NATIONAL SECOND-OPINION BRIEF

Yvonne Franklin

Metastatic lobular breast cancer

Diagnosis, treatment response, and spine complications

47 YEARS OLD

KIRKLAND, WASHINGTON

RECORDS THROUGH NOV 18, 2026

CLINICAL SUMMARY

Yvonne’s case at a glance

De novo stage IV left invasive lobular carcinoma with biopsy-confirmed bone metastases.

TUMOR PROFILE

ER+/PR+ HER2-negative

Bone-predominant disease. Tumor testing identified an activating PIK3CA p.C420R variant.

FIRST-LINE THERAPY

Endocrine therapy + ribociclib

Leuprolide and anastrozole. Ribociclib reduced to 400 mg after prolonged neutropenia. Zoledronic acid for bone disease.

NOVEMBER RESTAGING

Lower FDG uptake in bone lesions

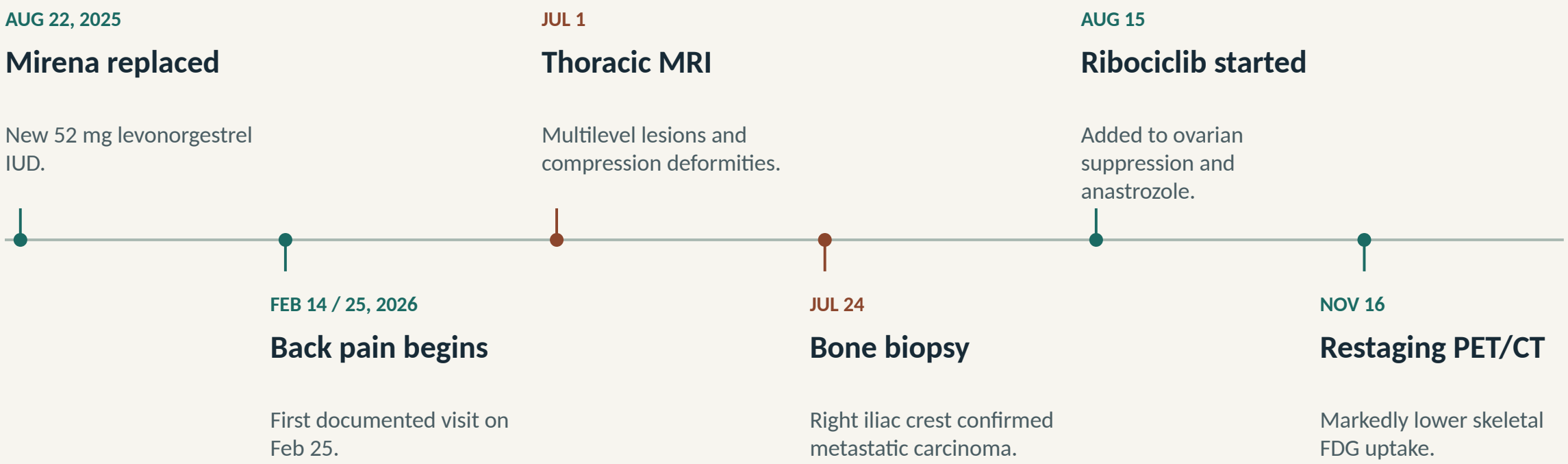
Spine imaging documented worsening pathologic fractures. Lumbar MRI flagged L1 nerve-root enhancement.

CONSULTATION REQUEST Metastatic lobular breast oncology review with spine and radiation oncology input.

MILESTONES

Clinical timeline at a glance

August 2025 through November 2026.



Events shown in order. Spacing is for readability.

Life and family before diagnosis

Age 47 at diagnosis. She lives in Kirkland with her husband, Mark, and their two children.

47

Born June 17, 1979

HOME	**Mother of two**	A son and a daughter, ages 9 and 11 as recorded in 2026.
REPRODUCTIVE	**Two pregnancies, two births**	First birth at 35. Uterus and ovaries intact at the genetics intake.
FAMILY HISTORY	**Maternal grandmother**	Colon cancer. Paternal family history was unavailable at the genetics intake.

WHAT MATTERS TO YVONNE She told palliative care that keeping up family routines and returning to work mattered to her.

