

**Together Through  
Triple -Negative Breast Cancer**  
Stories of Courage, Friendship, and Hope



## About

This two-part story follows Viola, Yasmine, and Selena—three women of color diagnosed with triple-negative breast cancer (TNBC). Their journeys reveal why TNBC is unique, the role of genetic testing, treatment options, and the differences between early-stage and metastatic disease. The story also explores legal protections for genetic testing, mental health support, and personal challenges.

Through resilience and sisterhood, they find meaning beyond their diagnosis, offering hope and empowerment to those facing TNBC.

## Disclaimer

The stories in this free resource for the breast cancer community are fictional but are based on medical information that has been reviewed by a medical expert. The information provided here is not intended to take the place of your doctor's medical advice.

## Takeaways from the Novela

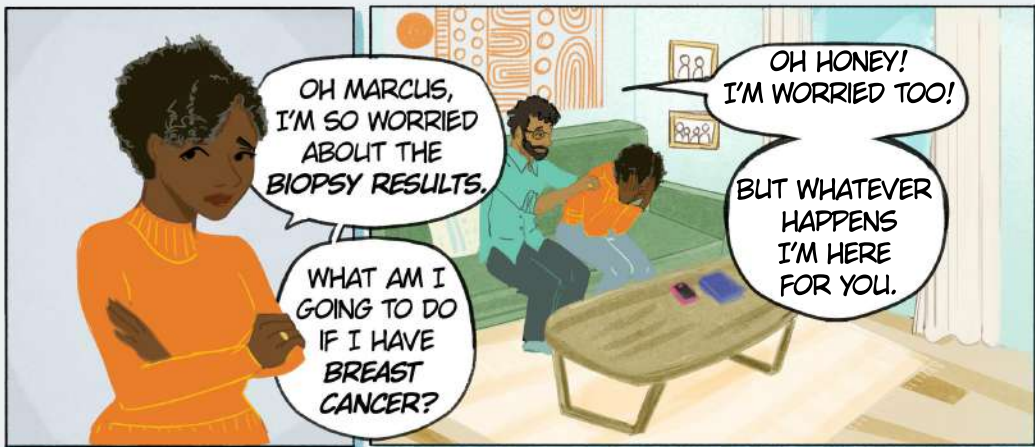
TNBC is one type of breast cancer with its own unique genetics, treatments, and concerns.

Black, Latina, and Afro-Latina women have unique experiences and concerns with TNBC.

Seeking help for mental or sexual health concerns can empower you to live your best life with TNBC.

These concerns can be addressed with support groups and referrals to specialists who understand and can provide the care you need.





OH MARCUS,  
I'M SO WORRIED  
ABOUT THE  
BIOPSY RESULTS.

WHAT AM I  
GOING TO DO  
IF I HAVE  
BREAST  
CANCER?

OH HONEY!  
I'M WORRIED TOO!

BUT WHATEVER  
HAPPENS  
I'M HERE  
FOR YOU.

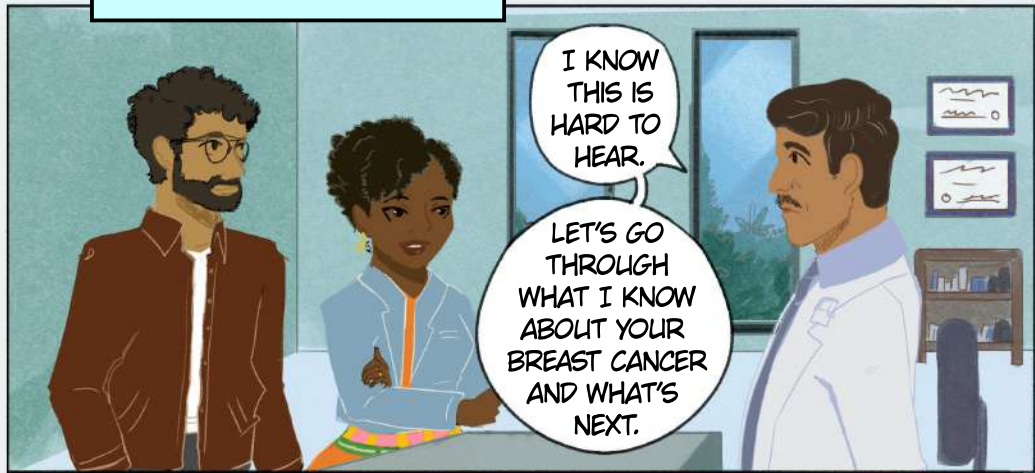


GOOD AFTERNOON,  
VIOLA.  
I HAVE YOUR  
RESULTS.  
THERE'S NO EASY  
WAY TO SAY THIS,  
  
YOU HAVE  
BREAST CANCER.

PLEASE MAKE AN  
APPOINTMENT  
TO COME SEE ME.  
WE WILL TALK ABOUT  
THE DETAILS OF WHAT  
THE BIOPSY SHOWED  
AND WHAT'S NEXT.

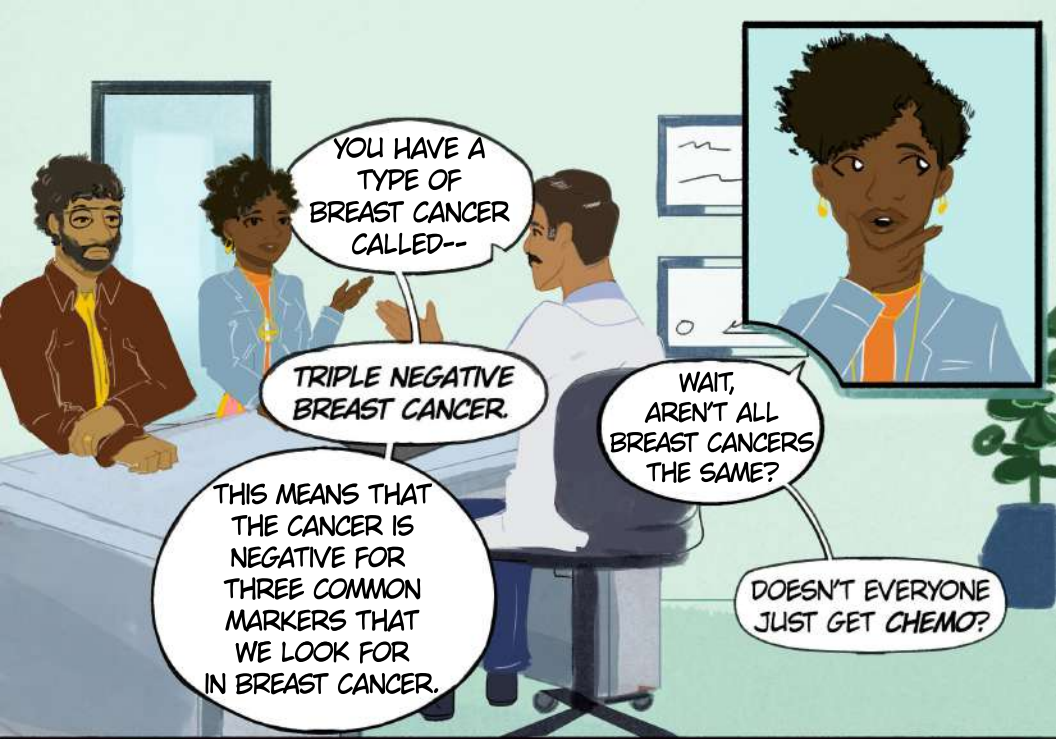


One week later in Dr. Desai's office.



I KNOW  
THIS IS  
HARD TO  
HEAR.

LET'S GO  
THROUGH  
WHAT I KNOW  
ABOUT YOUR  
BREAST CANCER  
AND WHAT'S  
NEXT.



