



THROUGH OUR LENS

FALL 2025

METASTATIC TRIPLE-NEGATIVE BREAST CANCER

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SCAN ME

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Why are women of color disproportionately impacted?

“One in 5 [Black women] is uninsured. Women with financial hardships can furthermore face challenges in completing comprehensive multidisciplinary breast cancer management because the frequency of treatment visits will generate costs related to transportation, food security, childcare, and time away from work.”

— Erica Stringer-Reasor, MD, director of the breast cancer program at UAB O'Neal Comprehensive Cancer Center

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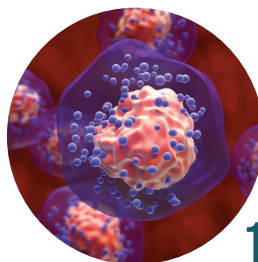
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GETTY IMAGES

THE LATEST ON

Metastatic Triple-Negative Breast Cancer



THE LINK BETWEEN TNBC AND DIABETES

TNBC is the most aggressive form of breast cancer, and it can be worse for people who have obesity-driven diabetes. A new study helps explain why. In lab experiments, researchers found that substances given off by fat cells can interact with TNBC cells and help them grow faster, spread more easily, and survive cancer treatments meant to destroy them. Aided by fat cells, TNBC cells may be more likely to spread to the brain. The researchers concluded that women with TNBC and obesity-driven diabetes could benefit from closer monitoring of their cancer and from better control of their diabetes and obesity.

SOURCE: *Molecular Cancer Research*

HAVE YOU HAD A BRAIN SCAN?

Brain metastases in advanced breast cancers may be more common than previously believed. Among brain scans of 101 women with stage IV breast cancer, 18% of women with TNBC had brain metastases even though they didn't have symptoms. Six months after the first brain scan, even more women had developed metastases in the brain. The study suggests that women with metastatic breast cancer may benefit from routine brain scans regardless of their symptoms.

SOURCE: *Neuro-Oncology*

310,720

Number of new cases of female breast cancer last year.

SOURCE: National Cancer Institute

HAVE WE TRIED EVERYTHING?

Black women are more likely than others to get triple-negative breast cancer (TNBC). Yet they are less likely to be offered immunotherapy. Is that because they are less likely to benefit from this type of drug? A recent study aimed to find out. Researchers analyzed the medical records of 10,724 women with TNBC, both early-stage and metastatic. The study confirmed that Black women received this type of drug less often than others, but when they did have this treatment, they were just as likely to benefit from it as women of other races. Ask your doctor if you've tried all effective medications available to you.

SOURCE: *Journal of the American Medical Association*



UP TO 1 IN 5

Number of breast cancers that are the triple-negative type.

SOURCE: Susan G. Komen



This

is why I choose TRODELVY

Actor portrayals.

Get more time with TRODELVY

In the phase 3 clinical trial for pretreated mTNBC, half of those who received TRODELVY were alive at 11.8 months compared to 6.9 months for traditional chemo (median overall survival).

Is TRODELVY right for you? Talk to your healthcare provider today.

mTNBC = metastatic triple-negative breast cancer

Turn the page to read tips for talking with your doctor from **Tiana, a woman receiving TRODELVY**

WHAT IS TRODELVY?

TRODELVY[®] (sacituzumab govitecan-hziy) is a prescription medicine used to treat adults with triple-negative breast cancer (negative for estrogen and progesterone hormone receptors and HER2) that has spread to other parts of the body (metastatic) or cannot be removed by surgery, and who have received two or more prior treatments, including at least one treatment for metastatic disease.

It is not known if TRODELVY is safe and effective in people with moderate or severe liver problems or in children.

IMPORTANT SAFETY INFORMATION

TRODELVY can cause serious side effects, including low white blood cell count and diarrhea:

- **Low white blood cell count (neutropenia)** is common and can sometimes be severe and lead to infections that can be life-threatening or cause death as early as the first cycle of treatment. Your healthcare provider should check your blood cell counts during treatment and may give a medicine to help prevent neutropenia starting in the first cycle of treatment if you have an increased risk for developing low white blood cell count with a fever (febrile neutropenia). If your white blood cell count is too low, your healthcare provider may need to delay treatment or lower your dose, give you a medicine to treat low blood cell count, or in some cases may permanently stop TRODELVY. Your healthcare provider may need to give you antibiotic medicines if you develop fever while your white blood cell count is low. **Call your healthcare provider right away if**

IMPORTANT SAFETY INFORMATION (cont'd)

you develop any of the following signs of infection: fever, chills, cough, shortness of breath, or burning or pain when you urinate.

