



THROUGH OUR LENS

WINTER 2026

METASTATIC TRIPLE-NEGATIVE BREAST CANCER

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“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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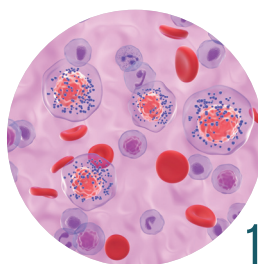
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GETTY IMAGES

THE LATEST ON

Metastatic Triple-Negative Breast Cancer



WHAT FUELS CANCER GROWTH?

In an effort to understand why triple-negative breast cancer (TNBC) affects Black women more severely, researchers conducted a U.S.-based study. They found that a gene called TRIM37 is more active in the healthy (cancer-free) breast tissue of Black women than in White women. The scientists also identified a genetic variant of TRIM37—found more often in women of African ancestry—that increases the cancer-promoting activity of this gene. Higher activity of the TRIM37 variant helps cancer cells grow and spread more easily. These findings suggest that Black women should stay on top of screenings, share family history, and insist on care that considers their unique risks.

SOURCE: *European Molecular Biology Organization reports*

CLOSING THE GAP

Although clinical trials are essential for testing new breast cancer treatments, Black people remain underrepresented despite making up a large portion of TNBC patients. The lack of representation is most likely due to recruitment barriers that limit equitable participation. An analysis of 81 completed TNBC trials worldwide showed that about one-third did not report race, and among those that did, White participants represented the majority. Even in 36 U.S. trials with 3,348 participants, White people made up nearly 78%, while Black people accounted for only about 12%—well below their share of TNBC cases. This imbalance shows why greater efforts are needed to ensure that Black people are included in clinical trials so that results reflect those most affected and guide fair access to future treatments.

SOURCE: *Journal of Clinical Oncology*

31%

Amount of Black women who face delays in completing breast cancer treatment due to the ability to access health care services and more.

SOURCE: *Breast Cancer Research Foundation*

BLACK VOICES SHAPING CARE

Too often, Black women in the U.S. with TNBC are left to fight not only the disease but also the silence around the support they need. Researchers surveyed 49 Black women with TNBC, then conducted in-depth interviews with 20



of them to understand what really meets their needs. Many shared that attention to their emotional well-being was missing from their care. To have “someone who looks like me” to talk to and lean on mattered deeply to them. Racism, feeling unheard, and the need to advocate for themselves were common elements of their stories. Every Black woman with TNBC deserves emotional support, so ask your care team about counseling, peer mentors, or community groups that reflect your background and understand your experiences.

SOURCE: *Cancer Research*

38%

Amount of Black patients with TNBC whose disease did not respond to chemotherapy, likely due to an aggressive cancer type, based on a U.S. study of 103,605 patients.

SOURCE: *JAMA Network Open*

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.



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® (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.** 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.”

MOMO PRODUCTIONS/VIA GETTY IMAGES

mTNBC DOES NOT DEFINE ME

Diagnosed with cancer three times in five years, I learned to be proactive about my prognosis

By Michelle Anderson-Benjamin

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

I was first diagnosed with stage I metastatic triple-negative breast cancer (mTNBC) in 2020. Two years later, it returned at stage IV, and in September, I discovered the cancer is now in my brain.

It all started when I woke up one morning and my right breast was leaking blood. My gynecologist thought it could be a cyst, but after years working as a health administrator at a cancer treatment hospital, I just knew something wasn't right.

At 36, I had my first mammogram, which was followed by an ultrasound, an MRI, and then a biopsy. A week later I was told I had cancer. My husband was with me when I received my diagnosis, and then we told our kids. My daughter was 3 at the time (she's 8 years old now) and I broke it down into a language she could understand. My son, who is 18, was more reserved. In case I'm not here for it, I wrote my daughter a letter to be opened on her 23rd birthday, when she'll have her first mammogram. I want her to always know she's not alone.

A LIGHT IN THE DARKNESS

After my initial surgery, I started an adjacent ACT (chemotherapy) every other week. I finished chemo in May 2021. Nearly two years later, the cancer returned. This time, it was stage IV. That diagnosis had me thinking, how do I pivot to stay proactive instead of reactive?

