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 a majority of breast tumors and can be targeted with many current therapies. People with TNBC do not respond to hormone therapy and most targeted therapies. 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. More research is needed to better understand this type of breast cancer and to find new therapies to treat it.

Learn more about TNBC here.

WHAT WE’RE INVESTIGATING

- Developing a model that can predict the optimal time frame for follow-up treatment after neoadjuvant chemotherapy for TNBC patients that are at the highest risk of relapse.
- Determining if HBO1, a DNA damage repair protein, is a promising new drug target for patients with TNBC.
- Testing a new therapy targeting ACC1, a protein that helps cancer cells produce and use energy to grow, to treat TNBC.

WHAT WE’VE LEARNED FROM KOMEN-FUNDED RESEARCH

- A novel combination of enzalutamide (Xtandi) and taselisib therapies may be a better treatment option for people with certain types of metastatic TNBC.
- Characteristics in immune cells associated with tumors in women of African ancestry with TNBC may lead to new treatments that reduce disparities in 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.