

Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

FLEXIBLE SIGMOIDOSCOPY SCREENING EXAMINATION (FSG2)

DO NOT FOLD, STAPLE, OR TEAR THIS FORM. USE A NO. 2 PENCIL TO COMPLETE THIS FORM.

1. Date of Examination: _____
Month Day Year

2. Screening Center: ____

3. Satellite Center: ____

4. Study Year:

- T0
T5

5. Visit Number:

- One
Two
Three

6. Reason for Repeat Visit:

Four horizontal lines for text entry.

FOR OFFICE USE ONLY

7. Form Processing (MARK RESPONSES AS STEPS ARE COMPLETED)

- Form Receipted into SMS
Manual Review Completed

Data Entry of Non-Scannable Items:

- Completed OR
None Required

Data Retrieval:

- Attempted OR
- None Required

Disposition:

- Final Complete (FCM) OR
- Final Incomplete (FIC)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.

PART A: RECTAL EXAMINATION FINDINGS

1. Rectal Examination Findings (MARK ALL THAT APPLY)

- None (GO TO PART B)
- External hemorrhoids
- Tenderness
- Masses, Polyps, or Nodules
- Blood
- Stricture
- Fistula or Fissures
- Other (SPECIFY)

PART B: FLEXIBLE SIGMOIDOSCOPY FINDINGS

1. Number of Attempts:

- One (GO TO 3)
- Two

2. Reason for Repeat Exam: (MARK ALL THAT APPLY)

- Participant Discomfort
- Participant Refusal
- Equipment Malfunction
- Inadequate Preparation
- Vasovagal Response
- Other (SPECIFY) _____

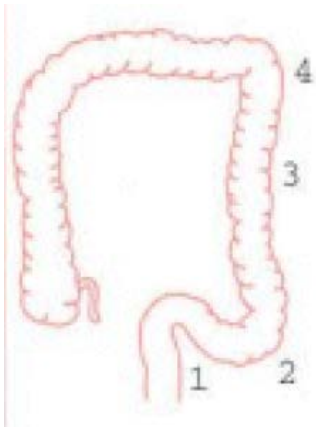
3. Depth of Sigmoidoscope Insertion:

___ ___ cm

4. Number of Lesions Seen: (INCLUDES POLYPS AND MASSES)

- None (GO TO 6)
- One
- Two
- Three
- Four or More

DIAGRAM



LOCATION

- 1 = Rectum**
- 2 = Sigmoid colon**
- 3 = Descending colon**
- 4 = Splenic flexure**

5. RECORD INFORMATION FOR LARGEST FOUR LESIONS:

QUESTION	LESION 1	LESION 2	LESION 3	LESION 4
TYPE 1 = Polyp 2 = Mass				
LOCATION (RECORD A NUMBER, 1-4, FROM THE DIAGRAM)				
SIZE (LARGEST DIMENSION IN CM)	___ . ___	___ . ___	___ . ___	___ . ___
SHAPE 1 = Sessile 2 = Pedunculated 3 = Other (SPECIFY)				
BIOPSY PERFORMED	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
VIDEO/PHOTO DOCUMENTATION	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

6. Other Irregular Findings: (MARK ALL THAT APPLY)

- None (GO TO PART C)
- Diverticulosis
- Diverticulitis
- Colitis
- Vascular Lesions
- Ulcers
- Melanosis Coli
- Blood
- Stricture
- Fissures
- Internal Hemorrhoids
- Anal Warts
- Other (SPECIFY) _____

PART C: EXAMINATION RESULTS

1. Examination Results:

- Positive Screen – Referral Required (GO TO 3)
- Negative Screen – No Abnormalities (GO TO 3)
- Negative Screen – Other Abnormalities (GO TO 3)
- Inadequate (Less than 90% mucosa is visible, or insertion of flexible sigmoidoscopies to less than 50cm. with no obstructing lesions and no abnormalities suspicious for cancer in the region visualized.)

2. Reason for Inadequate Exam: (MARK ALL THAT APPLY)

- Participant Discomfort
- Participant Refusal
- Equipment Malfunction
- Inadequate Preparation with Unclear Lumen
- Vasovagal Response
- Palpitations With Tachycardia
- Severe Diverticulosis With Unclear Lumen
- Severe Ulcerative Colitis
- Other (SPECIFY) _____

3. Level of Referral:

- 1 – Significant Abnormality, Referral
- 2 – Moderate Abnormality, Referral
- 3 – Slight Variation from Normal, No Referral
- 4 – Normal/Result Not Available, No Referral

4. Medical Complications of Procedure:

- None (GO TO 5)
- Fainting
- Perforation
- Bleeding
- Other (SPECIFY)

5. COMMENTS:

- No
- Yes (SPECIFY)

Item #	Comments

(CONTINUED)

6. Examiner ID: _____

Signature: _____

7. Consultant ID: _____

Signature: _____