Triple-negative breast cancer can be very unpredictable. Aggressive genomic testing (to determine the best targeted treatment) isn't typically done until stage IV or a recurrent cancer that can't be removed with

surgery is found. In order to be proactive, patients must have more awareness. I am a huge advocate for this type of testing because once you know the genetic drivers of your tumor, you can have a better understanding of how to treat your cancer.

My doctor suggested a new drug treatment, which was only available in Texas at the time. There was some progression of the cancer, but I had to trust him and the process. I waited almost eight weeks before I got access to the medication. I received treatments every three weeks and within six months, there was no





GIPHOTO/STOCK VIA GETTY IMAGES;
INSET PHOTO COURTESY OF MICHELLE ANDERSON-BENJAMIN

evidence of cancer. Unfortunately, I started feeling sick again and discovered the cancer is back—this time, in my brain.

REPRESENTATION MATTERS




Cancer looks very different on different people, especially Black women. There are more Black women diagnosed with breast cancer every year, and yet we make up less than 5% of the adults participating in clinical trials. How can you develop a drug for everyone if everyone isn't part of the

testing? We need to stop asking for permission and start inserting ourselves into these conversations.

I started the Fearless Warrior Project (<https://FearlessWarriorProjectLLC.com/>) with the hopes of creating a legacy that my kids could be proud of in my absence. We do community outreach through workshops and mental health training. It's important to understand how to love your new body and accept this new normal, but most of all, to realize that your illness does not have to define you.



MICHELLE'S TIPS

-  Don't pour into others until you pour into yourself.
-  Don't be afraid to ask for help, and realize that you don't have to be strong by yourself.
-  Advocacy comes in all different shapes. You don't have to be the loudest person in the room to have your message heard.

mTNBC TREATMENT

Get the facts about your options

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.

