

I. Care Continuum - 19%

- A. Health promotion and disease prevention (e.g., high-risk behaviors; preventive health practices)
- B. Screening and early detection
- C. Navigation and coordination of care
- D. Advance care planning (e.g., advance directives)
- E. Epidemiology
 - 1. Modifiable risk factors (e.g., smoking, diet, exercise, occupation)
 - 2. Non-modifiable risk factors (e.g., age, gender, genetics)
- F. Survivorship
 - 1. Rehabilitation
 - 2. Recurrence concerns
 - 3. Family and social support concerns
 - 4. Sexuality concerns
 - 5. Discrimination concerns
- G. Treatment-related considerations
 - 1. Delayed-onset side effects
 - 2. Chronic side effects
 - 3. Subsequent malignancies
 - 4. Follow-up care
- H. End-of-Life Care
 - 1. Grief
 - 2. Bereavement
 - 3. Hospice care
 - 4. Caregiver support
 - 5. Interdisciplinary team
 - 6. Pharmacologic comfort measures
 - 7. Non-pharmacologic comfort measures

II. Oncology Nursing Practice - 17%

- A. Scientific basis
 - 1. Carcinogenesis
 - 2. Immunology
 - 3. Clinical trials (e.g., research protocols)
 - 4. Molecular testing and genetics
- B. Site-specific cancer considerations
 - 1. Pathophysiology
 - 2. Common metastatic locations
 - 3. Diagnostic measures
 - 4. Prognosis
 - 5. Classification
 - 6. Staging and histological grading
- C. Scope and Standards of Practice
 - 1. Accreditation (e.g., The Joint Commission, QOPI, MAGNET)
 - 2. Collaboration
 - 3. Communication
 - 4. Culturally congruent care
 - 5. Environmental health (e.g., safety, personal protective equipment, safe handling)

6. Ethics (e.g., patient advocacy)
7. Evidence-based practice and research
8. Leadership
9. Legal, license, and protection of practice (including documentation)
10. Professional practice evaluation
11. Quality of practice
12. Resource utilization
13. Self-care (e.g., managing compassion fatigue)
14. Standards of care (nursing process)

III. Treatment Modalities - 19%

- A. Surgical and procedural interventions
- B. Blood and marrow transplant
- C. Radiation therapy
- D. Chemotherapy
- E. Biotherapy
- F. Immunotherapy
- G. Vascular access devices (VADs) for treatment administration
- H. Targeted therapies

IV. Symptom Management and Palliative Care - 21%

- A. Etiology and patterns of symptoms (acute, chronic, late)
- B. Anatomical and surgical alterations (e.g., lymphedema, ostomy, site-specific radiation)
- C. Pharmacologic interventions
- D. Complementary and integrative modalities (e.g., massage, acupuncture, herbal supplements)
- E. Palliative care considerations
- F. Alterations in functioning
 1. Hematologic
 2. Immune system
 3. Gastrointestinal
 4. Genitourinary
 5. Integumentary
 6. Respiratory
 7. Cardiovascular
 8. Neurological
 9. Musculoskeletal
 10. Nutrition
 11. Cognition
 12. Energy level (i.e., fatigue)
- G. Pain Management

V. Oncologic Emergencies – 12%

- A. Disseminated intravascular coagulation (DIC)
- B. Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
- C. Sepsis (including septic shock)
- D. Tumor lysis syndrome
- E. Hypersensitivity
- F. Anaphylaxis
- G. Hypercalcemia

- H. Cardiac tamponade
- I. Spinal cord compression
- J. Superior vena cava syndrome
- K. Increased intracranial pressure
- L. Obstructions (bowel and urinary)
- M. Pneumonitis
- N. Extravasations
- O. Immune-related adverse events
- P. Venous thromboembolism

VI. **Psychosocial Dimensions of Care - 12%**

- A. Cultural, spiritual, and religious diversity
- B. Financial concerns
 - 1. Employment
 - 2. Insurance
 - 3. Resources
- C. Altered Body Image
- D. Learning preferences and barriers to learning
- E. Social relationships and family dynamics
- F. Coping mechanisms and skills
- G. Support
 - 1. Patient (i.e., individual and group)
 - 2. Caregiver (including family)
- H. Psychosocial distress
 - 1. Anxiety
 - 2. Loss and grief
 - 3. Depression
 - 4. Loss of personal control
 - 5. Spiritual distress
 - 6. Caregiver fatigue
 - 7. Crisis management (e.g., domestic violence, suicidal ideation)
- I. Sexuality
 - 1. Reproductive issues (e.g., contraception, fertility)
 - 2. Sexual dysfunction (e.g., physical and psychological effects)
 - 3. Intimacy
 - 4. Considerations for sexual and gender minorities