset of menstruation
   b. Every month during ovulation
   c. Weekly at the same time of day
   d. 1 week after menstruation begins

9. Nurse Cecilia is caring for a client who has undergone a vaginal hysterectomy. The nurse avoids which of the following in the care of this client?
   a. Elevating the knee gatch on the bed
   b. Assisting with range-of-motion leg exercises
   c. Removal of antiembolism stockings twice daily
   d. Checking placement of pneumatic compression boots

10. Mina, who is suspected of an ovarian tumor is scheduled for a pelvic ultrasound. The nurse provides which preprocedure instruction to the client?
    a. Eat a light breakfast only
    b. Maintain an NPO status before the procedure
    c. Wear comfortable clothing and shoes for the procedure
    d. Drink six to eight glasses of water without voiding before the test

11. A male client is diagnosed as having a bowel tumor and several diagnostic tests are prescribed. The nurse understands that which test will confirm the diagnosis of malignancy?
    a. Biopsy of the tumor
    b. Abdominal ultrasound
    c. Magnetic resonance imaging
    d. Computerized tomography scan

12. A female client diagnosed with multiple myeloma and the client asks the nurse about the diagnosis. The nurse bases the response on which description of this disorder?
    a. Altered red blood cell production
    b. Altered production of lymph nodes
    c. Malignant exacerbation in the number of leukocytes
    d. Malignant proliferation of plasma cells within the bone

13. Nurse Bea is reviewing the laboratory results of a client diagnosed with multiple myeloma. Which of the following would the nurse expect to note specifically in this disorder?
    a. Increased calcium
    b. Increased white blood cells
c. Decreased blood urea nitrogen level  
d. Decreased number of plasma cells in the bone marrow

14. Vanessa, a community health nurse conducts a health promotion program regarding testicular cancer to community members. The nurse determines that further information needs to be provided if a community member states that which of the following is a sign of testicular cancer?  
   a. Alopecia  
   b. Back pain  
   c. Painless testicular swelling  
   d. Heavy sensation in the scrotum

15. The male client is receiving external radiation to the neck for cancer of the larynx. The most likely side effect to be expected is:  
   a. Dyspnea  
   b. Diarrhea  
   c. Sore throat  
   d. Constipation

16. Nurse Joy is caring for a client with an internal radiation implant. When caring for the client, the nurse should observe which of the following principles?  
   a. Limit the time with the client to 1 hour per shift  
   b. Do not allow pregnant women into the client’s room  
   c. Remove the dosimeter badge when entering the client’s room  
   d. Individuals younger than 16 years old may be allowed to go in the room as long as they are 6 feet away from the client

17. A cervical radiation implant is placed in the client for treatment of cervical cancer. The nurse initiates what most appropriate activity order for this client?  
   a. Bed rest  
   b. Out of bed ad lib  
   c. Out of bed in a chair only  
   d. Ambulation to the bathroom only

18. A female client is hospitalized for insertion of an internal cervical radiation implant. While giving care, the nurse finds the radiation implant in the bed. The initial action by the nurse is to:  
   a. Call the physician  
   b. Reinsert the implant into the vagina immediately  
   c. Pick up the implant with gloved hands and flush it down the toilet  
   d. Pick up the implant with long-handled forceps and place it in a lead container.
19. The nurse is caring for a female client experiencing neutropenia as a result of chemotherapy and develops a plan of care for the client. The nurse plans to:
   a. Restrict all visitors
   b. Restrict fluid intake
   c. Teach the client and family about the need for hand hygiene
   d. Insert an indwelling urinary catheter to prevent skin breakdown

20. The home health care nurse is caring for a male client with cancer and the client is complaining of acute pain. The appropriate nursing assessment of the client’s pain would include which of the following?
   a. The client’s pain rating
   b. Nonverbal cues from the client
   c. The nurse’s impression of the client’s pain
   d. Pain relief after appropriate nursing intervention

21. Nurse Mickey is caring for a client who is postoperative following a pelvic exenteration and the physician changes the client’s diet from NPO status to clear liquids. The nurse makes which priority assessment before administering the diet?
   a. Bowel sounds
   b. Ability to ambulate
   c. Incision appearance
   d. Urine specific gravity

22. A male client is admitted to the hospital with a suspected diagnosis of Hodgkin’s disease. Which assessment findings would the nurse expect to note specifically in the client?
   a. Fatigue
   b. Weakness
   c. Weight gain
   d. Enlarged lymph nodes