- **Severe diarrhea.** Diarrhea is common and can be severe. Severe diarrhea can lead to loss of too much body fluid (dehydration) and kidney problems. Your healthcare provider should monitor you for diarrhea and give you medicine as needed to help control it. If you lose too much body fluid, your healthcare provider may need to give you fluids and electrolytes to replace body salts. If you develop diarrhea during your treatment with TRODELVY, your healthcare provider should check to see if it may be caused by an infection. Your healthcare provider may decrease your dose, delay treatment, or permanently stop TRODELVY if your diarrhea is severe and cannot be controlled with anti-diarrheal medicines.
- **Call your healthcare provider right away** the first time that you get diarrhea during treatment with TRODELVY; if you have black or bloody stools; if you have symptoms of dehydration, such as lightheadedness, dizziness, or faintness; if you are unable to take fluids by mouth due to nausea or vomiting; or if you are not able to get your diarrhea under control within 24 hours.

Do not receive TRODELVY if you have had a severe allergic reaction to TRODELVY. Ask your healthcare provider if you are not sure.

Allergic and infusion-related reactions can be serious and life-threatening. Tell your healthcare provider or nurse right away if you get any of the following symptoms during your infusion of TRODELVY or within 24 hours after: swelling of your face, lips, tongue, or throat; hives; skin rash, itching, or flushing of your skin; fever; difficulty breathing or wheezing; lightheadedness, dizziness, feeling faint, or pass out; or chills or shaking chills (rigors).

Nausea and vomiting are common and can sometimes be severe. Before each dose of TRODELVY, you will receive medicines to help prevent nausea and vomiting along with medicines to take home with instructions about how to take them. Call your healthcare provider right away if you have nausea or vomiting that is not controlled with the medicines prescribed for you. Your healthcare provider may decide to decrease your dose, delay treatment, or permanently stop TRODELVY if your nausea and vomiting is severe and cannot be controlled with anti-nausea medicines.

Before receiving TRODELVY, tell your healthcare provider about all of your medical conditions, including if you:

- have been told that you carry a gene for UGT1A1*28, which can increase your risk of getting side effects with TRODELVY, especially low white blood cell counts, with or without a fever, and low red blood cell counts.

- have liver problems.
- are pregnant or plan to become pregnant. TRODELVY can harm your unborn baby. Your healthcare provider should check to see if you are pregnant before you start receiving TRODELVY. TRODELVY may cause fertility problems in females, which could affect your ability to have a baby. Talk to your healthcare provider if fertility is a concern for you.
 - Females who can become pregnant should use effective birth control during treatment and for 6 months after your last dose of TRODELVY. Talk to your healthcare provider about birth control choices that may be right for you during this time. Tell your healthcare provider right away if you become pregnant during treatment with TRODELVY.
 - Males with a female partner who can become pregnant should use effective birth control during treatment and for 3 months after your last dose of TRODELVY.
- are breastfeeding or plan to breastfeed. It is not known if TRODELVY passes into your breastmilk and can harm your baby. Do not breastfeed during treatment and for 1 month after your last dose of TRODELVY.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain medicines may affect the way TRODELVY works.

The most common side effects of TRODELVY include

decreased white blood cell (leukocyte and lymphocyte) and red blood cell counts, feeling tired or weak, hair loss, constipation, increased sugar levels in the blood, decreased protein levels (albumin) in the blood, decreased appetite, changes in kidney function test, increased levels of enzyme called alkaline phosphatase in the blood (test for liver or bone problems), and decreased levels of magnesium, potassium, and sodium in the blood.

These are not all of the possible side effects of TRODELVY. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see Important Facts about TRODELVY, including Important Warning on the following page.

Study details: In a clinical trial of 529 adults with previously treated metastatic TNBC (267 on TRODELVY, 262 on traditional chemotherapy including eribulin, capecitabine, gemcitabine, or vinorelbine), half of patients receiving TRODELVY lived without cancer progression for 4.8 months compared with 1.7 months for those receiving traditional chemotherapy (median progression-free survival).



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Let yourself be heard

Tiana shares her tips for talking with your doctor

No two people with metastatic breast cancer (mBC) have the exact same needs. There's no standard script for conversations with your healthcare provider—and everyone has different comfort levels with expressing their thoughts and concerns. So, how do you make sure your voice is heard?

Tiana, a woman receiving TRODELVY, shared her perspective on communicating with her healthcare team.

WHAT IS TRODELVY?

TRODELVY® (sacituzumab govitecan-hziy) is a prescription medicine used to treat adults with:

- triple-negative breast cancer (negative for estrogen and progesterone hormone receptors and HER2) that has spread to other parts of the body (metastatic) or cannot be removed by surgery, and who have received two or more prior treatments, including at least one treatment for metastatic disease.
- hormone receptor (HR)-positive and human epidermal growth factor receptor 2 (HER2)-negative breast cancer that has spread to other parts of the body or cannot be removed by surgery, and who previously received endocrine therapy and at least two additional treatments for metastatic disease.

Please see Important Facts about TRODELVY, including Important Warning on low white blood cell count and severe diarrhea, on the next page.



If you're interested in talking to your doctor about TRODELVY, scan the QR code to access a discussion guide.



