

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
		PRIVACY			Unk	Female	Unk		Unk		
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)											
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)		Product		Serious	Listed	Reporter Causality		Company Causality			<input checked="" type="checkbox"/> PATIENT DIED Date: MAY-2025 <input checked="" type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER
HOSPITALIZATION (UNKNOWN CAUSE) [Hospitalisation]		ACALABRUTINIB		Yes	No	Related		Not Applicable			
My gallbladder burst and contaminated it. [Gallbladder rupture]		ACALABRUTINIB		Yes	No	Not Applicable		Not Related			
(Continued on Additional Information Page)											

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) ACALABRUTINIB (ACALABRUTINIB) Capsule		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 100 milligram, q12h	16. ROUTE(S) OF ADMINISTRATION #1) Oral use	
17. INDICATION(S) FOR USE #1) MANTLE CELL LYMPHOMA (Mantle cell lymphoma)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 08-DEC-2023 / Unknown	19. THERAPY DURATION #1) Unknown	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates Unknown to Ongoing	Type of History / Notes Indication	Description Mantle cell lymphoma (Mantle cell lymphoma)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: CR-AstraZeneca-2024A053519 Study ID: PSP-23269 Case References: CR-AstraZeneca-2024A053519
	24b. MFR CONTROL NO. 2024A053519	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 27-MAY-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	NAME AND ADDRESS WITHHELD.
DATE OF THIS REPORT 30-MAY-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	NAME AND ADDRESS WITHHELD.

30-May-2025 03:29

ADDITIONAL INFORMATION**7+13. DESCRIBE REACTION(S) continued**

Case Description: A solicited report has been received from a consumer in Patient Support Program concerning a female patient born in 1948.

No medical history was reported. No concomitant products were reported.

On 08-DEC-2023, the patient started treatment with Acalabrutinib (acalabrutinib) 100 milligram q12h, Oral use, for mantle cell lymphoma.

On an unknown date, the patient experienced hospitalization (unknown cause) (preferred term: Hospitalisation) and my gallbladder burst and contaminated it (preferred term: Gallbladder rupture).

The patient died from the event my gallbladder burst and contaminated it. on an unspecified date. At the time of reporting, the event hospitalization (unknown cause) was ongoing.

The patient died during MAY-2025. It is not known whether an autopsy was performed. The cause of death was my gallbladder burst and contaminated it.

The reporter assessed event of hospitalization (unknown cause) as serious due to Hospitalized criterion.

The reporter assessed the event of my gallbladder burst and contaminated it as serious due to Death criterion.

The reporter did not assess causality for my gallbladder burst and contaminated if. The reporter considered that there was a reasonable possibility of a causal relationship between Acalabrutinib and the following event(s): hospitalization (unknown cause).

The company physician did not consider that there was a reasonable possibility of a causal relationship between Acalabrutinib and the following event(s): my gallbladder burst and contaminated it.

Summary of follow up information received by AstraZeneca/MedImmune on 27-May-2025 from consumer via solicited source: Report type was updated. New event my gallbladder burst and contaminated it was added. Narrative amended.