

Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

DIGITAL RECTAL SCREENING EXAMINATION OF THE PROSTATE (DRE2)

- 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 T1 T2 T3

5. Visit Number:

- One Two Three

6. Reason for Repeat Visit:

Four horizontal lines for text entry.

FOR OFFICE USE ONLY

7. Form Processing (DARKEN CIRCLES AS STEPS ARE COMPLETED)

- Form Receipted into SMS Manual Review Completed

**Data Entry of Non-Scannable Items:**

- Completed
- None Required

**Data Retrieval:**

- Attempted
- None Required

**Final Disposition:**

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

Public reporting burden for this collection of information is estimated to average 10 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: PROSTATE EXAMINATION FINDINGS**

**1. Participant Position:**

- Bent at waist over end of examination table
- Kneeling, knees to chest
- Lateral decubitus position with knees pulled up to chest

**2. Prostate Palpable:**

- No (GO TO PART B)
- Yes

**3. Approximate Size of Gland:**

Transverse in cm: \_\_\_\_ . \_\_\_\_

Sagittal in cm: \_\_\_\_ . \_\_\_\_

**4. Prostate Symmetry:**

- Symmetrical
- Asymmetrical

**5. Consistency of Gland:**

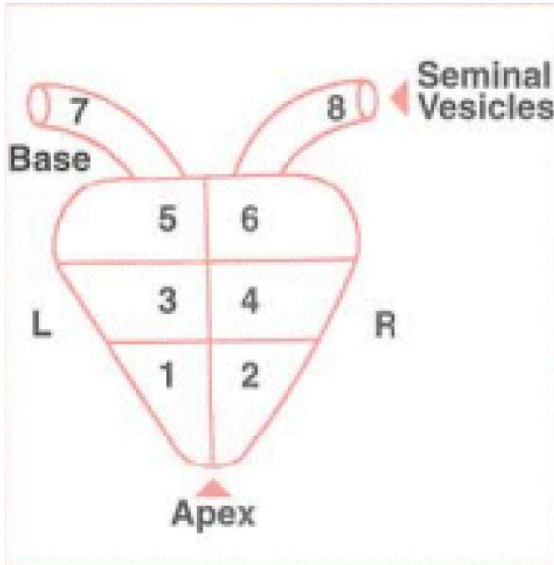
- Normal (GO TO 8)
- Boggy, with No Induration (GO TO 8)
- Boggy, with Induration/Nodular
- Induration/Nodular

**6. Areas of Induration:**

- One
- Two
- Three
- Four or more

**7. RECORD INFORMATION FOR THREE LARGEST AREAS OF INDURATION**

**DIAGRAM**



**LOCATION**

- 1 = Left apex
- 2 = Right apex
- 3 = Left lateral lobe
- 4 = Right lateral lobe
- 5 = Left base
- 6 = Right base
- 7 = Left seminal vesicle
- 8 = Right seminal vesicle

Area of Induration	1	2	3
<b>LOCATION</b> DARKEN CIRCLES FOR ALL NUMBERS FROM THE DIAGRAM THAT APPLY (1-8)			
<b>APPROXIMATE SIZE:</b> 1 = Less than 1.5 cm 2 = 1.5 cm to 2.0 cm 3 = 2.1 cm to 3.0 cm 4 = 3.1 cm to 4.0 cm 5 = Greater than 4.0 cm			
<b>TYPE:</b> 1 = Focal (Non-nodular) 2 = Diffuse 3 = Nodular			

Area of Induration	1	2	3
<b>GRADE:</b> 1 = Firm 2 = Firmer 3 = Hard			
<b>EXTENT:</b> 1 = Continued to Prostate 2 = Beyond Capsule (Not into Seminal Vesicles and Not Fixed) 3 = Beyond Capsule – into Seminal Vesicles 4 = Beyond Capsule – Extensive (Fixed)			

**8. Additional Findings (MARK ALL THAT APPLY):**

- None (GO TO PART B)
- Enlargement
- Tenderness
- Other (SPECIFY) \_\_\_\_\_

<b>PART B: PROSTATE EXAMINATION RESULTS</b>
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**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

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

- Participant Discomfort
- Participant Refusal
- Participant Obesity
- 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 Exam:**

- No
- Yes (SPECIFY) \_\_\_\_\_

**5. COMMENTS:**

No

Yes (SPECIFY)

Item #	Comments

(CONTINUED)

**6. Examiner ID:** \_\_\_\_ \_

\_\_\_\_\_  
**Signature**

**7. Consultant ID:** \_\_\_\_ \_

\_\_\_\_\_  
**Signature**