Pulse 81 10/23/2026 7:50 AM PDT Kellie T

SpO2 100 10/23/2026 7:50 AM PDT Kellie T

• Pain Score

Question Answer Date of Assessment Author

Pain Descriptor Scale Mild 10/23/2026 7:50 AM PDT Kellie T

Pain Location Upper back 10/23/2026 7:50 AM PDT Kellie T

• 1. Have you wished you were dead or wished you could go to sleep and not wake up?

Answer Date of Assessment Author

No 10/23/2026 7:55 AM PDT Kellie T

• 2. Have you actually had any thoughts of killing yourself?

Answer Date of Assessment Author

No 10/23/2026 7:55 AM PDT Kellie T

• 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Answer Date of Assessment Author

No 10/23/2026 7:55 AM PDT Kellie T

documented as of this encounter

Progress Notes

Lynn Symonds - 10/23/2026 7:45 AM PDT

Formatting of this note might be different from the original.
FRED HUTCHINSON CANCER CENTER
BREAST ONCOLOGY RETURN VISIT

ID/CC: Patient is a 47 yo premenopausal woman presenting with de novo metastatic breast cancer (ER+/PR+/HER2-) currently on OS+AI+ribociclib here for follow-up

ONCOLOGY HISTORY:
-February 2026: Developed back pain which got progressively worse
-7/1/26: MRI spine showed expansile lesions in T1, T5, T8-T10 with expansile element in T10
-7/13/26: CT chest/abdomen/pelvis showed diffuse bony lesions throughout spine and pelvis and left 11th rib fracture as well as a few scattered lung nodules.
-7/21/26: PET-CT w FDG lesions in L breast, R axilla, FDG avid osseous lesions, compression fracture.
-7/22/26: L breast core biopsy showed invasive lobular carcinoma, ER+ (91-100%), PR+ (91-100%), HER2- (1+ by IHC), Ki-67 21-30% , Right axilla LN biopsy showed metastatic carcinoma
-7/24/26: Right iliac crest biopsy showed metastatic carcinoma
-7/27/26-7/30/26: Admitted for pain control, she received palliative radiation with 800 cGy over 1 fraction to the right hip joint, started on lupron and anastrozole, also received zometa as an inpatient

-8/15/26: Started Ribociclib

Interval History:
-Pain is significantly better after her procedure
-Remains very active, walking several miles per day

-Very interested in the vaccine trial
-Nausea is well managed
-Fatigue is present
-The remainder of her ROS is negative

ROS: Complete ROS was reviewed and was negative unless stated above in the HPI

ECOG: 0 (prior to diagnosis)

PMH

Patient Active Problem List

Diagnosis

- Secondary malignant neoplasm of bone (HCC)
- Neck pain
- Cancer related pain
- Breast cancer metastasized to bone, unspecified laterality (HCC)
- Acute bilateral thoracic back pain
- Pathologic compression fracture of vertebra (HCC)
- Metastatic malignant neoplasm (HCC)
- Cancer, metastatic to bone (HCC)

Gynecology History:
Menopausal Status: premenopausal
HRT use: Denies
OCP use: Yes, from 18-33 then had IUDs (IUD recently removed)

PSH
Past Surgical History

Procedure Laterality Date

- BREAST AUGMENTATION
- PR BREAST REDUCTION 2022
- WISDOM TOOTH EXTRACTION

MEDICATIONS

Outpatient Medications Prior to Visit

Medication Sig Dispense Refill

- acetaminophen 325 MG tablet Take 3 tablets by mouth every 8 hours.
- albuterol HFA 108 (90 Base) MCG/ACT inhaler Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath/wheezing.
- anastrozole 1 MG tablet Take 1 tablet by mouth daily. 30 tablet 11
- cholecalciferol 50 mcg (2,000 unit) capsule Take 2 capsules by mouth daily.
- lidocaine viscous 2 % mouth/throat solution Take 5 mL by mouth 4 times a day as needed (for throat pain). To avoid numbing tongue, use straw/applicator to apply to back of throat). (Patient not taking: Reported on

9/23/2026) 200 mL 1

- morphine ER 15 MG ER tablet Take 1 tablet by mouth every 8 hours. Take with a 30 mg tablet for a total of 45 mg every 8 hours 90 tablet 0
- morphine ER 30 MG ER tablet Take 1 tablet by mouth every 8 hours. Take with a 15 mg tablet for a total of 45 mg every 8 hours 90 tablet 0
- naloxone 4 MG/0.1ML nasal spray Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray in opposite nostril. 2 each 0
- ondansetron 8 MG tablet Take 1 tablet by mouth every 8 hours.
- oxyCODONE 10 MG tablet Take 1 tablet by mouth every 3 hours as needed for moderate pain. 100 tablet 0
- pantoprazole 40 MG EC tablet Take 1 tablet by mouth daily on an empty stomach. 20 tablet 0
- polyethylene glycol 3350 17 g packet Take 1 packet by mouth daily. Dissolve in 4-8 ounce water.
- propranolol 10 MG tablet Take 1 tablet by mouth daily.
- ribociclib (600 mg dose) 200 MG tablet therapy pack Take 3 tablets by mouth daily. Take on days 1 to 21 followed by 7 days off. Repeat every 28 days. 63 tablet 2
- senna 8.6 MG tablet Take 2 tablets by mouth at bedtime as needed for constipation. 60 tablet 5
- tretinoin 0.025 % cream Apply 1 application topically 3 times a week. Apply to face.