REPRODUCTIVE HISTORY

IUD history and abnormal bleeding

College placement is family-reported. Later procedures are documented in the Optum chart.

COLLEGE

First IUD

Family report. Year and device type unverified.

2017

Prior Mirena

Earlier levonorgestrel device placed by OB/GYN.

AUG 22, 2025

Mirena exchange

Prior device removed. New 52 mg Mirena inserted.

JAN 14, 2026

Bleeding visit

Heavy flow about every 21 days since the exchange.

JUL 14, 2026

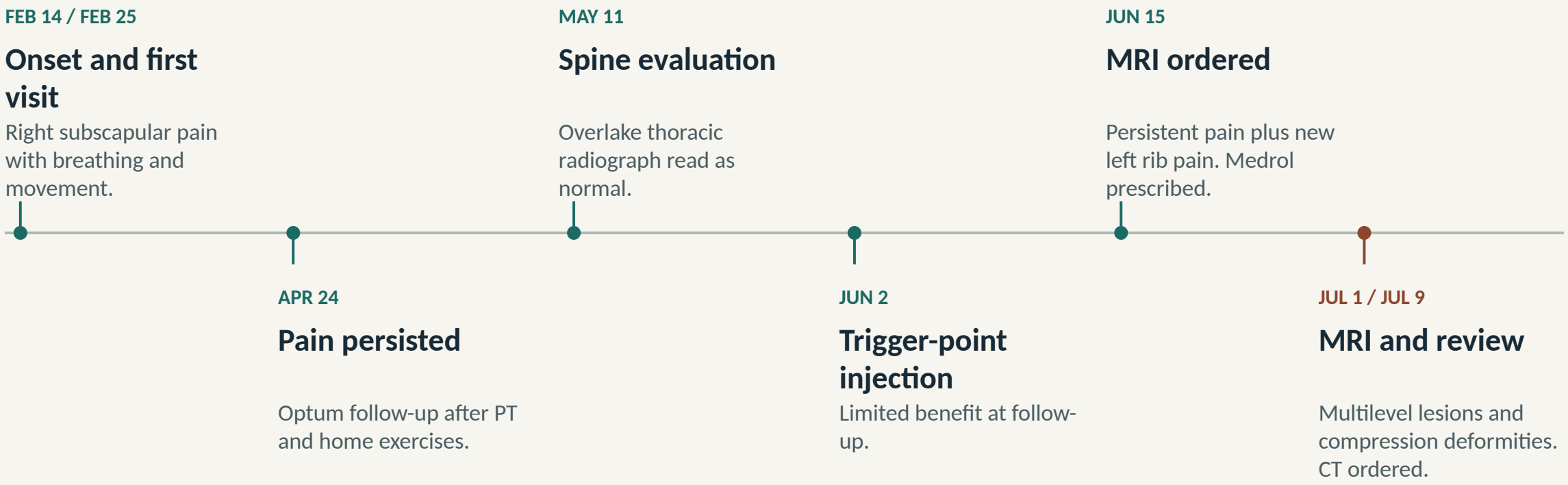
Mirena removed

Optum removed the device intact.

Events shown in order. Spacing is for readability.

Persistent thoracic pain led to MRI

About 4½ months from reported onset to the thoracic MRI.



Feb 14 is the reported onset. Feb 25 is the earliest back-pain visit in the reviewed records.

July imaging and biopsies established stage IV disease

The spine MRI prompted systemic staging and a search for the primary cancer.

JUL 1

Thoracic MRI

Multiple suspicious marrow lesions. Compression at T1, T4, T5 and T8.

JUL 13

CT chest / abdomen / pelvis

Diffuse lytic spine and pelvic disease. Left 11th-rib fracture.

JUL 21

Baseline FDG PET/MR

Left breast focus, right axillary node and extensive skeletal uptake.

JUL 22

Breast and node biopsies

Left invasive lobular carcinoma. Right axillary node positive.

JUL 24

Iliac crest biopsy

Right iliac specimen confirmed metastatic carcinoma of breast origin.

The right iliac crest biopsy established distant spread.

The breast and axillary biopsy targets

Pre-biopsy ultrasound on July 22, 2026.