Ambassadors featured are compensated by Gilead. This page features the experiences of people being treated with TRODELVY at the time of the interview. These experiences may have changed since, and your experience may be different.

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TRODELVY®
sacituzumab govitecan-hziy
180 mg for injection

TRODELVY® (troh-DELL-vee)

(sacituzumab govitecan-hziy) for injection, for intravenous use

MOST IMPORTANT INFORMATION ABOUT TRODELVY

TRODELVY can cause serious side effects, including:

- **Low white blood cell count (neutropenia)** is common and can sometimes be severe and lead to infections that can be life-threatening or cause death as early as the first cycle of treatment. Your healthcare provider should check your blood cell counts during treatment and may give a medicine to help prevent neutropenia starting in the first cycle of treatment if you have an increased risk for developing low white blood cell count with a fever (febrile neutropenia). If your white blood cell count is too low, your healthcare provider may need to delay treatment or lower your dose, give you a medicine to treat low blood cell count, or in some cases may permanently stop TRODELVY. Your healthcare provider may need to give you antibiotic medicines if you develop fever while your white blood cell count is low. **Call your healthcare provider right away if you develop any of the following signs of infection:**

- fever
- cough
- burning or pain when you urinate
- chills
- shortness of breath

- **Severe diarrhea.** Diarrhea is common and can be severe. Severe diarrhea can lead to loss of too much body fluid (dehydration) and kidney problems. Your healthcare provider should monitor you for diarrhea and give you medicine as needed to help control it. If you lose too much body fluid, your healthcare provider may need to give you fluids and electrolytes to replace body salts. If you develop diarrhea during treatment with TRODELVY, your healthcare provider should check to see if it may be caused by an infection. Your healthcare provider may decrease your dose, delay treatment, or permanently stop TRODELVY if your diarrhea is severe and cannot be controlled with anti-diarrheal medicines.

Call your healthcare provider right away:

- the first time that you get diarrhea during treatment with TRODELVY
- if you have black or bloody stools
- if you have symptoms of dehydration, such as lightheadedness, dizziness or faintness
- if you are unable to take fluids by mouth due to nausea or vomiting
- if you are not able to get your diarrhea under control within 24 hours

ABOUT TRODELVY

TRODELVY is a prescription medicine used to treat adults with:

- triple-negative breast cancer (TNBC), which is estrogen and progesterone hormone receptor (HR)-negative and human epidermal growth factor receptor 2 (HER2)-negative that has spread to other parts of the body (metastatic) or cannot be removed by surgery, **and** who have previously received two or more prior treatments, including at least one treatment for metastatic disease.
- HR-positive and HER2-negative breast cancer that has spread to other parts of the body or cannot be removed by surgery, **and** who previously received endocrine therapy **and** at least two additional treatments for metastatic disease.

It is not known if TRODELVY is safe and effective in people with moderate or severe liver problems or in children.

Do NOT receive TRODELVY if you have had a severe allergic reaction to TRODELVY. Ask your healthcare provider if you are not sure.

POSSIBLE SIDE EFFECTS OF TRODELVY

TRODELVY can also cause serious side effects, including:

- **Allergic and infusion-related reactions** can be serious and life-threatening. Tell your healthcare provider or nurse right away if you get any of the following symptoms during an infusion or within 24 hours after:
 - swelling of your face, lips, tongue, or throat
 - difficulty breathing or wheezing
 - hives
 - lightheadedness, dizziness, feeling faint or pass out
 - skin rash, itching, or flushing of your skin
 - chills or shaking chills (rigors)

IMPORTANT FACTS

This is only a brief summary of important information about TRODELVY and does not replace talking to your healthcare provider about your condition and your treatment.

POSSIBLE SIDE EFFECTS OF TRODELVY (cont'd)

- **Nausea and vomiting** are common and can sometimes be severe. Before each dose of TRODELVY, you will receive medicines to help prevent nausea and vomiting along with medicines to take home with instructions about how to take them. Call your healthcare provider right away if you have nausea or vomiting that is not controlled with the medicines prescribed for you. Your healthcare provider may decide to decrease your dose, delay treatment, or permanently stop TRODELVY if your nausea and vomiting is severe and cannot be controlled with anti-nausea medicines.

The most common side effects of TRODELVY include decreased white blood cell (leukocyte and lymphocyte) and red blood cell counts, feeling tired or weak, hair loss, constipation, increased sugar levels in the blood, decreased protein levels (albumin) in the blood, decreased appetite, changes in kidney function test, increased levels of enzyme called alkaline phosphatase in the blood (test for liver or bone problems), and decreased levels of magnesium, potassium, and sodium in the blood.

TRODELVY may cause fertility problems in females, which could affect your ability to have a baby. Talk to your healthcare provider if fertility is a concern for you.

Before and during treatment with TRODELVY, your healthcare provider will need to do tests to monitor your health. Tell your healthcare provider right away if you have any new symptoms while taking TRODELVY.

