ONCOLOGY • NGN NCLEX 2026

Cancer Warning Signs & Symptoms

Early Detection • Site-Specific Red Flags • Clinical Judgment

Diane's NGN NCLEX 2026 Study Series — High-Yield Visual Reference

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DEFINITION & OVERVIEW

What Is Cancer & Why Early Detection Matters

Cancer is uncontrolled growth of abnormal cells that invade local tissue and may spread (metastasize) through blood or lymph. Early recognition of warning signs is the single most powerful tool nurses have to improve survival and reduce treatment burden.

WHAT IT IS

Malignant cells that lose normal regulation, divide endlessly, lose differentiation, and invade surrounding tissue. May metastasize via blood, lymph, or direct seeding.

WHY IT MATTERS

Survival is directly tied to stage at diagnosis. Stage I cancers have dramatically higher cure rates than Stage IV. Nurses are often the first to recognize warning cues.

NURSE'S ROLE

Teach the public the warning signs, encourage screening at age-appropriate intervals, and recognize subtle changes that warrant rapid workup and HCP referral.

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PATHOPHYSIOLOGY — SIMPLIFIED

From Healthy Cell to Metastasis

Cancer develops in stages, each driven by accumulating genetic damage. Understanding the cascade explains why warning signs appear when they do.

1 **Initiation**
Carcinogen damages DNA in a single cell (mutation)

→

2 **Promotion**
Mutated cell escapes normal growth controls

→

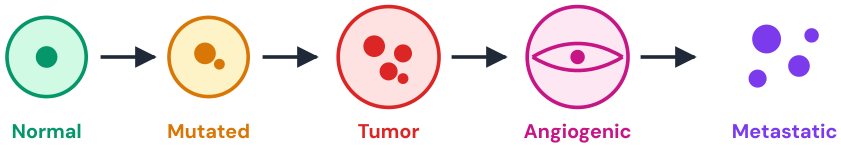
3 **Progression**
Tumor grows, gains blood supply (angiogenesis)

→

4 **Invasion**
Cells break through basement membrane into local tissue

→

5 **Metastasis**
Spread via blood/lymph to distant organs



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SIGNS & SYMPTOMS

The 7 Warning Signs & Site-Specific Cues

C • A • U • T • I • O • N

THE 7 WARNING SIGNS OF CANCER (AMERICAN CANCER SOCIETY)

C	A	U	T	I	O	N
Change in bowel or bladder habits	A sore that does not heal	Unusual bleeding or discharge	Thickening or lump (breast or elsewhere)	Indigestion or difficulty swallowing	Obvious change in wart or mole	Nagging cough or hoarseness

⚠ GENERAL LATE / SYSTEMIC SIGNS (SUSPECT ADVANCED DISEASE)

- Unexplained weight loss (≥10% body weight in 6 months)
- Persistent fatigue not relieved by rest
- Night sweats, low-grade fever
- Anemia (pallor, dyspnea, fatigue)
- Anorexia, cachexia (muscle wasting)
- Bone pain (often metastatic)

Site-Specific Warning Signs

Bolded items = highest-yield NCLEX cues

LUNG CANCER

- **Persistent cough** (new or changed)
- **Hemoptysis** (blood-tinged sputum)
- Hoarseness, wheezing, chest pain
- Recurrent pneumonia, dyspnea
- Weight loss, clubbing of fingers

BREAST CANCER

- **Painless, hard, fixed lump** (often upper outer quadrant)
- **Skin dimpling / peau d'orange**
- **Nipple retraction or discharge** (especially bloody)
- Breast asymmetry, redness, scaling
- Axillary lymphadenopathy

COLORECTAL CANCER

- **Change in bowel habits** (constipation/diarrhea)
- **Blood in stool** (bright red or melena)
- **Pencil-thin / ribbon-like stools**
- Tenesmus, abdominal pain, cramping
- Iron-deficiency anemia, weight loss

SKIN CANCER (MELANOMA — ABCDE)