No facility-administered medications prior to visit.
ALLERGIES
Review of patient's allergies indicates:

Allergies

Allergen Reactions

- Propofol Palpitations and Other

PVC's

Palpitation

- Fentanyl Other

Isolated PVCs

SOCIAL HISTORY: Accompanied today by her husband. She has two children ages 9 and 11.
EtOH:She drinks 1-2 drinks alcohol on a few to most nights of the week.
Tobacco: Never smoker
Recreational Drugs: Denies

FAMILY HISTORY

Problem Relation Age of Onset

- Colon Cancer Maternal Grandmother
- Breast Cancer No Hx Of
- Ovarian Cancer No Hx Of

PHYSICAL EXAM

Vitals:

10/23/26 0750

BP: 105/71

Pulse: 81

Resp: 16

Temp: 36.4 °C

SpO2: 100%

General: well appearing, NAD
HEENT: EOMI/PERRLA, atraumatic, trachea midline
Lung: Breathing comfortably on RA, speaking in complete sentences
Neuro: Alert and oriented, no focal deficits, moving all extremities spontaneously
Skin: No obvious masses, bruises, or lesions
Psych: mood appropriate

LABS
CBC:

Lab Results

Component Value Date

WBC 1.87 (L) 10/23/2026

Hemoglobin 11.0 (L) 10/23/2026

Hematocrit 33 (L) 10/23/2026

Platelet Count 174 10/23/2026

Neutrophils 0.67 (L) 10/23/2026

Metabolic panel:

Lab Results

Component Value Date

Potassium 3.6 10/23/2026

Chloride 102 10/23/2026

Carbon Dioxide, Total 29 10/23/2026

Urea Nitrogen 11 10/23/2026

Creatinine 0.73 10/23/2026

AST (Beckman) 16 10/07/2026

AST (Roche) 21 10/23/2026

ALT (Beckman) 11 10/07/2026

ALT (Roche) 18 10/23/2026

Alkaline Phosphatase (Total) 61 10/23/2026

Total Bilirubin (Beckman) 0.7 10/07/2026

Total Bilirubin (Roche) 0.9 10/23/2026

Albumin 4.2 10/23/2026

Albumin 5.0 (H) 07/15/2026

Total Protein (Beckman) 6.1 10/07/2026

Total Protein (Roche) 6.3 (L) 10/23/2026

Tumor Markers:

Lab Results

Component Value Date

CA 15-3 (Beckman) 11 10/23/2026

CA 15-3 (Beckman) 20 09/11/2026

CA 15-3 (Beckman) 27 (H) 08/14/2026

CA 15-3 (Beckman) 27 (H) 07/30/2026

CA 15-3 (Roche) 27 10/23/2026

CA 15-3 (Roche) 55 (H) 09/11/2026

CA 15-3 (Roche) 81 (H) 08/14/2026

Lab Results

Component Value Date

Carcinoembryonic Antigen (Beckman) 4.4 10/23/2026

Carcinoembryonic Antigen (Beckman) 14.8 (H) 09/11/2026

Carcinoembryonic Antigen (Beckman) 40.8 (H) 08/14/2026

Carcinoembryonic Antigen (Beckman) 28.6 (H) 07/15/2026

Carcinoembryonic Antigen (Roche) 3.7 10/23/2026

Carcinoembryonic Antigen (Roche) 11.2 (H) 09/11/2026

Carcinoembryonic Antigen (Roche) 30.9 (H) 08/14/2026

Carcinoembryonic Antigen (Roche) 22.7 (H) 07/15/2026

IMAGING
No new results

ASSESSMENT/PLAN: Patient is a 47 yo premenopausal woman presenting with de novo metastatic breast cancer (ER+/PR+/HER2-) currently on OS+AI+ribociclib here for follow-up

#Breast Cancer: Patient presented with several months of back pain. An MRI on 7/1/26 showed expansile lesions in T1, T5, T8-T10. Subsequent CT chest/abdomen/pelvis on 7/13/26 showed diffuse bony lesions throughout spine and pelvis and left 11th rib fracture as well as a few scattered lung nodules. PET CT on 7/21/26 showed FDG avid lesions in L breast, R axilla, and bones. Left breast core biopsy on 7/22/26 showed invasive lobular carcinoma, ER+ (91-100%), PR+ (91-100%), HER2- (1+ by IHC), Ki-67 21-30%. Right axillaary LN biopsy showed metastatic carcinoma. Right iliac crest biopsy also showed metastatic carcinoma. She subsequently admitted for pain control and started on lupron+anastrozole. She has now started ribociclib which she is tolerating well. ANC is low today so anticipate hold and rechecking labs in 1 week. We will plan to continue. We spent the majority if the visit discussing treatment strategies and approaches. Of note, she is POSITIVE for an activating mutation in PIK3CA (p.C420R) so will be a candidate for capivasertib. She is very

interested in the vaccine trial: I have sent message to team.
-Continue lupron q4 weeks
-Continue anastrozole daily
-Hold ribociclib as above
-Repeat PET CT due November 2026 (scheduled)
-Scheduled to meet with nutrition
-Will send next generation sequencing on tumor sample (pending)

#pain management: s/p palliative RT to right hip joint and s/p T8 and S1 kyphoplasty with ablation on 09/16/26 . Following with palliative care for pain management..

#Bone Mets:
-Continue zometa q4 weeks
-Continue calcium and vitamin D

#Genetics: Genetic testing recommended in the setting of metastatic breast cancer

Return: 1 month

Electronically signed by Lynn Symonds at 10/23/2026 12:53 PM PDT

documented in this encounter