

**RESEARCH
INVESTMENT
AT A GLANCE:**
(1982-2026)More than **\$183 million** in over
270 research grants and nearly
50 clinical trials focused on TNBC**76%**
focus on
treatment **ABOUT TNBC**

Around 15-20% of all breast cancers in the U.S. 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 the 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 within the first five years after diagnosis than estrogen receptor positive breast cancer. More research is needed to better understand TNBC and to find new therapies to treat it.

WHAT WE'RE INVESTIGATING

Testing a new neoadjuvant vaccine system designed to help the body's own immune system recognize and fight metastatic TNBC cancer and improve responses to immunotherapy.



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:**

(1982-2026)

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

Komen Scholar Dr. Lisa Newman is using her Komen Leadership Grant to study breast tumors from women with African, African American, and European ancestry to better understand how ancestry, migration and reproductive history may influence the development of specific forms of TNBC in diverse populations. Learn more [here](#).

**WHAT WE'VE LEARNED
FROM KOMEN-FUNDED RESEARCH**

- Improved [genetic risk models](#) can better predict breast cancer risk, particularly for TNBC in women of African ancestry, helping to address limitations of earlier tools.
- 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.
- A recent study found that a protein called SMARCA4 is a "tumor suppressor," stopping TNBC tumor cells from growing and spreading to other parts of the body. These findings may lead to the development of new treatment strategies for metastatic TNBC.

[LEARN MORE
ABOUT BREAST
CANCER](#)[MORE KOMEN-
FUNDED
RESEARCH
STORIES](#)[GET
INVOLVED &
SUPPORT
RESEARCH](#)