

## Join the movement: tell us about yourself

Thank you for providing your contact information. Please help us understand more about your breast cancer by answering the questions below.

As you fill out the questions below, your answers will be automatically saved. If you've previously entered information here and want to pick up where you left off, please use the link we sent you via email to return to this page.

If you would like your information deleted from our database, please let us know by emailing [info@mbcproject.org](mailto:info@mbcproject.org) and we will remove your name and email address and the answers to any questions you may have answered.

### About You

Please fill out as much as you can. All questions are optional. You can return at any time with the link sent to you by email.

1. When were you first diagnosed with breast cancer? ⓘ

2. When were you first diagnosed with metastatic breast cancer (also known as advanced or stage IV breast cancer)? ⓘ

3. At any time, was your breast cancer found to be hormone receptor positive (HR+, ER+ and/or PR+)? ⓘ


- Yes  
 No  
 Don't know

4. At any time, was your breast cancer found to be HER2 positive (HER2+)? ⓘ

- Yes  
 No  
 Don't know

5. At any time, was your breast cancer found to be triple negative (e.g, NOT ER+,PR+, or HER2+)? ⓘ

- Yes  
 No  
 Don't know


6. At any time, were you diagnosed with *inflammatory breast cancer*? 



Yes

No


Don't know

7. Since your diagnosis with metastatic breast cancer, have you been on any of your cancer therapies for more than 2 years? 

Yes


No

Don't know

7a. If YES, please list the cancer therapies you have been on for more than 2 years, if you know their names. For a list of commonly used therapies, [click here](#). 

Describe treatments


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8. Have any of your therapies worked extraordinarily well – made your cancer disappear completely (resulting in no evidence of disease, NED) or resulted in a dramatic reduction in tumor size – for any period of time? 

Yes


No

Don't know

8a. If YES, please list the cancer therapies that have worked extraordinarily well, if you know their names. For a list of commonly used therapies, [click here](#). 


Describe treatments

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9. If you have had an extraordinary response to therapy, tell us more about it. 

Describe response/therapy

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10. When was your most recent biopsy of your cancer? 

11. Tell us anything else you would like to about yourself or your cancer:



Describe response/therapy

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12. In what year were you born?

13. What country do you live in?

United States

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13a. What is your ZIP or postal code?

ZIP code

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14. Do you consider yourself Hispanic, Latino/a or Spanish?

Yes

No

Don't know

15. What is your race (select all that apply)?

American Indian or Native American

Japanese

Chinese

Other East Asian

South East Asian or Indian

Black or African American

Native Hawaiian or other Pacific Islander

White

I Prefer Not to Answer

Other

(other - please specify)

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I understand that the information I entered here will be stored in a secure database and may be used to match me to one or more research studies conducted by the Metastatic Breast Cancer Project. If the information that I entered matches a study being conducted by the Metastatic Breast Cancer Project, either now or in the future, I agree to be contacted about possibly participating. I understand that if I would like my information deleted from our database, now or in the future, I can email [info@mbcproject.org](mailto:info@mbcproject.org) and my information will be removed from the database.

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