



Questions for my doctor

- Which treatments do you recommend for me and why?
- When will treatment 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 are recommended to get genetic testing.

TNBC and risk of recurrence

TNBC is often fast-growing. It's more likely than ER-positive breast cancer to recur, at least within the first 5 years after diagnosis. After 5 years, the risk of TNBC recurrence is low.

This fact sheet is intended to be a brief overview. For more information, visit komen.org 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. Se habla español.

Resources

Susan G. Komen®

1-877 GO KOMEN
(1-877-465-6636)
komen.org

National Cancer Institute

1-800-4-CANCER
(1-800-422-6237)
cancer.gov/clinicaltrials

Triple Negative Breast Cancer Foundation

1-877-880-TNBC (8622)
tnbcfoundation.org

Related online resources:

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

Treatment options for early TNBC

TNBC is usually treated with some or all of the following:

- Surgery
- Radiation therapy
- Chemotherapy
- Immunotherapy
- PARP inhibitor therapy

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

Treatment options for metastatic TNBC

TNBC is treated with chemotherapy and other drug therapies. Some people with metastatic TNBC may also get other drug therapies including:

- Immunotherapy
- [Trop-2 antibody-drug conjugate therapy](#)
- [PARP inhibitor therapy](#)
- [HER2-low therapy](#)

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. Joining a clinical trial offers you the chance to try a new treatment and possibly benefit from it.

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.

BreastCancerTrials.org in collaboration with Susan G. Komen® offers a matching service to help you find clinical trials on TNBC.

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