

TRIPLE NEGATIVE BREAST CANCER

Questions for my doctor

- Which treatments do you recommend for me and why?
- When will treatment start? How long will I be in treatment?
- What are the possible side effects? How long will they last? Which ones should I report to you?
- What clinical trials can I join?

What is ShareForCures®?

ShareForCures is an inclusive breast cancer research registry designed to securely connect qualified researchers to clinical, genomic and patient-reported data from a large population that represents people who have or have had breast cancer in the U.S. You provide scientists with a more complete picture of breast cancer and the ability to close gaps in breast cancer research data to make new discoveries faster.



What is triple negative breast cancer (TNBC)?

TNBC is an aggressive breast cancer. TNBC is named this way because these breast cancers are:

- Estrogen receptor-negative (ER-negative)
- Progesterone receptor-negative (PR-negative)
- HER2-negative

This means that these breast cancers do not have estrogen receptors, progesterone receptors, or large amounts of HER2 protein on the surface of the cancer cells. Knowing whether your breast cancer is triple negative is important in planning treatment.

How common is TNBC?

About 15 to 20% of breast cancers in the U.S. are TNBC. Anyone can get TNBC, but it tends to be more common among:

- Younger women
- Black women
- People who have a *BRCA1* inherited gene mutation. The National Comprehensive Cancer Network recommends that people with TNBC get genetic testing.

Treatment options for early TNBC

While TNBC is aggressive, it can be treated successfully. Early TNBC (stage 1-3) is usually treated with some combination of:

- Surgery
- Radiation therapy
- Chemotherapy
- Immunotherapy
- PARP inhibitor therapy (for some people who have a *BRCA1* or *BRCA2* inherited gene mutation)

TNBC tends to respond better to chemotherapy than some other types of breast cancer.

This fact sheet is intended to be a brief overview. For more information, visit [komen.org](https://www.komen.org) or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at helpline@komen.org. Se habla español.

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Resources

Susan G. Komen®

1-877 GO KOMEN
(1-877-465-6636)

komen.org

National Cancer Institute

1-800-4-CANCER
(1-800-422-6237)

cancer.gov/clinicaltrials

Triple Negative Breast Cancer Foundation

1-877-880-TNBC (8622)

tnbcfoundation.org

Breast Cancer Trials

1-888-282-7099

breastcancertrials.org

Related online resources:

- [Breast Cancer Prognosis](#)
- [Breast Cancer Clinical Trials](#)
- [Genetics and Breast Cancer](#)
- [MBC Impact Series: Treatments for Metastatic TNBC](#)
- [MBC Impact Series: Metastatic TNBC](#)
- [Support After a Breast Cancer Diagnosis](#)
- [Research Fast Facts - TNBC](#)

Some people with early TNBC get neoadjuvant chemotherapy (chemotherapy given before surgery). For those who have cancer remaining in the breast after neoadjuvant chemotherapy, the chemotherapy drug capecitabine after surgery may improve survival and lower the risk of breast cancer recurrence (cancer coming back).

Because TNBC tests negative for hormone receptors and the HER2 protein, they can't be treated with hormone therapy or HER2-targeted treatments.

Recurrence of TNBC

Because TNBC is an aggressive breast cancer, early TNBC is more likely than estrogen receptor-positive breast cancer to recur (come back) within the first 5 years after diagnosis. The good news is that after 5 years, the risk of TNBC recurrence is low.

Treatment options for metastatic TNBC

[Metastatic breast cancer](#) (stage 4) is breast cancer that has spread beyond the breast to other parts of the body. For those who have metastatic TNBC, the common treatment is chemotherapy. Some people may also get other drug therapies including:

- [Immunotherapy](#)
- [Trop-2 antibody-drug conjugate therapy](#)
- [PARP inhibitor therapy](#) (for some people who have a *BRCA1* or *BRCA2* inherited gene mutation)
- [HER2-low therapy](#)

Clinical trials

[Clinical trials](#) test the safety and possible benefits of new treatments. They also test new combinations or new doses of standard treatments. People volunteer to join these trials. Joining a clinical trial may offer you the chance to try a new treatment and possibly benefit from it.

If you're newly diagnosed with TNBC, consider joining a clinical trial if there is one right for you. Talk with your doctor or call our Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) or email at clinicaltrialinfo@komen.org for more information.

BreastCancerTrials.org in collaboration with Susan G. Komen® offers a matching service to help you find clinical trials on TNBC.

You're not alone

If you've been diagnosed with TNBC, you're not alone. Many people have been where you are today. They had the same fears and worries, and they faced the same tough choices. While it may be hard, try to maintain your routine as much as you can. Do things you enjoy. Talk to others about how you're feeling and how they can help. Social support can help reduce anxiety and stress, depression and fatigue. Find more information on finding support [here](#).

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