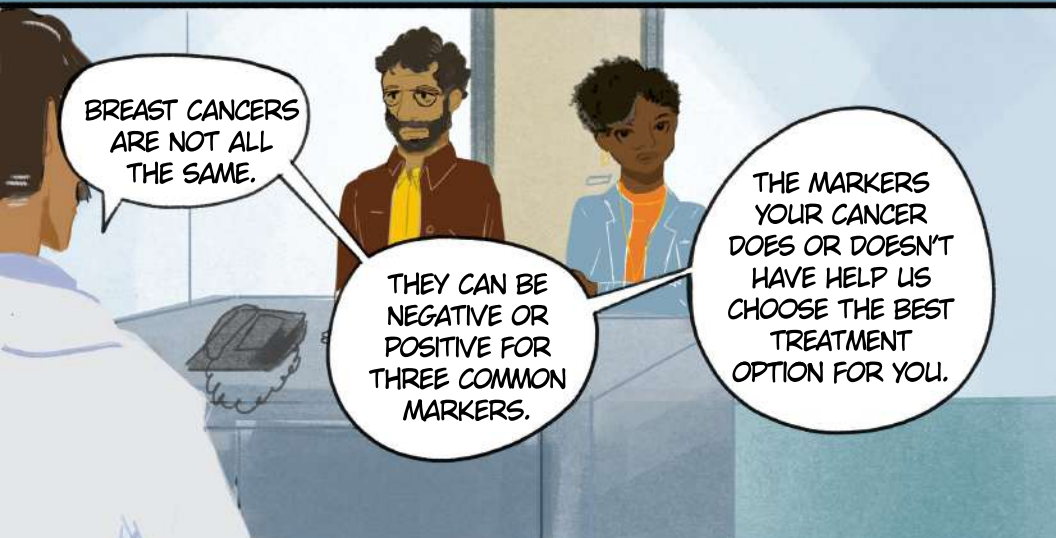
YOU HAVE A TYPE OF BREAST CANCER CALLED--

TRIPLE NEGATIVE BREAST CANCER.

THIS MEANS THAT THE CANCER IS NEGATIVE FOR THREE COMMON MARKERS THAT WE LOOK FOR IN BREAST CANCER.

WAIT, AREN'T ALL BREAST CANCERS THE SAME?

DOESN'T EVERYONE JUST GET CHEMO?



BREAST CANCERS ARE NOT ALL THE SAME.


THEY CAN BE NEGATIVE OR POSITIVE FOR THREE COMMON MARKERS.

THE MARKERS YOUR CANCER DOES OR DOESN'T HAVE HELP US CHOOSE THE BEST TREATMENT OPTION FOR YOU.

Breast cancer biopsies are tested for *three markers*: the *estrogen receptor*, also called *ER*, the *progesterone receptor*, also called *PR*, and *HER2*, which is a protein that can cause breast cancer cells to grow fast. *Triple-negative breast cancer* is negative for all three.

Triple-negative breast cancer is *less common* than breast cancers that are positive for those markers, and it is *more aggressive* than other types of breast cancer.





BECAUSE OF YOUR FAMILY HISTORY AND AGE, I WOULD LIKE YOU TO HAVE GENETIC TESTING.

THIS IS RECOMMENDED FOR PEOPLE WITH TRIPLE NEGATIVE BREAST CANCER.

THE RESULTS WILL HELP US CHOOSE TREATMENT.

FOR THIS, YOU WILL HAVE A BLOOD TEST OR PROVIDE A SPIT SAMPLE.

About 10-15% of breast cancers are triple-negative. Black women are diagnosed with triple-negative breast cancer at a disproportionately higher rate— nearly double— than white women.




THAT'S RIGHT.

MY MOM AND AUNT BOTH HAD BREAST CANCER.

THAT'S WHY I STARTED GETTING YEARLY MAMMOGRAMS AT AGE 35.

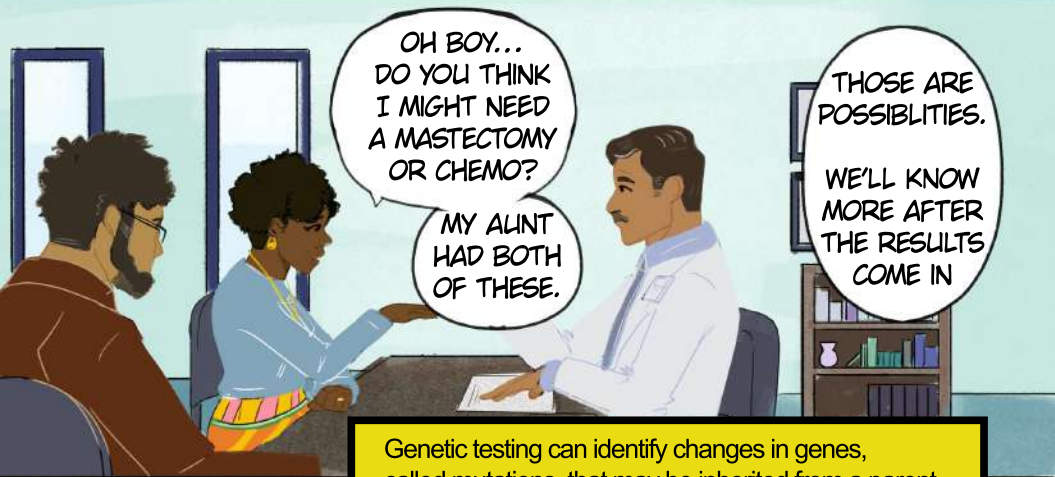
AND MARCUS AND I HAVE TWO CHILDREN!



ONCE WE GET THE GENETIC TEST RESULTS,

WE'LL KNOW MORE ABOUT YOUR TREATMENT OPTIONS

AND WHAT THIS MIGHT MEAN FOR YOUR FAMILY MEMBERS.

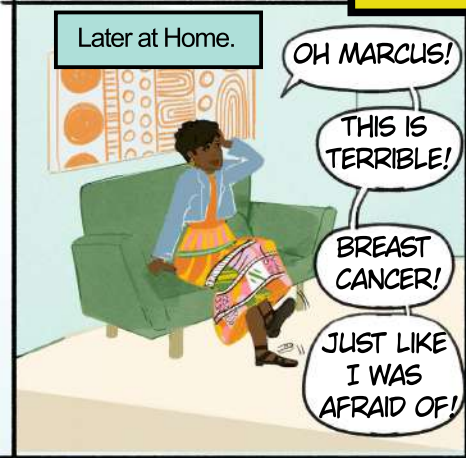


OH BOY...  
DO YOU THINK  
I MIGHT NEED  
A MASTECTOMY  
OR CHEMO?

MY AUNT  
HAD BOTH  
OF THESE.

THOSE ARE  
POSSIBILITIES.  
WE'LL KNOW  
MORE AFTER  
THE RESULTS  
COME IN

Genetic testing can identify changes in genes, called mutations, that may be inherited from a parent.



Later at Home.

OH MARCUS!

THIS IS  
TERRIBLE!

BREAST  
CANCER!

JUST LIKE  
I WAS  
AFRAID OF!



WHAT IF I  
NEED TO HAVE  
CHEMO

OR A  
MASTECTOMY?

I CAN'T  
IMAGINE  
NOT HAVING  
BREASTS!



"OH HONEY,  
I LOVE YOU  
BECAUSE OF  
WHO YOU ARE"

NOT WHAT  
YOU LOOK  
LIKE!

I JUST WANT  
HAVE YOU AROUND  
FOR A LONG TIME!



I WANT  
THAT TOO.

I WANT TO  
WATCH OUR KIDS  
GROW UP,

TO GROW OLD  
WITH YOU!

LET'S SEE WHAT  
THE GENETIC TEST  
RESULTS ARE



AND WHAT DR. DESAI  
SUGGESTS. THEN WE'LL  
DECIDE TOGETHER



Next week at Dr. Desai's.

I RECEIVED THE RESULTS OF YOUR GENETIC TESTING.

YOU HAVE A MUTATION IN A GENE CALLED BRCA1.



GIVEN THIS MUTATION, YOUR AGE, AND YOUR FAMILY HISTORY I RECOMMEND A DOUBLE MASTECTOMY.

I KNOW THIS SEEMS SCARY BUT THIS SURGERY PROVIDES A HIGH CHANCE OF LONG-TERM SURVIVAL

AND WILL HELP LOWER YOUR RISK FOR A RECURRENCE IN THE SAME OR OTHER BREAST.



WOW! I WAS AFRAID OF THIS



BUT MARCUS AND I TALKED ABOUT IT

WITH HIM BY MY SIDE, I CAN GET THROUGH A DOUBLE MASTECTOMY.

The decision to have a single mastectomy (surgery to remove one breast) or a double mastectomy (both breasts) is often a patient's choice.

AFTER THE MASTECTOMY

I RECOMMEND CHEMOTHERAPY.



Chemotherapy is typically given before surgery for TNBC. This allows the tumors to shrink and makes lumpectomy an option as opposed to mastectomy. However, surgery is done before chemotherapy in some cases.

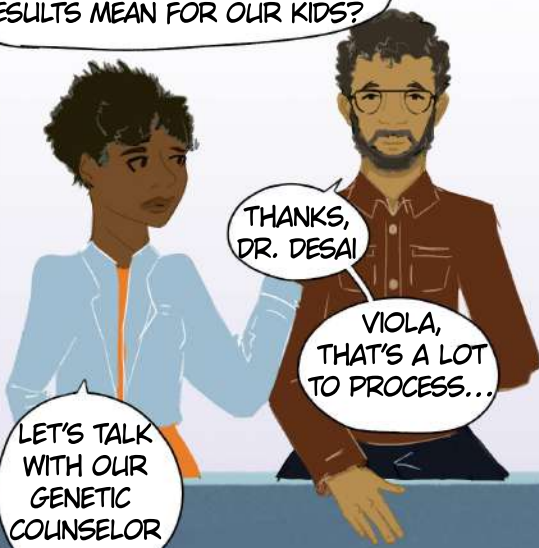


WHAT DO THE GENETIC TESTING RESULTS MEAN FOR OUR KIDS?

