

RESEARCH INVESTMENT AT A GLANCE:
(1982-2025)

More than **\$178 million** in over **270** research grants and nearly **50** clinical trials focused on TNBC

75%
focus on treatment


ABOUT TNBC

Around 15-20% of all breast cancers are diagnosed as [triple negative breast cancer](#) (TNBC). TNBC gets its name because it lacks the three receptors—estrogen (ER), progesterone (PR) and human epidermal growth factor 2 (HER2)—that are present in most breast tumors and can be targeted with many current therapies. People with TNBC do not respond to hormone therapy and most targeted therapies because they lack these receptors. TNBC also tends to grow and spread more aggressively than other types of breast cancer, is more difficult to treat and is more likely to recur within the first five years after diagnosis. That's why more research is needed to better understand TNBC and find new therapies to treat it.

WHAT WE'RE INVESTIGATING

 Studying the benefit of targeting certain immune cells in the body to improve how metastatic TNBC responds to chemotherapy to improve survival.

 Using [big data](#) and computer modeling to identify new immunotherapy drug targets to improve survival for people with TNBC.

 Some obese women with TNBC, particularly Black women, respond better to immunotherapies. Identifying [biomarkers](#) that predict treatment response could help researchers develop more effective, personalized therapies for these women.

IN THE KOMEN RESEARCH PIPELINE:
(1982-2025)

Nearly **550** potential **new research discoveries** (drugs, biomarkers, devices, etc.) focused on TNBC.

SPOTLIGHT


[Learn](#) how Dr. Long Ngyuen is using his Komen Career Transition Award to investigate how a protein called BACH1 reduces the response to immunotherapy in TNBC and whether targeting BACH1 can improve treatment outcomes.

WHAT WE'VE LEARNED FROM KOMEN-FUNDED RESEARCH

- A recent study showed the value of [tumor genomic profiling](#) in young black women with TNBC for better predicting outcomes.
- A liquid biopsy (blood test) that measures [circulating tumor DNA](#) (ctDNA) and circulating tumor cells (CTCs) may help predict the risk of recurrence after chemotherapy for people with TNBC.
- Combination therapy with targeted therapy drugs palbociclib and capivasertib showed promise in treating certain types of TNBC in a recent pre-clinical study.



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