These are not all of the possible side effects of TRODELVY. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

BEFORE RECEIVING TRODELVY

Tell your healthcare provider about all of your medical conditions, including if you:

- have been told that you carry a gene for UGT1A1*28, which can increase your risk of getting side effects with TRODELVY, especially low white blood cell counts, with or without a fever, and low red blood cell counts.
- have liver problems.
- are pregnant or plan to become pregnant. TRODELVY can harm your unborn baby. Your healthcare provider should check to see if you are pregnant before you start receiving TRODELVY.
 - Females who can become pregnant should use effective birth control during treatment and for 6 months after your last dose of TRODELVY. Talk to your healthcare provider about birth control choices that may be right for you during this time. Tell your healthcare provider right away if you become pregnant during treatment with TRODELVY.
 - Males with a female partner who can become pregnant should use effective birth control during treatment and for 3 months after your last dose of TRODELVY.
- are breastfeeding or plan to breastfeed. It is not known if TRODELVY passes into your breastmilk and can harm your baby. Do not breastfeed during treatment and for 1 month after your last dose of TRODELVY.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain medicines may affect the way TRODELVY works.

HOW TO RECEIVE TRODELVY

- Your healthcare provider will give you TRODELVY into your vein through an intravenous (IV) line.
- TRODELVY is given 1 time each week, on Day 1 and on Day 8 of a 21-day treatment cycle.
- You will receive the first dose over 3 hours; if well-tolerated, future doses may be given over 1 to 2 hours.
- Before each dose, you will receive medicines to help prevent infusion-related reactions, and nausea and vomiting.
- You will be monitored for side effects during and for at least 30 minutes after you receive each infusion of TRODELVY.
- Your healthcare provider may slow down or temporarily stop your infusion if you have an infusion-related reaction, or permanently stop TRODELVY if you have a life-threatening infusion-related reaction.
- Your healthcare provider will decide how long you stay on treatment.

GET MORE INFORMATION

This is only a brief summary of important information about TRODELVY. Talk to your healthcare provider or pharmacist to learn more. To learn more, go to TRODELVY.com or call 1-844-TRODELVY (1-844-876-3358)



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UNEQUAL BURDEN

Why are women of color disproportionately impacted by mTNBC?

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

You may have heard that breast cancer is the No. 1 cancer diagnosed in people assigned female at birth (AFAB), and you may even know that Black people AFAB have a 40% higher breast cancer mortality rate than White people AFAB. But the disparity continues to widen when you look at triple-negative breast cancer.

“Triple-negative breast cancer is twofold higher in Black women compared to White women,” says Vivian Jolley Bea, MD, section chief of breast surgical oncology at NewYork-Presbyterian Brooklyn Methodist Hospital and assistant professor of surgery at Weill Cornell Medical College in Brooklyn.

CONTRIBUTING FACTORS

Why does this imbalance exist? Erica Stringer-Reasor, MD, associate professor in the Division of Hematology and Oncology and director of the breast cancer program at UAB O’Neal Comprehensive Cancer Center in Birmingham, says genetics, less access to health care, delays in diagnosis, lack of insurance, and fewer clinical trial opportunities are just a few pieces of the puzzle.

“One in 5 [Black women] is uninsured,” Stringer-Reasor says. “Women with financial hardships can furthermore face challenges in completing comprehensive multidisciplinary breast cancer management because the frequency of treatment visits will generate costs related to transportation, food security, childcare, and time away from work.”

When it comes to treatment, Black adults with TNBC also have





GET INVOLVED

Vivian Jolley Bea, MD, offers advice for how to find and join clinical trials.

- ★ **Be your first and best advocate.** Speak up and ask your doctor if there are studies you may be eligible for.
- ★ **Join survivorship groups.** These groups have forums that can help introduce you to available research opportunities.
- ★ **Search [ClinicalTrials.gov](https://clinicaltrials.gov).** Plug in triple-negative breast cancer to see what trials are there, and take the list to your doctor.

31% lower odds of receiving surgery and 11% lower odds of receiving chemotherapy. Even after adjusting for socioeconomic factors, tumor stage and size, treatment differences, and other factors, the risk of death among the Black population is still 16% higher than White adults with TNBC.

CLOSING THE GAP

There are also biological drivers of these tumors that are specific to race, although Bea says research is still ongoing to understand what those are. In the meantime, according to research by Stringer-Reasor, Black adults AFAB continue to be under-represented in clinical trials, making up only 1% to 3% of participants.

“[This is] even though Black women are seven times more likely to die as a result of breast cancer than White women,” Stringer-Reasor says. But it’s not a failure on the part of these patients, she says. It’s a systemwide issue.

“Cultural competency, provider-patient relationships, and infrastructure support is important to provide global diversity on trials,” Stringer-Reasor says.

If you’re a person of color with TNBC and are curious about a clinical trial, now is the time to get involved, Bea says. When more of the Black population participates in research, more of the data gathered will help effect change in that population.

