Your Guide to Triple Negative Breast Cancer Care

Breast Cancer is Personal. Treatment Should Be Too.

With over 50 types of breast cancer, care and treatment are not the same for everyone. This playbook was created to explore REAL Canadian Breast cancer Alliance national care recommendations, understand your breast cancer type, and support informed conversations with your care team.

A National Standard for Your Care

Through Breast Cancer Canada's REAL Alliance, expert clinicians from across the country have developed evidence-based guidelines. Our goal is simple: to ensure every Canadian breast cancer patient receives consistent, high-quality care based on the latest research – responsive to real-world experience.

Expertise

Equity

Action

What is TNBC?

Your cancer is treated as Triple Negative if your pathology report shows **low levels of hormone receptors (Estrogen and Progesterone proteins are both 10% or less)** and **low levels of the HER2 protein (HER2 test is 0, 1+ or 2+)**

Time Matters.

After your biopsy or initial consultation, the goal is to begin treatment ideally within 1 month. This could mean starting with surgery, or beginning chemotherapy and immunotherapy to shrink the tumour before surgery.

Your Voice is Your Most Powerful Tool

The Essential First Step: Universal Genetic Testing

Hereditary (germline) testing for high-risk cancer genes – like BRCA1 and BRCA2 – should be offered to **all** patients diagnosed with TNBC.

This applies **regardless of your age, stage of disease, or family history.** Finding an inherited genetic mutation directly impacts your treatment options and provides highly valuable information for your family's health.

Two Primary Paths for Early-Stage TNBC

If you have Stage 1, 2 or 3 TNBC, your path starts with baseline imaging scans of your chest, abdomen, pelvis, and bones.

Path A: Surgery First
Usually for Stage 1 tumours that are 1 centimetre or smaller and have not spread to the lymph nodes.

Path B: Treatment Before Surgery
Usually for tumours larger than 1 centimetre, Stage 2 or 3. Involves shrinking the tumour with medicine before operating.

Path A: Next Steps After Surgery (Node-Negative, Stage 1)

0.5cm or smaller
(Size of a pencil eraser)

Recommendation: No extra medicine needed after surgery

>0.5cm up to 1.0cm
(Size of a pea)

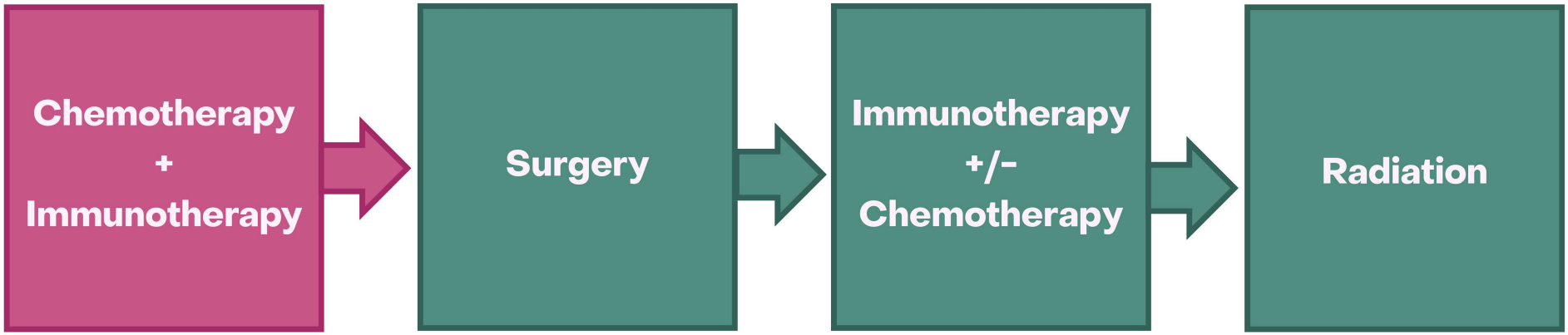
Recommendation: Shared decision. You and your care team will discuss and decide together if extra medicine is right for you.

