Second-opinion overview

Age 47 / De novo metastatic left invasive lobular breast cancer / Diagnosed July 2026

Start with the brain and spine review

The **September 24 brain MRI** reported no evidence of brain metastases. The **November 8 lumbar MRI** reported “mild nonspecific enhancement of the L1 nerve roots, concerning for leptomeningeal disease.” The finding is **unconfirmed**. Fred Hutch neuro-oncology is scheduled for December 1.

What the chart documents

Diagnosis and biomarkers

July 22 left breast core confirmed invasive lobular carcinoma (ER and PR each 91-100%, HER2 IHC 1+, Ki-67 21-30%). Right axillary node and July 24 right iliac crest biopsies confirmed metastatic carcinoma. The iliac specimen was HER2 IHC 2+ with negative FISH. September 16 sacral biopsy supported metastatic carcinoma.

Germline and tumor testing

Invitae hereditary breast cancer panel (13 genes, blood collected September 25, report October 4) was negative. UW OncoPlex on the right iliac crest specimen reported PIK3CA p.C420R, with negative findings for the specified AKT1 and PTEN alterations. Separate testing reported no microsatellite instability and low tumor mutational burden.

Restaging and spine findings

The November 16 PET/CT reported markedly decreased skeletal FDG uptake versus July 21, with a few residual foci and no new suspicious osseous focus. November spine imaging documented progressive vertebral height loss at several levels. The September 24 lumbar MRI and November 8 lumbar MRI are together in the MRI section for direct comparison.

Open the source reports

The companion PDF opens with clickable links to the original genetics and tumor reports, brain and lumbar MRI reports, paired PET reports, radiation delivery notes, systemic therapy notes, and the full imaging and lab sections.

Sources include UW Medicine and Fred Hutch MyChart reports and signed notes, plus outside reports identified in the companion PDF.

Treatment and radiation

Chronology through November 19, 2026 / Cancer-directed treatment and procedures

Current documented systemic plan

Anastrozole 1 mg by mouth daily. **Leuprolide depot** 7.5 mg IM every 4 weeks. **Ribociclib** 400 mg by mouth on days 1-21 of each 28-day cycle per November 6 pharmacy plan. **Zoledronic acid** 4 mg IV every 4 weeks per breast oncology. Actual dose dates below are from administration notes.

Treatment milestones

JUL 29	**Inpatient start.** Anastrozole, leuprolide and zoledronic acid initiated.
AUG 15	**Ribociclib started at 600 mg.** Days 1-21 every 28 days. The August 14 visit documented initiation instructions.
AUG-OCT	**Leuprolide and zoledronic acid given.** Both documented August 28, September 25 and October 23.
SEP 12	**Second ribociclib cycle.** Held September 30-October 2 around radiation per October 8 pharmacy note.
SEP 16	**T8 and S1 kyphoplasty and ablation.** S1 biopsy obtained during the procedure.
OCT 10-30	**Cycle started October 10.** Last dose October 22. Eight planned doses skipped due to neutropenia.
NOV 6-7	**Dose reduction to 400 mg.** Pharmacy recorded outside ANC 1.6 and planned November 7 as next cycle start. Actual restart date is to be confirmed.

Radiation delivered

JUL 29	**C4-T11.** 3D conformal treatment, 8 Gy in 1 fraction on one day. The October 7 radiation delivery table identifies the C/T spine.
OCT 1-7	**L5-S3 / midline sacrum.** SBRT, 35 Gy in 5 fractions (7 Gy per fraction) over 7 calendar days. Delivered October 1, 2, 5, 6 and 7.

July radiation site needs reconciliation

The July 29 radiation note’s heading and the breast oncology history mention “right hip joint.” The July delivery table and October 7 radiation note list C/T spine, and radiation oncology specifies C4-T11. The radiation department’s treatment record and plan can resolve the discrepancy.

Calendar and image transfer

Upcoming visits as displayed in MyChart on November 19, 2026 / All local times Pacific

Scheduled care

NOV 20	**Fred Hutch.** Blood draw 10:30 am. Lynn Symonds, MD, breast oncology and scan review 11:15 am. Zoledronic acid 2:00 pm.
DEC 1	**Fred Hutch neuro-oncology.** Tyler Lanman, MD, 1:45 pm.
DEC 2	**UW neurosurgery telehealth.** Anubhav Gautam Amin, MD, 9:30 am. Join by 9:15 am.
DEC 18	**Fred Hutch.** Blood draw 9:30 am. Lindsay Aronson, breast oncology 10:15 am. Zoledronic acid 2:00 pm.
JAN 15, 2027	**Fred Hutch.** Blood draw 10:30 am. Lynn Symonds, MD, breast oncology 11:15 am. Zoledronic acid 1:30 pm.

Leuprolide remains on the four-week treatment plan. The appointment cards above display zoledronic acid. Confirm the injection times with Fred Hutch. A repeat lumbar MRI with and without contrast appears as an order awaiting scheduling.

Original imaging for the receiving centers

The imaging folder contains **19 DICOM archives with readable data** from 44 entries listed in the UW viewer. 6 archives contain empty objects. 25 studies still need transfer. The study-by-study inventory is in the source PDF.

The September 24 brain MRI and November 8 lumbar MRI archives passed the checks. The September 24 lumbar archive includes readable images and one empty object. Prioritize both lumbar exams and the brain MRI when coordinating transfer. The receiving center can specify its preferred image format and delivery method.

Follow-up items for the referral team

Arrange direct transfer for unavailable or incomplete studies. Ask UW Radiation Oncology for the signed course summary and, if Duke requests it, the radiation planning files (RT Plan, RT Structure Set and RT Dose). Add the November 20 oncology note when it is released.

Records contacts UW Radiology 206-598-6206 and Fred Hutch Radiology 206-606-1438
Overlake Imaging 425-688-5564 for the May spine X-rays.

Calendar and drug schedule from MyChart and Fred Hutch oncology and pharmacy notes.