I. Health Promotion, Screening, and Early Detection — 6%
   A. Health promotion
   B. Epidemiology (e.g., at-risk populations, occupations, age)
   C. Prevention (e.g., high-risk behaviors, preventative health practices)
   D. Screening and early detection

II. Scientific Basis for Practice — 9%
   A. Carcinogenesis
   B. Immunology
   C. Genetic risk factors
   D. Research protocols
   E. Clinical trials
   F. Regarding specific cancer types:
      1. pathophysiology
      2. common metastatic sites
      3. diagnostic measures
      4. prognosis
      5. classification
      6. staging
      7. histologic grading

III. Treatment Modalities — 16%
   A. Surgery
   B. Blood and marrow transplant
   C. Radiation therapy
   D. Chemotherapy
   E. Targeted therapies
   F. Biotherapy

IV. Symptom Management — 22%
   A. Etiology and patterns of symptoms (acute, chronic, late)
   B. Toxicity and grading scales
   C. Anatomical and surgical alterations
   D. Pharmacologic interventions
   E. Complementary and integrative modalities (e.g., massage, acupuncture, herbal supplements)
   F. Alterations in:
      1. hematologic function
      2. immune function
      3. gastrointestinal function
      4. genitourinary function
      5. integumentary function
      6. respiratory function
      7. cardiovascular function
      8. neurological function
      9. musculoskeletal function
     10. nutritional status
     11. comfort (e.g., pain)

V. Psychosocial Dimensions of Care — 8%
   A. Cultural, spiritual, and religious diversity
   B. Financial concerns (including available resources)
   C. Altered body image
   D. Support groups
   E. Learning styles and barriers to learning
   F. Social relationships and family dynamics
   G. Coping mechanisms and skills
   H. Psychosocial disturbances and alterations
      1. anxiety
      2. loss and grief
      3. depression
      4. loss of personal control
   I. Sexuality
      1. reproductive issues (contraception and fertility)
      2. STD and HIV risk
      3. sexual dysfunction (physical and psychological effects)
      4. intimacy

VI. Oncologic Emergencies — 12%
   A. Disseminated intravascular coagulation (DIC)
   B. Thrombotic thrombocytopenia purpura (TTP)
   C. Syndrome of inappropriate antiuretic hormone secretion (SIADH)
   D. Systemic inflammatory response syndrome (SIRS)
   E. Sepsis
   F. Septic shock
   G. Tumor lysis syndrome
   H. Hypersensitivity
   I. Anaphylaxis
   J. Hypercalcemia
   K. Cardiac tamponade
   L. Spinal cord compression
   M. Superior vena cava syndrome
   N. Increased intracranial pressure
   O. Obstructions (bowel and urinary)
   P. Pneumonitis
   Q. Extravasations

VII. Survivorship — 8%
   A. Early and late effects
      1. psychosocial
      2. cognitive
      3. physical
   B. Recurrence and/or secondary malignancies
   C. Rehabilitation
   D. Long-term follow-up
   E. Concerns:
      1. financial
      2. employment
      3. insurance
      4. discrimination
      5. family and social support
      6. sexuality

VIII. Palliative and End-of-Life Care — 11%
   A. Palliative care
   B. Hospice care
   C. Grief
   D. Bereavement
   E. Community resources
   F. Reimbursement (e.g., Medicare Hospice Benefit)
   G. Caregiver support
   H. Interdisciplinary team
   I. Comfort measures
      1. pharmacologic
      2. non-pharmacologic

IX. Professional Performance — 8%
   A. Local, state, and national resources
   B. Scope and standards of oncology nursing practice
   C. Evidence-based practice
   D. Education process (teaching and learning principles)
   E. Legal issues (including documentation)
   F. Ethical issues
   G. Patient advocacy
   H. Navigation throughout the cancer continuum
   I. Quality improvement
   J. Professional development
   K. Multidisciplinary collaboration
   L. Accreditation standards (e.g., The Joint Commission)

*Please note: ONCC uses generic names of drugs used in treatment, not brand names, on tests.