LEFT BREAST / 1 O'CLOCK, 7 CM FROM NIPPLE



Invasive lobular carcinoma on biopsy

RIGHT AXILLA / TARGETED LYMPH NODE



Metastatic carcinoma on node biopsy

Receptors and genetic testing

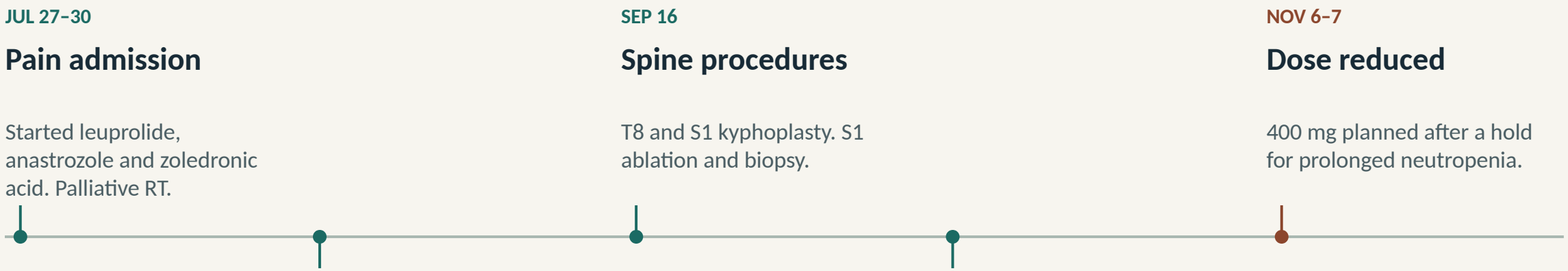
Tissue biomarkers, tumor sequencing, and inherited-risk testing inform different decisions.

JUL 22 / PRIMARY	**Left breast core**	ER 91–100%, PR 91–100%. HER2 IHC 1+. Ki-67 21–30%.
JUL 24 / METASTASIS	**Right iliac crest**	ER and PR 91–100%. HER2 IHC 2+, ISH negative (ratio 1.28).
SEP 11 / SOMATIC	**PIK3CA p.C420R**	Activating tumor mutation documented by breast oncology.
OCT 5 / GERMLINE	**Invitae 13-gene panel**	No pathogenic variants identified in tested genes, including BRCA1, BRCA2, PALB2 and CDH1.

TREATMENT COURSE

Systemic, radiation, and spine treatment

First-line endocrine-based treatment continued through spine-directed care and ribociclib dose adjustments.



The July 29 dose table lists C4–T11 (8 Gy × 1). Some note text labels the field right hip.

NOVEMBER RESTAGING

Bone uptake fell as spine fractures worsened

PET and spine MRI describe different aspects of the same follow-up interval.

NOV 16 / FDG PET/CT

Markedly less skeletal uptake

Few residual foci and no new suspicious bone lesions. Left breast uptake was similar and the right axillary node was less conspicuous.

NOV 8–16 / SPINE MRI AND CT

Worsening height loss at T4, T5 and T8

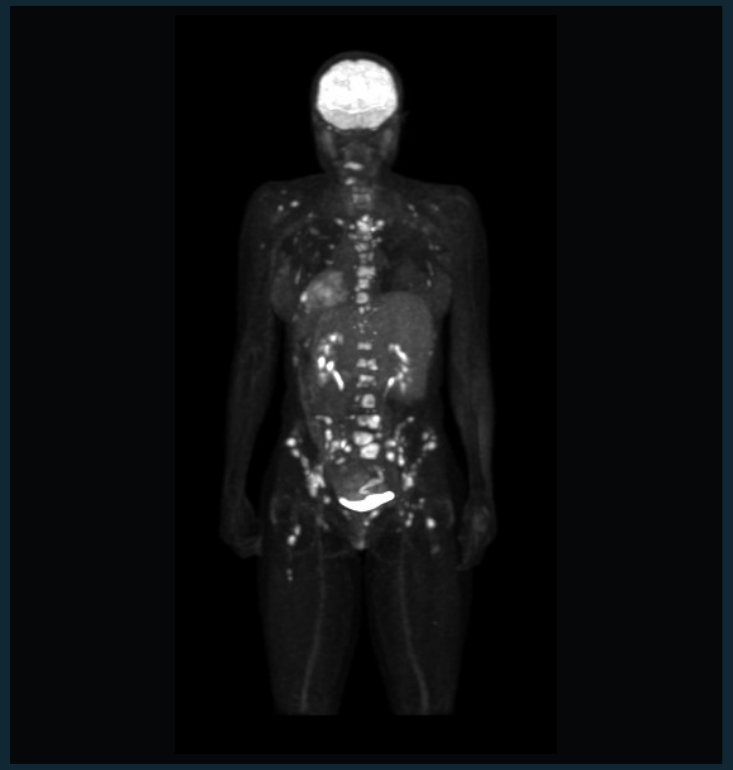
CT also described possible ~40% C4 height loss. Lumbar MRI flagged nonspecific L1 nerve-root enhancement concerning for possible leptomeningeal disease.

