

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                  |       |      |                               |                         |                          |                    |       |      |                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------|-------|------|-------------------------------|-------------------------|--------------------------|--------------------|-------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PATIENT INITIALS<br>(first, last)<br><b>PRIVACY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a. COUNTRY<br><b>COSTA RICA</b> | 2. DATE OF BIRTH |       |      | 2a. AGE<br><b>64</b><br>Years | 3. SEX<br><b>Female</b> | 3a. WEIGHT<br><b>Unk</b> | 4-6 REACTION ONSET |       |      | 8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | Day              | Month | Year |                               |                         |                          | Day                | Month | Year |                                                                                                                                                                                                                                                                   |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)<br>Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)<br><b>moderate pancreatitis [Pancreatitis]</b><br><b>Chronic right nephropathy [Nephropathy]</b><br><b>Decay [Depressed mood]</b><br><b>Taste alteration [Taste disorder]</b><br><b>Could not sleep [Sleep disorder due to general medical condition, insomnia type]</b><br><b>Colitis [Colitis]</b><br><b>Flu symptoms/Cough/sore throat/persistant cough [Influenza]</b><br><b>Basophils 2.9 percent [Basophil percentage increased]</b><br><b>Mean corpuscular volume (MCV): 10 fl [Mean cell volume decreased]</b><br>(Continued on Additional Information Page) |                                  |                  |       |      |                               |                         |                          |                    |       |      | <input type="checkbox"/> PATIENT DIED<br><input checked="" type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION<br><input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY<br><input type="checkbox"/> LIFE THREATENING |

## II. SUSPECT DRUG(S) INFORMATION

|                                                                                                                                          |                                                    |                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. SUSPECT DRUG(S) (include generic name)<br><b>#1 ) Abemaciclib (Abemaciclib) Tablet</b><br>(Continued on Additional Information Page) |                                                    | 20. DID REACTION ABATE AFTER STOPPING DRUG?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| 15. DAILY DOSE(S)<br><b>#1 ) 150 mg, bid</b>                                                                                             | 16. ROUTE(S) OF ADMINISTRATION<br><b>#1 ) Oral</b> |                                                                                                                                                |
| 17. INDICATION(S) FOR USE<br><b>#1 ) Breast cancer (Breast cancer)</b>                                                                   |                                                    | 21. DID REACTION REAPPEAR AFTER REINTRODUCTION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA        |
| 18. THERAPY DATES(from/to)<br><b>#1 ) 18-MAY-2024 / JAN-2025</b>                                                                         | 19. THERAPY DURATION<br><b>#1 ) Unknown</b>        |                                                                                                                                                |

## III. CONCOMITANT DRUG(S) AND HISTORY

| 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)<br><b>#1 ) LOPERAMIDE (LOPERAMIDE) Tablet, 4 mg; Unknown</b><br><b>#2 ) ALENDRONATE (ALENDRONATE SODIUM) Unknown, 70 mg; Unknown</b><br><b>#3 ) FAMOTIDINE (FAMOTIDINE) Unknown ; Unknown</b><br><b>#4 ) VITAMIN D [VITAMIN D NOS] (VITAMIN D [VITAMIN D NOS]) Unknown ; Unknown</b><br><b>#5 ) IONIC CALCIUM (CALCIUM CHLORIDE, TRACE ELEMENTS NOS) Unknown ; Unknown</b><br><b>#6 ) HYDROCHLOROTHIAZIDE (HYDROCHLOROTHIAZIDE) Unknown ; Unknown</b><br>(Continued on Additional Information Page) |                         |                                       |               |                         |             |         |                   |                             |                     |                   |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|---------------|-------------------------|-------------|---------|-------------------|-----------------------------|---------------------|-------------------|---------------------------------------|
| 23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)<br><table border="1"> <thead> <tr> <th>From/To Dates</th> <th>Type of History / Notes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Unknown</td> <td>Medical Condition</td> <td>Hypertension (Hypertension)</td> </tr> <tr> <td>SEP-2023 to Unknown</td> <td>Medical Condition</td> <td>Chronic gastritis (Chronic gastritis)</td> </tr> </tbody> </table>                                                                                                                    |                         |                                       | From/To Dates | Type of History / Notes | Description | Unknown | Medical Condition | Hypertension (Hypertension) | SEP-2023 to Unknown | Medical Condition | Chronic gastritis (Chronic gastritis) |
| From/To Dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Type of History / Notes | Description                           |               |                         |             |         |                   |                             |                     |                   |                                       |
| Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Medical Condition       | Hypertension (Hypertension)           |               |                         |             |         |                   |                             |                     |                   |                                       |
| SEP-2023 to Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Medical Condition       | Chronic gastritis (Chronic gastritis) |               |                         |             |         |                   |                             |                     |                   |                                       |

