Triple negative breast cancer (sometimes abbreviated TNBC) is any breast cancer that does not express the genes for estrogen receptor (ER), progesterone receptor (PR) and HER2/neu. This makes it more difficult to treat since most hormone therapies target one of the three receptors, so triple-negative cancers often require combination therapies. Triple negative is sometimes used as a surrogate term for basal-like; however, more detailed classification may provide better guidance for treatment and Triple-negative breast cancer is cancer that tests negative for estrogen receptors, progesterone receptors, and excess HER2 protein. These results mean the growth of the cancer is not fueled by the hormones estrogen and progesterone, or by the HER2 protein. So, triple-negative breast cancer does not respond to hormonal therapy medicines or medicines that target HER2 protein receptors. Triple-negative breast cancer is considered to be more aggressive and have a poorer prognosis than other types of breast cancer, mainly because there are fewer targeted medicines that treat triple-negative breast cancer. Studies have shown that triple-negative breast cancer is more likely to spread beyond the breast and more likely to recur (come back) after treatment. Triple-negative breast cancer is an aggressive form of breast cancer. It can recur more frequently than other types. This article looks at the recurrence rates, survival statistics, treatment, and prevention of triple-negative breast cancer. According to BreastCancer.Org, doctors typically class triple-negative breast cancer as grade 3. Anyone with this diagnosis should speak to the doctor about how their unique conditions affect the estimation of survival. Risk factors include