NEXT FRED HUTCH REVIEW The team discussed neuro review. The scan review was scheduled for Nov 20.

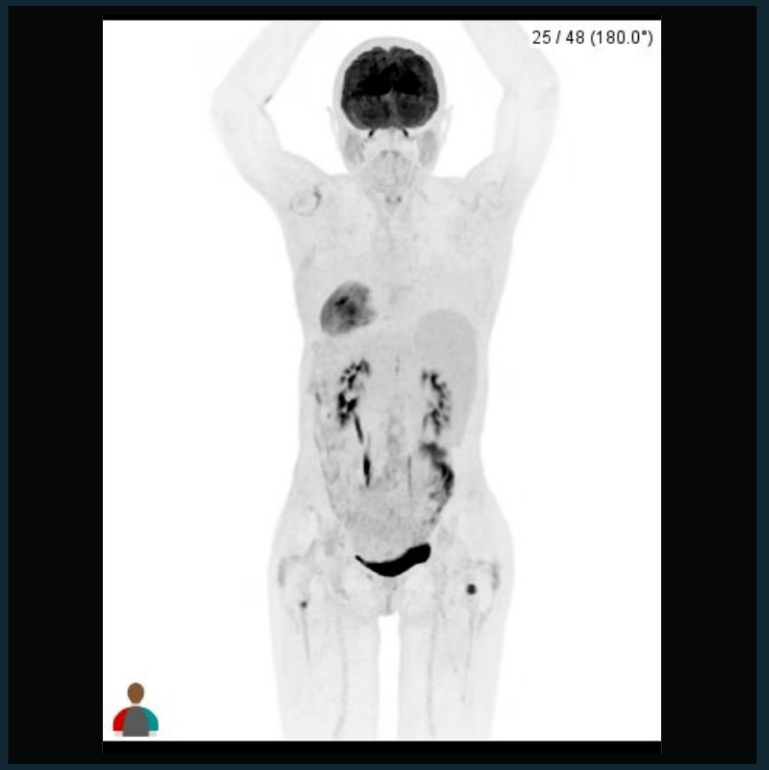
Skeletal FDG uptake fell on follow-up PET

Whole-body maximum-intensity projections from baseline and restaging.

JUL 21 / BASELINE PET/MR



NOV 16 / FOLLOW-UP PET/CT



The studies use different acquisition, positioning, and display settings.