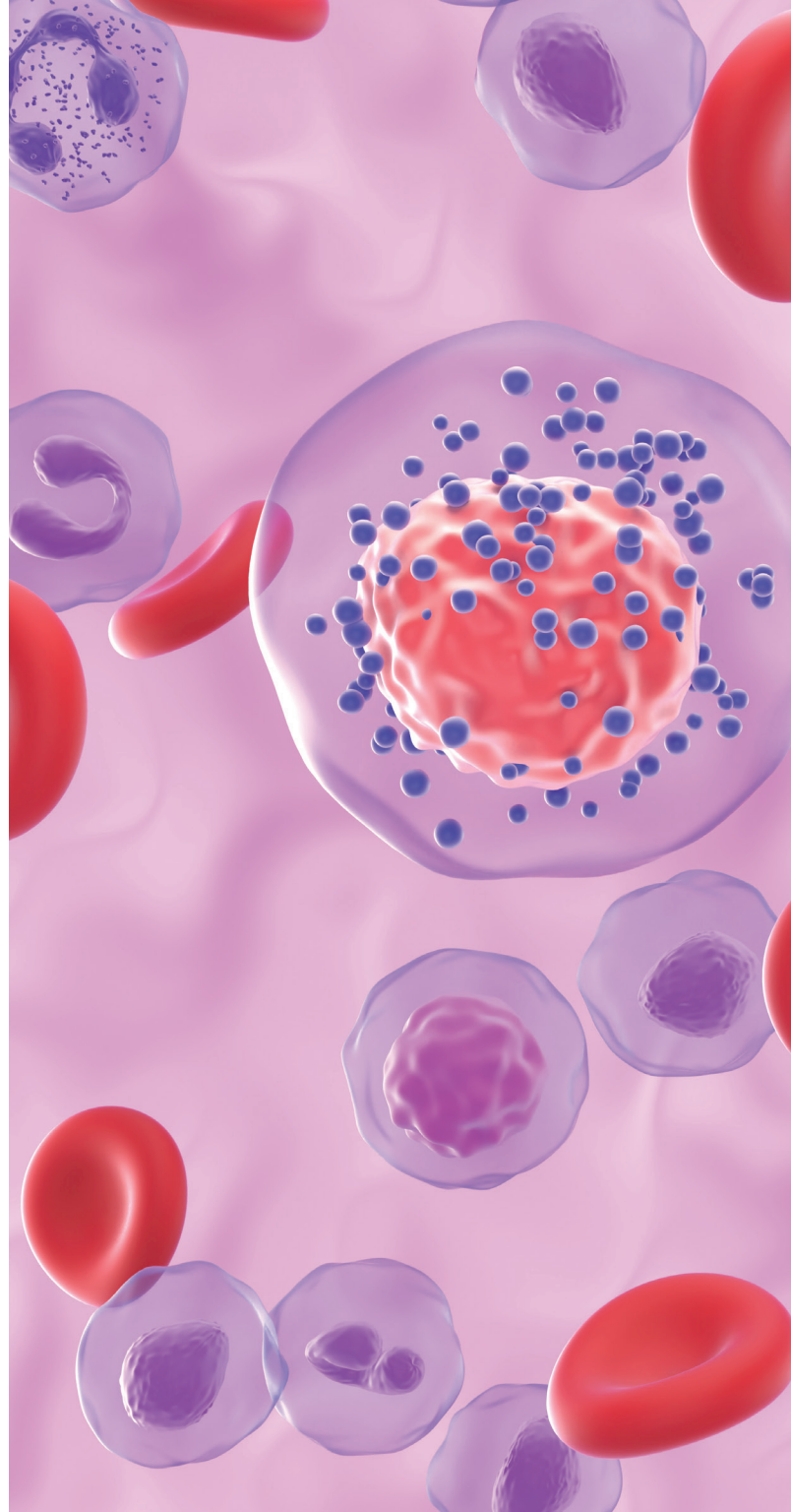
MAINSTAY TREATMENT: CHEMOTHERAPY

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."

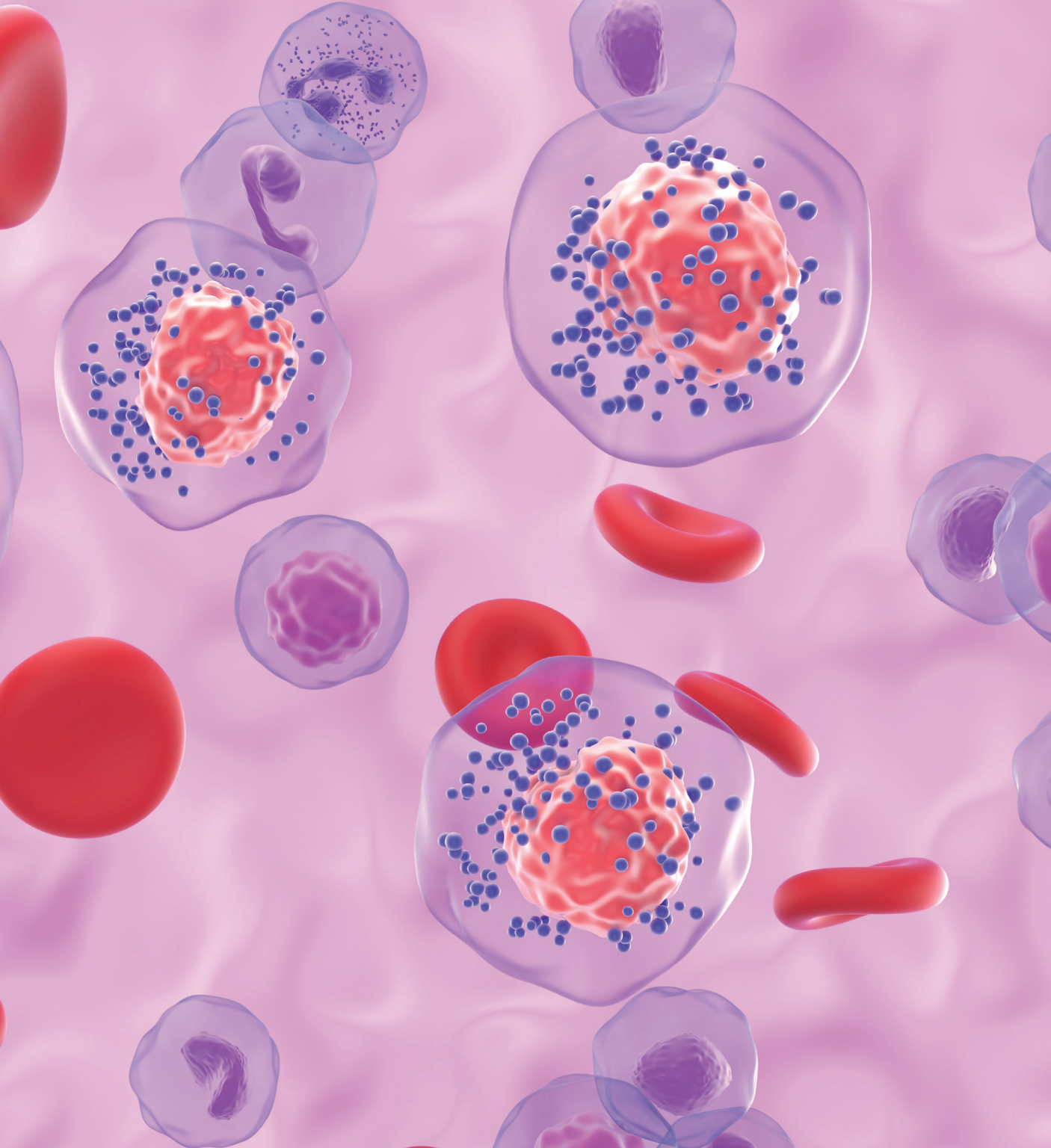
Systemic options include chemotherapy you get as a pill, injection, or infusion. It goes through your whole body, killing cells that are fast growing. This can cause side effects like hair loss and digestive problems.

