

Join the movement: tell us about yourself

Thank you for providing your contact information. The Esophageal and Stomach Cancer Project is open to patients in the United States or Canada. Please help us understand more about your esophageal or gastrostomach 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@esproject.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.

- When were you first diagnosed with esophageal or gastrostomach cancer? If you do not remember the month, you can enter just the year.
Choose month: Choose year:
- Where was your cancer located when you were first diagnosed (select all that apply)?
☐ Esophagus
☐ Gastroesophageal Junction (GE Junction)
☐ Gastric/Stomach
☐ Unsure how to answer
- What type of esophageal or gastric/stomach cancer were you diagnosed with?
☐ Squamous Cell Carcinoma
☐ Adenocarcinoma
☐ Unsure how to answer
- Do you currently have evidence of active disease? This means that you have cancer that can be detected by imaging, or seen on an endoscopy.
☐ Yes
☐ No
☐ Unsure how to answer
- Had you been diagnosed with a condition called "Barrett's Esophagus" before your esophageal or gastrostomach cancer diagnosis?
☐ Yes
☐ No
☐ Unsure how to answer
- Did you ever have a surgery with the intent to remove your esophageal or gastrostomach cancer?
☐ Yes
☐ No
☐ Unsure how to answer
- At any time during your treatment for esophageal or gastrostomach cancer did you receive any of the following therapies? Select all that apply. If you do not remember the names of your therapies we can obtain this information from your medical records.
☐ FOLFIRI (5-FU (fluorouracil) + Leucovorin (folinic acid) + Irinotecan (irinotecan))
☐ FOLFOX (5-FU (fluorouracil) + Oxaliplatin (oxaliplatin))
☐ CAPOX (capecitabine (capecitabine) + Oxaliplatin (oxaliplatin))
☐ ECF (Erlotinib (erlotinib) + Capecitabine (capecitabine) + 5-FU (fluorouracil))
☐ EOX (Erlotinib (erlotinib) + Oxaliplatin (oxaliplatin) + Xeloda (capecitabine))
☐ ECX (Erlotinib (erlotinib) + Capecitabine (capecitabine) + Xeloda (capecitabine))
☐ Paclitaxel (paclitaxel) + Docetaxel (docetaxel)
☐ Taxol (paclitaxel) + Paclitaxel (paclitaxel)
☐ Paclitaxel (paclitaxel) + Carboplatin (carboplatin)
☐ Taxotene (docetaxel) + Paclitaxel (paclitaxel) + 5-FU (fluorouracil)
☐ Taxotene (docetaxel) + Docetaxel (docetaxel) + 5-FU (fluorouracil)
☐ Taxotene (docetaxel) + Paclitaxel (paclitaxel) + 5-FU (fluorouracil)
☐ Taxol (paclitaxel)
☐ Taxotene (docetaxel)
☐ Capecitabine (capecitabine)
☐ Cyramza (ramucicab) + Taxol (paclitaxel)
☐ Keytruda (pembrolizumab)
☐ Opdivo (nivolumab)
☐ Yervoy (ipilimumab)
☐ Herceptin (trastuzumab)
☐ CAR T-Cell Therapy
☐ Experimental/Clinical Trial (Click to list here if already listed above)
☐ Other
☐ Unsure how to answer
- Were you ever diagnosed with any other cancers?
☐ Yes
☐ No
☐ Unsure how to answer
- Have you ever been diagnosed with metastatic esophageal or gastric/stomach cancer, also known as "Stage IV" disease? This means that the cancer has spread to other organs or tissues such as the lungs, liver, or abdominal cavity.
☐ Yes
☐ No
☐ Unsure how to answer
- Tell us anything else you would like to about yourself or your cancer.
- In what year were you born?
Choose year:
- In what country do you live? *
Choose country:
- What is your ZIP or Postal Code?
Zip Code:
- Do you consider yourself Hispanic or Latino?
☐ Yes
☐ No
☐ Unsure how to answer
- What is your race (select all that apply, categories derived from 2010 US Census)?
☐ 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
- How did you hear about the project?

I understand that the information I entered here will be stored in a secure database for research studies conducted by the Esophageal and Stomach 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 Esophageal and Stomach Cancer Project and would like the information I entered above deleted from the database, now or in the future, I can email info@esproject.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@esproject.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](#)