“Without representation, we cannot say in full confidence that we are treating the biology of every tumor equally,” Bea says. “Black women who enroll in these clinical trials are contributing to databases that will allow us to look at questions like, ‘What is the biology of the tumor?’ and ‘What targets can we potentially have?’ Representation is how we move the needle.”

COURTNEY HALE/VIA GETTY IMAGES

MY LIFE WITH mTNBC

I had to learn to give myself more grace.
I am not the same person I was before
my diagnosis.

By Deltra James

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

People assume that as a busy mom with five daughters, you'd never have time for doctor's appointments, but that wasn't me. I always made time, so when I found a lump in my left breast—about the size of a small golf ball—I didn't immediately feel worried. I thought it could be anything, especially since I was only 33 years old with no family history of breast cancer. The week before my diagnosis was already chaotic. My marriage was ending, and I felt a mixture of freedom, hope, and sadness. I saw my doctor Monday and had an ultrasound by that Friday. It wasn't until I saw the look on the tech's face that I started feeling anxiety. Less than a week later, I got the call that it was cancer.

CANCER IS OFTEN NOT JUST ONE THING

Soon after my diagnosis, I had my first mammogram, multiple scans, and genetic tests, which led to discovering the cancer had metastasized in my liver. I also tested positive for the BRCA1 genetic mutation and was diagnosed with stage IV triple-negative breast cancer. People outside of the community don't always understand that cancer is often not just one thing. The biggest wave to hit me was disbelief. I was shocked and sad, unsure of what I was facing. It took me a month to process my diagnosis and decide on a treatment plan, which consisted of a combination of immunotherapy and chemotherapy. Three



months into my treatment, my first scans showed that the spot on my liver had disappeared, and it has never returned.

A MEANS TO SURVIVE AND THRIVE

After my diagnosis, my oncologist asked if I wanted a referral to an oncology-trained therapist. I didn't even know that existed. I decided to stay with the person I was already seeing, but I could see the benefits of having a therapist trained for cancer patients. Doctors often focus just on scans and physical health, but asking about support systems or how a patient's kids are dealing with the diagnosis can reveal if someone is struggling or provide details on what they need.

CANCER IS A FULL-TIME JOB

I've learned so much about metastatic and triple-negative breast cancer through my work with TOUCH, the Black Breast



TOM WERNER/VIA GETTY IMAGES; INSET PHOTO COURTESY OF DELTRA JAMES

Cancer Alliance, which supports Black women with triple-negative breast cancer, and the Triple Negative Breast Cancer Foundation, where I host their “Metastatic Mondays” support group.

I’ve always deeply valued advocacy and community. Now, my advocacy expands to all things cancer, which is how I became a death doula. There is rampant anxiety about death in the cancer community and it can paralyze some from making end-of-life plans. Black families, in particular, should share family medical histories and discuss how to support loved ones through a diagnosis. As a death doula, I’m

equipped to facilitate these conversations, especially for people who are dealing with metastatic cancers.

QUALITY OVER QUANTITY

It’s been six years since my diagnosis and three years since my lumpectomy. While I have no metastases at the moment, I am still considered a metastatic patient and I receive treatment to keep cancer at bay. I believe in quality of time over quantity. I want those with cancer to think about what they want to do with the time they have left. You can either be sad or you can make the most of it. I choose to live it up.



DELTRA'S TIPS

-  Remember, you’re the CEO of your body. Add people to your team who you truly trust.
-  Give yourself grace and allow people to show up for you.
-  You’ll feel more at ease once you have a solid treatment plan in place. It really does allow for some peace.

mTNBC TREATMENT

Options to help improve your quality of life

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Triple-negative breast cancer doesn't have certain proteins required for breast cancer hormone therapies and targeted drugs. Although this limits your treatment options, there are still ways to address the disease progression and its symptoms to improve your quality and length of life.

MAINSTAY TREATMENT: CHEMOTHERAPY

Metastatic cancer is cancer that has spread to other parts of your body from where it originally started. Local treatments like radiation and surgery aren't options for controlling metastatic disease, although you may need them for other reasons, says Foluso Olabisi Ademuyiwa, MD, MPH, a medical oncologist and professor of medicine at Washington University in St. Louis, MO.