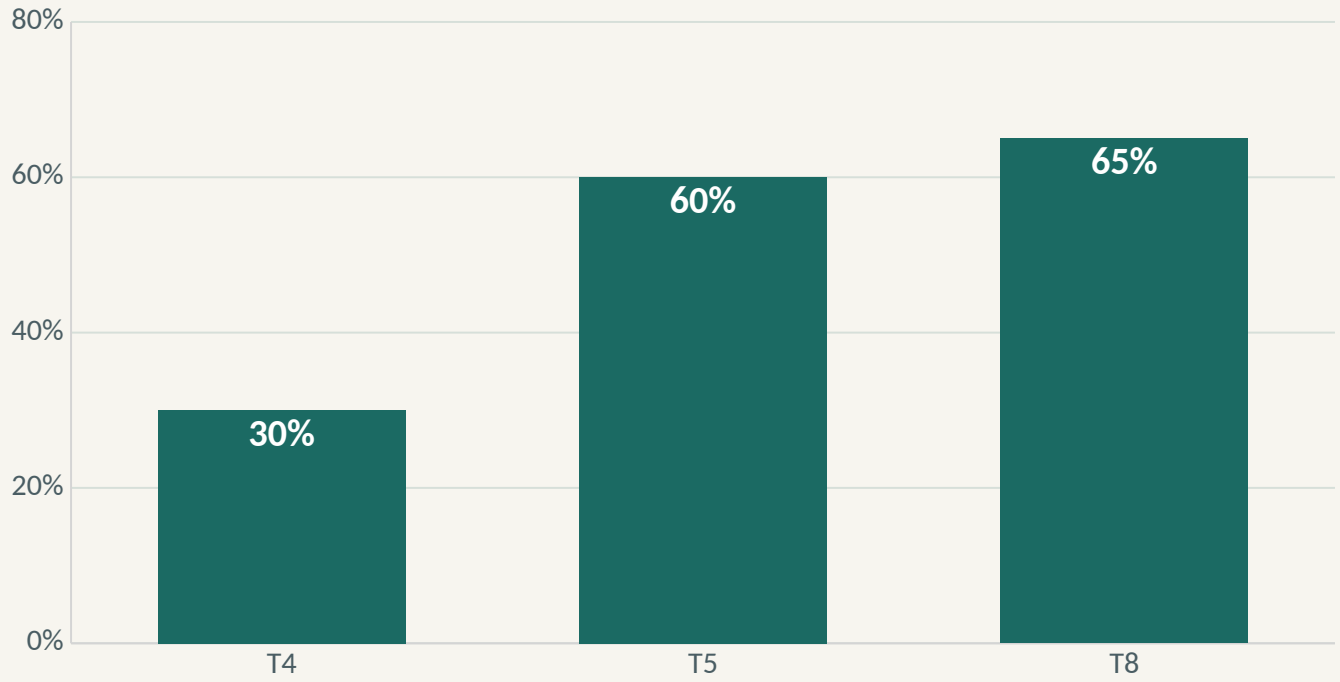
NOVEMBER RADIOLOGY REPORT

Few residual skeletal foci

The radiologist reported markedly decreased uptake in the previously seen bone lesions and no new suspicious bone lesions.

Thoracic vertebral height loss

Approximate vertebral body height loss reported on the November 8 thoracic MRI.



NOV 13 / MID-THORACIC PAIN

2–3/10

With pain medication

8/10

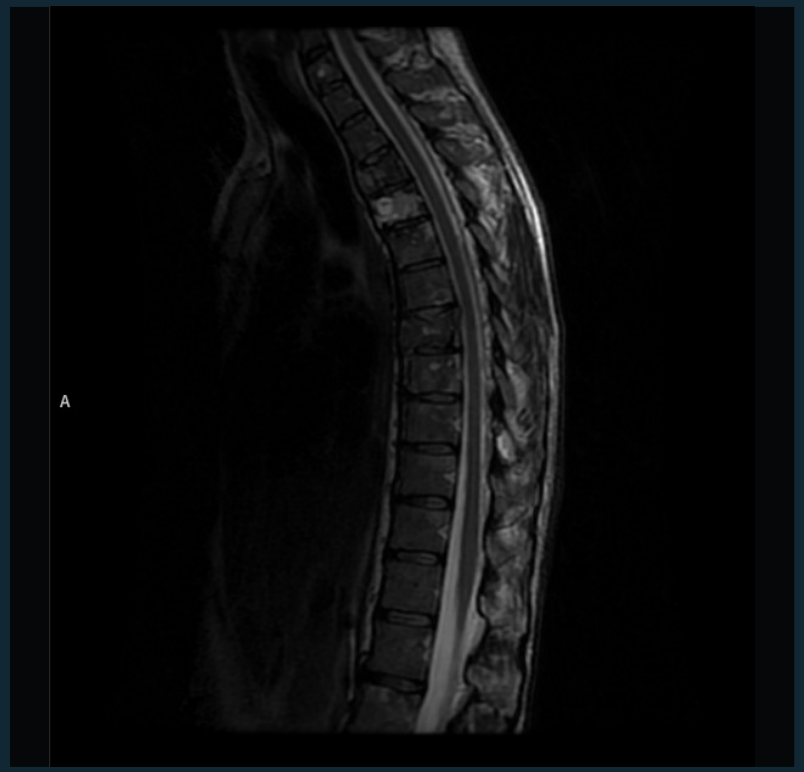
Without pain medication

The MRI also described mild thecal sac narrowing at T5 and T8.

