

Join the movement: tell us about
yourself

Thank you for providing your contact information. Please help us understand more about your angiosarcoma 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@ascp-project.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 angiosarcoma?

Choose month... Choose year...

2. When you were first diagnosed with angiosarcoma, where in your body was it found (select all that apply)?

- ☐ Head/Face/Neck (not scalp)
☐ Scalp
☐ Breast
☐ Heart
☐ Liver
☐ Spleen
☐ Lung
☐ Brain
☐ Lymph Nodes
☐ Bone/Limb
☐ Abdominal Area
☐ Other
☐ I don't know

3. Please select all of the places in your body that you have ever had angiosarcoma (select all that apply).

- ☐ Head/Face/Neck (not scalp)
☐ Scalp
☐ Breast
☐ Heart
☐ Liver
☐ Spleen
☐ Lung
☐ Brain
☐ Lymph Nodes
☐ Bone/Limb
☐ Abdominal Area
☐ Other
☐ I don't know

4. Please select all of the places in your body where you currently have angiosarcoma (select all that apply). If you don't have evidence of disease, please select "No Evidence of Disease (NED)".

- ☐ Head/Face/Neck (not scalp)
☐ Scalp
☐ Breast
☐ Heart
☐ Liver
☐ Spleen
☐ Lung
☐ Brain
☐ Lymph Nodes
☐ Bone/Limb
☐ Abdominal Area
☐ No Evidence of Disease (NED)
☐ Other
☐ I don't know

To help us understand the full scope of how your angiosarcoma was treated, the following questions will ask you separately about surgery, radiation, and any medications, drugs, or chemotherapies you may have received for angiosarcoma.

5. Have you had surgery to remove angiosarcoma?

- ☒ Yes
☐ No
☐ I don't know

If so, did the surgery remove all known cancer tissue (also known as "clean margins")?

- ☐ Yes
☐ No
☐ I don't know

6. Have you had radiation as a treatment for angiosarcoma? If you radiation for other cancers, we will ask you about that later.

- ☐ Yes
☐ No
☐ I don't know

7. Please list the medications, drugs, and chemotherapies you have been prescribed specifically for the treatment of angiosarcoma. It's okay if there are treatments you don't remember. ⁽¹⁾

8. Are you currently being treated for your angiosarcoma?

- ☒ Yes
☐ No
☐ I don't know

Please list the therapies you are currently receiving for angiosarcoma (this can include upcoming surgeries, radiation, or medications, drugs, or chemotherapies).

9. Were you ever diagnosed with any other kind of cancer(s)?

- ☒ Yes
☐ No
☐ I don't know

Please list which cancer(s) and approximate year(s) of diagnosis.

Disease name: Year:

+ADD ANOTHER CANCER

10. Have you had radiation as a treatment for another cancer(s)?

- ☒ Yes
☐ No
☐ I don't know

In what part of your body did you receive radiation for your other cancer(s)?

11. How did you hear about The Angiosarcoma Project?

12. Optional: Tell us anything else you want about yourself and your experience with angiosarcoma. We are asking this so you have an opportunity to tell us things that you feel are important for our understanding of this disease.

13. Do you consider yourself Hispanic, Latino/a 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

15. In what year were you born?

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 Angiosarcoma Project. If the information that I entered matches a study being conducted by the Angiosarcoma 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@ascp-project.org and my information will be removed from the database.

SUBMIT