

TRIPLE NEGATIVE BREAST CANCER

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The research &
support charity

About this booklet

If you've been told you have triple negative breast cancer, you're likely to have lots of questions.

This booklet will help you understand what triple negative breast cancer is, who it affects and how it can be treated.

Being diagnosed with triple negative breast cancer can be a difficult and frightening time, but support is available. You'll find out more in this booklet.

As you read the booklet, you may want to know more about some of the topics covered. You'll see references to our other publications and website, where you can find more information if you need it.

What is triple negative breast cancer?

Triple negative breast cancer is the name given to breast cancer that is:

- Oestrogen receptor negative (ER-negative)
- Progesterone receptor negative (PR-negative)
- HER2-negative

Oestrogen and progesterone receptors

Some breast cancers use oestrogen in the body to help them to grow. These are known as oestrogen receptor positive or ER-positive breast cancers.

Invasive breast cancers are tested to see if they are ER-positive using tissue from a biopsy or after surgery.

Tests will also be done to see if your breast cancer is progesterone receptor positive (PR-positive). Progesterone is another hormone.

If breast cancer does not have oestrogen receptors, it's called oestrogen receptor negative (ER-negative). If it does not have progesterone receptors, it's called progesterone receptor negative (PR-negative).

HER2

Some breast cancer cells have a higher-than-normal level of a protein called HER2 on their surface, which makes them grow more quickly. These are known as HER2-positive breast cancers.

Invasive breast cancers are tested for HER2 levels using tissue from a biopsy or surgery.

If breast cancer cells have a normal level of HER2 on their surface, they're known as HER2-negative.

You can find out more about hormone receptors and HER2 in our booklet **Understanding your pathology results**.

How common is triple negative breast cancer?

Around 15% of all breast cancers are triple negative.

Triple negative breast cancer is more common in:

- Women with an altered BRCA gene, particularly BRCA1 (see page 6)
- Black women
- Women who have not yet reached the menopause
- Women under 40

Some types of primary breast cancer are more likely to be triple negative than others. These include medullary and metaplastic breast cancer.

However, most people with triple negative breast cancer have invasive breast cancer (no special type) as this is the most common type of breast cancer in general.

Find out more about the types of breast cancer at breastcancer.org/tnbc-types

Triple negative breast cancer can be:

- Primary breast cancer – has not spread beyond the breast or lymph nodes under the arm
- Locally advanced breast cancer – has spread to the tissues and lymph nodes around the chest, neck and under the breastbone
- Secondary breast cancer – has spread to another part of the body, such as the bones, lungs, liver or brain

Genetic testing

If you have triple negative breast cancer, you're more likely to have an altered BRCA1 gene than someone whose breast cancer is hormone receptor positive.

Having an altered BRCA1 gene significantly increases the risk of developing breast cancer.

If you were diagnosed with triple negative breast cancer under the age of 60, you should be offered a referral to discuss genetic testing. This may be at a specialist family history clinic or a regional genetics clinic. You should be offered this regardless of your family history of breast cancer.

If you're over 60, you may be referred to a specialist genetics clinic to discuss genetic testing. If this is appropriate in your situation, your treatment team will discuss this with you.

Find out more about genetic testing for altered breast cancer genes on our website **breastcancer.org/tnbc-genetics**

How is triple negative breast cancer treated?

Treatment for primary breast cancer is given to remove the cancer and reduce the risk of it coming back in future.

Treatment for secondary breast cancer aims to control and slow down the spread of the cancer, relieve symptoms and give you the best quality of life for as long as possible. You'll have treatment for as long as your treatment team feels you're benefitting from it and any side effects are manageable.

Chemotherapy

Chemotherapy destroys cancer cells using anti-cancer drugs.

For more information, see our **Chemotherapy for breast cancer** booklet.

Before surgery

Chemotherapy may be used before surgery to slow the growth of a rapidly growing breast cancer. Or it might be given to shrink a larger breast cancer before surgery (this may mean breast-conserving surgery is an option, rather than a mastectomy). It can also be given to destroy any cancer cells that may have spread elsewhere in the body.

Chemotherapy given before surgery is called primary or neo-adjuvant chemotherapy.

You may also have chemotherapy after surgery.

After surgery

Chemotherapy may be used after surgery for primary breast cancer to reduce the risk of cancer returning or spreading. This is called adjuvant chemotherapy.

You may be given chemotherapy in combination with other treatments.

Secondary breast cancer

Chemotherapy can be used to treat secondary breast cancer.

Chemotherapy can control or slow the growth of secondary breast cancer. It can also help relieve some symptoms.

Different chemotherapy drugs are used to treat secondary breast cancer. You may be given them alone or in combination with other treatments.

Surgery

If you have primary breast cancer you will usually have surgery to remove the cancer.