The thoracic spine in July and November

Sagittal T2 views from the first thoracic MRI and the November follow-up.

JUL 1 / SAGITTAL T2



NOV 8 / SAGITTAL T2



LEVELS IN THE REPORT

T4, T5, T8

The November MRI describes worsening compression at these three vertebral levels.

The November report cites series 801, frame 9, shown here on the right.

Cervical and lumbar findings for review

C4 height loss on MRI and CT, and the lumbar MRI frame cited for the L1 nerve-root finding.

C4 / CERVICAL MRI AND CT



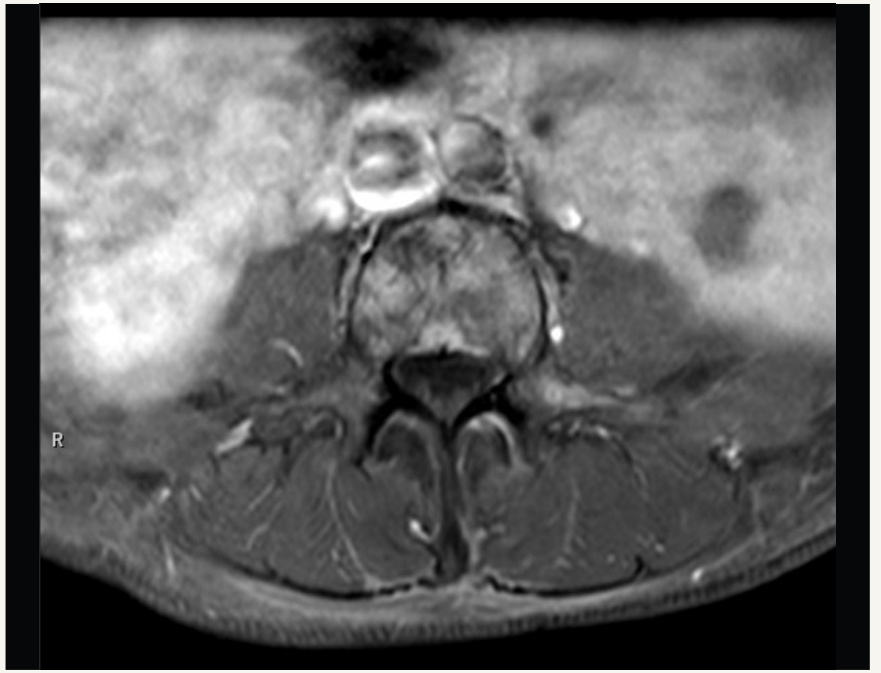
Nov 8 MRI · Series 401



Nov 16 CT · Series 602

The CT estimated possible 40% C4 height loss.

L1 / LUMBAR MRI



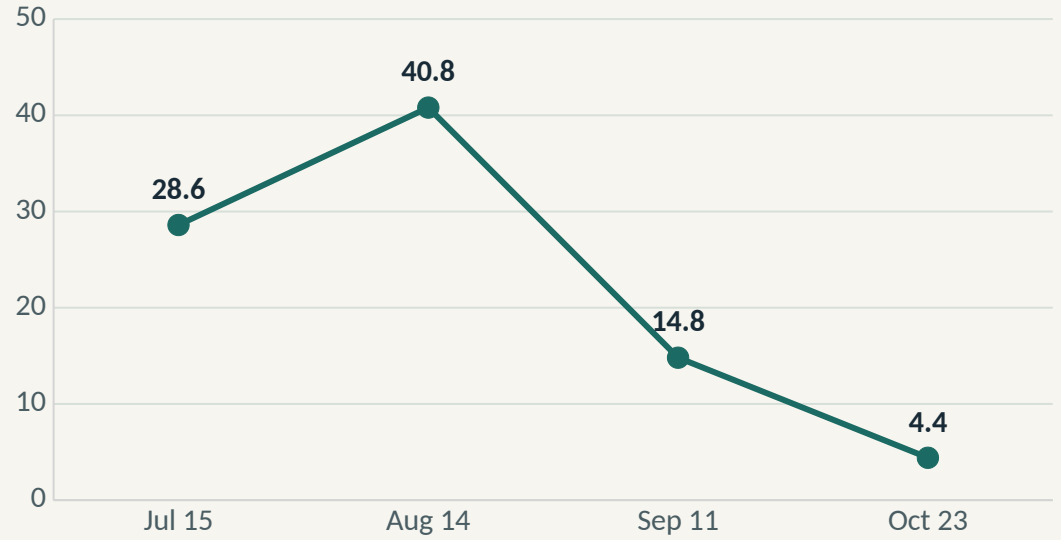
Nov 8 MRI · Series 1901, frame 64

The MRI finding at L1 was nonspecific.

