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.

- Women with the BRCA1 gene mutation are at increased risk of developing TNBC.
- TNBC is aggressive and more likely to progress into severe stages of disease.
- TNBC patients have very few treatment options available.
- There is a high risk of metastasis (spreading) to other vital organs, including the lungs and brain.
- Women with TNBC have a high rate of disease recurrence.
- TNBC patients’ risk of death is 2x higher than other types of breast cancer.
- Almost all patients with metastatic TNBC eventually die of their disease.

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.
- Those under the age of 40 diagnosed with breast cancer are nearly twice as likely to have TNBC than women aged 50-64.
- Black women are three times as likely to be diagnosed with TNBC than non-Hispanic white women and TNBC tumors tend to be larger.
- Black patients are diagnosed later when treatment is less likely to be effective.
- Black women have the lowest survival rate at each stage of diagnosis.
- 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 women.
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 insurance⁹

38% increased risk for Black women to be diagnosed with Stage IV TNBC than white women¹⁰

57% decrease in Black-white breast cancer mortality disparity if screening for Black women started at age 40¹¹

Black women and Hispanic women are less likely to receive guidelines adherent care for TNBC care and are more likely to die related to TNBC¹²,⁴

THIS SITUATION IS UNACCEPTABLE AND IMMEDIATE CHANGES ARE NEEDED.

Policy Actions to Improve the Care, Outcomes and Survival of Women at Risk for TNBC

**INCREASE EDUCATION**
More education is urgently needed to raise TNBC risk awareness among Black, Hispanic, and young women and the providers who care for them

**PROMOTE EARLY DIAGNOSIS**
Black, Hispanic and young women at increased risk of late stage TNBC diagnosis must be identified by providers and have earlier access to screening services

**INCREASE PATIENT AFFORDABILITY**
Barriers in the form of patient cost-sharing requirements for diagnostic services and treatments must be removed to promote timely delivery of care

**PROVIDE PATIENT NAVIGATION**
These essential services must be reimbursed and consistently available to help women receive the most clinically appropriate care

**INVEST IN TNBC SPECIFIC RESEARCH**
More data is needed on the impact of TNBC on Black, Hispanic, and young women to drive reforms in guidelines and clinical recommendations

**ADVANCE EQUITY IN CLINICAL TRIALS**
Support stakeholders to increase diversity and participation in clinical trials

**UTILIZE EQUITY METRICS**
Incentivize providers to improve patient care through health equity-focused quality metrics developed to mitigate breast cancer disparities

Tigerlily Foundation
Dedicated through Transformative Effort
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
