



Sarcoma Alliance Peer-to-Peer Network Application

Section 1: Background

First name: _____ Last name: _____

Date of birth: _____ Today's date: _____ Sex: M / F

Address: _____ City _____ State _____ Zip _____

Phone: () _____

Email: _____

My preferred method for communication is

Phone Email Either

About how long have you known about The Sarcoma Alliance? Less than 1 month One to 3 years One to 6 months More than 3 years Six months to 1 year

How did you first hear about The Sarcoma Alliance (SA) Peer-to-Peer Network? SA Website Ad SA Newsletter/Mailing SA Message Board Post Friends/Family SA Online Chat Room Healthcare Provider Other: _____

Are you: a sarcoma survivor (please proceed to section 2) close to someone affected by sarcoma (please skip to section 3)

Section 2: For Sarcoma Survivors

When were you first diagnosed with sarcoma? (mm/yyyy): _____

What was your initial diagnosis? (choose one diagnosis code from list on page 3): _____
If code is "other", please specify: _____

What best describes the location of your primary diagnosis? (choose one location code from the list on page 3) _____

Metastatic disease history: (check only one) Never have had metastases Metastasis at time of initial diagnosis Metastasis found subsequent to initial diagnosis

What types of treatment(s) have you had? (check all that apply) Surgery "Alternative" Therapy Chemotherapy Participation in a clinical trial Radiation Other: _____

Where are you being treated? _____

Which best describes your current state of health? In complete remission Fair Good Poor

Describe any other aspects of your disease history that would help in matching you within the network

Please skip to Section 4

Section 3: For Those Close to Someone Affected by Sarcoma

What is/was your relationship to the person affected by sarcoma? Primary caregiver to a child with sarcoma
 Primary caregiver to an adult with sarcoma
 Other caregiver
 Other: _____

When was the initial diagnosis with sarcoma? (mm/yyyy): _____

What type of sarcoma (choose one diagnosis code from list on page 3): _____
 If code is "other", please specify: _____

What best describes the location of the sarcoma? (choose one location code from list on page 3) _____

Is the person affected by sarcoma still living? Yes / No

If so, is treatment ongoing? Yes / No

If so, when was last treatment? (mm/yyyy)

If so, which term best describes the person's current state of health? In complete remission Fair
 Good Poor

Section 4: Other Information for Matching

What is your preferred role within the peer-to-peer network? to help someone new to the community
 to get support from someone with more experience
 to be matched with someone at a similar level of experience with sarcoma
 no preference

Would you be willing to be matched with more than one person? Yes / No / Maybe

Mark one X in each row below to rate how important it is for you to be matched to someone similar:

	0	1	2	3	4	NA
Age						
Sex						
Disease type						
Disease location						
Current state of health						
Time since initial diagnosis						

0 = not a factor at all
 1 = minimally important
 2 = somewhat important
 3 = very important
 4 = essential
 NA = not applicable

Other information that would help in matching you within the network

Would you like to be added to our newsletter list? Yes / No

Section 5: Statement of Consent

Yes, I wish to participate in The Sarcoma Alliance Peer-to-Peer Network. I hereby authorize The Sarcoma Alliance to use the information listed above for the express purpose of establishing and operating the Peer-to-Peer Network. I avow that I have read the attached guidelines of the Peer-to-Peer Network and agree to abide within all terms listed. I verify that I am at least 18 years of age and that the information I have provided is true and correct to the very best of my knowledge.

 Print Name Signature Date

Mail to: The Sarcoma Alliance, 775 E. Blithedale #334, Mill Valley, CA 94941-1564

Diagnosis Codes		
1 – Alveolar soft part sarcoma	11 – Hemangiopericytoma	19 – Rhabdomyosarcoma
2 – Angiosarcoma	12 – Leiomyosarcoma	20 – Synovial sarcoma
3 – Chondrosarcoma	13 – Liposarcoma	21 – Unclassified/Not otherwise specified (NOS)
4 – Clear cell sarcoma	14 – Malignant fibrous histiocytoma (MFH)	96 – Unknown
5 – Desmoplastic Small Round Cell Tumor (DSRCT)	15 – Malignate Mixed Mullerian Tumor	97 – Error
6 – Endometrial Stromal Tumor (ESS)	16 – Malignant Peripheral Nerve Sheath Tumor (MPNST)	98 – No Diagnosis
7 – Epithelioid sarcoma	17 – Osteosarcoma	99 – Other
8 – Ewing's sarcoma		
9 – Fibrosarcoma		
10 – Gastrointestinal Stromal Tumor (GIST)	18 – Primitive Neuroectodermal Tumor (PNET)	

Location Codes
<u>1 – Upper Extremity</u> (hand, wrist, forearm, upper arm, axilla/armpit, shoulder)
<u>2 – Lower Extremity</u> (foot, ankle, calf, thigh, hip, gluteus)
<u>3 – Abdomen/Trunk</u> (abdominal wall, lower back, retroperitoneal, gastrointestinal tract, small bowel, colorectal, liver, spleen)
<u>4 – Chest</u> (chest wall, ribs, sternum, lungs, breast)
<u>5 – Head / Neck</u> (scalp, face, sinus, nasal tract, ear, base of skull, upper digestive tract e.g. oral cavity, pharynx, larynx)
<u>6 – Female Reproductive Tract</u> (uterus, endometrium, cervix, vagina, ovary)
<u>7 – Genitourinary</u> (testicular region, prostate, bladder, kidney)
<u>8 – Head/Great Vessels</u> (heart, great vessels)
<u>9 – Central Nervous System</u> (brain, spinal cord)
<u>96 – Unknown</u>
<u>97 – Error</u>
<u>98 – No Location</u>