- **A**symmetry of mole
- **B**order irregularity
- **C**olor variation (multiple shades)
- **D**iameter > 6 mm (pencil eraser)
- **E**volving (changing) over time

CERVICAL / UTERINE CANCER

PROSTATE CANCER

- **Postcoital bleeding** (after intercourse)
- **Postmenopausal bleeding** (always abnormal)
- Watery, blood-tinged, foul-smelling discharge
- Pelvic pain, dyspareunia
- Risk: HPV, multiple partners, smoking

- **Urinary hesitancy / weak stream**
- Frequency, nocturia, dribbling
- Hematuria, painful ejaculation
- **Bone pain** (late — metastasis to spine/pelvis)
- Elevated PSA (>4 ng/mL)

BLADDER CANCER

- **Painless hematuria** (#1 sign)
- Frequency, urgency, dysuria
- Suprapubic pain (late)
- Risk: smoking, chemical/dye exposure

BRAIN TUMOR

- **Headache** (worse in morning, with cough/strain)
- **New-onset seizures**
- Vomiting (often projectile, no nausea)
- Vision changes, focal weakness
- Personality / cognitive changes

PANCREATIC CANCER

- **Painless jaundice** (head of pancreas)
- Clay-colored stools, dark urine
- Pruritus, epigastric pain (radiating to back)
- Significant weight loss, new-onset diabetes
- Trousseau sign (migratory thrombophlebitis)

STOMACH (GASTRIC) CANCER

- **Indigestion / early satiety**
- **Coffee-ground emesis** or melena
- Anorexia, weight loss
- Epigastric pain unrelieved by antacids
- Virchow node (left supraclavicular)

LEUKEMIA

- **Frequent infections** (low WBC function)
- **Bleeding / bruising / petechiae** (low platelets)
- **Fatigue, pallor, dyspnea** (anemia)
- Bone pain, fever, night sweats
- Hepatosplenomegaly, lymphadenopathy

LYMPHOMA (HODGKIN / NON-HODGKIN)

- **Painless lymph node enlargement** (often cervical)
- **"B symptoms"**: fever, night sweats, weight loss
- Pruritus, fatigue
- Reed-Sternberg cells (Hodgkin)

ORAL CANCER

- **Non-healing ulcer / lesion in mouth**
- Leukoplakia (white patches), erythroplakia (red)
- Hoarseness, sore throat, difficulty swallowing
- Risk: tobacco, alcohol, HPV

TESTICULAR CANCER

- **Painless lump or swelling** in testicle
- Heaviness/dragging in scrotum
- Dull ache in lower abdomen or groin
- Most common in males 15–35 years
- Teach monthly TSE after warm shower

CRITICAL RED FLAGS — NOTIFY HCP IMMEDIATELY

- Painless lump (breast, testicle, lymph node)
- Hemoptysis or coffee-ground emesis
- Postmenopausal vaginal bleeding
- Painless hematuria

- New-onset seizure or focal neuro deficit
- Non-healing oral or skin lesion > 2 weeks
- Painless jaundice (think pancreas)
- Unexplained weight loss ≥10% body weight

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PRIORITY NURSING INTERVENTIONS

ABC Framework + Safety + Recognition

Cancer is rarely the immediate threat — but the *complications* of cancer (airway compromise, hemorrhage, sepsis from neutropenia, tumor lysis syndrome) absolutely are. Always prioritize ABCs first.

A — Airway

Maintain Airway Patency

- ✓ Assess for stridor, hoarseness (laryngeal/oral CA)
- ✓ Watch for SVC syndrome (face/neck swelling)
- ✓ Suction available; HOB elevated 30–45°
- ✓ Tracheostomy supplies bedside if at risk

B — Breathing

Optimize Oxygenation

- ✓ Monitor SpO_2, RR, lung sounds q shift
- ✓ Watch for malignant pleural effusion
- ✓ Apply O_2 as needed; humidify if >6 L/min
- ✓ Position upright for dyspnea