THERE IS A 50% CHANCE THAT YOUR CHILDREN HAVE INHERITED THIS MUTATION.



I RECOMMEND DISCUSSING NEXT STEPS WITH YOUR GENETIC COUNSELOR.



THANKS, DR. DESAI

VIOLA, THAT'S A LOT TO PROCESS...

LET'S TALK WITH OUR GENETIC COUNSELOR ASAP.

A few weeks later...

I'M GLAD TO SEE YOU RECOVERED FROM THE DOUBLE MASTECTOMY. NOW WE CAN BEGIN THE RECONSTRUCTION PROCESS.

THE SURGERY SHOWED LYMPH NODE INVOLVEMENT AND THAT YOUR CANCER IS STAGE IIB.

I RECOMMEND WE START CHEMOTHERAPY AS SOON AS POSSIBLE.

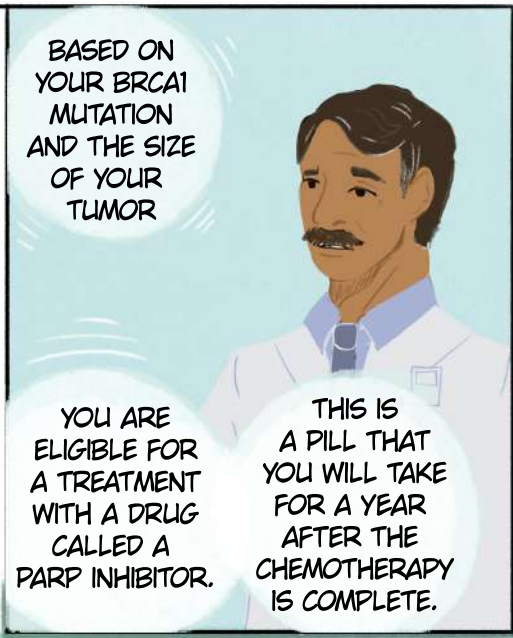


A genetic counselor is a professional who guides and supports patients and families about how to interpret genetic testing results and what the results mean for the family members.





OK...  
I KNEW  
THIS WAS  
NEXT.  
  
LET'S  
GET  
STARTED.

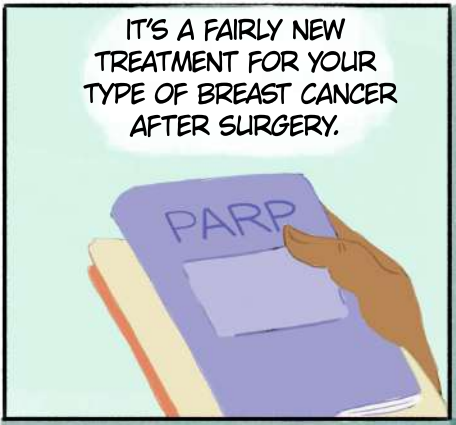


BASED ON  
YOUR BRCA1  
MUTATION  
AND THE SIZE  
OF YOUR  
TUMOR

YOU ARE  
ELIGIBLE FOR  
A TREATMENT  
WITH A DRUG  
CALLED A  
PARP INHIBITOR.

THIS IS  
A PILL THAT  
YOU WILL TAKE  
FOR A YEAR  
AFTER THE  
CHEMOTHERAPY  
IS COMPLETE.

Approximately 20% of people with TNBC have a BRCA mutation. People with TNBC, a BRCA mutation, and a tumor that is 2cm or larger, or with cancer in the lymph nodes are eligible for a type of drug called a PARP inhibitor.



IT'S A FAIRLY NEW  
TREATMENT FOR YOUR  
TYPE OF BREAST CANCER  
AFTER SURGERY.

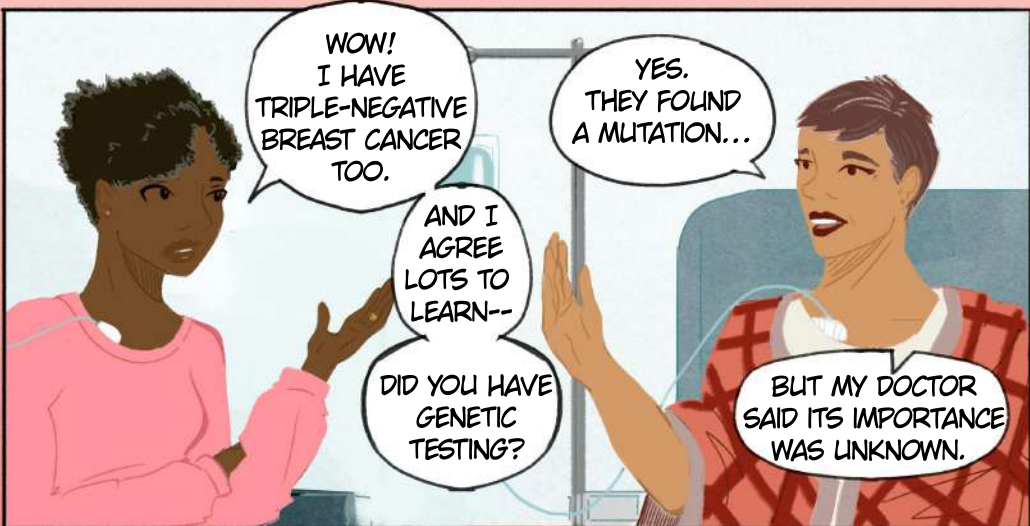
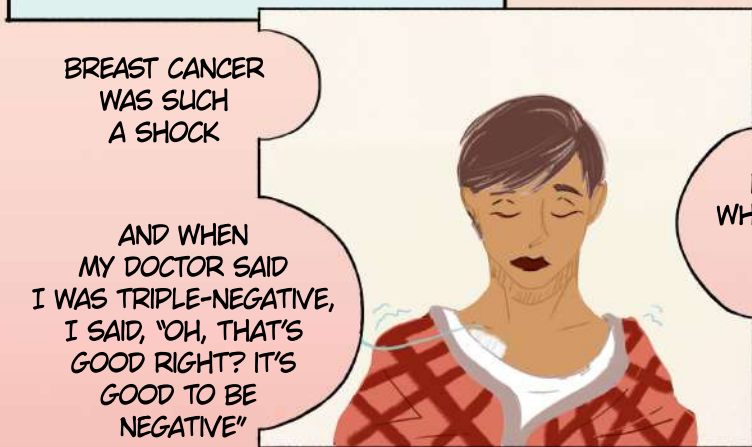


THIS IS  
ENCOURAGING

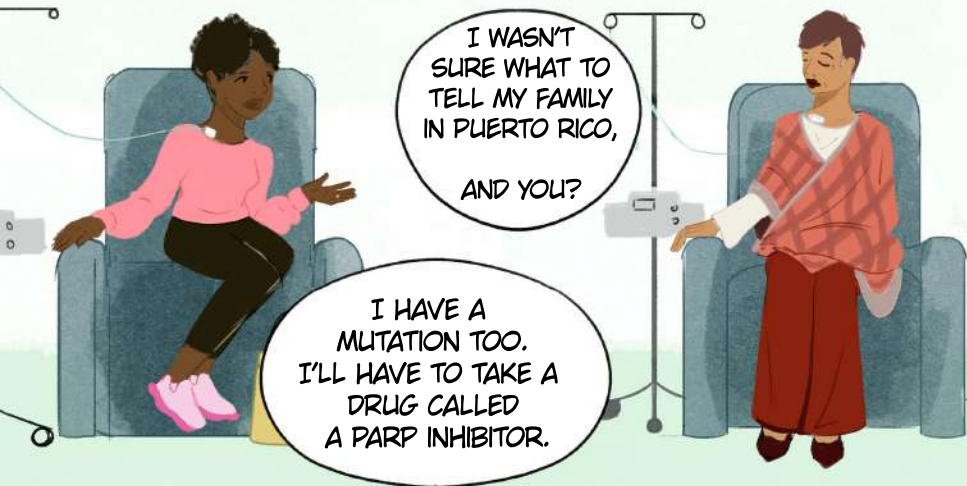
I'M SO  
GLAD TO  
HEAR ABOUT  
THIS NEW  
TREATMENT



Hospital: Chemo infusion room.







