

Clinical Trials: The Path Forward

Metastatic breast cancer has no cure. Treatment may slow it, but can stop working. Clinical trials test new ways to control it and bring better treatments closer. Each trial studies a medicine, combination, screening method, or care strategy under strict rules. Without trials, discoveries cannot become treatments.

Why Trials Matter

Metastatic breast cancer is incurable. Treatment can slow it, but the cancer may change and stop responding. Patients then need another option. Clinical trials carefully test what might come next and can offer a chance when standard care is no longer enough.

Why Matches Are Hard To Find

Fewer than 5% of adults with cancer enroll in a clinical treatment trial. For someone with metastatic breast cancer, finding an open study is only the first hurdle. Eligibility depends on subtype, mutations, spread, past treatments, health, location, and timing. A trial may exist but still be out of reach.

What Researchers Are Testing

Researchers are testing immune therapies for metastatic triple-negative breast cancer (TNBC), antibody-drug conjugates, a patient's own immune cells, tumor DNA to guide treatment, and earlier detection of brain metastases. Studies ask whether these approaches can control cancer longer, improve quality of life, or move toward a cure.

Marlene's Experience

Marlene's care team searched for a clinical trial that fit her cancer, previous treatments, timing, and eligibility. They could not find one. That was not a failure by Marlene or her doctors. It showed how a person can need another option and have nowhere to turn. More research, more open trials, and broader eligibility could give the next family a chance Marlene did not have.

The Goal Of Clinical Trials

Turn promising research into proven options, giving patients another chance when current treatments fail.

Marlene's Story



In January 2020, Marlene was initially diagnosed with breast cancer. In October 2022, the original breast cancer was found in her lungs, confirming metastatic disease. In October 2025, it spread to her central nervous system and brain. Pathology described the cancer as ER-ultralow, and she received the official diagnosis of metastatic triple-negative breast cancer (mTNBC). Marlene passed peacefully at home surrounded by her loving family on June 11, 2026. A lifelong athlete, teacher, and coach, she remained active and determined throughout her illness.

Her experience is why MT Hearts supports metastatic breast cancer research and the search for a cure.



The public grants archive shows the researchers, institutions, and projects supported by METAvivor.

Review The Public Grants Archive: metavivor.org/grants



The Story And Purpose Behind MT Hearts

A Guide To The Cause Behind Our Race And Why We Support METAvivor

Created in memory of Marlene Tobin, the MT Hearts Memorial 5K grew from her family's experience with breast cancer that returned and became metastatic. This guide explains the disease behind our race, the research gap, and why we support METAvivor's search for better treatments and a cure.

Why We Run

Race Details And Registration

drcsports.com/race/mt-hearts-5k

mtheartsfoundation.com

When Breast Cancer Does Not End With Treatment

Breast cancer can return years after treatment, when life seems to have moved on. If it spreads to distant organs, it is metastatic. There is no sure way to prevent recurrence or know who will face it.

About 5%-6% of women with a new breast cancer diagnosis already have metastatic disease. Of those first diagnosed with early-stage disease, about 20%-30% later develop metastases, sometimes years or decades after treatment.

Metastatic breast cancer is breast cancer that has spread to distant organs. It is Stage IV and has no cure. Treatment may slow it and ease symptoms, but it can stop working.

October 13 is National Metastatic Breast Cancer Awareness Day.

For people facing metastatic breast cancer, life can mean repeated scans, ongoing side effects, and not knowing how long a treatment will keep working. The National Cancer Institute reports a 31% five-year relative survival rate for women with metastatic breast cancer. This statistic cannot predict what will happen to one person.

Metastatic disease causes nearly all breast cancer deaths. Yet only 13% of the public and nonprofit breast cancer research funding analyzed from 2014-2020 went to metastatic disease.



The metastatic breast cancer ribbon makes this reality visible: breast cancer can return, spread to distant organs, and remain incurable even while treatment helps.

- PINK** Breast cancer's origin.
- TEAL** Healing and spirituality.
- GREEN** Renewal, hope, and immortality.

Why MT Hearts Supports METAvivor

Metastatic breast cancer is incurable and causes nearly all breast cancer deaths, yet receives little research funding. METAvivor is the only U.S. nonprofit that exclusively funds this research. Scientists, clinicians, and patient advocates review grants for mTNBC, treatment resistance, and brain metastases.

Research Supporters Can Verify

METAvivor grants may support lab research, preclinical studies, or clinical trials. Some grants do not fund trials directly; early research builds the evidence needed to test treatments in people. Its public archive lists researchers, institutions, projects, and reports.

The archive includes a Phase 1 trial involving TP53-mutated mTNBC and a project connected to the BERLIN trial for patients with triple-negative breast cancer brain metastases.

90%

of individual gifts go directly to metastatic breast cancer research, according to METAvivor.

How The Race Contributes

After expenses, proceeds are split evenly: 50% goes to metastatic breast cancer research through METAvivor; 50% to Hernando Elementary School, where Marlene taught. Register using the cover link to support research and honor Marlene's legacy.

What Triple-Negative Changes About Treatment

"Negative" does not mean no cancer. Triple-negative breast cancer (TNBC) lacks three markers that help guide treatment: estrogen receptors, progesterone receptors, and high levels of the HER2 protein.

Without those targets, common hormone and HER2-directed therapies do not work. Other treatments may include chemotherapy, immunotherapy, antibody-drug conjugates, radiation, medicines aimed at specific genetic changes, and clinical trials.

TNBC accounts for about 15% of breast cancers. It can grow quickly and is more likely to return than other invasive subtypes. When it spreads to distant organs, it is metastatic TNBC (mTNBC). Researchers are working to understand its spread and how to treat cancer in the brain and central nervous system.

The National Cancer Institute reports a 12% five-year relative survival rate for metastatic TNBC. This statistic cannot predict one person's outcome.

Why Treatment Resistance Matters

In a Metastatic Breast Cancer Alliance analysis, patients ranked treatment resistance as their highest research priority. When treatment stops working, they need another option. Of 6,607 metastatic projects, 21% addressed resistance. Among projects naming a subtype, the share was highest for TNBC, at 22%.

The percentages use different denominators and should not be combined. The 22% figure is not TNBC's share of all breast cancer research funding; it shows how central resistance is to mTNBC research.