

# Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

Version Date: 10/99

Expiration Date: 7/05

Form Approved OMB No.: 0925-0407

## DIGITAL RECTAL SCREENING EXAMINATION OF THE PROSTATE (DRE2)

1.	Date of Examination:			2.	Screening Center:		3.	Satellite Center:		4.	Study Year:		5.	Visit Number:	
	MO.	DAY	YEAR												
	0	0	0	0		0	0		0	0		<input type="radio"/> T0		<input type="radio"/> One	
	1	1	1	1		1	1		1	1		<input type="radio"/> T1		<input type="radio"/> Two	
	2	2	2	2		2	2		2	2		<input type="radio"/> T2		<input type="radio"/> Three	
	3	3	3	3		3	3		3	3					
	4	4	4	4		4	4		4	4					
	5	5	5	5		5	5		5	5					
	6	6	6	6		6	6		6	6					
	7	7	7	7		7	7		7	7					
	8	8	8	8		8	8		8	8					
	9	9	9	9		9	9		9	9					

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

6. Reason for Repeat Visit:

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**For Office Use Only**

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

Form Received into SMS

Manual Review Completed

**Data Entry of Non-Scannable Items:**  
Completed  OR None Required

**Data Retrieval:**  
Attempted  OR None Required

**Final Disposition:**  
Final Complete (FCM)  OR Final Incomplete (FIC)

### PART A: PROSTATE EXAMINATION FINDINGS

1. Participant Position:	<input type="radio"/> Bent at waist over end of examination table <input type="radio"/> Kneeling, knees to chest <input type="radio"/> Lateral decubitus position with knees pulled up to chest	Transverse in cm.	Sagittal in cm.	4. Prostate Symmetry:	<input type="radio"/> Symmetrical <input type="radio"/> Asymmetrical
	<input type="radio"/> No (GO TO PART B) <input type="radio"/> Yes				<input type="radio"/> Normal (GO TO 8) <input type="radio"/> Boggy, with No Induration (GO TO 8) <input type="radio"/> Boggy, with Induration/Nodular <input type="radio"/> Induration/Nodular
3. Approximate Size of Gland:				6. Areas of Induration:	
MARK SIZES IN THE FOLLOWING GRIDS				<input type="radio"/> One <input type="radio"/> Three <input type="radio"/> Two <input type="radio"/> Four or more	

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 CONTINUED...**

<b>7. RECORD INFORMATION FOR THREE LARGEST AREAS OF INDURATION</b>	<b>Area of Induration</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>LOCATION:</b> DARKEN CIRCLES FOR ALL NUMBERS FROM THE DIAGRAM THAT APPLY (1-8)	1 2 3 4 5 6 7 8    1 2 3 4 5 6 7 8    1 2 3 4 5 6 7 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	1 2 3 4 5    1 2 3 4 5    1 2 3 4 5		
	<b>TYPE:</b> 1 = Focal (Non-nodular) 2 = Diffuse 3 = Nodular	1 2 3    1 2 3    1 2 3		
<b>LOCATION</b>	<b>GRADE:</b> 1 = Firm 2 = Firmer 3 = Hard	1 2 3    1 2 3    1 2 3		
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	<b>EXTENT:</b> 1 = Confined to Prostate 2 = Beyond Capsule (Not into Seminal Vesicles and Not Fixed) 3 = Beyond Capsule—into Seminal Vesicles 4 = Beyond Capsule—Extensive (Fixed)	1 2 3 4    1 2 3 4    1 2 3 4		

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

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

**PART B: PROSTATE EXAMINATION RESULTS**

<b>1. Examination Results:</b> <input type="radio"/> Positive Screen - Referral Required (GO TO 3) <input type="radio"/> Negative Screen - No Abnormalities (GO TO 3) <input type="radio"/> Negative Screen - Other Abnormalities (GO TO 3) <input type="radio"/> Inadequate	<b>2. Reason for Inadequate Exam: (MARK ALL THAT APPLY)</b> <input type="radio"/> Participant Discomfort <input type="radio"/> Participant Refusal <input type="radio"/> Participant Obesity <input type="radio"/> Other (SPECIFY) _____	<b>3. Level of Referral:</b> <input type="radio"/> 1 - Significant Abnormality, Referral <input type="radio"/> 2 - Moderate Abnormality, Referral <input type="radio"/> 3 - Slight Variation from Normal, No Referral <input type="radio"/> 4 - Normal/Result Not Available, No Referral	<b>4. Medical Complications of Exam:</b> <input type="radio"/> No <input type="radio"/> Yes (SPECIFY) _____ _____
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<b>5. Comments:</b> <input type="radio"/> No <input type="radio"/> Yes (SPECIFY) Item #      Comments _____ _____ _____ _____ _____ <input type="radio"/> Continued	<b>6. Examiner ID:</b> _____ Signature	0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	<b>7. Consultant ID:</b> _____ Signature	0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9
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