

Triple-Negative Breast Cancer: What Is Known About It?

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Triple-negative breast cancer (TNBC) is considered a rare diagnosis. This malignancy targets a specific population of women and has risk factors differing from those of other breast cancers. TNBC exhibits distinct pathologic features that result in aggressive metastasis and poor prognosis. Pathologically, TNBC cancer cells are characterized by negative receptors for progesterone and estrogen and by the lack of over-expression of human epidermal growth factor receptor 2, which limits chemotherapeutic treatment options for women with TNBC. Nurses can assist in early detection by offering patient education about the little known risk factors for TNBC. Psychosocial issues can overwhelm patients diagnosed with breast cancer. This article provides suggestions for nurses as they guide women who are experiencing an atypical breast cancer diagnosis with an uncertain prognosis and limited treatment options.

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Breast cancer was expected to account for 232,340 new cases, and breast malignancy was anticipated to claim the lives of 39,620 women in the United States in 2013 (American Cancer Society, 2013). Nationally, the absolute risk for women being diagnosed with breast cancer at some point in their lives is 1 in 8 (National Cancer Institute, 2012). Triple-negative breast cancer (TNBC) accounts for 15% of all diagnosed breast cancers and typically confers a poor prognosis (Cleator, Heller, & Coombes, 2007). This cancer tends to affect women before they are aged 40 or 50 years, those of African or Hispanic ethnicity, and women with the *BRCA1* mutation (Chu, Henderson, Ampil, & Li, 2012). In contrast, general breast cancer risk factors include different characteristics (see Figure 1).

This case study reviews the diagnosis of TNBC in a 45-year-old Caucasian woman whose GAIL model calculated risk for experiencing breast cancer within five years at 1.5% (Halls, 2008). Even more astonishing, this woman was diagnosed four months after a normal screening mammogram. She presented

with a lump in her breast, an incidental finding she discovered while changing clothes, providing evidence for nurses to advise women about breast self-awareness and to seek care from a healthcare professional when abnormal findings are discovered.

Case Study

R.D. is a 45-year-old Caucasian woman who works as a nurse practitioner in an urban hospital in the southwestern United States. She has been married for two years and has two adult children. R.D. found a lump in her right breast on April 9, 2012, while changing clothes. She had not noticed this lump before and asked her husband to palpate the area. He had not noticed the lesion before this time, but he also could easily feel the mass. R.D. had no history of breast mass in the past; however, she had two benign diagnostic mammograms with ultrasound to rule out pathology in 2009 and 2010.