Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

DIGITAL RECTAL SCREENING EXAMINATION OF THE PROSTATE (DRE2)

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:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

FOR OFFICE USE ONLY

7. Form Processing (DARKEN CIRCLES AS STEPS ARE COMPLETED)
   ○ Form Receipted into SMS
   ○ Manual Review Completed
**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

<table>
<thead>
<tr>
<th>Area of Induration</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td><strong>LOCATION</strong></td>
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<tr>
<td>DARKEN CIRCLES FOR ALL NUMBERS FROM THE DIAGRAM THAT APPLY (1-8)</td>
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<td><strong>APPROXIMATE SIZE:</strong></td>
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<tr>
<td>1 = Less than 1.5 cm</td>
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<tr>
<td>2 = 1.5 cm to 2.0 cm</td>
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<tr>
<td>3 = 2.1 cm to 3.0 cm</td>
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<td>4 = 3.1 cm to 4.0 cm</td>
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<td>5 = Greater than 4.0 cm</td>
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<td><strong>TYPE:</strong></td>
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<tr>
<td>1 = Focal (Non-nodular)</td>
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<td>2 = Diffuse</td>
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<td>3 = Nodular</td>
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8. Additional Findings (MARK ALL THAT APPLY):
   ○ None (GO TO PART B)
   ○ Enlargement
   ○ Tenderness
   ○ Other (SPECIFY) ___________________________________________________________

**PART B: PROSTATE 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

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)

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<tr>
<th>Item #</th>
<th>Comments</th>
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6. Examiner ID: ___ ___ ___ ___

______________________________
Signature

7. Consultant ID: ___ ___ ___ ___

______________________________
Signature