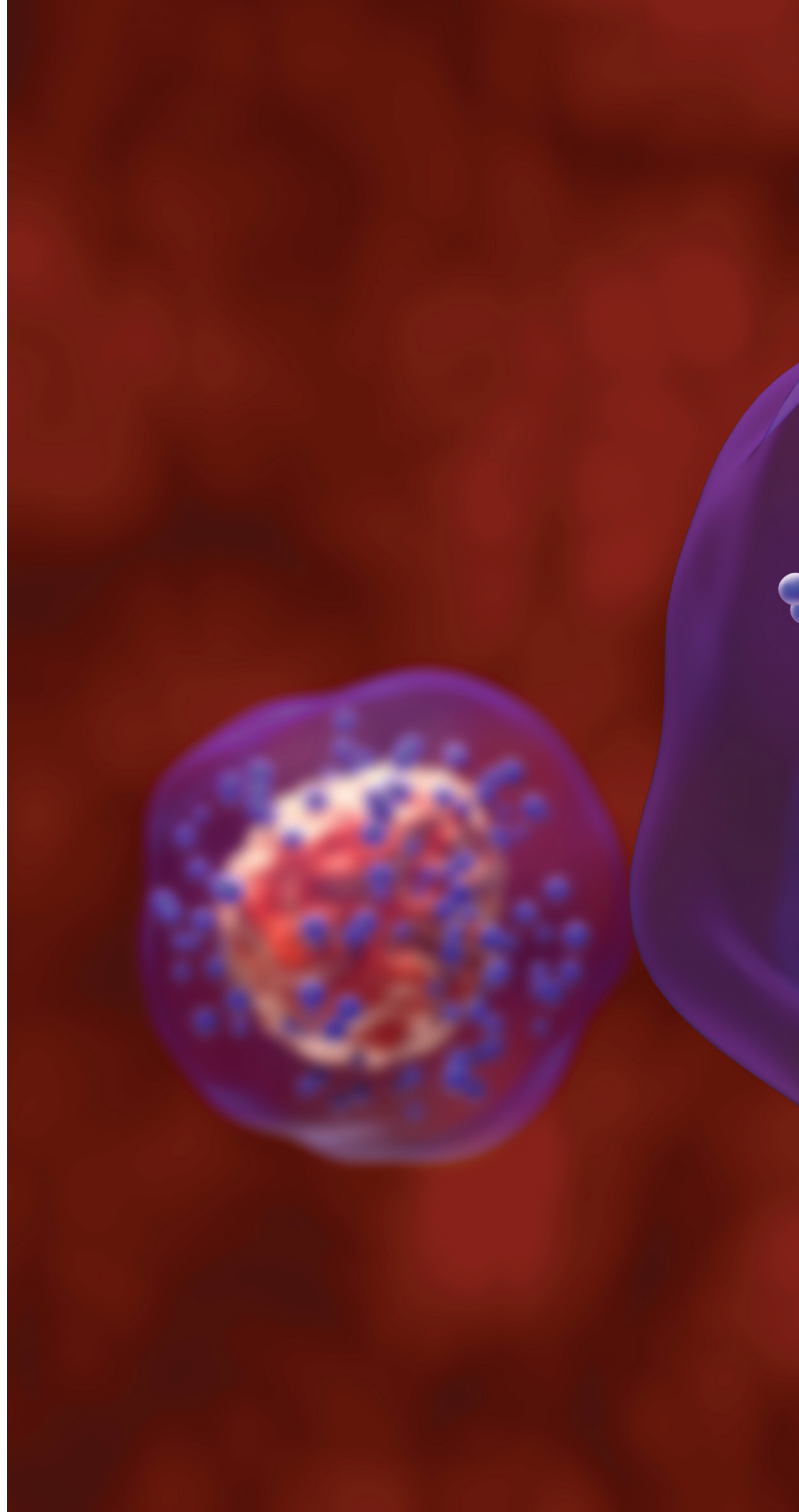
"If there's a lot of pain, you would consider radiation, or if there is a problem with a breast wound and it's not healing, we can consider surgery, just to take care of that local problem," Ademuyiwa says. "But in terms of disease control, we usually focus on systemic therapies."

