



Triple-Negative Breast Cancer in Black and African American Communities

Breast cancer is the second-most common cancer among women in the United States. Men and non-binary people can get breast cancer too.

Black people are as likely to have breast cancer as white people. However, Black people are more likely to:

- develop breast cancer at younger ages
- have triple-negative breast cancer, an aggressive form of breast cancer
- see breast cancer return after treatment
- die of breast cancer (40% more likely than white people)

This fact sheet focuses on triple-negative breast cancer (TNBC). It is for people with TNBC, their families, and others who are concerned about the impact of this disease on the Black and African American community. By learning more, people with TNBC can live longer, healthier lives and help others get screened for breast cancer.

WHAT IS TRIPLE-NEGATIVE BREAST CANCER (TNBC)?

Triple-negative breast cancer is a subtype of breast cancer. It can be invasive, which means that it starts in the ducts or lobes and can spread to surrounding tissue. It can also be inflammatory, which means it begins as a rash and swelling.

Doctors diagnose TNBC through lab tests. They test tumor tissue for the hormone-receptors for estrogen (ER) and progesterone (PR) and for the protein HER2. Breast cancer can be hormone-receptor positive (HR+), HER2 positive (HER2+), or both. A breast cancer that tests negative for both hormone receptors and HER2 is triple-negative.

TNBC can be diagnosed at any stage. Even at early stages, TNBC has fewer treatments than other types of breast cancer. After TNBC has spread to other parts of the body, it is stage 4. Stage 4 is also called metastatic cancer. These cancers are harder to treat. Metastatic TNBC is best treated by an experienced health care team at a top-rated cancer center where clinical trials are more available.

If you are diagnosed with breast cancer, ask for the full name and stage of the breast cancer you have. Treatments that work for one subtype often do not work for others.

WHO GETS TRIPLE-NEGATIVE BREAST CANCER?

Triple-negative breast cancer makes up 10% to 15% of all breast cancers. But this number is even higher in the African American community. Black women are three times as likely as white women to have triple-negative breast cancer. TNBC is also more common in people who carry the BRCA gene mutation and people who develop breast cancer before age 40.

The risk factors for TNBC are mostly the same as those for other breast cancers. Some risk factors can be addressed like maintaining a healthy weight, for example. Other risk factors are beyond our control, like the risk caused by genes passed down through families. TNBC also affects some people with no known risk factors. You can live a very healthy life, have no family history of breast cancer, and still get TNBC.



WHAT CAN HELP?

Early diagnosis helps. The earlier you are diagnosed, the more options you have for treatment and overall cancer care. It also helps to learn more about risk, screening and prevention, and to share this information with others.

- Understand the factors that may lead to breast cancer. Talk about them with your family and loved ones.
- Learn about genetic testing and get tested if it is recommended. Share the results with family.
- Go for regular mammograms and encourage others to do so. People who have a higher risk of breast cancer can ask to have an MRI. An MRI will find breast cancers earlier in women at higher risk for breast cancer.

KNOW YOUR HISTORY AND GET TESTED: GENOMIC TESTING AND GENETIC TESTING

If you or a loved one has TNBC, ask about testing. Two kinds of tests can provide more information about the cancer. They have similar names, but they look for different things.

Genomic or Biomarker Testing

These tests look for biomarkers such as HER2 that play a role in cancer growth. These are characteristics of the cancer, not genes you were born with. A positive biomarker test may mean that you are a good candidate for a specific treatment. PD-L1 is a key biomarker in TNBC, especially metastatic TNBC. Cancers with a high PD-L1 level or that are larger in size are more likely to respond to immunotherapy.



Genetic Testing

Breast cancer can run in Black and African American families through the BRCA gene or Lynch Syndrome. There may be other “cancer genes” researchers have yet to discover. If you have TNBC, ask to have genetic testing, especially if you have a family history of breast or ovarian cancer, have had any type of cancer before, were diagnosed with TNBC at age 60 or younger, or have had breast cancer at age 50 or younger. A genetic counselor will ask you about cancer in your family – who has had it and how old they were. It is okay if you do not know all the answers. If you test positive for BRCA or another cancer gene, talk with the genetic counselor about next steps for you and for your family members.

TNBC REQUIRES THE RIGHT TREATMENT TEAM

Cancer treatment is not the same everywhere. You want to make sure that you receive treatment from a health care team led by an oncologist who:

- Treats many people with triple-negative breast cancer
- Keeps up with the latest breast cancer research
- Is part of a cancer center or health system that offers a variety of breast cancer clinical trials
- Listens to your concerns, answers your questions, and treats you with respect

It is not always easy to talk openly with doctors. A doctor may say something that doesn't make you feel heard or understood.

Trust and communication are important and can lead to better health outcomes. Try to plan in advance for visits with your health care team. Write down what you want to say or ask. Bring a friend or loved one to take notes, ask questions, or just be there for support. Keep asking questions until you understand.

Anyone with TNBC is entitled to a second opinion at any point of the diagnosis and treatment process. Another perspective can help you learn about all your treatment options, gain confidence making decisions about your care, and establish a trusting relationship with your health care team.

CONSIDER CLINICAL TRIALS

Clinical trials find new and better ways to prevent or treat cancer. The U.S. Food and Drug Administration oversees clinical trials to keep patients safe. A clinical trial may be the only way to get promising new treatment options.

Things to know about clinical trials:

- Clinical trials are designed to keep patients safe
- You can leave a clinical trial at any time, for any reason
- No one receives a “sugar pill” or placebo on a cancer treatment trial
- People on clinical trials receive high-quality care
- Not all costs of a trial may be covered by the trial or insurance. Ask about this.
- Some clinical trials may require travel, and others are close by. Some may use telehealth for certain visits.



