Approximately 10-20% 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. These receptors can be targeted with many current therapies. Because TNBC lacks all three receptors, it does not respond well to these therapies. TNBC can be more aggressive than other subtypes of breast cancer and is more likely to come back after treatment (recur).

TNBC is also more likely to effect young women, African-American women and people with a BRCA1 mutation. With few treatment options and no targeted therapies specifically for TNBC, more research is needed to better understand how this cancer develops and can be treated more effectively.

Read about Nicole Vasquez’s experience as a young woman diagnosed with TNBC.

http://sog.mn/IsoBByJ

Learn more about triple negative breast cancer
http://sog.mn/lo4hJjG

Our Research Investment

More than $80 million in over 115 research grants and 20 clinical trials focused on TBNC

What We’re Investigating

Identifying and developing new therapies for TNBC and testing them in clinical trials.

Developing strategies for preventing TNBC, including chemoprevention and lifestyle factors such as diet and exercise.

Understanding why African-Americans, young women and women with a BRCA mutation appear to be at higher risk for TNBC.

Read more about how Komen grantee Dr. Jennifer Pietenpol is working to find targeted therapies for TNBC in our Science Buzz series.

http://sog.mn/lyYpOuV

What We’ve Learned from Komen-funded research

There are at least 6 different subtypes of TNBC, each with different abnormalities, which may be treated using drugs that target these abnormalities.

A combination of various standard chemotherapies and a PARP inhibitor drug may be more effective at treating TNBC than chemotherapy alone.

A blood test that detects specific genetic biomarkers may be used to identify TNBC patients with BRCA mutations, resulting in earlier intervention and improved treatment strategies.