OH! HERE COMES MY BROTHER RAY!

HE AND MY HUSBAND WILL BE TAKING TURNS COMING WITH ME TO MY INFUSIONS

I KNOW THESE TREATMENTS CAN BE TOUGH, SO I'M THANKFUL FOR THEIR SUPPORT.



RAY, THIS IS YASMINE. WE JUST MET.





VIOLA,  
I JUST  
CAME FROM A  
HEALTH FAIR.

WE DIDN'T  
HEAR MUCH  
ABOUT THIS DURING  
MY TRAINING AS  
AN ER NURSE!

THEY HAD SOME  
BROCHURES  
ABOUT TRIPLE-  
NEGATIVE BREAST  
CANCER, AND  
THE BRCA1  
MUTATION



RAY WANTED  
TO LEARN  
MORE ABOUT  
TRIPLE-NEGATIVE  
BREAST CANCER.

THAT'S SO  
GREAT!  
I'M GLAD  
YOU HAVE  
RAY.



DO YOU WANT TO GET  
TOGETHER FOR COFFEE  
SOMETIME AND TALK MORE?

I'D LOVE THAT!

TEXT ME,  
AND WE CAN MEET  
WHEN WE  
BOTH FEEL BETTER.



One week later  
at a coffee shop

HI!  
SO GREAT  
TO SEE YOU  
AGAIN--  
IN A MUCH  
BETTER  
SETTING

DEFINITELY

TELL ME ABOUT  
YOUR CANCER EXPERIENCE

OF COURSE!

I FOUND  
A LUMP.  
SO SCARY!

AFTER  
SEVERAL TESTS  
THE DOCTORS  
FOUND THAT  
I HAD A HIGH-RISK  
STAGE III TRIPLE-  
NEGATIVE  
BREAST CANCER.

THEY  
STARTED  
ME ON IMMUNO-  
THERAPY AND  
CHEMO-  
THERAPY

THIS SHRUNK  
MY TUMOR.

AFTER GENETIC  
TESTING,  
MY DOCTORS AND  
I DISCUSSED  
SURGICAL OPTIONS.

I MADE THE  
PERSONAL  
DECISION  
TO HAVE A  
LUMPECTOMY  
TO KEEP  
MY BREASTS  
AND AVOID  
A MASTECTOMY.

POST SURGERY,  
I STARTED  
IMMUNOTHERAPY

THAT'S WHAT  
I'M GETTING  
NOW.

Immunotherapy is a treatment that increases the immune system's ability to find and kill cancer cells.




IT'S BEEN  
A LONG JOURNEY  
WITH ALL MY  
TREATMENTS

BUT IT'S HARD!

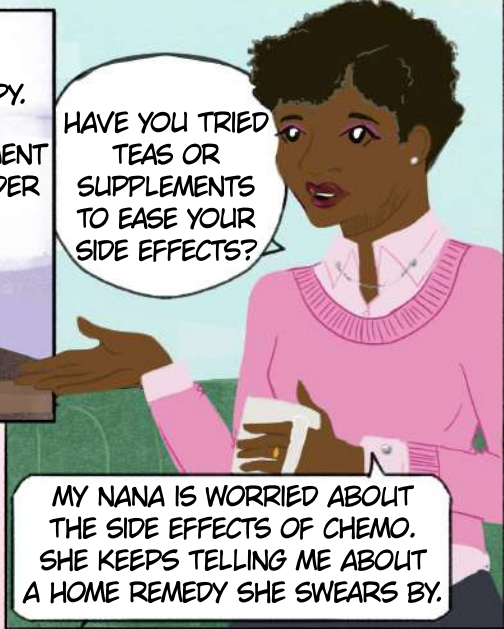
I'M DIVORCED,  
AND MY FAMILY  
IS FAR AWAY  
IN PUERTO RICO  
AND FLORIDA.

MY FRIENDS  
FROM CHURCH  
BROUGHT ME  
MEALS DURING  
THE WORST  
OF MY  
TREATMENTS.



AND I HAVE SOME  
STOMACH ISSUES  
FROM THE IMMUNOTHERAPY.

I HAD TO STOP TREATMENT  
UNTIL I GOT THAT UNDER  
CONTROL WITH OTHER  
MEDICATION.



HAVE YOU TRIED  
TEAS OR  
SUPPLEMENTS  
TO EASE YOUR  
SIDE EFFECTS?



HMM,  
NO

BUT I'D  
CHECK  
WITH  
YOUR  
DOCTOR  
BEFORE  
TRYING  
ANYTHING  
LIKE THAT

MY NANA IS WORRIED ABOUT  
THE SIDE EFFECTS OF CHEMO.  
SHE KEEPS TELLING ME ABOUT  
A HOME REMEDY SHE SWEARS BY.

LOTS OF  
THINGS CAN  
INTERACT WITH  
CANCER  
MEDICATIONS

AND  
ACTUALLY  
MAKE YOU  
FEEL WORSE.



THAT'S  
A GOOD  
POINT.





I THOUGHT  
A HOME REMEDY  
WOULDN'T  
HURT.

BUT YOU'RE RIGHT--  
I'LL CHECK  
WITH MY DOCTOR  
FIRST

I DIDN'T KNOW  
ABOUT THE DIFFERENT  
BREAST CANCER TYPES  
AND MULTIPLE TREATMENT  
OPTIONS.

I ATTEND A SUPPORT GROUP,  
AND THE PEOPLE THERE ARE  
ON DIFFERENT MEDICATIONS.



SOME ARE TAKING  
DRUGS CALLED AROMATASE  
INHIBITORS TO HELP PREVENT  
RECURRENT,

TURNS OUT, THOSE  
DRUGS TARGET A  
DIFFERENT BREAST CANCER TYPE,  
AND NONE PREVENT RECURRENT OF  
TRIPLE-NEGATIVE BREAST CANCER.

I OFTEN WORRY  
ABOUT RECURRENT,  
ESPECIALLY WITH MY  
HIGH RISK, STAGE III CANCER.



TELL ME MORE  
ABOUT THE  
SUPPORT GROUP.  
IT SOUNDS  
INTIMIDATING...

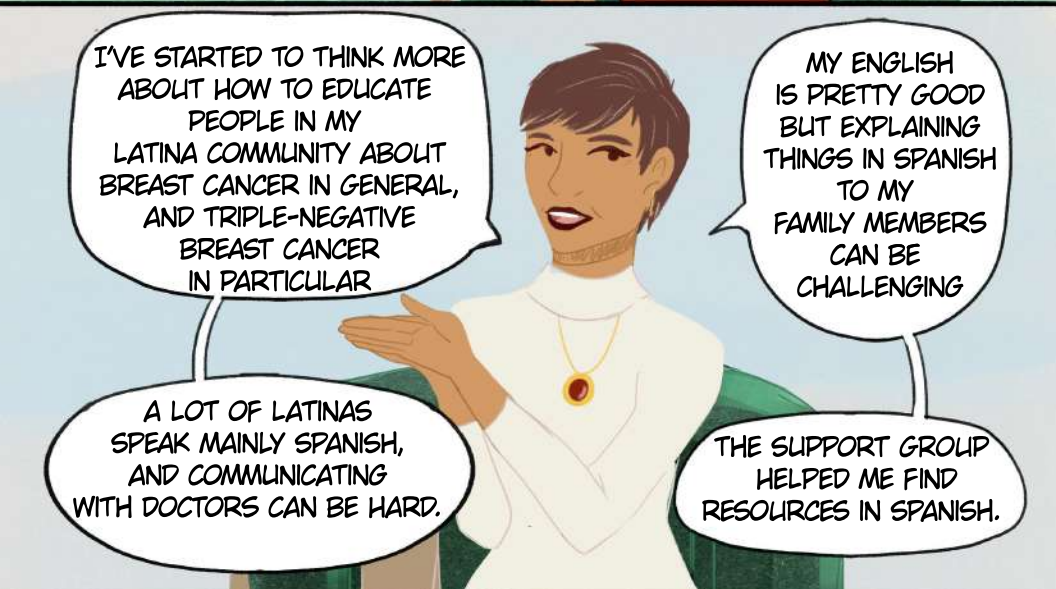


AT FIRST  
I WAS  
SCARED TO  
JOIN A  
GROUP OF  
STRANGERS  
TOO,



BUT I FEEL A SENSE OF COMMUNITY THERE

IT WAS AMAZING TO FIND PEOPLE WHERE I DON'T HAVE TO EXPLAIN WHAT I'M GOING THROUGH



I'VE STARTED TO THINK MORE ABOUT HOW TO EDUCATE PEOPLE IN MY LATINA COMMUNITY ABOUT BREAST CANCER IN GENERAL, AND TRIPLE-NEGATIVE BREAST CANCER IN PARTICULAR

MY ENGLISH IS PRETTY GOOD BUT EXPLAINING THINGS IN SPANISH TO MY FAMILY MEMBERS CAN BE CHALLENGING

A LOT OF LATINAS SPEAK MAINLY SPANISH, AND COMMUNICATING WITH DOCTORS CAN BE HARD.

