

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 for the best treatment approaches we know today. 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 and expertise.



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

Quality of Life

A primary goal is keeping you active and comfortable. Alert your oncologist early about any side effects so they can be managed promptly.

You

Shared Decisions

Your thoughts, values, and life goals must be included at every step. You and your health care team decide your path together.

Clinical Trials

If you qualify, clinical trials are highly encouraged. They ensure you receive the current standard of care plus access to promising new treatments to help doctors find better ways to treat cancer.

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

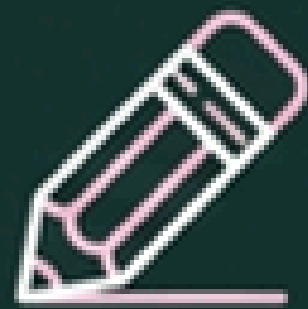
Usually for Stage 1 tumours that are 1 centimetre or smaller and have not spread to the lymph nodes.

Path B: Treatment Before Surgery

Usually for tumours larger than 1 centimetre, Stage 2 or 3. Involves shrinking the tumour with medicine before operating.

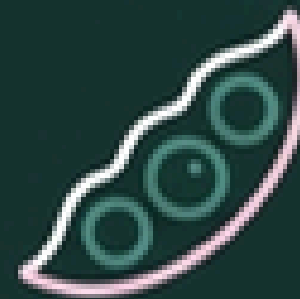


Path A: Next Steps After Surgery (Node-Negative, Stage I)



0.5cm or smaller
(Size of the width of
a pencil eraser)

Recommendation: No extra
medicine needed after surgery



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

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



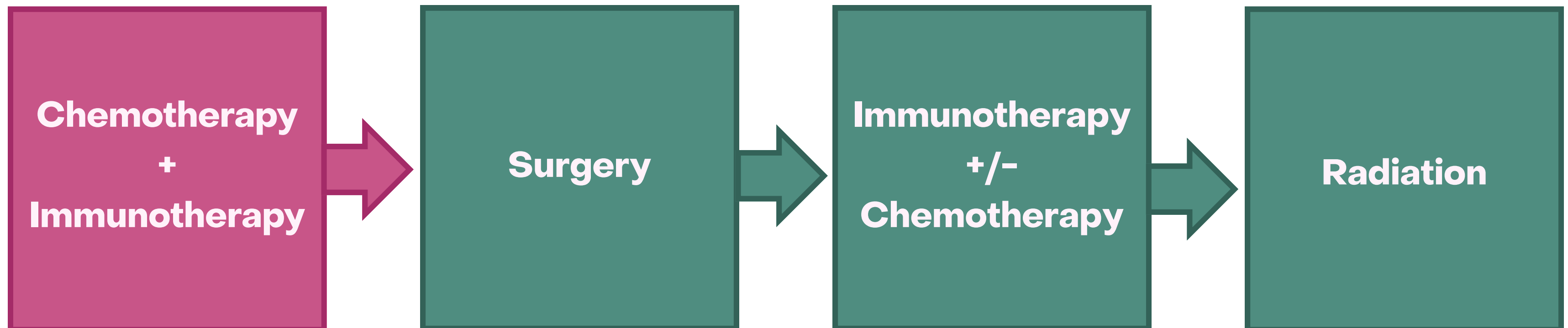
>1.0cm up to 2.0cm
(Size of a marble)

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

Path B: Shrinking the Tumour First

Path B

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

Discuss with your care team using this after surgery, alongside your other treatments.

For Metastatic

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)

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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.

