



## Questions for my doctor

- Which treatment do you recommend for me and why?
- When will it start? How long will I be in treatment?
- What are the possible side effects? How long will they last? Which ones should I report to you?
- What clinical trials can I join?

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

TNBC is:

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

## Who gets TNBC?

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

- Younger women
- Black women
- People who have a *BRCA1* gene mutation

They may also be more common among Hispanic women compared to white women. People with TNBC at age 60 or younger (and everyone diagnosed with metastatic TNBC) are recommended to get genetic testing.

## TNBC and risk of recurrence

TNBC is often fast-growing. They are more likely than ER-positive breast cancers to recur, at least within the first 5 years after diagnosis. After 5 years, this difference begins to decrease and over time goes away.

This fact sheet is intended to be a brief overview. For more information, visit [komen.org/triplenegative](https://www.komen.org/triplenegative) or call Susan G. Komen's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 a.m. to 10 p.m. ET, or email at [helpline@komen.org](mailto:helpline@komen.org). Se habla español.

## 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)  
[tnbcfoundation.org](http://tnbcfoundation.org)

## Related online resources:

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

If you are newly diagnosed with TNBC, consider joining a clinical trial. Talk with your doctor or call our Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) or email at [clinicaltrialinfo@komen.org](mailto:clinicaltrialinfo@komen.org).

[BreastCancerTrials.org](http://BreastCancerTrials.org) in collaboration with Susan G. Komen® offers a matching service to help you find clinical trials on TNBC.

## Treatment options for TNBC

TNBC is usually treated with a combination of:

- Surgery (with or without radiation therapy)
- Chemotherapy

Chemotherapy works well in people with TNBC. These cancers tend to respond better to chemotherapy than some other types of breast cancer.

Some people with early TNBC may have cancer remaining in their breast after neoadjuvant chemotherapy (given before surgery). The chemotherapy drug capecitabine may lower the risk of recurrence and improve survival.

TNBC isn't treated with hormone therapy because it's ER-negative. TNBC also isn't treated with HER2-targeted therapies, such as trastuzumab (Herceptin), because it's HER2-negative.

## Treatment options for metastatic TNBC

Metastatic TNBC is treated with chemotherapy and other drug therapies.

### Chemotherapy

Platinum-based chemotherapy drugs (such as carboplatin and cisplatin) are options for those with TNBC with a *BRCA1* or *BRCA2* inherited gene mutation.

### Immunotherapy

Immunotherapy drugs help the body's immune system attack cancer cells. "Checkpoint inhibitors" are the most common type of immunotherapy drugs. They "take the brakes off" natural factors that limit how the immune system can control tumor cells.

- **Pembrolizumab** (Keytruda) is a checkpoint inhibitor used to treat metastatic breast cancers that have a high tumor mutational burden. High tumor mutational burden is more common in metastatic TNBC than in other metastatic breast cancers.

### Trop-2 antibody-drug conjugates

Metastatic TNBC cells tend to have higher levels of Trop-2 than other breast cancers.

**Sacituzumab govitecan** (Trodelvy) is a Trop-2 antibody-drug conjugate. It combines a Trop-2 antibody drug and the chemotherapy drug, irinotecan. This combination allows the targeted delivery of irinotecan to cancer cells with Trop-2.

Sacituzumab govitecan helps shrink metastatic TNBC tumors and may improve survival.

## Clinical trials

**Clinical trials** test the safety and possible benefits of new treatments. They also test new combinations or new doses of standard treatments. People volunteer to join these trials.

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