THE SUPPORT GROUP HELPED ME FIND RESOURCES IN SPANISH.



THEY ALSO TOLD ME ABOUT PATIENT NAVIGATION

A SPANISH-SPEAKING FRIEND AT MY CHURCH WHO ALSO HAS CANCER IS STRUGGLING WITH A LANGUAGE BARRIER.

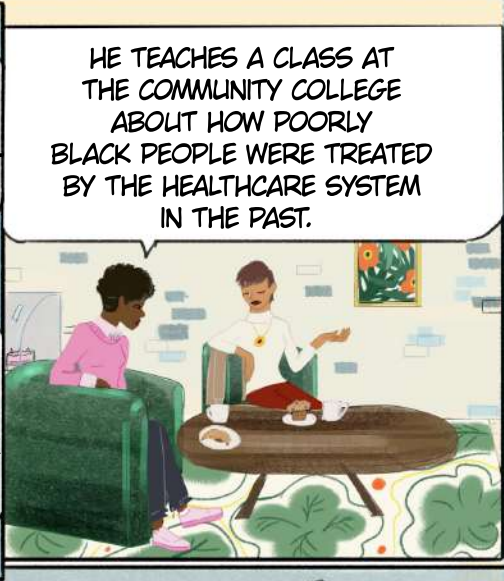
I'VE HELPED HER FIND A SPANISH-SPEAKING PATIENT NAVIGATOR WHERE SHE GETS HER CARE.





ARE THERE ANY BLACK WOMEN IN THE SUPPORT GROUP?

MARCUS, IS ALWAYS WATCHING OUT TO MAKE SURE I'M TREATED FAIRLY.



HE TEACHES A CLASS AT THE COMMUNITY COLLEGE ABOUT HOW POORLY BLACK PEOPLE WERE TREATED BY THE HEALTHCARE SYSTEM IN THE PAST.



THAT'S HOW WE MET--

I TOOK HIS CLASS.



MANY BLACK PATIENTS ARE STILL ON EDGE ABOUT HOW WE MIGHT BE TREATED.



I'M NOT SURE HOW TO HELP OTHER BLACK WOMEN IN ADVOCATING FOR FAIR TREATMENT IN THE HEALTHCARE SYSTEM.

SOME MEMBERS OF THE GROUP, MANY OF THEM BLACK WOMEN, ARE BREAST CANCER PATIENT ADVOCATES.

THEY HAVE A STRONG UNDERSTANDING OF BREAST CANCER AND OPENLY SHARE THEIR STORIES.

DO YOU WANT TO HEAR MORE?



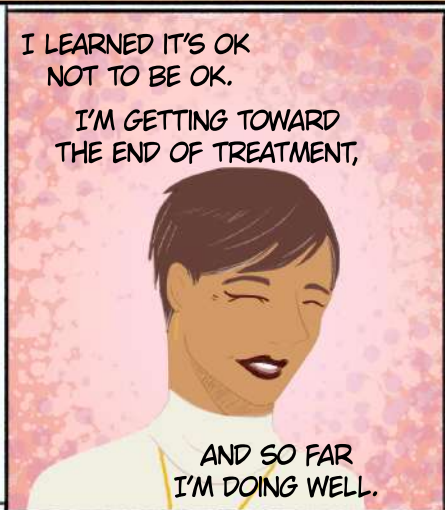
**Advocacy:** There are different types of advocacy.

**Self Advocacy** means speaking up for yourself and can be as simple as asking your healthcare provider a question.

**Patient Advocates** are often people with cancer whose efforts are to educate other patients or improve the lives of patients in some way.



THE SUPPORT GROUP HAS ALSO HELPED ME TAKE THINGS ONE DAY AT A TIME. THE POSSIBILITY OF MY CANCER COMING BACK WILL ALWAYS BE THERE



I LEARNED IT'S OK NOT TO BE OK.

I'M GETTING TOWARD THE END OF TREATMENT,

AND SO FAR I'M DOING WELL.



AND ENJOYING COFFEE WITH YOU!

SPEAKING OF ENJOYING LIFE, I KEEP THINKING ABOUT YOUR BROTHER, RAY.

DO YOU THINK IT WOULD BE OKAY IF I CALLED HIM?



LET ME GIVE YOU HIS NUMBER!

I KNOW HE'D LOVE TO HEAR FROM YOU!



6 Months later...





I TALKED TO DR. DESAI BEFORE THE TRIP,

AND HE GAVE ME IDEAS ON HOW TO ADJUST WHEN I TAKE THE PILL ACCORDING TO THE ACTIVITIES I HAVE PLANNED

AND HOW I KNOW MY BODY REACTS TO IT.



RIGHT NOW, I FEEL GOOD.



I WONDER HOW YASMINE AND RAY ARE DOING?



30 minutes later...

HERE'S  
TO  
US!

HERE'S TO  
TAKING LIFE ONE DAY  
AT A TIME!



AND  
HERE'S TO  
MY  
FAVORITE  
LADIES!





I'M HAVING SUCH  
A GREAT TIME ON  
THIS TRIP

ME TOO!  
I'M HAPPY  
WE'RE HERE  
TOGETHER





3 months later

GOOD EVENING,  
EVERYONE!  
BUENAS TARDES!  
MY NAME IS SELENA,

AND I'M HERE  
TO TELL YOU  
ABOUT MY EXPERIENCE WITH  
METASTATIC TRIPLE-NEGATIVE  
BREAST CANCER.

I KNOW THAT  
FOR MANY OF YOU,  
THE FEAR OF YOUR  
CANCER COMING BACK  
IS A REAL WORRY.  
THIS IS AN INFORMAL CHAT,  
SO FEEL FREE TO  
SPEAK UP AT ANY TIME.

Metastatic breast cancer or MBC is also called stage IV breast cancer. MBC is when cancer cells have spread from the breast to other organs, such as the liver, lung, bone, or brain.

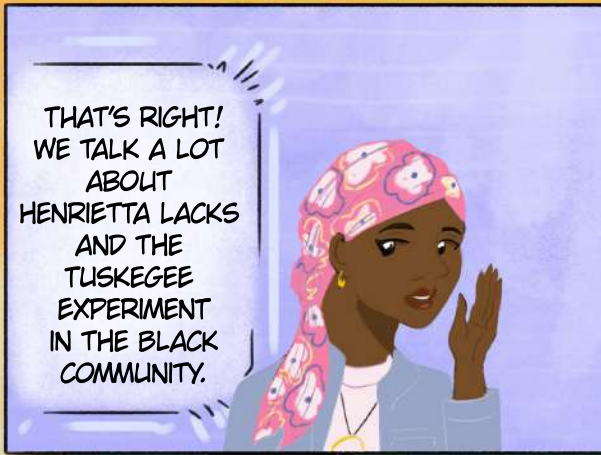
I WAS  
ORIGINALLY  
DIAGNOSED  
WITH STAGE II  
TRIPLE-NEGATIVE  
BREAST  
CANCER.

I HAD GENETIC TESTING,  
AND I LEARNED  
THAT I HAVE THIS MUTATION,  
CALLED BRCA1 POSITIVE.

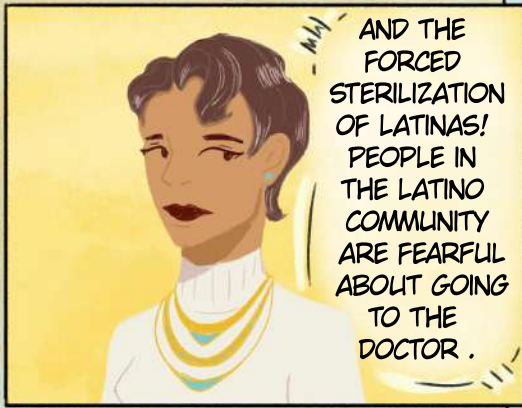
I WAS WORKING,  
AND DEFINITELY NEEDED  
HEALTH INSURANCE.

IT WAS SCARY,  
AND  
I WASN'T SURE  
WHAT WAS  
GOING  
TO HAPPEN.

AS AN  
AFRO-LATINA,  
WE KNOW THAT  
THERE'S MEDICAL  
MISTRUST  
IN OUR  
COMMUNITY.



THAT'S RIGHT!  
WE TALK A LOT  
ABOUT  
HENRIETTA LACKS  
AND THE  
TUSKEGEE  
EXPERIMENT  
IN THE BLACK  
COMMUNITY.