It is especially critical that people of all backgrounds participate in cancer clinical trials. When you join a clinical trial, you not only help yourself but you help the larger community as well. If your doctor does not know of any clinical trials, consider getting a second opinion to explore all your options.

WHEN CANCER COMES BACK

Doctors still do not understand why some breast cancers come back after treatment. Black people are more likely than white people to see breast cancer return. If your cancer returns, ask to have your tumor tested again for biomarkers. Sometimes cancer that returns is not the exact same cancer you had before. This is also a good time to ask again about clinical trials. There may be new trials or you may be eligible for some you were not before.

TALK ABOUT BREAST CANCER

Even though breast cancer is common, people do not always talk about it. You may not want to burden others or may prefer privacy. You may feel guilt or shame related to a missed screening or lifestyle choice.

These feelings can stand in the way of getting support or finding the best treatment. They also prevent loved ones from getting the information they need to stay healthy.

It is very important to talk about breast cancer with family members. Let your family know who has had cancer, what kind, and how old they were when they had it. If you have genetic testing, share the results even if they are negative. This information can help family members take steps for their health. The more people talk about breast cancer, the more can be learned about how to reduce its toll on families and on the community.

COPING WITH TNBC

TNBC can take a lot out of the person who has it and those who care for them. It requires physical and emotional energy, as well as time and money. You may not be able to do all the things you used to do, at least for a while. It is important to take care of yourself. This may mean putting your needs above other people's, which can be hard to do if you are used to taking care of others. It also might mean advocating to get the care you need to feel as well as possible even when you are uncomfortable or in pain.

It helps to have support. There are many places to turn for support such as talking to a cancer social worker, therapists, or religious leaders. Ask your care team if they can recommend online or in-person support groups. It might take a couple tries to find the person or group, but it can be helpful to connect with people going through similar situations.



COST OF CARE

During cancer treatment and other health care, it is important to know the costs of care and how you can maintain your sense of control.

It's not easy to prepare for treatment related costs. You may not only have bills from your treatment, but also transportation, childcare, and more. Thinking about these potential costs can help you plan and figure out where you need help. If you think you may need financial assistance, look for it as soon as possible.

To learn more about the financial side of cancer and where to go for help visit www.CancerSupportCommunity.org/Cost.

You may find it helpful to work with a financial navigator or counselor. These professionals can help you estimate costs and look for financial assistance. The **Cancer Support Helpline®** can also help you navigate financial issues and provide resources to help manage the costs of cancer and its treatment. The trained Cancer Support Helpline staff can be reached toll-free at 888-793-9355.



QUESTIONS TO ASK YOUR HEALTH CARE TEAM

What kind of breast cancer do I have?

Has the cancer spread to the lymph nodes or other body parts? Where?

Should we do genetic testing? Can you refer me to a genetic counselor?

Have you done biomarker or genomic testing?

What is my PD-L1 or PD-1 level?

Which treatment do you recommend for me and why?

Am I eligible for any clinical trials?

Do you have experience treating triple-negative breast cancer?

How do you keep up with the latest research?

What resources do you have here for support?



TRIPLE NEGATIVE BREAST CANCER INFORMATION & SUPPORT

Find a Clinical Trial · www.cancer.gov/about-cancer/treatment/clinical-trials/search

Find an NCI Cancer Center · www.cancer.gov/research/infrastructure/cancer-centers/find

Sisters Network Inc. · 866-781-1806 · www.sistersnetworkinc.org/resources.html

TOUCH: The Black Breast Cancer Alliance · 443-758-1924 · www.touchbbca.org

Triple-Negative Breast Cancer Foundation · www.tnbcfoundation.org

When We Trial · www.whenwetrial.org

CANCER SUPPORT COMMUNITY RESOURCES

Cancer Support Helpline® — Have questions, concerns or looking for resources? Call CSC's toll-free Cancer Support Helpline (888-793-9355), available in 200 languages Mon-Fri 9am-8pm ET and Sat 9am-5pm ET.

Open to Options® — Preparing for your next appointment? Our trained specialists can help you create a list of questions to share with your doctor. Make an appointment by calling 888-793-9355 or by contacting your local CSC or Gilda's Club.

Frankly Speaking About Cancer® — Trusted information for cancer patients and their loved ones is available through publications, online, and in-person programs.

Services at Local CSCs and Gilda's Clubs — With the help of 170 locations, CSC and Gilda's Club network partners provide services free of charge to people touched by cancer. Attend support groups, educational sessions, wellness programs, and more at a location near you. www.CancerSupportCommunity.org/FindLocation.

Cancer Experience Registry® — Help others by sharing your cancer patient or cancer caregiver experience via survey at www.CancerExperienceRegistry.org.

MyLifeLine — CSC's private, online community allows patients and caregivers to easily connect with friends and family to receive social, emotional, and practical support throughout the cancer journey and beyond. Sign up at www.MyLifeLine.org.

Grassroots Network — Make sure your voice is heard by federal and state policy makers on issues affecting cancer patients and survivors by joining our Network at www.CancerSupportCommunity.org/become-advocate.

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The Cancer Support Community and its partners provide this information as a service. This publication is not intended to take the place of medical care or the advice of your doctor. We strongly suggest consulting your doctor or other health care professionals to answer questions and learn more.

This publication is available to download and print yourself at www.CancerSupportCommunity.org/breast-cancer. For print copies of this publication or other information about coping with cancer, visit Orders.CancerSupportCommunity.org

Frankly Speaking About Cancer: Triple-Negative Breast Cancer PROGRAM PARTNER



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