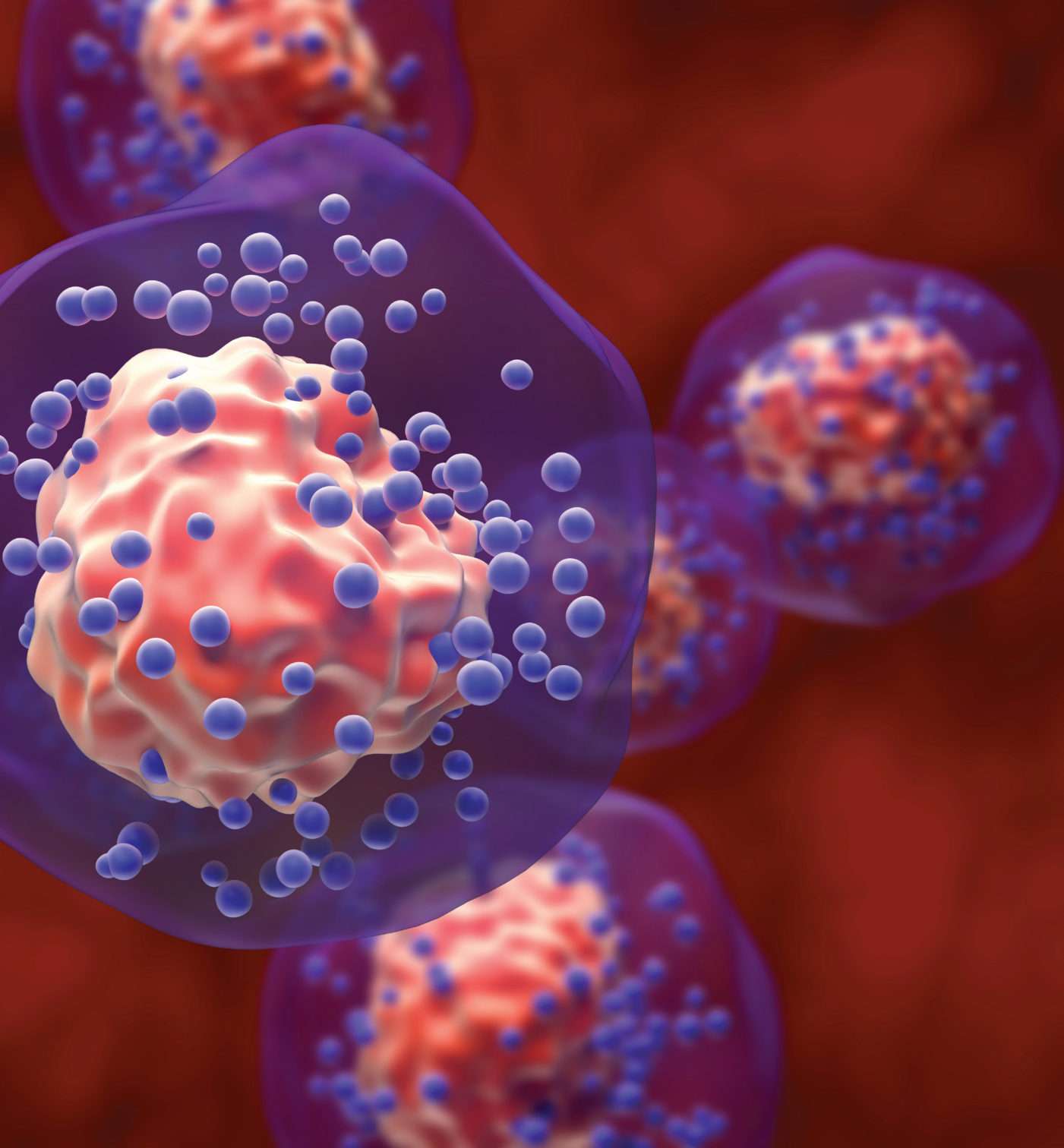
Systemic options include chemotherapy you get as a pill, injection, or infusion. It goes through your whole body, killing cells that are fast growing. This can cause side effects like hair loss and digestive problems.

You may need more than one type of chemotherapy, or

your doctor may suggest adding immunotherapy—medicines that boost your own immune system to recognize and destroy cancer cells—to your treatment. You may also hear these called targeted treatments. A blood test that looks for specific markers on your cancer can give your doctor a better idea of whether you qualify for immunotherapy treatment.

"Immunotherapy is appropriate in about 40% of metastatic cases, and unlocking that other 60% is a goal of current research," says Patricia A. Robinson, MD, oncologist at Northwestern Medicine in Chicago.





GOALS OF TREATMENT

Your doctor will check in on your treatment progress by asking you about your symptoms and overall well-being. They'll also check your blood for tumor markers and body scans to see if the cancer is improving, stable, or getting worse.

"The way that I explain it is that your cancer is going to be an unwanted passenger in your car, and the goal of treatment is to keep it in the trunk," Ademuyiwa says. "It's always going to be there, but you always have control of the steering wheel."

Metastatic TNBC doesn't have a cure, which means it needs

ongoing maintenance treatment to keep it under control. Ademuyiwa encourages her patients to focus on quality of life above all and to see treatment as a marathon, not a sprint.

"There have been lots of new developments over the past five to 10 years, and developments are still coming down the pipeline," Ademuyiwa says. "So even though typically triple negative is not curable by any conventional means, we're seeing patients actually living better and longer with the disease."

CARE FOR YOUR WHOLE SELF

Honor your emotional, mental, and spiritual health

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Living with metastatic triple-negative breast cancer isn't just a physical journey. It's a diagnosis that impacts all aspects of your wellness, including your emotional, mental, and spiritual health. Tending to these parts of you is a key part of treating your whole health.

(ACCURATE) KNOWLEDGE IS POWER

When you find out you have metastatic disease, it's normal to feel devastated, angry, worried, depressed, and a myriad of other emotions, says Monique Gary, DO, a breast surgeon and chief medical officer at Bexa, a medical device and service program focused on early breast cancer detection.

"All of those feelings are real, they're valid, and they're very common," Gary says. "And they're not linear, they're a cycle. You may find yourself feeling empowered finally, and then the next day, depressed and angry all over again. Again, this is normal."

It's typical for most people to spring into action and fact find after a diagnosis, she says. This can be helpful, but also full of pitfalls. Learning more about your disease can be empowering, but misinformation can breed anxiety, so tread carefully and wisely.

