

# Fact Sheet

## Did You Know?

African Americans under age 40 who are living at low socio-economic status have the highest risk for a diagnosis of Triple Negative Breast Cancer—nearly three times greater than other women.\*



## What You Can Do:

- Begin monthly breast self-exams at least by age 20
- Have yearly clinical breast exams by your healthcare provider
- Talk with your doctor about having a breast ultrasound or mammogram if you are under age 40 and find a breast lump

\* Sources: BreastCancer.org and About.com

## Triple Negative Breast Cancer

**T**riple Negative Breast Cancer (“TNBC”) is a subtype of breast cancer defined by its lack of three “receptors”— a substance inside breast cells that contribute to cancer. The three receptors lacking in TNBC are estrogen, progesterone, and HER2. Women who have TNBC do not have these three receptors.

What makes treatment for TNBC so difficult is that doctors typically target these receptors with cancer drug therapies. However, without the hormonal estrogen and progesterone receptors, nor the HER2 receptor, these targeted drug therapies are not effective. This reduces the treatment options for TNBC to surgery, chemo and radiation therapies.

TNBC is sometimes called “Basal-like” for its resemblance to the basal cells that line the breast ducts. It is more aggressive than most breast cancers, and a higher grade--meaning more likely to be invasive.

Young women of African descent are especially vulnerable to TNBC, and research is underway in both the United States and West Africa to explore the possible genetic predisposition to TNBC for women of the African Diaspora.

Despite difficulty in treating TNBC, it *is* treatable. Much success has been achieved with chemotherapy. The critical factor and greatest predictor of survival is early detection. Please follow the “What You Can Do” tips listed here, and be sure to share them with your family, sistahfriends, and colleagues.