C — Circulation

Prevent Hemorrhage / Shock

- ✓ Monitor for bleeding (petechiae, melena, hematuria)
- ✓ Trend H&H, platelets, WBC
- ✓ Watch for hypovolemic / septic shock
- ✓ Type & cross-match if active bleeding

Top Priority Actions

🔍 ASSESS & RECOGNIZE

- ✓ Perform thorough head-to-toe; document size/location of lumps
- ✓ Take detailed history: duration, progression, family history
- ✓ Recognize cluster patterns (e.g., bleeding + fatigue + infection = leukemia)
- ✓ Pain assessment q4h with PQRST

📞 REPORT & REFER

- ✓ Notify HCP of new red-flag findings the same shift
- ✓ Facilitate prompt diagnostic workup (biopsy, imaging, labs)
- ✓ Coordinate referral to oncology team
- ✓ Document SBAR communication

🛡️ SAFETY & INFECTION CONTROL

- ✓ Neutropenic precautions if ANC <1,500: no fresh flowers, raw fruits/veggies
- ✓ Bleeding precautions if platelets <50,000: soft toothbrush, electric razor, no IM
- ✓ Fall precautions (anemia, fatigue, bone mets)
- ✓ Screen visitors for illness

💛 COMFORT & PSYCHOSOCIAL

- ✓ Address pain (multimodal — opioid + adjuvant)
- ✓ Provide emotional support; allow expression of fear
- ✓ Involve family in education and decisions
- ✓ Refer to social work, chaplaincy, support groups

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PHARMACOLOGY

Chemotherapy Agents — Signature Toxicities

Each chemo class targets different mechanisms but shares **bone marrow suppression** as a universal toxicity. Memorize the *signature* toxicity for each agent — this is the highest-yield pharm content on the NCLEX.

DRUG	CLASS / USE	SIGNATURE TOXICITY	NURSING CONSIDERATIONS
Cyclophosphamide *(Cytoxan)*	Alkylating agent — broad-spectrum cancers	**Hemorrhagic cystitis** (bloody urine)	Push fluids 2–3 L/day; give MESNA; void q2h; monitor urine for blood
Doxorubicin *(Adriamycin)*	Antitumor antibiotic — many solid tumors, leukemia	**Cardiotoxicity** (CHF, arrhythmias); red urine (harmless)	Baseline + serial echo/MUGA; lifetime dose limit; vesicant — central line preferred
Bleomycin	Antitumor antibiotic — Hodgkin, testicular CA	**Pulmonary fibrosis** (dry cough, dyspnea)	Baseline PFTs; monitor lung sounds; report cough/SOB; lifetime dose limit
Cisplatin	Platinum agent — testicular, ovarian, lung CA	**Peripheral neuropathy, ototoxicity, nephrotoxicity**	Hydrate aggressively; baseline audiogram; monitor BUN/Cr; assess hearing q dose
Vincristine	Vinca alkaloid — leukemia, lymphoma	**Peripheral neuropathy, paralytic ileus, constipation**	Stool softeners + fiber; assess bowel sounds; teach to report numbness/foot drop
Methotrexate	Antimetabolite — leukemia, lymphoma, breast CA	**Multi-organ toxicity** (except heart); worse with ASA	Avoid aspirin/NSAIDs; give leucovorin (folinic acid) rescue; monitor LFTs, renal function
DTIC (Dacarbazine)	Alkylating agent — melanoma, Hodgkin	**Flu-like symptoms** (fever, myalgia)	Pre-medicate; antiemetics; protect IV bag from light

⚡ UNIVERSAL CHEMO SIDE EFFECTS (ALL AGENTS)

- **Bone marrow suppression** — ↓WBC, ↓RBC, ↓platelets
- **Alopecia** — usually reversible
- **Fatigue** — energy conservation, planned rest
- **Nausea / vomiting** — pre-medicate with antiemetic
- **Mucositis / stomatitis** — soft toothbrush, saline rinses
- **Tumor lysis syndrome** — ↑K, ↑P, ↑uric acid, ↓Ca

