

## Follow-up survey #1: Additional details about your cancer & treatments

Please help us understand more about your metastatic breast cancer by answering the six questions below.

As you fill out the questions, your answers will be automatically saved. If you would like to leave the survey and complete it at another time, 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.

Questions 1-3 refer to your experiences since your diagnosis with metastatic breast cancer.

1. Please select all of the places in your body where you **currently** have metastatic breast cancer to the best of your knowledge (select all that apply). If you don't have any detectable disease please select No Evidence of Disease (NED).

- Breast(s)
- Axillary Lymph Nodes (lymph nodes in the armpit)
- Lymph Nodes anywhere other than the axilla/armpit
- Bone (may include ribs, sternum, pelvis, vertebrae, skull)
- Chest Wall
- Liver
- Lung(s)
- Brain
- Pleural Effusion (fluid in the lung)
- Ascites (fluid in the abdomen)
- Skin
- Ovary
- Other
- No Evidence of Disease (NED)
- I don't know

2. When you were **first diagnosed** with **metastatic** breast cancer, where were all of the places in your body that it was detected (select all that apply)?

- Breast(s)
- Axillary Lymph Nodes (lymph nodes in the armpit)
- Lymph Nodes anywhere other than the axilla/armpit
- Bone (may include ribs, sternum, pelvis, vertebrae, skull)
- Chest Wall
- Liver
- Lung(s)
- Brain
- Pleural Effusion (fluid in the lung)
- Ascites (fluid in the abdomen)
- Skin
- Ovary
- Other
- I don't know

3. Please select all of the places in your body that metastatic breast cancer has been found **at any time** (select all that apply).

- Breast(s)
- Axillary Lymph Nodes (lymph nodes in the armpit)
- Lymph Nodes anywhere other than the axilla/armpit
- Bone (may include ribs, sternum, pelvis, vertebrae, skull)
- Chest Wall
- Liver
- Lung(s)
- Brain
- Pleural Effusion (fluid in the lung)
- Ascites (fluid in the abdomen)
- Skin
- Ovary
- Other
- I don't know

4. Was your breast cancer identified as any of the following **at any time** (select all that apply)?

- Invasive Ductal Carcinoma (IDC)
- Invasive Lobular Carcinoma (ILC)
- Mixed Invasive Ductal/Lobular Carcinoma (IDLC)
- Other Rare Subtypes (please specify in the following question)
- I don't know

Please fill out the following treatment information. You may have filled out previous forms for the MBCproject, but we would like to make sure that we have your most current information.

5. Are you **currently** receiving any medications/chemotherapies for treatment of your metastatic breast cancer?

- Yes
- No
- I don't know

Please list all medications/chemotherapies that you are **currently** receiving for treatment of your metastatic breast cancer (list all that apply). If known, please enter the start date of these medications. If you are receiving multiple medications/chemotherapies at the same time, please enter each individually.

- I don't know the names of the medications

6. Have you received any other medications/chemotherapies **in the past** for treatment of your metastatic breast cancer?

- Yes
- No
- I don't know

Please list all other medications/chemotherapies that you have received **in the past** for your metastatic breast cancer (list all that apply). If known, please enter the start and stop dates of these medications. If you received multiple medications/chemotherapies at the same time, please enter each individually.

- I don't know the names of the medications

ABATACEPT

Start Date

May 2012

End Date

April 2015

- This was part of a clinical trial

+ ADD ANOTHER MEDICATION/CHEMOTHERAPY

SUBMIT