The two main types of breast surgery are:

- Breast-conserving surgery, also known as wide local excision or lumpectomy – removal of the cancer with a margin (border) of normal breast tissue around it
- Mastectomy – removal of all the breast tissue, including the nipple area

Your treatment team will explain why they think a particular operation is best for you.

Most women who have a mastectomy will have the option to have breast reconstruction if they wish.

For more information see our **Treating primary breast cancer** and **Breast reconstruction** booklets.

Surgery to the lymph nodes

Your treatment team will want to check if any of the lymph nodes (glands) under the arm contain cancer cells.

This, along with other information about your breast cancer, helps them decide whether you will benefit from any additional treatment after surgery.

You'll have an ultrasound scan of the underarm before surgery to assess the lymph nodes. Depending on what the scan shows, you may need more tests to see if you need some or all of the lymph nodes removed.

For more information, see our **Treating primary breast cancer** booklet.

Radiotherapy

Radiotherapy uses carefully measured and controlled high energy x-rays. It's used to destroy any cancer cells that may remain after chemotherapy and surgery.

After breast-conserving surgery

If you had breast-conserving surgery (a wide local excision or lumpectomy) you will usually have radiotherapy to the remaining breast tissue on that side.

After a mastectomy

If you had a mastectomy, your treatment team may recommend you have radiotherapy to the chest wall.

Radiotherapy may also be given to the lymph nodes in the lower part of the neck around the collarbone, or in the area near the breastbone (sternum).

For more information, see our **Radiotherapy for primary breast cancer** booklet.

Secondary breast cancer

Radiotherapy can also be used to treat secondary breast cancer. It can be used to control the cancer or relieve symptoms.

Bisphosphonates

Bisphosphonates are a group of drugs that can reduce the risk of breast cancer spreading in post-menopausal women. They can be used if the menopause happened naturally or was due to breast cancer treatment.

Bisphosphonates can also be given for secondary breast cancer in the bone. They're given to strengthen existing bone and reduce damage caused by cancer.

Bisphosphonates can be given as a tablet or into a vein (intravenously).

Your treatment team can tell you if bisphosphonates would be suitable for you.

Targeted therapies

Targeted therapies are a group of drugs that block the growth and spread of cancer.

They target and interfere with processes in the cells that help cancer grow.

PARP inhibitors

PARP inhibitors are a type of targeted therapy that work in cancer cells that have a change in the BRCA gene.

If you have triple negative breast cancer with an altered BRCA gene, your treatment team may talk to you about a drug called olaparib.

Read about olaparib and PARP inhibitors on our website [breastcancer.org/tnbc-parp-inhibitors](https://www.breastcancer.org/tnbc-parp-inhibitors)

Immunotherapy

Immunotherapies are a type of targeted therapy that help the immune system recognise and attack cancer cells.

Immunotherapies are currently only available on the NHS for certain triple negative breast cancers. This may depend on the stage and features of your breast cancer, as well as any previous treatment you've had.

Immunotherapies you may be offered include:

- Sacituzumab govitecan (Trodelvy)
- Atezolizumab (Tecentriq)
- Pembrolizumab (Keytruda)

Speak to your treatment team to see if they're suitable for you.

You may also want to ask your treatment team whether there are any clinical trials you can take part in.

For more information on these treatments and who might be offered them, see our website breastcancer.org/tnbc-immunotherapy

Some breast cancer treatments are of no benefit to people with triple negative breast cancer. These include hormone (endocrine) therapy drugs like tamoxifen, and HER2 targeted therapies such as trastuzumab.

Clinical trials

Clinical trials are trying to find out if different treatments will be helpful in treating triple negative breast cancer.

Cancer Research UK (cancerresearch.org.uk) has a list of current trials for triple negative breast cancer.

You can find out more about clinical trials for secondary breast cancer on the Make 2nds Count website at make2ndscount.co.uk

You can also ask your treatment team about any trials that may be suitable for you.

Is triple negative breast cancer more likely to come back?

Research has shown that the risk of triple negative breast cancer coming back or spreading is higher in the first few years than for some other types of breast cancer.

However, after around 5 years the risks are similar to, and may be lower than, other types of breast cancer.

Further support

Being diagnosed with triple negative breast cancer can be a difficult and frightening time.

Our specialist team are ready to listen on our free Helpline. Call **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). You can also email nurse@breastcancer.org

Find out more about the support services we offer at breastcancer.org/oursupport

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

Life-changing support

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

World-class research

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

Change-making campaigns

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

Could you help?

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to breastcancer.org/give

ABOUT THIS BOOKLET

Triple negative breast cancer was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:
Email health-info@breastcancer.org



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BREAST CANCER NOW

The research &
support charity

Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're looking for information about breast cancer or want to speak to someone who understands, you can rely on us.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **breastcancer.org** for reliable breast cancer information.

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Patient Information Forum

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