AND THE  
FORCED  
STERILIZATION  
OF LATINAS!  
PEOPLE IN  
THE LATINO  
COMMUNITY  
ARE FEARFUL  
ABOUT GOING  
TO THE  
DOCTOR .



EXACTLY!  
YOU READ  
MY MIND!

### Long History of Medical Mistreatment of Black People and Latinas in the US

Henrietta Lacks  
1951



Forced Sterilization of Latinas  
1907-1981



The Tuskegee Experiment  
1932-1972



I LEARNED THAT BECAUSE OF THOSE EVENTS,  
THERE ARE LAWS IN PLACE TO PROTECT OUR DATA  
AND OUR BODIES.



SHARE  
CANCER SUPPORT





DID YOU HAVE TO SHARE YOUR MUTATION STATUS WITH YOUR BOSS?

I HAVE A MUTATION, AND I WORRY THAT SOMEONE AT MY JOB MIGHT FIND OUT.

ACTUALLY, NO. GENETIC TESTING RESULTS ARE HIPAA-REGULATED.

THEY REMAIN PART OF YOUR MEDICAL RECORD ONLY,

AND BY LAW CANNOT BE USED FOR EMPLOYMENT DECISIONS OR TO DENY YOU HEALTH INSURANCE COVERAGE.

**GINA**  
Genetic Information  
Nondiscrimination Act

The GINA law covers

- Your genetic testing data
- Your relatives' genetic testing data
- Your family history

The GINA law outlaws discrimination by

- Health insurance companies
- Employers

The GINA law does not apply to

- Life insurance
- Long-term care insurance
- Disability insurance

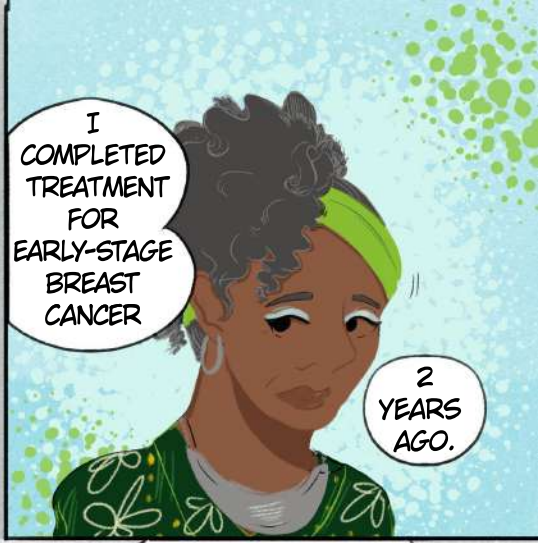


I WAS ALSO CONCERNED ABOUT WHAT MIGHT HAPPEN IN TERMS OF MY JOB AND HEALTH INSURANCE IF THE FACT THAT I WAS BRCA1-MUTATION POSITIVE BECAME KNOWN OUTSIDE OF MY MEDICAL TEAM AND I.

LEARNING ABOUT THAT LAW WAS REASSURING AND ALLOWED ME TO FOCUS ON OTHER CONCERNS.



HOW DID YOU FIND OUT YOUR CANCER HAD SPREAD?

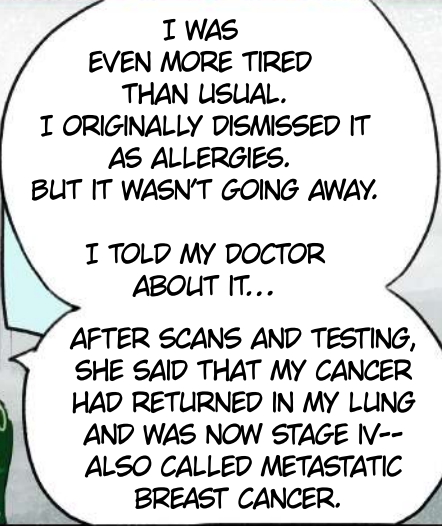


I COMPLETED TREATMENT FOR EARLY-STAGE BREAST CANCER

2 YEARS AGO.



A YEAR AFTER FINISHING TREATMENT, I DEVELOPED A COUGH AND SHORTNESS OF BREATH.



I WAS EVEN MORE TIRED THAN USUAL. I ORIGINALLY DISMISSED IT AS ALLERGIES. BUT IT WASN'T GOING AWAY.

I TOLD MY DOCTOR ABOUT IT...

AFTER SCANS AND TESTING, SHE SAID THAT MY CANCER HAD RETURNED IN MY LUNG AND WAS NOW STAGE IV-- ALSO CALLED METASTATIC BREAST CANCER.



SHE SAID THAT THE CANCER WAS TREATABLE, BUT NOT CURABLE

I FELT LIKE MY WORLD HAD COME CRASHING DOWN!

I STARTED ON CHEMOTHERAPY BUT MY CANCER KEPT ADVANCING

SO THEY SWITCHED ME TO A DRUG CALLED AN ANTIBODY-DRUG CONJUGATE



- The GINA law covers
- Your genetic testing data
  - Your relatives' genetic testing
  - Your family history


- The GINA law outlaws discrimination by
- Health insurance companies

- The GINA law outlaws discrimination by
- Life insurance companies
  - Long-term care facilities
  - Disability benefits



SO FAR  
SO GOOD  
WITH THIS  
TREATMENT!

MY DOCTOR IS VERY PROACTIVE  
WITH MY TREATMENT AND WHAT  
MIGHT NEED TO HAPPEN NEXT  
AND TAKES THE TIME TO EXPLAIN  
THINGS.



SO I AM UNDERGOING  
TESTING TO LOOK MORE  
CLOSELY AT MY HER2  
STATUS

OR HER2  
ULTRALOW

TO SEE IF  
I AM SOMETHING  
CALLED HER2 LOW

THIS WAS  
CONFUSING  
FOR ME.

I LEARNED  
A LOT  
OVER THE YEARS  
ABOUT TRIPLE-NEGATIVE  
BREAST CANCER,

WHICH IS CONSIDERED  
HER2 NEGATIVE.

I ASKED  
MY DOCTOR,

"HOW COULD  
I BE HER2-LOW  
IF I HAVE TRIPLE  
NEGATIVE BREAST  
CANCER?"

SHE TOLD ME THAT SOME TRIPLE-NEGATIVE BREAST CANCERS ACTUALLY EXPRESS LOW LEVELS OF HER2,

WHICH MIGHT MAKE ME ELIGIBLE FOR OTHER TREATMENT OPTIONS.



MY DOCTOR ALSO RECOMMENDED GENOMIC TESTING

WHICH CONFUSED ME

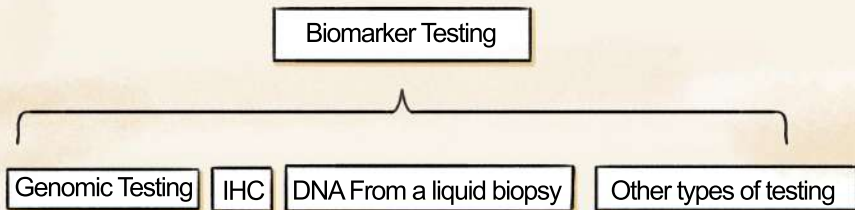
BECAUSE I HAD ALREADY DONE GENETIC TESTING WHEN I WAS FIRST DIAGNOSED WITH EARLY-STAGE TNBC.

THESE TWO WORDS SOUND VERY SIMILAR, RIGHT-- GENETIC AND GENOMIC?

IT TURNS OUT, THERE'S A DIFFERENCE.



- Genetic Testing checks for inherited gene changes present in all cells that can be passed down from parent to child,
- While genomic testing looks for changes only in the tumor



DURING YOUR CANCER JOURNEY, YOU MAY HEAR TERMS LIKE "BIOMARKER TESTING", "GENOMIC TESTING", AND OTHERS.






THESE CAN GET  
CONFUSING.

GENOMIC TESTING RESULTS  
CAN HELP GUIDE TREATMENT  
DECISIONS OR HELP DETERMINE  
IF I QUALIFY FOR  
A CLINICAL TRIAL OR  
AN APPROVED TREATMENT.

BIOMARKER TESTING  
IS A WAY FOR DOCTORS  
TO GATHER AS MUCH  
INFORMATION AS POSSIBLE  
ABOUT MY UNIQUE TYPE  
OF CANCER.

NOW I'M WAITING  
TO HEAR ABOUT  
ANY CHANGES IN MY  
HER2 STATUS AND  
GENOMIC TESTING  
RESULTS



ALTHOUGH MY  
CANCER IS  
RESPONDING  
TO MY CURRENT  
TREATMENT

I DON'T  
LIVE IN A  
WORLD OF  
RAINBOWS  
AND  
UNICORNS

I AM  
DIVORCED,  
AND MOST OF  
MY FAMILY  
LIVES IN  
THE DOMINICAN  
REPUBLIC.

