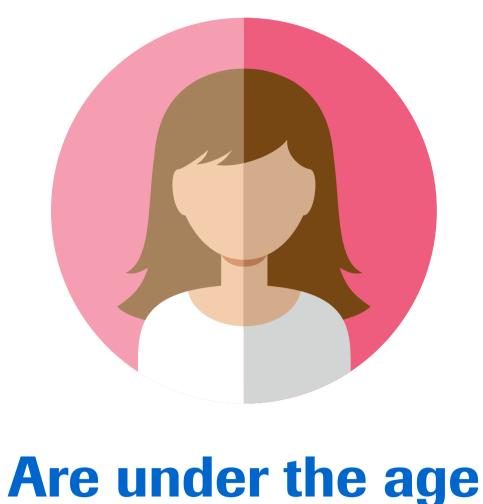


Medical literature shows that the first mention of triple-negative breast cancer was in October 2005³

Who is affected? **Triple-negative breast cancer is more**

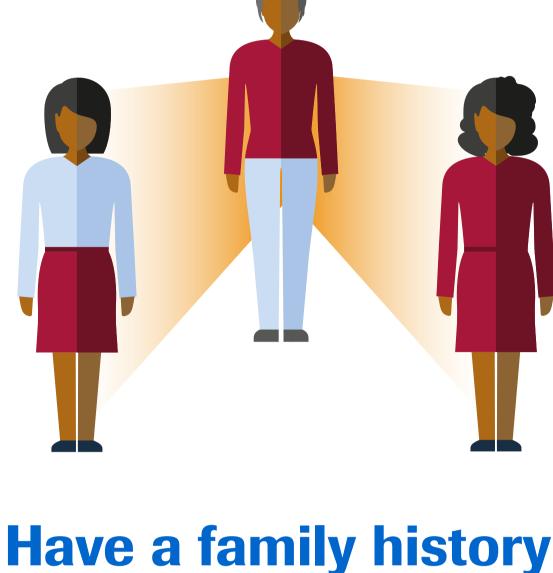
commonly diagnosed in women who:



of 40 or 50⁴



or Hispanic^{4,5}



of breast cancer⁶



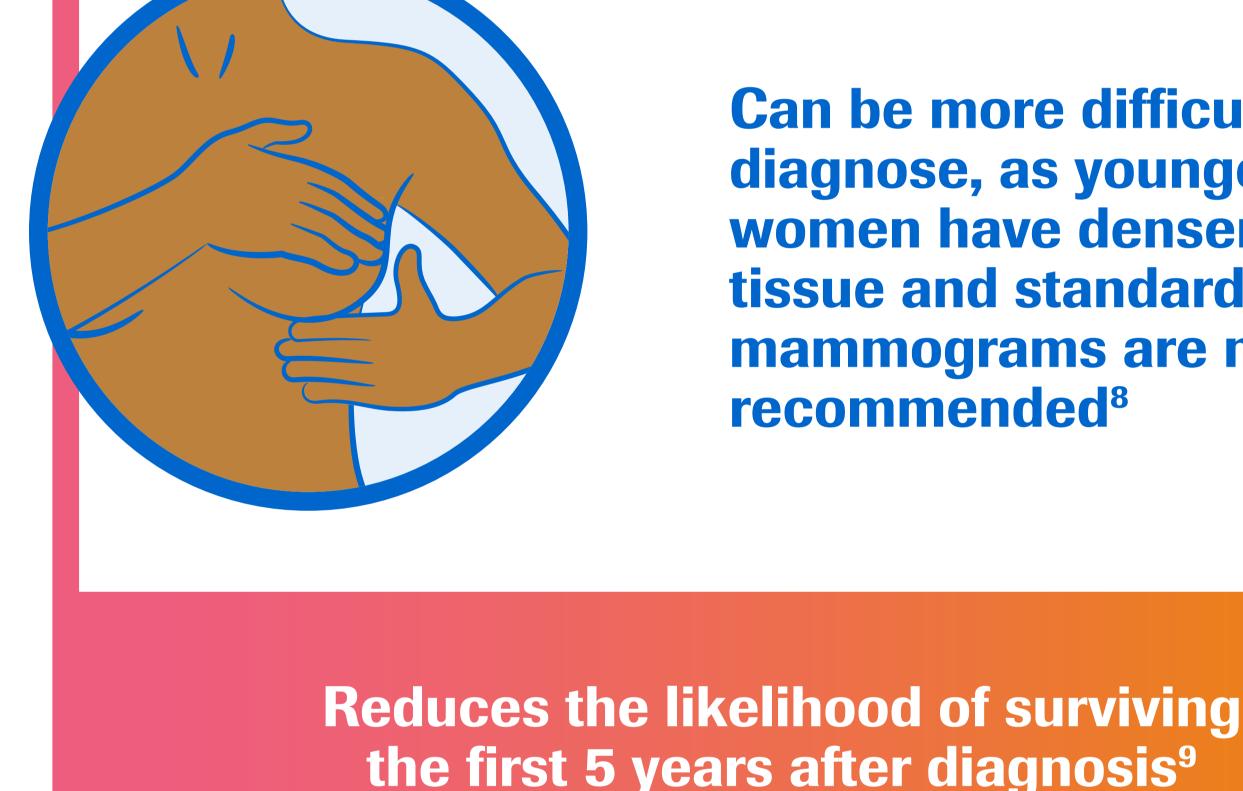
the **BRCA1** gene⁶

A high unmet medical need Compared with other forms of breast cancer,

triple-negative breast cancer:

and causes more rapid progression and shorter overall survival

Is more aggressive,⁷



women have denser breast tissue and standardised mammograms are not yet recommended8