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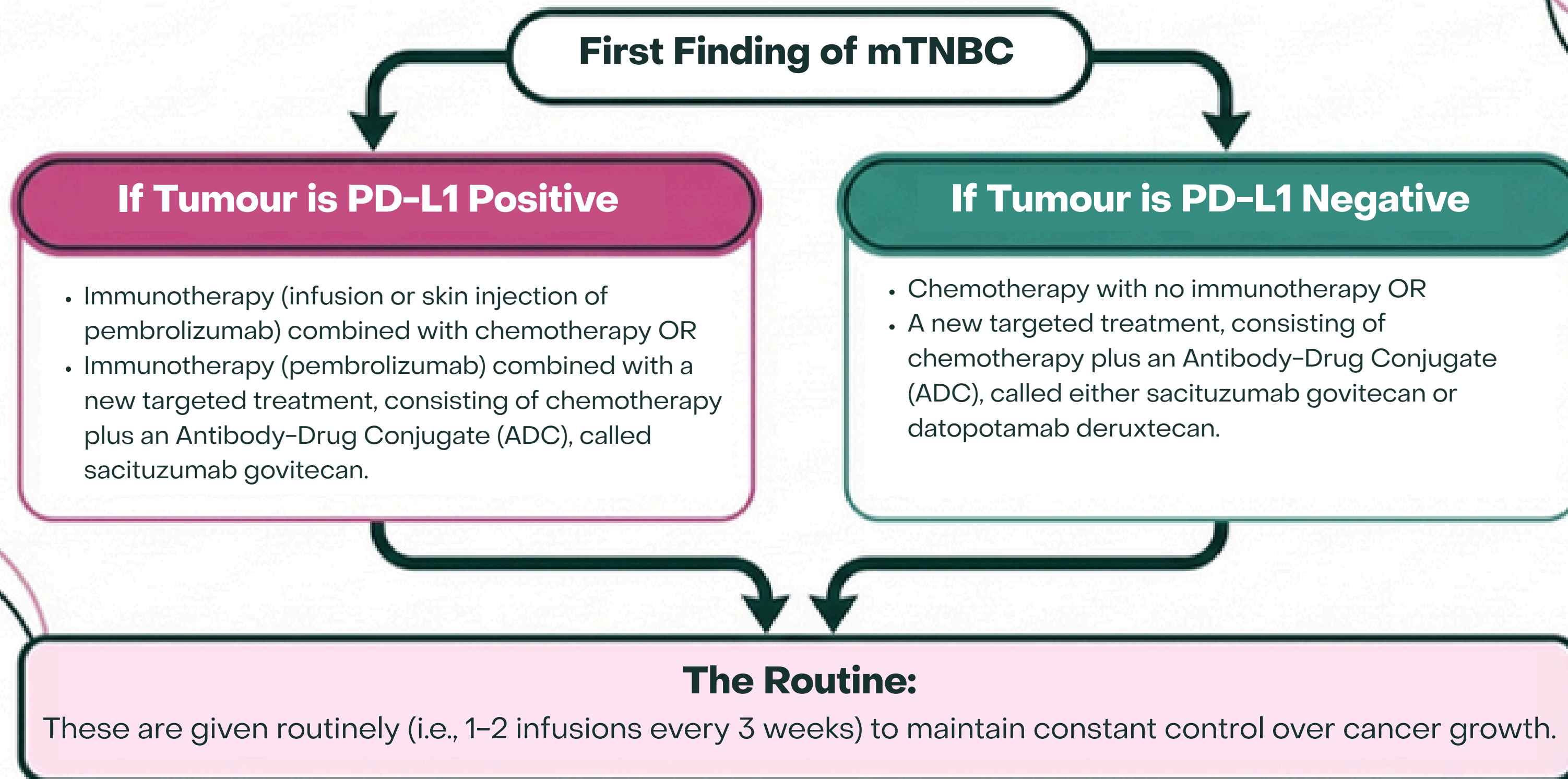
1. Biopsy

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

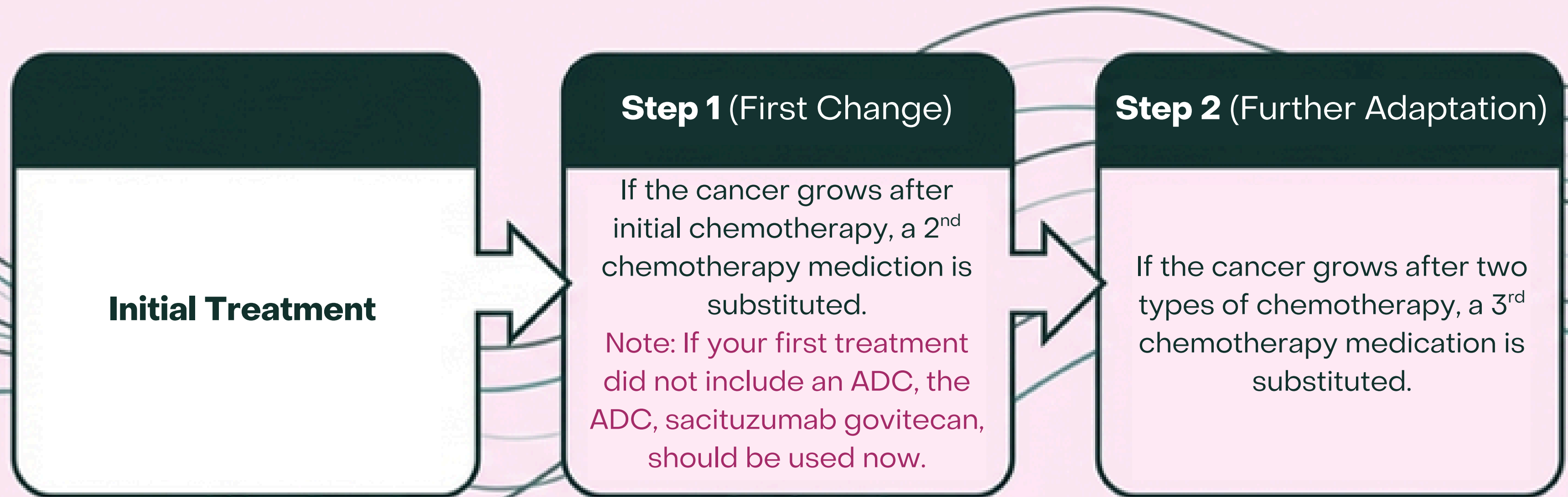
2. Baseline Scans

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

Tailoring Your First mTNBC Treatment



Adapting the Plan: If mTNBC Comes Back



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



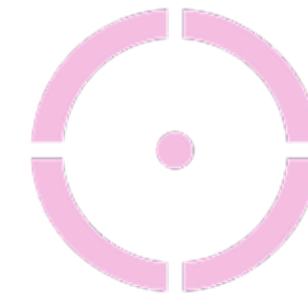
Knowledge is a powerful tool.

Research has shown us that there are more than 50 types of breast cancer. Progress CONNECT is an online tool that provides people with breast cancer with information specific to their diagnosis. After completing a series of questions, a personalized report is generated. Designed by Breast Cancer Canada and validated by cutting edge research, Progress CONNECT aims to educate people with breast cancer and enable them to have informed discussions with their oncology team.

Learn more about your TNBC treatment.

progressconnect.ca





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 gaps 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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