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 hold onto hope and to see treatment as a marathon, not a sprint.

"Focus on how your treatment can dovetail well into your life, how to advocate for yourself, and how to best live with your disease," Ademuyiwa says. "There have been lots of new developments over the past five to 10 years, and developments are still coming down the pipeline."

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.

MOMO PRODUCTIONS/VIA 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.

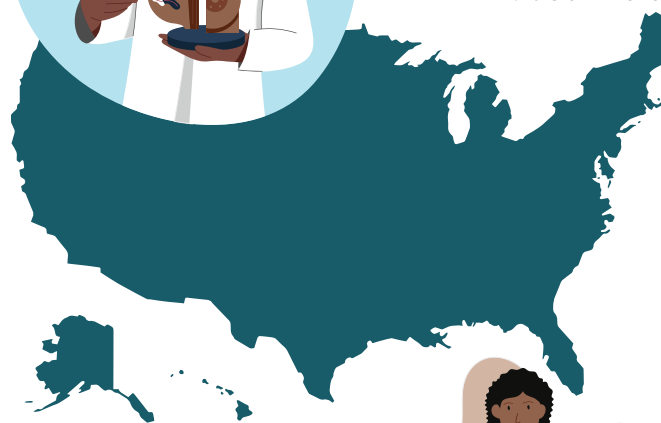


>40

Age when triple-negative breast cancer is more common.

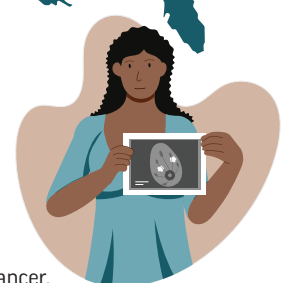
316,950

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



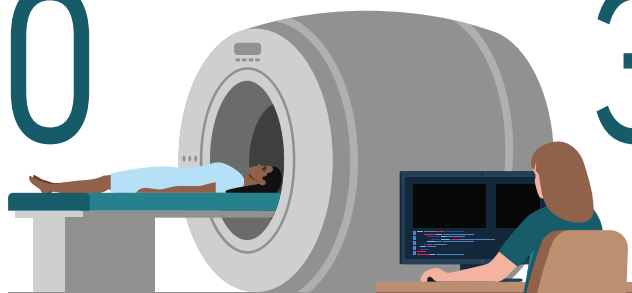
168,000

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