Can be more difficult to

diagnose, as younger

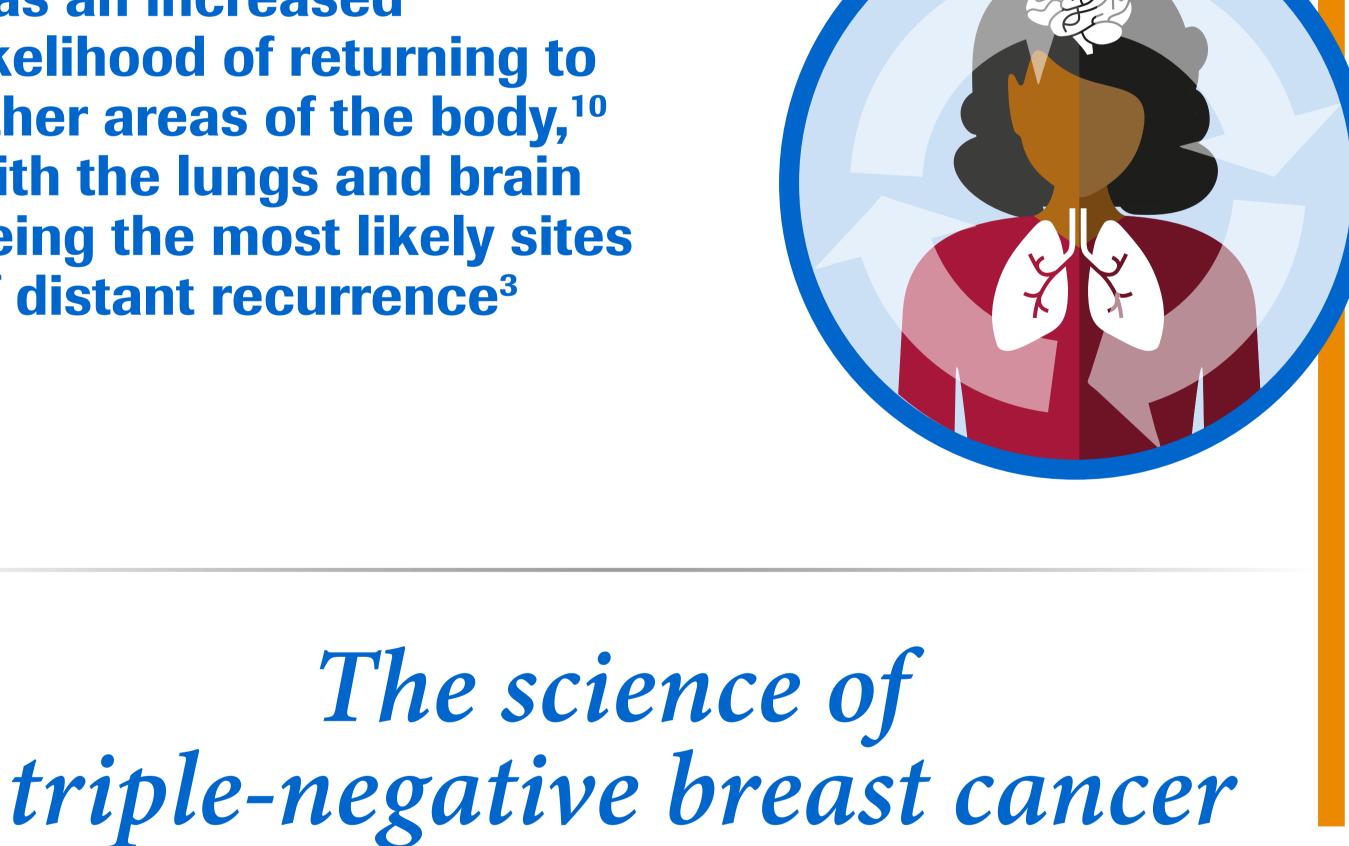
Has an increased

being the most likely sites of distant recurrence³

likelihood of returning to

other areas of the body, 10

with the lungs and brain



Called 'triple-negative' because the three most common types of receptors known to promote the growth of breast cancer cells are not present in the tumour:10,11

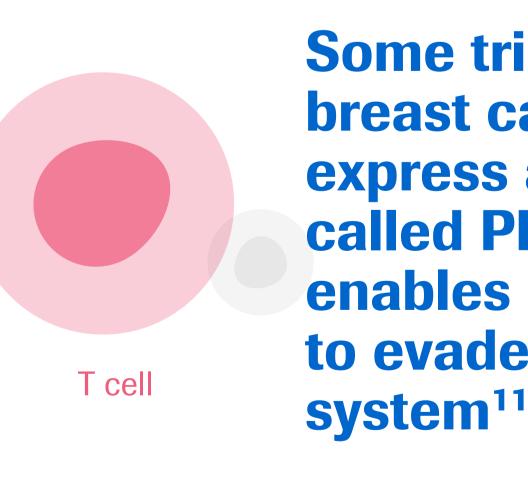
HER2

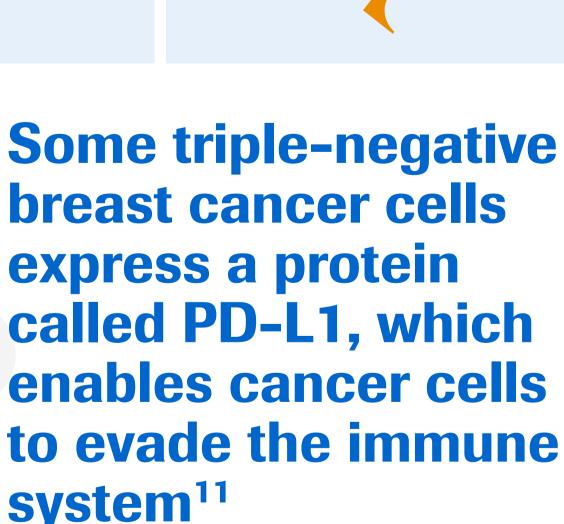
Hormone receptor positive receptor positive negative



PD-L1

Progesterone positive





Triple

The challenge of treating triple-negative breast cancer

People with metastatic



No consistent standard of care

and clinical practice patterns



References

2018.

chemotherapy remains the mainstay of treatment 6

Cytotoxic



vary worldwide

disease

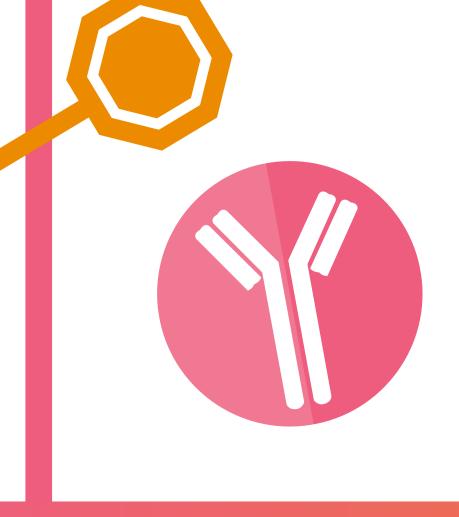
New treatment

options are

needed for

with this

people living



Immune checkpoint inhibitors, which target the PD-L1 and PD-1 proteins, may represent a potential new treatment option for people with triple-negative breast cancer¹¹

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