>1.0cm up to 2.0cm
(Size of a marble)

Recommendation: Chemotherapy (without immunotherapy) is highly recommended after surgery.

Path B: Shrinking the Tumour First

The Goal: Giving medicine before surgery aims to make surgery **less complicated,** and improves the chances of the cancer not coming back.



Path B: The Next Phase After Surgery

Surgery Completed

Outcome: No cancer found in tissue

Your Plan: Standard protocol is ~1 year of immunotherapy (an infusion or skin injection called pembrolizumab) alongside ~5 weeks of radiation therapy.

Outcome: Leftover cancer found

Your Plan: Additional chemotherapy (called capecitabine) or targeted therapy (called olaparib if BRCA mutation) is taken as oral medication + immunotherapy (pembrolizumab) for ~1 year alongside ~5 weeks of radiation therapy.

Targeted Care for BRCA Mutations

The Science

Up to 20% of people with TNBC have a hereditary mutation to the BRCA 1 or BRCA 2 gene. If your genetic testing reveals an inherited change in your BRCA1 or BRCA2 genes, a targeted medication called a PARP inhibitor (oral pill called olaparib) should be considered.

The Action

For Early-Stage	For Metastatic
Discuss with your care team using this after surgery, alongside your other treatments.	Discuss this early on with your care team as a primary treatment option to determine the best order of medicines.

The Treatment Finish Line: Your Follow-Up Schedule

Years 1 & 2

Physical exam and side-effect check every 3-6 months.

Year 3

Check-ups every 6 months.

Year 4+

Annual check-ups.

Imaging Protocol
Annual mammogram (with ultrasound/MRI as needed based on breast density) for any remaining breast tissue.

Important Note
Routine imaging of the rest of the body is not recommended unless you develop specific symptoms (like new pain or swelling).

Stage 4: Managing Metastatic TNBC (mTNBC)

> **The Primary Goal:** To control the cancer while helping you feel as good as possible, keeping you doing your normal daily activities with as little discomfort.

1. Biopsy

Taking a small sample of the returning cancer to re-check specific markers (ER/PR/HER2/PD-L1).

2. Baseline Scans

Comprehensive imaging of the chest, abdomen, pelvis, bone, and brain before starting treatment.

Tailoring Your First mTNBC Treatment

First Finding of mTNBC

If Tumour is PD-L1 Positive

- Immunotherapy (infusion or skin injection of pembrolizumab) combined with chemotherapy OR
- Immunotherapy (pembrolizumab) combined with a new targeted chemotherapy drug called an Antibody-Drug Conjugate (ADC) using sacituzumab govitecan.

If Tumour is PD-L1 Negative

- Chemotherapy with no immunotherapy OR
- A new targeted chemotherapy drug called an Antibody-Drug Conjugate (ADC) using sacituzumab govitecan or datopotamab deruxtecan.

The Routine:

These are given routinely (i.e., 1-2 infusions every 3 weeks) to maintain constant control over cancer growth.

Footnote: Sacituzumab govitecan and datopotamab deruxtecan are pending Health Canada approval.

Adapting the Plan: If mTNBC Comes Back

Initial Treatment

Step 1 (First Change)

If the cancer grows after initial chemotherapy, a 2nd chemotherapy mediction is substituted.
Note: If your first treatment did not include an ADC, the ADC sacituzumab govitecan should be used now.

Step 2 (Further Adaptation)

If the cancer grows after two types of chemotherapy, a 3rd chemotherapy medication is substituted.

The Strategy: This substitution method is routinely used to keep the cancer growth and symptoms under control.

Breast Cancer Canada | PROGRESS TRACKER

There is beauty in the numbers.

PROgress Tracker brings together the experiences of people affected by breast cancer. The information is organized according to the type of cancer, age, ethnicity, and geographic location of those affected and will show the complexity of the treatment and long-term effects. Researchers will use the data to assess quality of life while identifying caps and disparities. Our goal is to inform cancer policy and clinical care standards from coast-to-coast.

Consider sharing your lived experience with TNBC.

progresstracker.ca

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