"Everybody's journey is unique, and so what you may read online may not apply to you," Gary says. "And what happened to your cousin or your friend or your co-worker may not be the same thing that you have."

Research scientifically-sound sites and take your findings to your medical team so they can help you understand what applies to you.

FOCUS ON YOU

When you don't tend to the emotional side of your mTNBC experience, it can influence your disease outcomes, says

CONTROL WHAT YOU CAN

Monique Gary, DO, says when things feel hard, she recommends the "three M's":

- ★ **Meals:** Nourish your body.
- ★ **Movement:** Get some sort of physical activity.
- ★ **Mindset:** Ground yourself, gather your thoughts, and nurture your mental health.

FATCAMERAWIA GETTY IMAGES



Modupe O. White, DNP, medical oncology specialist at Carilion Clinic Breast Surgery in Roanoke, VA.

“It’s pretty easy to get to a place of overwhelm, and that can impact how well you keep appointments, follow treatment plans, and take care of yourself by eating well, sleeping well, or exercising,” White says.

Now’s the time to make yourself the priority, says Gary. Take stock of your needs and meet those that you can.

“As Black women, that’s a really hard thing for us to do because we’re socialized to care for others,” Gary says. “But you have to become a bit you-centric and put your mind, body, spirit, diet, emotions, and doctor’s appointments ahead of other things.”

That may mean leaning on others for help, as well as reaching out for connection to others who get it. Online and in-person support groups can be invaluable as sources of companionship, understanding, and community.

“When we talk about breast cancer in Black women, it’s always described in terms of mortality and not in terms of survival, but I want women of color who are researching their disease to know that that is not their narrative,” says Gary. “What you see online isn’t all there is. There are resources available, and so much hope.”

RECHARGE THROUGH RESOURCES

These organizations can provide connection, support, education, and empowerment.

- ★ **TOUCH, The Black Breast Cancer Alliance**
(TouchBBCA.org)
- ★ **Black Triple Negative Breast Cancer Sanctuary**
(BlackTNBCSanctuary.org)
- ★ **Triple Negative Breast Cancer Foundation**
(TNBCFoundation.org)
- ★ **Metastatic Breast Cancer Alliance**
(MBCAlliance.org)
- ★ **METAvivor**
(METAvivor.org)
- ★ **The Chrysalis Initiative**
(TheChrysalisInitiative.org)

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.

STATS & FACTS

By Sonya Collins Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

17%

How much more likely Black women are than other women to die from triple-negative breast cancer (TNBC).



2x

How many more Black women get triple-negative breast cancer than women of other races.

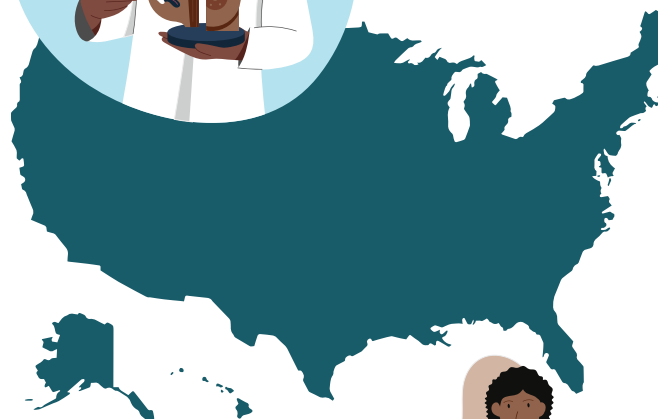


>40

Age when triple-negative breast cancer is more common.

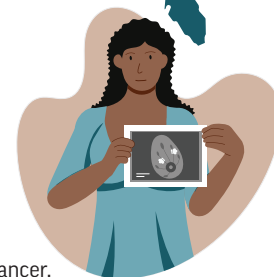
316,950

Number of new breast cancer cases expected in women in the U.S. in 2025.



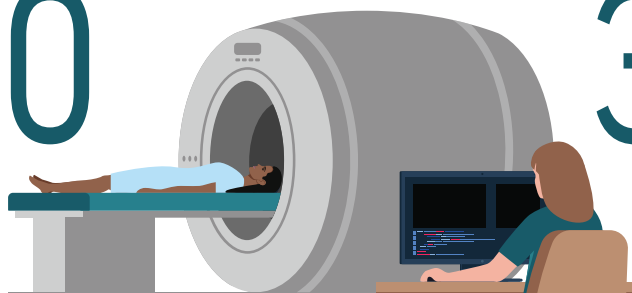
168,000

Estimated number of women in the U.S. currently living with metastatic breast cancer.



UP TO 1 in 10

Number of triple-negative breast cancers that are metastatic at diagnosis.



3 in 10

Number of triple-negative breast cancers that metastasize or recur.

SOURCES: American Journal of Cancer Research, Precision Medical Sciences, American Cancer Society, Journal of Clinical Oncology, National Breast Cancer Foundation