

Join the movement: tell us about yourself

Thank you for providing your contact information. The Metastatic Breast Cancer Project is open to patients in the United States or Canada. 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 decide not to complete this form and would like the information entered below to be deleted from the database, now or in the future, you can email info@mbcproject.org to request that your responses be removed.

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? ⓘ

Month

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

Month

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

Describe response/therapy
10. When was your most recent biopsy of your cancer? ⓘ

Month

Year
11. Tell us anything else you would like to about yourself or your cancer: ⓘ
12. In what year were you born?

Year
13. * What country do you live in?

Select a country
- 13a. What is your ZIP or postal code?

ZIP code
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)
16. How did you hear about the MBCproject?

I understand that the information I entered here will be stored in a secure database for research studies conducted by the Metastatic Breast Cancer Project. If I am in the United States or Canada, I agree to be contacted about possibly participating.

I understand that if I do not sign the research consent form to participate in the Metastatic Breast Cancer Project and would like the information I entered above deleted from the database, now or in the future, I can email info@mbcproject.org to request that my information be removed.

I understand that if I sign the research consent form and would like to withdraw from the research study, I can contact the study team at info@mbcproject.org at any time, although any of my information that has already been entered into the system cannot be withdrawn. My information would be removed from future studies.

SUBMIT