Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

CHEST X-RAY SCREENING EXAMINATION (XRY2)

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. **Satellite Center:** ___ ___

3. **Study Year:**
   - ○ T_0
   - ○ T_1
   - ○ T_2
   - ○ T_3

4. **Visit Number:**
   - ○ One
   - ○ Two
   - ○ Three

5. **Reason for Repeat Visit:**

   _____

   _____

   _____

   _____

FOR OFFICE USE ONLY

6. **Forms 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)

Version Date: 10/99 **Expiration Date: 10/02** **Form Approved OMB No.: 0925-0407**

PART A: CHEST X-RAY EXAMINATION FINDINGS (COMPLETED BY TECHNOLOGIST)

1. Number of Attempts:

○ None (GO TO 2)

○ One

○ Two

2. Adequate Films Obtained:

○ No

○ Yes (GO TO 4)

3. Reason for Inadequate Films: (MARK ALL THAT APPLY)

○ Participant Refusal

○ Equipment Malfunction

○ Poor Film Quality

○ Other (SPECIFY) _____

4. COMMENTS:

○ No

○ Yes (SPECIFY)

Item #	Comments

○ (CONTINUED)

5. Tech. ID: ___ ___ ___ ___

Signature: _____

PART B: CHEST X-RAY EXAMINATION FINDINGS (COMPLETED BY RADIOLOGIST)

1. Radiographic Abnormality Noted:

○ No (GO TO PART C)

○ Yes

2. Record Information for Each Abnormality:

Abnormality #	LOCATION (MARK ALL THAT APPLY)		DESCRIPTION OF ABNORMALITY
	Right Hemithorax	Left Hemithorax	
	1 = Upper 1/3 2 = Middle 1/3 3 = Lower 1/3 4 = Diffuse 9 = NA	1 = Upper 1/3 2 = Middle 1/3 3 = Lower 1/3 4 = Diffuse 9 = NA	01 = Nodule (1-30 mm) 02 = Mass (>30 mm) 07 = Pleural mass 08 = Granuloma(s) 13 = Right hilar/mediastinal lymph nodes (exclude calcified nodes) 14 = Left hilar/mediastinal lymph nodes (exclude calcified nodes) 15 = Major atelectasis/collapse 16 = Infiltrate (consolidation/alveolar opacity) 17 = Scarring/pulmonary fibrosis/honeycombing 18 = Pleural fibrosis/pleural plaque 19 = Pleural fluid 20 = Bone/soft tissue lesion 21 = Cardiac abnormality/cardiomegaly/congestive heart failure 22 = COPD/emphysema/bullae 88 = Other (SPECIFY)
1.			
2.			
3.			
4.			
5.			

PART C: CHEST X-RAY INTERPRETATION RESULTS (COMPLETED BY RADIOLOGIST)

1. Examination Result:

○ Positive Screen – Referral Required (GO TO 3)

○ Negative Screen – No Abnormalities (GO TO 3)

○ Negative Screen – Other Abnormalities (GO TO 3)

○ Inadequate

2. **Reason for Inadequate Exam: (MARK ALL THAT APPLY)**
   - ○ Poor film quality
   - ○ Films lost
   - ○ 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. **COMMENTS:**
   - ○ No
   - ○ Yes (SPECIFY)

Item #	Comments

   - ○ (CONTINUED)

5. **Radiologist ID:** ___ ___ ___ ___

   Signature: _____