I STRUGGLE  
WITH DEPRESSION  
AND LONELINESS.

MY SUPPORT  
GROUP MEANS  
SO MUCH TO  
ME.

MY FRIENDS  
HAVE TAUGHT  
ME THAT  
MENTAL HEALTH  
SUPPORT IS  
NOT OPTIONAL.



THEY ENCOURAGED ME TO FIND SOMETHING I ENJOY AND CAN DO WHILE UNDERGOING TREATMENT.

I LOVE TO EXPLORE NEW COUNTRIES

BUT TAKING A LONG TRIP THAT COULD PUT ME FAR AWAY FROM FIRST-RATE EMERGENCY CARE IS NOT A GOOD OPTION.

SO I THOUGHT, "

"WHAT CAN I DO?"



ANOTHER LONG TERM GOAL OF MINE HAS BEEN TO TAKE MY BASIC DRAWING AND PAINTING SKILLS TO THE NEXT LEVEL

I'M ALSO LOOKING INTO TRIPS THAT KEEP ME CLOSE TO MEDICAL CARE,

JUST IN CASE.

SO I'VE STARTED ART CLASSES AND AM LOVING IT!

SO HERE'S MY MESSAGE TO YOU

THE FEAR OF CANCER COMING BACK IS REAL AND WHEN IT HAPPENS, IT'S SCARY AND OVERWHELMING

I'VE ALSO LEARNED THERE ARE NEW TREATMENTS THAT EXTEND LIFE AND QUALITY OF LIFE.







I'VE LEARNED TO SEEK HELP WHEN I'M LONELY AND DEPRESSED.

I MOURN THE LOSS OF WHAT I CAN'T OR SHOULDN'T DO. BUT I'VE LEARNED TO SPEND TIME DOING THINGS THAT I ENJOY AND THAT I CAN DO.

THANK YOU. NOW I'M GOING TO OPEN UP OUR TIME FOR Q&A

THANK YOU, SELENA, FOR ALL THIS GREAT INFO!

I'M ALSO DIVORCED BUT RECENTLY I'VE BEEN SEEING SOMEONE SPECIAL.

MY BODY HAS BEEN THROUGH SO MUCH.

AND I DON'T LOOK LIKE I ONCE DID.

I'M AFRAID OF INTIMACY.

MY PARTNER TELLS ME I'M BEAUTIFUL BUT I HAVE A HARD TIME BELIEVING IT.

MY DOCTOR HASN'T BROUGHT UP SEXUAL HEALTH, AND I DON'T KNOW WHO TO ASK.

IT CAN BE A HARD AND EMBARRASSING TOPIC FOR MANY PEOPLE, BUT IT'S ESPECIALLY HARD FOR A LATINA, OR AT LEAST THIS LATINA.



YES. THIS IS A BIG CONCERN. MY EX-HUSBAND IS A LATINO TOO AND JUST COULDN'T DEAL WITH HOW MY BODY HAD CHANGED. IT'S PART OF WHAT DROVE US APART.



I FOUND OUT THAT YOU CAN ASK YOUR DOCTOR FOR A REFERRAL FOR SPECIALISTS WHO CAN HELP WITH SEXUAL HEALTH IN CANCER SURVIVORS.

IT'S ALSO A TOPIC THAT YOU CAN TALK ABOUT MORE IN THIS SUPPORT GROUP. I DEFINITELY ENCOURAGE YOU TO SEEK SUPPORT IN THIS AREA.

YOU'LL HAVE A BETTER CHANCE OF FEELING COMFORTABLE ABOUT YOUR BODY.

THERE ARE THERAPISTS AND WORKSHOPS AVAILABLE THAT CAN HELP.



I'M SO GLAD THAT YOU BROUGHT UP MEDICAL MISTRUST IN THE BLACK COMMUNITY.

I WANT TO GET INVOLVED IN EDUCATING AND ADDRESSING MANY OF OUR CONCERNS,

BUT I DON'T KNOW HOW TO GET STARTED. DO YOU HAVE ANY IDEAS?

I DO!

A FRIEND OF MINE FROM MY MBC SUPPORT GROUP IS INVOLVED IN ADVOCACY IN HER CHURCH,



WHICH IS ATTENDED MAINLY BY BLACK PEOPLE. TALK TO ME AFTER THIS MEETING AND WE'LL EXCHANGE PHONE NUMBERS.





SELENA,  
WHAT ARE  
THE KEY  
TAKEAWAYS  
FROM  
TONIGHT'S  
DISCUSSION

I KNOW  
THAT THE  
FEAR OF  
YOUR CANCER  
RETURNING  
IS REAL.



IT HAPPENED  
TO ME.  
AND  
IT'S SCARY.

ALTHOUGH MBC  
IS TREATABLE,  
IT'S NOT CURABLE.

THERE ARE  
LOTS OF  
"TOOLS IN THE  
TOOLBOX"  
SO TO SPEAK,  
FOR TREATING  
TRIPLE-NEGATIVE  
MBC,



AND RESEARCHERS  
ARE ALWAYS  
LOOKING FOR MORE  
AND BETTER  
OPTIONS.

GATHER AS MUCH  
INFORMATION  
AS YOU CAN ABOUT  
YOUR SPECIFIC  
CANCER .  
KEEP ASKING QUESTIONS.

PRIORITIZING OUR  
MENTAL HEALTH  
IS ESSENTIAL.



FOR ME, SPEAKING TO GROUPS LIKE THIS HAS GIVEN ME A SENSE OF PURPOSE, AND YOU CAN FIND YOURS TOO. IT MIGHT BE THROUGH BECOMING AN ADVOCATE IN YOUR COMMUNITY OR DEDICATING TIME TO SOMETHING THAT BRINGS YOU JOY -WHETHER IT'S DATING, TRAVELING, OR A HOBBY. WHILE THERE MIGHT BE SOME DARK TIMES, WITH THE RIGHT SUPPORT, LIFE CAN ALSO BE FULL OF JOY AND MEANING.

THANK YOU AGAIN EVERYONE, AND HAVE A GREAT EVENING!

At the SHARE Cancer Support Meeting

WOULD ANYONE LIKE TO SHARE HOW THEY'VE SPOKEN UP FOR THEMSELVES OR ADDRESSED ANY MENTAL OR EMOTIONAL CONCERNS WITH YOUR DOCTOR?



I ASKED MY DOCTOR FOR A REFERRAL TO SEE SOMEONE ABOUT ACCEPTING MY NEW BODY, ESPECIALLY NOW THAT I AM IN A NEW RELATIONSHIP.

UNFORTUNATELY, MY DOCTOR NEVER MENTIONED THE SUPPORT THAT'S AVAILABLE TO HELP DEAL WITH THE CHANGES TO MY BODY

SO I HAD TO ASK. THE THERAPIST I'M SEEING HAS BEEN REALLY HELPFUL. I'M FOLLOWING MY THERAPIST'S SUGGESTIONS AND TAKING MY RELATIONSHIP WITH RAY SLOW.

THAT'S REALLY GREAT TO HEAR! ANYONE ELSE?



I WAS EXPERIENCING SOME SIDE EFFECTS FROM MY MEDICATION, AND MY NANA SUGGESTED A HOME REMEDY.





BEFORE TRYING IT,  
I DECIDED  
TO CHECK  
WITH MY DOCTOR .  
HE RECOMMENDED  
A DIFFERENT SOLUTION  
THAT HE WAS  
MORE FAMILIAR  
WITH.

I'M GLAD  
I SPOKE UP.

IT HELPED ME GET  
THE RELIEF I NEEDED  
WITHOUT RISKING ANY  
UNWANTED REACTION  
BETWEEN  
MY MEDICATION  
AND THE  
HOME REMEDY

OVERALL,  
I'M LEARNING  
THE IMPORTANCE  
OF ASKING  
LOTS OF  
QUESTIONS.

I'VE REALIZED  
THAT THERE'S  
SO MUCH I DON'T KNOW.  
ASKING QUESTIONS  
MAKES ME FEEL  
MORE IN CONTROL  
OF WHAT'S HAPPENING  
TO ME.



I'VE ALSO CONNECTED WITH A GROUP  
OF BLACK WOMEN WITH BREAST CANCER .  
WE ARE WORKING TOGETHER TO CREATE  
A SERIES OF VIDEOS.  
OUR GOAL IS TO ENCOURAGE BLACK WOMEN  
TO SPEAK UP FOR THEMSELVES.  
IT'S A WAY TO MAKE SURE  
THEY'RE TREATED FAIRLY  
BY THE HEALTHCARE SYSTEM  
AND GIVE THEM TOOLS FOR HOW TO DO IT.



