FACTS FOR LIFE

Triple Negative Breast Cancer

Breast cancer is often referred to as a single disease, however there are many types of breast cancer. The type of breast cancer affects your prognosis (chances of survival) and treatment options.

All breast cancer tumors are tested for estrogen, progesterone and HER2 receptors. Test results are noted on a pathology report. For each type of receptor, a "positive" result means there are many receptors. A "negative" result means there are few or none.

Tumors that test positive can be treated with therapies designed to target cancer cells with these receptors. Tumors that are estrogen and/or progesterone receptor-positive can be treated with hormone therapy (such as tamoxifen and aromatase inhibitors). Tumors that are HER2-positive can be treated with anti-HER2 targeted therapies. These therapies do not work on tumors that test negative, including triple negative breast cancers.

What is triple negative breast cancer?

Triple negative breast cancer (TNBC) is:

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

Who gets triple negative breast cancer?

About 15-20 percent of breast cancers in the U.S.are TNBC. Anyone can get TNBC, but these tumors seem to occur more often in younger women, African-American women and women who have a *BRCA1* gene mutation. They may also be more common among Hispanic women compared to white women.

What makes triple negative cancer unique?

TNBC tends to be more aggressive (grow faster) than some other breast cancers. As with other ER-negative breast cancers, TNBC may recur (come back) early and spread to other parts of the body. It has a poorer prognosis than ER-positive breast cancer for at least the first 5 years after diagnosis. However, if a woman survives 5 years without a recurrence, her chances of survival are high.

Treatment options

Because TNBC does not have estrogen, progesterone or HER2 receptors, hormone therapies and anti-HER2 targeted therapies don't work. So, these therapies aren't used to treat TNBC.

TNBC is usually treated with a combination of surgery, radiation therapy and chemotherapy. As mentioned above, TNBC cannot be treated with hormone therapies or anti-HER2 targeted therapies.

Chemotherapy can work well in TNBC. TNBC may even respond better to chemotherapy than some other types of breast cancer.

Sometimes chemotherapy is given before surgery. This is called neoadjuvant chemotherapy. It may shrink a tumor enough so a woman can have a lumpectomy instead of a mastectomy.

How TNBC responds to neoadjuvant chemotherapy informs prognosis. If a tumor responds well, the chances of survival are higher.

Clinical trials

Clinical trials test the safety and possible benefits of new treatments. They aim to find treatment that is better than current standard treatment. People volunteer to join clinical trials.

BreastCancerTrials.org in collaboration with Susan G. Komen offers a custom matching service to help you find a clinical trial on triple negative breast cancer.

If you are newly diagnosed with TNBC (or any type of breast cancer), we encourage you to consider joining a clinical trial. Talk with your doctor or visit the resources section for more information.

Questions to ask your doctor

- What kind of treatment do I need for TNBC? Why?
- When will it be started? How long will it take?
- What are the possible side effects? How long will they last? Which ones should I report to you?
- Are there any clinical trials I should consider?

Resources

Susan G. Komen®
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

BreastCancerTrials.org
415-476-5777

National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov/clinicaltrials

Triple Negative Breast Cancer Foundation
1-877-880-TNBC (8622)
www.tnbcfoundation.org

Related fact sheets in this series:

- Breast Cancer Prognosis
- Clinical Trials
- Genetics and Breast Cancer
- How Hormones Affect Breast Cancer Risk
- Racial and Ethnic Differences