**Triple Negative Breast Cancer (TNBC)**

is an aggressive form of cancer that disproportionately impacts women who are medically underserved.

*Increase funding to raise awareness of TNBC and improve early detection and survival.*

**THE FACTS ABOUT TRIPLE NEGATIVE BREAST CANCER (TNBC)**

Women diagnosed with TNBC often have a poor prognosis and lower rates of survival.

- **Approximately 10-20% of breast cancers** in the U.S. are TNBC²
- A larger proportion of women diagnosed with TNBC receive their *diagnosis at a later stage of the disease*¹
- TNBC is *aggressive* and more likely to progress into severe stages of disease¹
- TNBC patients have a *high rate of disease recurrence*¹
- Women with TNBC have very *few treatment options* available⁴
- There is a high *risk of metastasis* (spreading) to other vital organs, including the lungs and brain¹
- TNBC patients' *risk of death is 2x higher* than other types of breast cancer⁴
- Almost all patients with metastatic TNBC *eventually die of their disease*¹
- Women with the *BRCA1 gene mutation* are at increased risk of developing TNBC³
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**THE DISPROPORTIONATE IMPACT OF TNBC**

Anybody can be diagnosed with TNBC, but Black and Hispanic communities experience significantly worse outcomes.

- **TNBC is more common in young women**
- **Black women are three times as likely to be diagnosed with TNBC than non-Hispanic white women and TNBC tumors tend to be larger⁶,⁷**
- Black patients are diagnosed later when treatment is *less likely to be effective*⁷
- **Black women have the lowest survival rate at each stage of diagnosis⁴**
- **Hispanic women are also diagnosed with the TNBC subtype more often than white women**
- **Hispanic women have a higher risk of mortality from TNBC compared to non-Hispanic white women⁵**

- **Young Women**
  - TNBC is *more common* in young women
  - Those *under the age of 40* diagnosed with breast cancer are *nearly twice as likely* to have TNBC than women aged 50-64⁵

- **Black Women**
  - Black women are *three times as likely* to be diagnosed with TNBC than non-Hispanic white women and TNBC tumors tend to be larger⁶,⁷
  - Black patients are diagnosed later when treatment is *less likely to be effective*⁷
  - **Black women have the lowest survival rate at each stage of diagnosis⁴**

- **Hispanic Women**
  - Hispanic women are also diagnosed with the TNBC subtype *more often* than white women
  - Hispanic women have a *higher risk of mortality from TNBC* compared to non-Hispanic white women⁵
Triple Negative Breast Cancer

care is failing our mothers, daughters, family, and friends.

Most current clinical guidelines and medical practice patterns for breast cancer screenings fail to include the recognized risk factors for TNBC and disproportionately jeopardize the health and survival of Black and Hispanic women.

Race, ethnicity, socio-economic status, and insurance type are indicators for worse TNBC outcomes in the U.S.

93% increased risk of death for women who are uninsured or Medicaid-insured compared to women with private insurance

38% increased risk for Black women to be diagnosed with Stage IV TNBC than white women

57% decrease in Black-white breast cancer mortality disparity if screening for Black women started at age 40

Black women and Hispanic women are less likely to receive guidelines adherent care for TNBC care and are more likely to die related to TNBC

Only 15% of eligible women are supported through the NBCCEDP due to inadequate funding levels.

Increase NBCCEDP funding by $15 million to raise awareness about TNBC and incorporate additional screening and diagnostic services to reach more undersupported women in need of treatment for this aggressive form of breast cancer.

Reauthorize the NBCCEDP by supporting the SCREENS for Cancer Act of 2022.

As TNBC is an aggressive form of cancer, delays in breast cancer screening due to the COVID-19 pandemic can be exceptionally devastating for women with TNBC.
References


10. Lu Chen and Christopher I. Li, Racial Disparities in Breast Cancer Diagnosis and Treatment by Hormone Receptor and HER2 Status, Cancer Epidemiol Biomarkers Prev November 1 2015 (24) (11) 1666-1672; DOI: 10.1158/1055-9965.EPI-15-0293

