

There are Two Ways of Spreading Light: To Be the Candle or the Mirror That Reflects It

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ABSTRACT The statistical analysis applies to a group of individuals and not a single individual. Similar to other cancers, triple-negative breast cancer (TNBC) has a completely different biology; therefore, TNBCs cannot be judged to have a poor prognosis. Apart from receiving the right treatment, the psychological state, frame of mind, and positive perspectives are also important for a patient with cancer. Patients who are motivated and optimistic better adapt to their treatments. A patient with cancer should be aware of the chances of completely curing the disease. This increases their resilience during treatment leading to a healthy lifestyle during the follow-up period.

Keywords: Triple-negative; breast cancer; survival; motivation

EDITORIAL

A patient with cancer should always anticipate a positive response; however, he should be aware of the correct facts. Thus, what does a patient diagnosed with triple-negative breast cancer (TNBC) think and perceive? Similar to many oncologists, the word “triple-negative” brings a mental picture of, “A disease that will be difficult to treat, relapse early, and have a very short survival when relapsed.” Although this assumption is challenging for the doctor, it is particularly terrifying for the patient. Furthermore, the effect of emotional state on survival is a well-established fact.¹

Patients diagnosed with cancer first search for their disease on the internet. The most reliable and recommended websites are as follows. In the National Comprehensive Cancer Network (NCCN) patient guidelines, no histological type-dependent information is provided about breast cancer. Also, you cannot find such information on the website,

www.cancer.net. When we read the patient information texts of the American Cancer Society, the prognosis section states: “TNBC is considered aggressive as it grows quickly, is more likely to relapse after treatment, and is more likely to have spread at the time it is detected than other types of breast cancer.” In www.breastcancer.org, which is one of the most visited websites for breast cancer, TNBC is indicated to be more aggressive, mainly as there are less targeted drugs in treatment. The website called Healthline, which is a competitor of WebMD, Very WellMind, and CalmSage and is listed as one of the best websites on health information, mentions that TNBC can generally be successfully treated if detected early. However, it is stated that survival rates tend to be lower in TNBC than the other types of breast cancer.

A newly diagnosed patient with TNBC undergoes several mental challenges. To fight against this, oncologists should also get rid of this prejudice. On scanning the most frequently used sources by oncol-

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ogists, the first sentence mentions TNBC as an aggressive and poorly progressed disease. Moreover, most of the literature mentions it as a disease with a poor prognosis under “early-stage TNBC.” The highly important studies based on these are as follows. In the NCCN’s study entitled “Clinicopathologic features, patterns of recurrence, and survival among women with TNBC in the NCCN”, it was detected that TNBC is associated with poor survival compared to hormone receptor-positive breast cancer; however, only 3-year observation data of the patients were analyzed.² Similarly, in the study by Dent et al., it was concluded that TNBC has a poor prognosis, and the difference of fatality by subtype was most dramatic within the first two years after diagnosis.³ Alternatively, this conclusion was inferred from the early year results. Although the early recurrence rates and survival after this tumor relapse are known to be poor, this is not the case for the late period. In the study by Reddy et al., 10-year recurrence-free interval (RFI), recurrence-free survival (RFS), and distant relapse-free survival (DRFS) was found to be 97%, 91%, and 92%, and 15-year RFI, RFS, and DRFS were found to be 95%, 83%, and 84%, respectively.⁴ In Cossetti’s study, the relapse risk of triple-negative disease essentially dropped to zero after six years among patients treated in the next cohort.⁵ Also, in many recent studies reflecting the results of retrospective and long-term observations, no relapses occurred after five years in TNBC, and the 10-year survival was above 80%.^{6,7}

Nevertheless, the fate of an endocrine-positive luminal type of breast cancer is uncertain. After five years, patients with estrogen receptor-positive (ER+) disease had a higher annual risk of recurrence (5-10

years: 5.4% vs. 3.3%; 10-15 years: 2.9% vs. 1, 3%; 15-20 years: 2.8% vs. 1.2%).⁸ Also, it has been shown that, after five years of endocrine therapy, breast cancer can recur for at least 20 years in women with early-stage ER+ breast cancer.⁹ Alternatively, luminal breast cancer may recur even after 20 years regardless of the adjuvant therapy; however, if patients with TNBC respond well to neoadjuvant therapy and the disease does not recur in the early phase, the patients will survive disease-free for many years or be cured. Therefore, every available method should be used for the neoadjuvant or adjuvant treatment of these patients, who should be maximally motivated both for these treatments and for a healthy lifestyle during the follow-up period. However, this is only possible through better motivation. The oncologists must change their viewpoints regarding TNBC and prevent the media from destroying patients’ anticipations.

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Authorship Contributions

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