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NCLEX TEST TRAPS

Common Mistakes vs. Correct Thinking

✗ WRONG THINKING

- ✗ "Painless lump means it's benign."
- ✗ "A small amount of bleeding after menopause is normal."
- ✗ "Painless hematuria isn't urgent if there's no fever."
- ✗ "Doxorubicin's red urine means kidney damage."
- ✗ "Give ASA for fever in a chemo patient."
- ✗ "WBC of 4,000 is fine — wait to act."
- ✗ "Cancer pain should always be confirmed with imaging before medicating."
- ✗ "Vincristine constipation is a side effect — give a laxative PRN."

✓ CORRECT THINKING

- ✓ Painless masses are **more concerning** for malignancy than painful ones.
- ✓ Postmenopausal bleeding is **always abnormal** — endometrial CA until proven otherwise.
- ✓ Painless hematuria is the **#1 sign of bladder cancer** — refer immediately.
- ✓ Red urine is **harmless**; cardiotoxicity is the real concern (echo/MUGA).
- ✓ Avoid ASA — it **masks fever** and worsens bleeding risk; use acetaminophen if ordered.
- ✓ ANC = WBC × (% neutrophils + bands). ANC <1,500 = neutropenic precautions **now**.
- ✓ Treat cancer pain **aggressively and proactively** — pain is what the patient says it is.
- ✓ Vincristine causes **paralytic ileus** — start scheduled bowel regimen prophylactically.

⚠ TOP PRIORITY PITFALLS

- **Fever in neutropenic patient = EMERGENCY** — temp ≥100.4°F (38°C); blood cultures + IV antibiotics within 1 hour
- **"Late late" sign of mets**: bone pain, fractures, neurologic deficits
- **Pain is NOT the first sign** of most cancers — painless lumps and bleeding come first
- **Don't confuse signs**: BPH (urinary symptoms but PSA mildly elevated) vs. prostate CA (PSA >4, bone pain late)

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PATIENT & FAMILY EDUCATION

Prevention, Screening & Self-Surveillance

LIFESTYLE RISK REDUCTION

- Quit smoking (lung, oral, bladder, cervical, pancreatic CA)
- Limit alcohol (oral, breast, liver, colorectal)
- Maintain healthy weight, exercise 150 min/week
- High-fiber, low-fat, plant-rich diet
- Sun protection: SPF ≥30, avoid tanning beds
- HPV vaccination (cervical, oropharyngeal CA)
- Hepatitis B vaccination (liver CA)

SELF-EXAMINATION TEACHING

- **BSE:** Monthly, 7 days after period start (or same day each month if postmenopausal)
- **TSE:** Monthly after warm shower; roll each testicle gently between fingers
- **Skin self-exam:** Monthly, full-body mirror check — use ABCDE rule
- **Oral self-exam:** Monthly inspection of tongue, gums, cheeks for lesions
- Report ANY new lump, sore that doesn't heal in 2 weeks, or unexplained bleeding

WHEN TO CALL HCP

- Any of the 7 CAUTION warning signs
- Unexplained weight loss >10 lbs
- Persistent fatigue not relieved by rest
- Lymph node that grows or doesn't resolve in 2–4 weeks
- New mole or change in existing mole
- Postmenopausal bleeding (always)

LIVING WITH CANCER

- Keep follow-up appointments — early relapse detection
- Report fever ≥100.4°F immediately during chemo
- Maintain hydration (3 L/day if no contraindication)
- Use stool softeners with opioids and vinca alkaloids
- Connect with support groups, oncology social work
- Discuss advance directives early in care

Recommended Screening Schedule (Ages & Older Adults)

CANCER TYPE	TEST	RECOMMENDED AGE / FREQUENCY
Breast	Mammogram	Annually starting age 40–45 (ACS); biennial 50–74 (USPSTF)
Cervical	Pap smear ± HPV co-test	Begin age 21; q3y (Pap alone) or q5y (co-test) until 65
Colorectal	Colonoscopy / FIT / FOBT	Begin age 45; colonoscopy q10y; FIT annually
Lung	Low-dose CT	Annually ages 50–80, ≥20 pack-years, current smoker or quit <15 years
Prostate	PSA + DRE	Discuss starting age 50 (45 if high risk: African American, family history)

