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:
   ____________________________________
   ____________________________________
   ____________________________________
   ____________________________________
   ____________________________________

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
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

![Diagram of the colon with numbered locations](image)

LOCATION
1 = Rectum
2 = Sigmoid colon
3 = Descending colon
4 = Splenic flexure

5. RECORD INFORMATION FOR LARGEST FOUR LESIONS:

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>LESION 1</th>
<th>LESION 2</th>
<th>LESION 3</th>
<th>LESION 4</th>
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<tbody>
<tr>
<td>TYPE</td>
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<tr>
<td>1 = Polyp</td>
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<tr>
<td>2 = Mass</td>
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<tr>
<td>LOCATION (RECORD A NUMBER, 1-4, FROM THE DIAGRAM)</td>
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<td>SIZE (LARGEST DIMENSION IN CM)</td>
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<tr>
<td>1 = Sessile</td>
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<tr>
<td>2 = Pedunculated</td>
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<td>3 = Other (SPECIFY)</td>
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<td>BIOPSY PERFORMED</td>
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-DIAGRAM-

LOCATION
1 = Rectum
2 = Sigmoid colon
3 = Descending colon
4 = Splenic flexure
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)

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○ (CONTINUED)

6. **Examiner ID:** ___ ___ ___ ___
   
   Signature: ______________________

7. **Consultant ID:** ___ ___ ___ ___
   
   Signature: ______________________