23. During the admission assessment of a 35 year old client with advanced ovarian cancer, the nurse recognizes which symptom as typical of the disease?
   a. Diarrhea
   b. Hypermennorrhea
   c. Abdominal bleeding
   d. Abdominal distention

24. Nurse Kate is reviewing the complications of colonization with a client who has microinvasive cervical cancer. Which complication, if identified by the client, indicates a need for further teaching?
   a. Infection
b. Hemorrhage  
c. Cervical stenosis  
d. Ovarian perforation

25. Mr. Miller has been diagnosed with bone cancer. You know this type of cancer is classified as:
   a. sarcoma.  
b. lymphoma.  
c. carcinoma.  
d. melanoma.

26. Sarah, a hospice nurse visits a client dying of ovarian cancer. During the visit, the client expresses that “If I can just live long enough to attend my daughter’s graduation, I’ll be ready to die.” Which phrase of coping is this client experiencing?
   a. Anger  
b. Denial  
c. Bargaining  
d. Depression

27. Nurse Farah is caring for a client following a mastectomy. Which assessment finding indicates that the client is experiencing a complication related to the surgery?
   a. Pain at the incisional site  
b. Arm edema on the operative side  
c. Sanguineous drainage in the Jackson-Pratt drain  
d. Complaints of decreased sensation near the operative site

28. The nurse is admitting a male client with laryngeal cancer to the nursing unit. The nurse assesses for which most common risk factor for this type of cancer?
   a. Alcohol abuse  
b. Cigarette smoking  
c. Use of chewing tobacco  
d. Exposure to air pollutants

29. The female client who has been receiving radiation therapy for bladder cancer tells the nurse that it feels as if she is voiding through the vagina. The nurse interprets that the client may be experiencing:
   a. Rupture of the bladder  
b. The development of a vesicovaginal fistula  
c. Extreme stress caused by the diagnosis of cancer  
d. Altered perineal sensation as a side effect of radiation therapy
30. The client with leukemia is receiving busulfan (Myleran) and allopurinol (Zyloprim). The nurse tells the client that the purpose if the allopurinol is to prevent:
   a. Nausea
   b. Alopecia
   c. Vomiting
   d. Hyperuricemia

**Question 1**

A pre-menopausal client with early stage estrogen receptor positive breast cancer is treated successfully. What medication is she possibly going to be put on to prevent a recurrence?

Answers:
A. Anastrozole (Arimidex)
B. Tamoxifen
C. Duasteride (Avodart)
D. Interferon

**Question 2**

In educating a client, what would the nurse NOT mention as a risk factor that increases the risk of developing endometrial cancer?

Answers:
A. Obesity
B. Hypertension
C. Having had several children
D. Diabetes

**Question 3**

What cancer, taking into account both rate of occurrence and fatality rate, is the greatest killer?

Answers:
A. Lung cancer
B. Pancreatic cancer
C. Leukemia
D. Liver cancer

**Question 4**

At what age is it recommended to start screening for colorectal cancer in most adults?
Question 5

In what situations would a hematopoietic stem cell transfer be a treatment option? Select all that apply:

Answers:
A. Multiple myeloma
B. Carcinoma
C. Leukemia
D. Gastrointestinal stromal tumor
E. Hodgkin's lymphoma

Question 6

When is a Whipple procedure done?

Answers:
A. In some forms of lung cancer
B. In some forms of breast cancer
C. In some forms of testicular cancer
D. In some forms of pancreatic cancer

Question 7

A female client mentions having worked in an area with high levels of asbestos. What cancer is known to occur because of such exposure?

Answers:
A. Ovarian
B. Mesothelioma
C. Thyroid cancer
D. Kaposi's sarcoma

Question 8

Imatinib or Gleevec is a medication specifically designed to treat which cancer?
Questions:
A. Chronic myelogenous leukemia
B. Melanoma
C. Kaposi’s Sarcoma
D. Multiple myeloma

Question 9
A 22 year old client asks about the purpose of the HPV vaccine (Gardasil). What is an appropriate nursing explanation?

Answers:
A. It is to lower the risk of contracting melanoma
B. It is a vaccine that prevents infection by all strains of HPV
C. The vaccine treats infections of HPV
D. The vaccine can lower the risk of cervical cancer

Question 10
What is an oncovirus?

Answers:
A. A virus that infects those with cancer
B. A virus that increases the chance of developing cancer
C. A virus that infects those with weakened immune systems
D. A virus mutated by the development of cancer