THIS HAS BEEN  
A GREAT SESSION!  
THANK YOU TO  
VIOLA, YASMINE,  
AND THE OTHERS  
WHO SHARED THEIR  
EXPERIENCES.  
SEE YOU  
NEXT TIME!



END.

## Glossary

**ADC:** An antibody-drug conjugate is a cancer drug that consists of chemotherapy molecules bound to an antibody that targets molecules present mainly on cancer cells. Upon reaching the cancer cell the chemotherapy drug is clipped off the ADC and released into the cancer cell, killing it.

**Biomarker and types of biomarker testing:** A biomarker is a substance in your body that can be measured and can give information about your health. Biomarker testing, such as genomic testing, allows doctors to gather as much information as possible about your unique type of cancer. Biomarker testing results help guide your healthcare provider to choose appropriate treatment options for you.

**Biopsy:** Removal of a sample of tissue for examination under a microscope to see if cancer is present.

**BRCA1 and BRCA2:** BRCA1 and BRCA2 are genes that everyone has. Mutations in these genes can be inherited from either parent and passed on to children, and they can increase the risk of breast and other cancers. People with triple-negative breast cancer and a BRCA1/2 mutation may be eligible for treatment with a drug called a PARP inhibitor.

**Genetic counselor:** A genetic counselor provides guidance and support to patients about inherited diseases and what genetic testing results may mean for the patient or the patient's family members.

**Genetic testing:** Genetic testing for an inherited mutation looks at DNA in blood or saliva samples. People with triple-negative breast cancer should have genetic testing. Genetic testing can guide treatment decisions in people with breast cancer and can identify an increased risk of breast cancer in those without the disease, especially in people with a family history of the disease.

**Lumpectomy:** A lumpectomy (also called breast-conserving surgery or partial mastectomy) is surgery to remove a breast tumor plus some healthy tissue around the tumor. The goal of a lumpectomy is to remove all the cancer while preserving as much of the healthy breast as possible.

**Mastectomy:** Mastectomy is surgery to remove one or both breasts. Options after a mastectomy include reconstruction, using a prosthesis that is placed in the bra, and remaining flat. This is a personal choice.



**Neoadjuvant treatment:** Treatment received before surgery that is generally intended to shrink the tumor, increase the chance of removing all the cancer during surgery, or boost the immune system's ability to find and kill cancer cells.

**PARP inhibitor:** PARP inhibitors are drugs for some people with BRCA1 or BRCA2 mutations with early-stage or metastatic breast cancer.

**Patient support:** Different types of navigators and peers provide support and guidance for patients.

- Patient navigators help people with cancer overcome barriers to get the treatment and support they need. They receive training and may have had cancer but are not healthcare professionals.
- Peer support: Peers are people who are also going through the same cancer diagnosis and treatment or have completed treatment. Peers can help people cope, reduce anxiety, increase hope, address concerns about recurrence, and improve quality of life.
- Nurse navigators are healthcare professionals who work with the cancer care team to coordinate care and appointments and help patients understand treatments and side effects.
- Oncology social workers address social and mental health concerns.

**Reconstruction of the breast:** Breast reconstruction is surgery that aims to restore the look of the breast(s), including the nipple and areola (the dark area around the nipple). Your breast surgeon and a plastic surgeon can help you understand your reconstruction options.

**Triple-negative breast cancer:** Triple-negative breast cancer is one of several types of breast cancer. Triple-negative breast cancer does not have the three most commonly tested breast cancer markers (estrogen receptors, progesterone receptors, and HER2). About 10-15% of all breast cancers are triple negative. This type of breast cancer is more common in Black women, younger women, and those with a BRCA1 gene mutation. It is more aggressive, harder to treat, and more likely to come back after treatment than other types of breast cancer.

## Sources:

**ADC:** Definition of antibody-drug conjugate - NCI Dictionary of Cancer Terms - NCI

**Adjuvant treatment:** Definition of adjuvant therapy - NCI Dictionary of Cancer Terms - NCI

**Biomarker and types of biomarker testing:** Cancer Precision Medicine Commons; click "download the presentation; slides 18, 19, and 21. Note that organizations may use the language in this source verbatim.

**Biopsy:** NCI Dictionary of Cancer Terms - NCI

**BRCA1 and BRCA2:** BRCA Gene Mutations - Women | Susan G. Komen®

**CAT scan:** Definition of CT scan - NCI Dictionary of Cancer Terms - NCI

**Genetic testing/counseling:** Genetic Counseling and Genetic Testing | Susan G. Komen®

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Hereditary Breast and Ovarian Cancer | Cancer.Net

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NSGC > About > About Genetic Counselors

**HER2:** Breast Cancer HER2 Status | What is HER2 Status? | American Cancer Society

**Lumpectomy:** Lumpectomy Surgery (breastcancer.org)

**Mastectomy:** Types of Mastectomy (breastcancer.org)

**What Is Breast Reconstruction Surgery? (breastcancer.org)**

**Neoadjuvant treatment:** Definition of neoadjuvant therapy - NCI Dictionary of Cancer Terms - NCI

FDA approves pembrolizumab for high-risk early-stage triple-negative breast cancer | FDA



**PARP inhibitor: PARP Inhibitors:** Susan G. Komen®; tumor size criterion (to support "Not all people with BRCA mutations are eligible for PARP inhibitors") here: Adjuvant PARP Inhibitors in Patients With High-Risk Early-Stage HER2-Negative Breast Cancer and Germline BRCA Mutations: ASCO Hereditary Breast Cancer Guideline Rapid Recommendation Update | Journal of Clinical Oncology (ascopubs.org)

**Patient navigation/support:** Patient Navigation in Cancer Care | American Cancer Society

Types of Cancer Navigators | Patient Navigation | American Cancer Society  
Patient and Caregiver Peer Support/Mentoring Programs | OncoLink  
How effective is peer-to-peer support in cancer patients and survivors? A systematic review - PMC (nih.gov)

**Reconstruction: Breast Reconstruction Surgery:** Options and Techniques (breastcancer.org)

**TNBC: Triple-Negative Breast Cancer (TNBC)**

# Resources

## **American Cancer Society**

Treatment of Triple-Negative Breast Cancer

The American Cancer Society provides a description of treatment options for different stages of TNBC.

## **SHARE Cancer Support**

### **Triple-Negative Breast Cancer Information**

#### **SHARE's Research Study: SHARING OUR OWN EXPERIENCE:**

#### **A Qualitative Study with Black Women Diagnosed with Triple-Negative Breast Cancer**

To better understand the experience of being diagnosed with TNBC as a Black woman, SHARE teamed up with Dr. Tisha Felder PhD., MSW, who served as the Principal Investigator, and her colleague Dr. Lucy Ingram MPH, PhD., to conduct a qualitative research study. Twenty Black women diagnosed with early or metastatic breast cancer were interviewed and text analysis software was utilized with an inductive coding approach to develop a codebook. Through a Black Feminist lens, codes were analyzed and themes were interpreted across the interviews. Eight major themes and 15 recommendations emerged from the deeply personal stories shared by these brave women diagnosed with TNBC.

## **The Black TNBC Sanctuary**

The Black TNBC Sanctuary is a safe and trusted home for Black and Afro-Latina individuals diagnosed with triple negative breast cancer and their loved ones. Here, you can find everything you need to understand your specific diagnosis and feel equipped to make the best decisions for you. Built from the lived experience of our Black and Afro-Latina TNBC community and the knowledge of leading TNBC medical experts, the Black TNBC Sanctuary changes and grows based on the needs of our community.

## **TNBC Foundation**

The TNBC Foundation is an online source for information about TNBC, treatment for TNBC, support groups for patients and caregivers, patient stories, and more.

## **Triple Negative Breast Cancer - An Overview from the NIH**



# **Together Through Triple-Negative Breast Cancer: Stories of Courage, Friendship, and Hope**

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# **GILEAD**

**Gilead Sciences, Inc. has had no input into the  
development or content of these materials.**



**SHARE**  
CANCER SUPPORT

**SHARE is here for you!**

**Helpline: 844-725-7427**

**[www.sharecancersupport.org](http://www.sharecancersupport.org)**

SHARE Cancer Support is a national, peer-led 501(c)(3) nonprofit organization that supports and educates anyone who has been diagnosed with breast or gynecologic cancers, and provides outreach to the general public about signs and symptoms.

SHARE is dedicated to serving people of all races and cultures, backgrounds and identities. Because no one should face breast, ovarian, uterine (endometrial), cervical or metastatic breast cancer alone.

**Take Our Survey!**



**Your Voice Matters!**