CANCER TYPE	TEST	RECOMMENDED AGE / FREQUENCY
Skin	Total-body skin exam	Annually by HCP for high-risk; monthly self-exam for all

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MEMORY BOOSTERS

Mnemonics & Pattern Recognition

CAUTION

7 WARNING SIGNS OF CANCER

C – Change in bowel/bladder habits

A – A sore that doesn't heal

U – Unusual bleeding/discharge

T – Thickening or lump

I – Indigestion / dysphagia

O – Obvious mole/wart change

N – Nagging cough/hoarseness

ABCDE

MELANOMA WARNING SIGNS

A – Asymmetry

B – Border irregular

C – Color variation

D – Diameter >6 mm

E – Evolving / Elevation

B SYMPTOMS

LYMPHOMA TRIAD

Big sweats at night

Burning fever (unexplained)

Big weight loss (>10% in 6 mo)

+ Painless cervical/supraclavicular nodes

CHEMO Toxicities

DRUG → ORGAN PAIRS

"C"ytoxan → "C"ystitis (hemorrhagic)

"A"driamycin → "A"orta/heart (cardio)

"B"leomycin → "B"reath/lungs (fibrosis)

"C"isplatin → "C"ochlea (oto) + nerves

PAINLESS = WORRY

PATTERN RECOGNITION

Painless **breast lump** → cancer

Painless **hematuria** → bladder CA

Painless **jaundice** → pancreatic CA

Painless **testicular lump** → testicular CA

Painless **lymph node** → lymphoma

SAFE Practices

NEUTROPENIC PRECAUTIONS

Single room, no shared bath

Avoid crowds, fresh flowers, raw produce

Fever >100.4°F → call HCP NOW

Excellent hand hygiene + low-bacteria diet

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NCJMM • CLINICAL JUDGMENT MEASUREMENT MODEL

Applying the 6 Cognitive Steps

SCENARIO: *A 58-year-old female client presents to the clinic reporting a 6-week history of a "lump in my left breast" that she noticed during her morning shower. She denies pain. Vital signs: T 98.6°F, HR 82, RR 16, BP 132/80. On exam, the nurse palpates a hard, fixed, irregular 2-cm mass in the upper outer quadrant of the left breast with overlying skin dimpling. Left axillary lymph nodes are palpable and firm. The client states her mother had breast cancer at age 62. She has not had a mammogram in 4 years.*

STEP 1

RECOGNIZE CUES

Painless, hard, fixed, irregular breast mass · skin dimpling (peau d'orange) · palpable axillary nodes · positive family history · overdue screening mammogram · age >50

STEP 2

ANALYZE CUES

Cluster pattern matches malignant breast mass: *painless + hard + fixed + dimpling = high concern*. Lymphadenopathy suggests possible regional spread. Family history doubles risk.

STEP 3

PRIORITIZE HYPOTHESES

1. Breast cancer (highest priority — multiple positive cues).
2. Fibroadenoma (less likely — usually mobile, smooth, in younger women).
3. Cyst (less likely — usually soft, mobile, painful).

STEP 4

GENERATE SOLUTIONS

Notify HCP same day · arrange diagnostic mammogram + ultrasound · prepare client for likely core needle biopsy · provide emotional support · educate on the workup process · refer to breast care nurse navigator

STEP 5

TAKE ACTION

Document findings precisely (size, location, texture, mobility) · communicate via SBAR · facilitate same-week imaging · provide written instructions and resources · validate fears and answer questions honestly

STEP 6

EVALUATE OUTCOMES

Did the client complete diagnostic imaging? · Did she connect with the oncology team? · Is she coping with the wait for results? · Has she identified support persons? · Pain or anxiety controlled?