

# Finally, good news for triple negative breast cancer patients!

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During ASCO's annual meeting this year, I was thrilled to learn that a new drug class is offering promise to patients with triple negative breast cancer. PARP inhibitors--experimental targeted therapy medicines, may make chemotherapy work better against aggressive forms of breast cancer ([see Debu Tripathy's blog for the details](#)). For years, I've been happy to see great advancements in the treatment of breast cancer, but have selfishly been concerned that no real progress was being made to better understand triple-negative cancers.

When I was diagnosed with breast cancer back in 1994, the term "triple-negative" breast cancer didn't exist. Diagnostic tests weren't as sophisticated as they are today. I did know that I was estrogen receptor-negative and that while my cancer was aggressive, it hadn't spread to my lymph nodes. I had surgery, chemotherapy, and radiation. Within six months my treatment was over, and I was told to get on with my life. Six months of treatment and I was done. So why were some of my friends, also estrogen receptor-negative, not so fortunate?

It was years later, during a routine check up with my oncologist that I asked him to review my pathology report to see if he thought that I might have fallen into the triple-negative camp. After close examination, he shrugged his shoulders and said that, most likely, I did. To be sure, they'd have to go down to the basement of Baylor, find my 12-year-old tumor, and run it through the gauntlet of diagnostic tests now available to determine such things. Eeek.

I've been cancer free for twelve years. I've lived with never really knowing what caused my cancer. I've lived with the fear that it might return--as we all do. I've lost friends with triple-negative breast cancer who ran out of treatment options far before they ran out of hope. For me, this new development honors their memory.