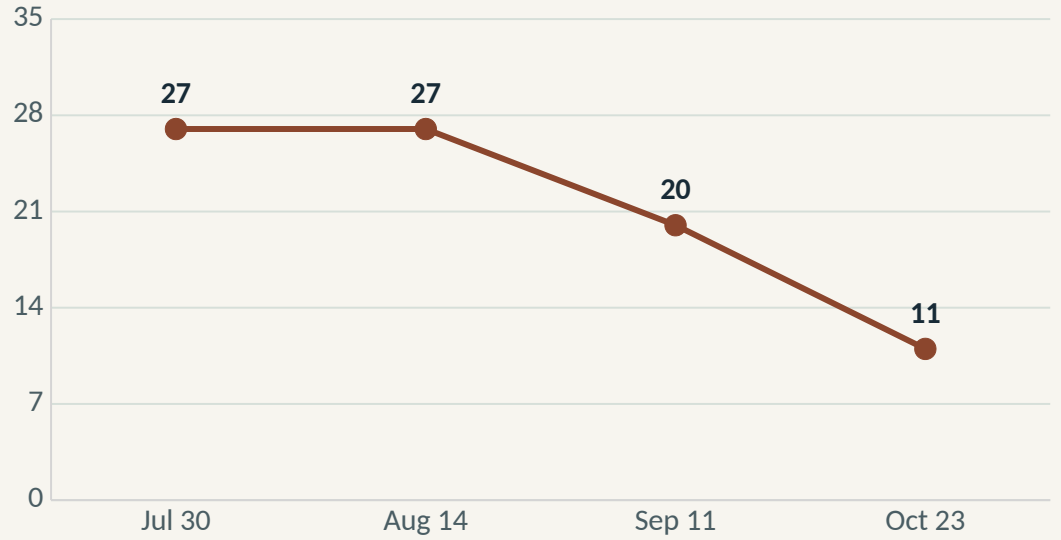
Both Beckman tumor markers fell by October

Selected Fred Hutch results, with separate scales for CEA and CA 15-3.

CEA (ng/mL)



CA 15-3 (U/mL)



OCT 23 LABS

Both markers were within their Beckman reference ranges. ANC was 0.67 ×10³/µL.

Priority second-opinion questions

Yvonne is seeking introductions to teams with expertise in metastatic lobular breast cancer and complex spine disease.

BREAST ONCOLOGY	**Current systemic treatment**	How should the November response and recurrent neutropenia inform monitoring and treatment planning?
SPINE AND RADIATION	**Fractures and pain**	How should the team assess stability and manage persistent pain across C4, T4, T5 and T8?
NEURORADIOLOGY	**L1 nerve-root enhancement**	What follow-up would clarify the nonspecific lumbar MRI finding in the context of her symptoms?
TRIALS	**Future options**	Which trials or future options are relevant to lobular histology and PIK3CA p.C420R?

Records for the receiving team

The companion folders contain portal exports, reports, and imaging screenshots. Slide notes identify the sources.

OPTUM	**IUD and primary care**	2017 Mirena history, Aug 22 exchange, Jul 14 removal, and Feb–Jul 2026 symptom workup.
OVERLAKE AND RAYUS	**Musculoskeletal workup**	May spine radiographs, June trigger-point injection and MRI order, original Jul 1 MRI report.
FRED HUTCH AND UW	**Oncology and diagnostic reports**	Biopsies, oncology and pharmacy notes, genetics counseling, radiation and spine care, November scans.
LABCORP	**Outside lab results**	Portal result text by collection date. One Nov 11 panel was still in progress.

Coronal PET fusion views

Anatomic context from the same July and November studies.

JUL 21 / PET/MR FUSION



NOV 16 / PET/CT FUSION



Representative coronal planes. The imaging index lists the original series and frames.