

UNDERSTANDING Triple-Negative Breast Cancer (TNBC)

BASICS OF TNBC



TNBC is an **aggressive** form of breast cancer



Higher chance of coming back (recurring) vs other types of breast cancer



Higher chance of becoming metastatic (spreading to other parts of the body) than other types of breast cancer



Limited approved treatment options are available in mTNBC

TNBC accounts for up to **20% OF ALL BREAST CANCERS**



When comparing age-groups, the majority of TNBC cases are diagnosed in women 51-60 years old

However, when women under 40 are diagnosed with breast cancer, it is more likely to be TNBC than if they are diagnosed over 40

Most commonly affects **AFRICAN AMERICAN** and **HISPANIC WOMEN**

RECEPTOR-POSITIVE CANCERS

Certain receptors, or proteins, are found on cancer cells and make them grow faster than normal cells. Cancers are called hormone receptor-positive (HR+) if they have estrogen or progesterone receptors.

ER+

Estrogen receptor-positive (ER+): breast cancer with estrogen receptors

Progesterone receptor-positive (PR+): breast cancer with progesterone receptors

PR+

HER2+

HER2+: breast cancer with HER2 receptors

**TREATMENT FOR THESE
CANCERS WILL **BLOCK** THE
SPECIFIC RECEPTORS**

HER2=human epithelial growth factor receptor 2

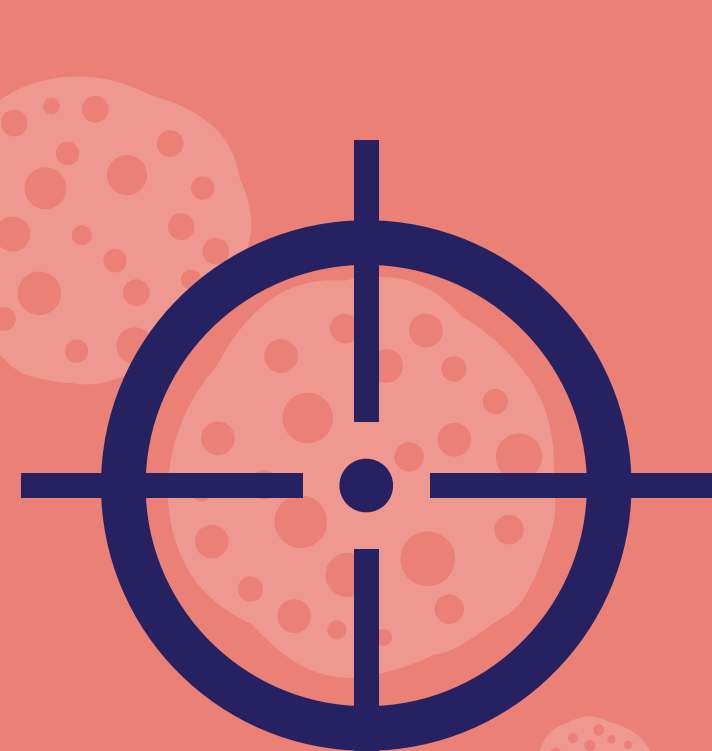
TNBC IS DIFFERENT



TNBC cancer cells do not have estrogen receptors, progesterone receptors, or very much HER2—that is why it is called triple negative



Treatments for ER+, PR+, and HER2+ breast cancers are typically not effective in TNBC



Chemotherapy is the most common treatment, but **THERE ARE FEW APPROVED THERAPIES FOR PEOPLE WITH ADVANCED DISEASE**