

Triple Negative Breast Cancer

Breast cancer is often referred to as a single disease. But, there are many types of breast cancer. It can even be called a family of diseases. All breast cancers start in the breast. So, they are the same in some ways, but differ in others. The type of breast cancer affects prognosis (outcome) and treatment options.

All breast cancer cells are tested for certain proteins (receptors). These tests look for estrogen and progesterone hormones and HER2/neu. If the cells test “positive,” this means there are many receptors. If the cells test “negative,” there are few or none. There are many treatment options for cells that test “positive,” but fewer options for those that don’t. The result of these tests helps guide treatment.

What is triple negative breast cancer?

Triple negative breast cancers (TNBC) are:

- Estrogen receptor-negative (ER-);
- Progesterone receptor-negative (PR-); and
- HER2/neu-negative (HER2-).

So, TNBC does not have any of these receptors that are targets for treatment we have today.



Who gets triple negative breast cancer?

About 15-20 percent of all breast cancers in the U.S. are TNBC. Anyone can get this type of breast cancer. But, research shows that it occurs more often in:

- Younger women
- African American women
- Women who have BRCA1 mutations

What makes triple negative cancer unique?

TNBC is less likely to be found on a mammogram. It is also aggressive. Compared to other breast cancers, it tends to grow faster. It can be treated, but it may recur (come back) early and spread to other parts of the body. Part of the reason is due to the lack of targeted treatments.

TNBC has a poorer outcome (at least for the first five years after diagnosis) than estrogen receptor-positive tumors. Still, if breast cancer hasn’t recurred within five years, the chance of survival is higher. This is good news for five-year survivors.

Treatment options

TNBC is treated with a combination of surgery, radiation and chemotherapy. Because it tests negative for the three receptors mentioned above, it isn't treated with hormone or targeted therapy.

Chemotherapy works well in TNBC. It may work even better for TNBC than for other types of breast cancer.

Sometimes chemotherapy is given before surgery. This is called neoadjuvant chemotherapy. This may shrink a tumor enough so that a lumpectomy becomes an option. The response to this treatment may also give information on prognosis. If TNBC responds well, the chance of survival is higher.

Research

Clinical trials are looking for new targets in TNBC. There are also trials testing new treatments. Research is ongoing.

Resources

BreastCancerTrials.org
415-476-5777

Living Beyond Breast Cancer
1-888-753-5222
www.lbbc.org

National Cancer Institute
1-800-4-CANCER
www.cancer.gov/clinicaltrials

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



Related fact sheets in this series:

- Clinical Trials
- Current Research on Drugs and Treatments
- Genetics and Breast Cancer
- How Hormones Affect Breast Cancer
- Prognostic Factors
- Racial and Ethnic Differences
- Young Women and Breast Cancer

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