

## Questions for my doctor.

- What kind of treatment do I need for TNBC? Why?
- When will it start? 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?



## What is triple negative breast (TNBC) cancer?

TNBC is:

- Estrogen receptor-negative
- Progesterone receptor-negative
- HER2-negative

## Who gets TNBC?

About 15-20 percent of breast cancers in the U.S. are TNBC. Anyone can get TNBC. These tumors seem to occur more often in:

- Younger women
- African-American women
- Women who have a *BRCA1* gene mutation
- Hispanic women compared to white women

People diagnosed with TNBC at age 60 or younger are recommended to get genetic testing for *BRCA1* and *BRCA2* gene mutations.

## Prognosis (chance of survival)

TNBC is often aggressive (fast-growing) and has a poorer prognosis than estrogen receptor-positive breast cancer (for at least the first 5 years after diagnosis). However, after 5 years this difference declines and goes away.

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For more information, visit [komen.org](http://komen.org) or call Susan G. Komen's breast care helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 AM to 10 PM ET.

## Resources

### Susan G. Komen®

1-877 GO KOMEN  
(1-877-465-6636)  
[komen.org](http://komen.org)

### National Cancer Institute

1-800-4-CANCER  
(1-800-422-6237)  
[cancer.gov/clinicaltrials](http://cancer.gov/clinicaltrials)

### Triple Negative Breast Cancer Foundation

1-877-880-TNBC (8622)  
[www.tnbcfoundation.org](http://www.tnbcfoundation.org)

## Related educational resources:

- [Breast Cancer Prognosis](#)
- [Clinical Trials](#)
- [Genetics and Breast Cancer](#)
- [How Hormones Affect Breast Cancer Risk](#)
- [Racial and Ethnic Differences](#)

## Treatment options

TNBC is usually treated with a combination of:

- Surgery
- Radiation therapy or
- Chemotherapy

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

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

### Some treatments under study

Platinum-based chemotherapy drugs (such as carboplatin and cisplatin) are under study for treating TNBC. They may be better at treating TNBC than other chemotherapy drugs, but more study is needed.

Checkpoint inhibitors are a type of immunotherapy drug. These drugs "take the brakes off" the natural factors that limit how the immune system can control tumor cells. Atezolizumab (Tecentriq) is a checkpoint inhibitor immunotherapy drug. Atezolizumab (in combination with

the chemotherapy drug paclitaxel) is FDA-approved as a first treatment for PD-L1-positive metastatic triple negative breast cancer.

PD-L1-positive breast cancers express (have a lot of) programmed cell death protein 1 (PD-L1). Metastatic [triple negative breast cancers](#) should be tested for PD-L1 status.

Another checkpoint inhibitor, pembrolizumab, is also under study for metastatic TNBC.

## Clinical trials

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

[BreastCancerTrials.org](http://BreastCancerTrials.org) in collaboration with Susan G. Komen® offers a custom matching service to help you find clinical trials 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 call our Breast Cancer Clinical Trial Information Helpline at 1-877 GO KOMEN (1-877-465-6636) or email at [clinicaltrialinfo@komen.org](mailto:clinicaltrialinfo@komen.org).

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