

About triple-negative breast cancer

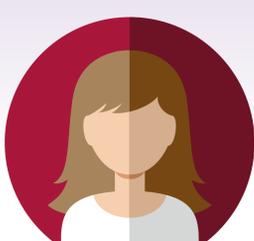
Despite being the rarest form, it accounted for **15-20%**¹ of the over 2 million new breast cancer cases in 2018²



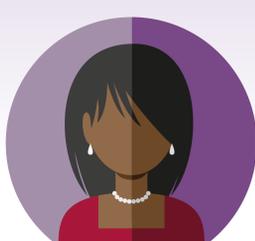
Medical literature shows that the first mention of **triple-negative breast cancer** was in October 2005³

Who is affected?

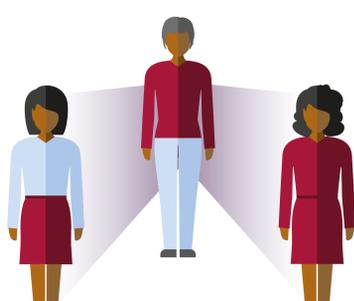
Triple-negative breast cancer is more commonly diagnosed in women who:



Are under the age of 40 or 50⁴



Are African American or Hispanic^{4,5}



Have a family history of breast cancer⁶

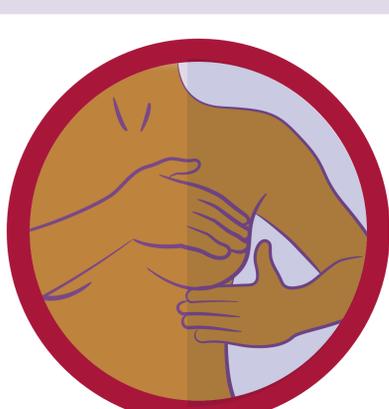


Have a mutation in the **BRCA1** gene⁶

A high unmet medical need

Compared with other forms of breast cancer, **triple-negative breast cancer**:

Is more aggressive,⁷ and causes more rapid progression and shorter overall survival



Can be more difficult to diagnose, as younger women have denser breast tissue and **standardised mammograms are not yet recommended**⁸

Reduces the likelihood of surviving the first 5 years after diagnosis⁹

Has an increased likelihood of returning to other areas of the body,¹⁰ with the lungs and brain being the most likely sites of distant recurrence³



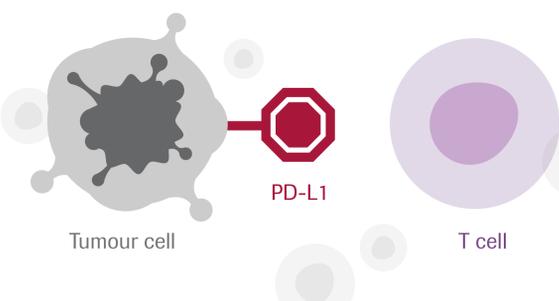
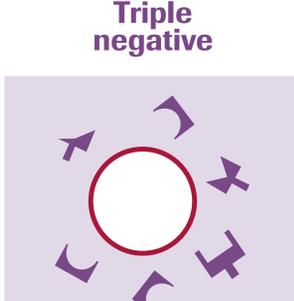
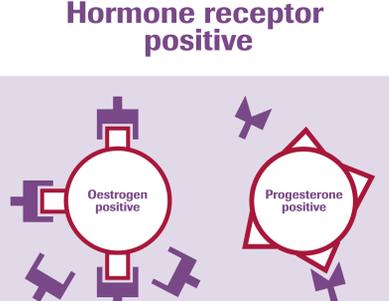
The science of triple-negative breast cancer

Called '**triple-negative**' because the three most common types of receptors known to promote the growth of breast cancer cells are not present in the tumour:^{10,11}

Hormone receptor positive

HER2 receptor positive

Triple negative



Some **triple-negative breast cancer** cells express a protein called **PD-L1**, which enables cancer cells to **evade the immune system**¹¹

The challenge of treating triple-negative breast cancer



People with metastatic triple-negative breast cancer exhibit poor clinical outcomes



No consistent standard of care and clinical practice patterns vary worldwide



Cytotoxic chemotherapy remains the mainstay of treatment⁹



It does not respond to hormone therapy or HER2-targeted agents⁹



New treatment options are needed for people living with this disease



Immune checkpoint inhibitors, which target the PD-L1 and PD-1 proteins, may represent a potential new treatment option for people with triple-negative breast cancer¹¹

References
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