

# Triple Negative Breast Cancer (Dr. Eric Winer, February 2009)

When Nancy Block-Zenna was diagnosed in 2005 with the rare and aggressive form of breast cancer known as triple negative breast cancer, two of her friends created the Triple Negative Breast Cancer Foundation (TNBCF) with just \$9,000 to raise awareness and funds for the disease. TNBCF is now a major advocacy organization for women with this form of the disease.

Many of us at Susan G. Komen for the Cure® have admired TNBCF's work, so we were delighted to formalize our relationship recently with a partnership that I hope is the harbinger of even more promising collaborations to come.

Triple negative breast cancer accounts for about 15 percent of all cases in the U.S., which means that approximately 25,000 women are diagnosed with the disease every year. It disproportionately affects younger women and women of color and it has a higher mortality rate than other breast cancers.

Today, we know that breast cancer isn't just one disease with one type of treatment. The disease takes many forms, and is generally described based on the presence or "expression" of three receptors known to fuel most breast cancers: estrogen, progesterone and human epidermal growth factor 2 (HER2).

Triple negative breast cancer does not express HER2, or the estrogen or progesterone receptors. That's why it's called "triple negative." At some point in the near future, we hope to describe triple negative breast cancers based on what they are, not based on what they are not.

Many treatments for breast cancer available today use the HER2, estrogen receptor or progesterone receptor as a target. But because those receptors just aren't present or active, hormone treatments and HER2-targeted therapies won't work for TNBC patients.

Currently, various types of chemotherapy, and perhaps the anti-angiogenic drug bevacizumab (Avastin) are the only effective systemic therapies for TNBC. Chemotherapy is usually given after a woman has initial breast surgery, but it may be given prior to surgery as well.

And while chemotherapy actually works better in TNBC cases than in other forms of breast cancer, it doesn't work for everyone and just doesn't work well enough for some patients. Many women also receive radiation in addition to chemotherapy.

Some people have thought that TNBC is an automatic death sentence. In fact, most women with TNBC do quite well, even years after beginning treatment. The problem, however, is that a substantial minority do not do as well.

Komen began funding Promise Grants in 2008 to accelerate the pace of research with the hope of delivering cures more rapidly. Our first grants were targeted to inflammatory breast cancer (another highly challenging form of breast cancer), to understanding how obesity may affect the progression of breast cancer, and to development of new treatments for estrogen receptor-negative breast cancer.

Komen is making it clear to researchers around the world that we want to do more about TNBC. We have asked researchers to submit grants that specifically focus on the triple negative breast cancer issue. Such a signal is bound to increase research in this area.

The partnership between Komen and the Triple Negative Breast Cancer Foundation is emblematic of what we need to be doing more often as we move toward the goal of a world free of breast cancer. Advocacy groups wherever – and whenever – need to combine their financial as well as intellectual resources to produce better results faster.