

# Join the movement: tell us about yourself

Thank you for providing your contact information. Please help us understand more about your prostate 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@mpcproject.org](mailto:info@mpcproject.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 prostate cancer? If you do not remember the month, you can enter just the year.

Choose month...



Choose year...



2. When you were first diagnosed, were you diagnosed with advanced or metastatic prostate cancer (prostate cancer that has spread beyond the prostate, including biochemical recurrence)?

☒ Yes

☐ No

☐ I don't know

3. Did you receive local treatment to your prostate when you were first diagnosed (local treatment includes surgery, radiation, or cryotherapy)?

☒ Yes

☐ No

☐ I don't know

4. Have you had your entire prostate surgically removed (known as a prostatectomy)?

☒ Yes

☐ No

☐ I don't know

5. Where is your prostate cancer currently located (check all that apply)?

- ☒ Lymph Node
- ☐ Bone
- ☐ Liver
- ☐ Lung
- ☐ Brain
- ☒ Other

Please provide details

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- ☐ No Evidence of Disease (NED)
- ☐ I don't know

6. For your advanced prostate cancer (prostate cancer that is outside of the prostate), please check off all therapies that you have previously received or are currently receiving (Check all that apply)

**Hormones**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Lupron (Leuprolide) | <input type="checkbox"/> Zytiga (Abiraterone)     |
| <input type="checkbox"/> Zoladex (Goserelin)            | <input type="checkbox"/> Prostate (Leuprorelin)   |
| <input type="checkbox"/> Casodex (Bicalutamide)         | <input type="checkbox"/> Firmagon (Degarelix)     |
| <input type="checkbox"/> Drogenil (Flutamide)           | <input type="checkbox"/> Suprefact (Buserelin)    |
| <input type="checkbox"/> Nilandron (Nilutamide)         | <input type="checkbox"/> Decapeptyl (Triptorelin) |
| <input type="checkbox"/> Xtandi (Enzalutamide)          |   |

**Chemotherapy**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Taxotere (Docetaxel) | <input type="checkbox"/> Novantrone (Mitoxantrone) |
| <input type="checkbox"/> Taxol (Paclitaxel)              | <input type="checkbox"/> Emcyt (Estramustine)      |
| <input type="checkbox"/> Paraplatin (Carboplatin)        | <input type="checkbox"/> Jevtana (Cabazitaxel)     |
| <input type="checkbox"/> Etopophos / Toposar (Etoposide) |  |

**Other Therapy**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Provenge (Sipuleucel-T) | <input type="checkbox"/> Rubraca (Rucaparib)                    |
| <input type="checkbox"/> Opdivo (Nivolumab)                 | <input type="checkbox"/> Xofigo (Radium-223)                    |
| <input type="checkbox"/> Keytruda (Pembrolizumab)           | <input type="checkbox"/> Zometa (Zoledronic Acid)               |
| <input type="checkbox"/> Yervoy (Ipilimumab)                | <input type="checkbox"/> Xgeva / Prolia (Denosumab)             |
| <input type="checkbox"/> Tecentriq (Atezolizumab)           | <input type="checkbox"/> Quadramet (Samarium SM 153 lexidronam) |
| <input type="checkbox"/> Lynparza (Olaparib)                | <input type="checkbox"/> Metastron (Strontium-89)               |

**Experimental/Clinical Trial**

- ☒ Experiment/Clinical Trial

Please provide details

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- ☒ Other

Please provide details

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7. Please list additional medications, alternative medications, you've taken or lifestyle changes that you've made since your diagnosis with prostate cancer.

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8. Have you had any other types of cancer?

- ☒ Yes  
☐ No  
☐ I don't know

9. What other cancer(s) have you had?

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10. Do you have any family history of prostate and/or breast cancer?

- ☒ Yes  
☐ No  
☐ I don't know

11. How did you find out about this project?

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12. Is there anything else you would like us to know about your prostate cancer?

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13. Do you consider yourself Hispanic, Latino or Spanish?

- ☒ Yes  
☐ No  
☐ I don't know

14. 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

Please provide details

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15. In what year were you born?

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Choose year...



16. What country do you live in?

Choose country...



17. What is your ZIP or postal code?

Zip Code

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 Prostate Cancer Project. If the information that I entered matches a study being conducted by the Metastatic Prostate 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 the database, now or in the future, I can email [info@mpcproject.org](mailto:info@mpcproject.org) and my information will be removed from the database.

SUBMIT



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Contact Us:  
[info@mpcproject.org](mailto:info@mpcproject.org)  
651-293-5029



Broad Institute of MIT and Harvard  
415 Main St, Cambridge, MA  
02142, United States