

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 46 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
											<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) Prolactin level of 274.81 ng/ml [Blood prolactin increased] Breast discharge [Breast discharge] Stomach heaviness/discomfort in the stomach [Abdominal discomfort] Stomach pain [Abdominal pain upper] Bloating/Swollen belly [Abdominal distension] Dizziness [Dizziness] Diarrhea/stools as watery [Diarrhoea] Nausea [Nausea] Case Description: This solicited case, reported by a consumer via (Continued on Additional Information Page)											

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Abemaciclib (Abemaciclib) Unknown		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) 150 mg, bid	16. ROUTE(S) OF ADMINISTRATION #1) Oral	
17. INDICATION(S) FOR USE #1) Breast cancer (Breast cancer)		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) 23-NOV-2023 / Ongoing	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) #1) TAMOXIFEN (TAMOXIFEN) Capsule ; Unknown #2) ESCITALOPRAM (ESCITALOPRAM) Unknown ; Unknown #3) TAFIL [TADALAFIL] (TADALAFIL) Unknown ; Unknown #4) MAGNESIUM (MAGNESIUM) Unknown ; Unknown #5) OMEGA 3 [FISH OIL] (FISH OIL) Unknown ; Unknown #6) VITAMIN C [ASCORBIC ACID] (VITAMIN C [ASCORBIC ACID]) Unknown ; Unknown (Continued on Additional Information Page)		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Medical Condition	Anxiety disorder (Anxiety disorder)
		anxiety and panic disorder for more than 20 years
Unknown to Ongoing	Medical Condition	Panic disorder (Panic disorder)
		anxiety and panic disorder for more than 20 years

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Eli Lilly Interamerica Inc (AR Branch) Tronador 4890 - Piso 12 Buenos Aires, Capital Federal CP: 1430 ARGENTINA Phone: 54 1145464000		26. REMARKS
	24b. MFR CONTROL NO. CR202402010554	
24c. DATE RECEIVED BY MANUFACTURER 02-JUN-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT 09-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
		25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
		NAME AND ADDRESS WITHHELD.
		NAME AND ADDRESS WITHHELD.

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

patient support program (PSP) from a business partner, with additional information from the initial reporter via PSP of a business partner, concerned a 46-year-old (at the time of initial report) female patient of unknown origin.

Medical history included anxiety disorder and panic disorder for more than 20 years; qualifying as a diabetic with glucose value at 200 and hemoglobin A1c at 5.6 (units and reference range were not provided) about a year ago, it was managed by diet, exercise and fasting; and 10 kg of weight loss. Concomitant medication included escitalopram as an anti-depressant for anxiety and panic disorder; tadalafil, magnesium, fish oil, ascorbic acid and bacillus clausii used for unknown indications.

The patient received abemaciclib (Verzenio) tablets, 150 mg, twice daily, orally, for the treatment of breast cancer, beginning on 23-Nov-2023. Concomitantly, she received tamoxifen to lower estrogen level. On 23-Nov-2023, after taking first dose of abemaciclib therapy in the morning, she experienced diarrhea every day. On an unknown date in Nov-2023, she noticed breast discharge, on the same she was operated on (unspecified reason). Reportedly, from Nov-2023 to mid-Jan-2024, she went to bathroom seven times a day. Her stools were watery. On an unknown date, while on abemaciclib therapy, she had stomach pain and bloating and suspected it might be related to her colon. On an unknown date in Jan-2024, while on abemaciclib therapy, she experienced a four-day episode of dizziness that led her to visit the hospital. She was referred to an otorhinolaryngologist, but due to the wait time, she paid for a private ear, nose, and throat (ENT) who prescribed famotidine and levosulpiride as a corrective treatment and she took the same for a week. On 31-Jan-2024, she again experienced dizziness and took the same corrective treatment. Reportedly, it was believed that dizziness was related to her ears, but everything was fine with it moreover, when another bout of dizziness was sensed a single dose of famotidine alleviates it. On an unknown date, since starting treatment with abemaciclib, she experienced nausea, stomach heaviness and a desire to vomit that made her fasting challenging. Reportedly, she had varying levels of nausea and was described as nervous. On 13-Feb-2024, while on abemaciclib therapy, she underwent an immunology laboratory test, and the results showed a prolactin level of 274.81 ng/ml. On 14-Feb-2024, a glucose curve showed fasting at 85 and 112 two hours later, moreover she never took any medication for sugar control. As of 15-Feb-2024, she was going to bathroom four or five times a day. On an unknown date, diarrhea continued but was bearable because she did not stray far from places where there was a bathroom nearby, and if she had to go somewhere where there was no bathroom, she did not even go and did not leave her house. Information regarding corrective treatment of the remaining events were not provided. She had not recovered from the events. Abemaciclib therapy was ongoing. Follow-up could not be attempted since the reporter did not agree to be contacted nor to treating physician.

The reporting consumer related diarrhea to abemaciclib while did not provide relatedness assessment between the remaining events and abemaciclib therapy.

Update 24-Feb-2024: Additional information was received from the initial reporting consumer via business partner and PSP on 15-Feb-2024. Added six non-serious events of dizziness, nausea, stomach heaviness, diarrhea, stomach pain, and bloating, five concomitant medications, three medical history, and two treatment medications of the event dizziness. Updated the corresponding field and narrative accordingly.

Update 06-Jun-2025: Additional information was received on 02-Jun-2025 from the initial reporter via PSP of a business partner. Updated causality of diarrhea from not reported to yes and narrative accordingly with new information.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1		Blood prolactin Positive High	274.81 ng/mL	

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION continued

#7) ENTEROGERMINA [BACILLUS CLAUSII] (BACILLUS CLAUSII) Unknown ; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Medical Condition	Fasting (Fasting);
2023 to Ongoing	Medical Condition	Diabetic (Diabetes mellitus); tests to check for diabetes, including a glucose curve. values were at 200, hemoglobin A1c was 5.6.

ADDITIONAL INFORMATION

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
2023 to Unknown	Medical Condition	Weight loss (Weight decreased);