## IV. MANUFACTURER INFORMATION

|                                                                                                                                                                                                                    |                                                                                                                                                                                     |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24a. NAME AND ADDRESS OF MANUFACTURER<br><b>Eli Lilly Interamerica Inc (AR Branch)</b><br><b>Tronador 4890 - Piso 12</b><br><b>Buenos Aires, Capital Federal CP: 1430 ARGENTINA</b><br><b>Phone: 54 1145464000</b> |                                                                                                                                                                                     | 26. REMARKS                                                                                                                                              |
|                                                                                                                                                                                                                    | 24b. MFR CONTROL NO.<br><b>CR202406007624</b>                                                                                                                                       | 25b. NAME AND ADDRESS OF REPORTER<br><b>NAME AND ADDRESS WITHHELD.</b><br><br><b>NAME AND ADDRESS WITHHELD.</b><br><br><b>NAME AND ADDRESS WITHHELD.</b> |
| 24c. DATE RECEIVED BY MANUFACTURER<br><b>21-APR-2025</b>                                                                                                                                                           | 24d. REPORT SOURCE<br><input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE<br><input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER: |                                                                                                                                                          |
| DATE OF THIS REPORT<br><b>25-APR-2025</b>                                                                                                                                                                          | 25a. REPORT TYPE<br><input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 3                                                                                |                                                                                                                                                          |

25-Apr-2025 17:11

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

Mean corpuscular hemoglobin (MCH): 37 pg [Mean cell haemoglobin decreased]  
 Mean corpuscular hemoglobin concentration (MCHC): 37 g/dL [Mean cell haemoglobin concentration increased]  
 Sodium 128.0 mmol/L [Blood sodium decreased]  
 Chloride 93.0 mmol/L [Blood chloride decreased]  
 bile sludge in the gallbladder without evidence of obstruction [Cholelithiasis]  
 Lost weight [Weight decreased]  
 Feeling unwell [Malaise]  
 Stomach pain [Abdominal pain upper]  
 Left-sided colic [Abdominal pain]  
 Lymphocytes:  $0.4 \times 10^3/\mu\text{L}$  [Lymphocyte count decreased]  
 Lack of appetite [Decreased appetite]  
 Hemoglobin 9.9 g/dL [Haemoglobin decreased]  
 Hematocrit 26.8% [Haematocrit decreased]  
 Leukocytes:  $1.7 \times 10^3/\mu\text{L}$  [White blood cell count decreased]  
 Platelets:  $97.00 \times 10^3/\mu\text{L}$  [Platelet count decreased]  
 Neutrophils:  $1.1 \times 10^3/\mu\text{L}$  [Neutrophil count decreased]  
 Red blood cells  $2.7 \times 10^6/\mu\text{L}$  [Red blood cell count decreased]  
 Diarrhea [Diarrhoea]  
 The patient was given Verzenio 100 mg once daily [Off label use]

Case Description: This solicited case, reported by a consumer and additional reporting consumer via patient support program (PSP), concerned a 64-year-old (at the time of initial report) female patient of unknown ethnicity.

Medical history included hypertension, for which she had been well stabilized for some time on unspecified blood pressure medication. Her doctor had told her that they were going to take her off it, but she had refused. When she underwent breast surgery for cancer, her blood pressure continued to drop from then on and it went down a lot. She had gastritis, and on an unknown date in Sep-2023, she had gastritis and chronic gastritis, for which her oncologist prescribed omeprazole (unknown manufacturer) when she had chemotherapy, and it had helped her. She also had osteoporosis, although she was unsure whether it was osteoporosis or osteopenia. She had been taking alendronate and vitamin D (unknown manufacturer) for about 10 years. Her doctor had asked her if the discomfort had increased or remained the same because the results of the osteoporosis test had not arrived when she visited the doctor. Last month, when she went to the radiologist, she was told that she would be sent for an update of the treatment. Concomitant medications included famotidine for the treatment of gastritis, calcium chloride, trace elements NOS (ionic calcium) at 1200 mg daily, hydrochlorothiazide at 25 mg daily, loratadine, letrozole at 2.5 mg, gabapentin capsule at 300 mg daily, irbesartan at 150 mg daily (sometimes taken half or not at all), polycarbophil calcium (fiber), butylscopolamine bromide (Buscapine), aluminium hydroxide, hyoscine all used for unknown indications and loperamide for diarrhea. She also took alendronate sodium at 70 mg once weekly and vitamin D at 2000 units a day (four drops) and vitamin C for the treatment of osteoporosis, and omeprazole for the treatment of chronic gastritis.

The patient received abemaciclib (Verzenio) tablet, 150 mg, twice daily, orally, for the treatment of breast cancer, beginning on 18-May-2024. Also, she had anastrozole at 1 mg, for the treatment of an unknown indication, beginning on an unknown date, concomitantly. On 01-Jun-2024, after starting abemaciclib therapy, she experienced moderate diarrhea, decay, and lack of appetite. On an unknown date in 2024, while on abemaciclib therapy, she had stomach pain and diarrhea since starting abemaciclib. She experienced 10 to 11 episodes of diarrhea a day for 10 to 11 days. During this time, she lost weight (the value, unit, and reference range were not provided) and took lot of home remedies for diarrhea, such as gavalana (bitter leaf) or peppermint tea. She had two or three good days, but on 13-Jun-2024, she thought something in her sister's lunch caused her diarrhea, which occurred three times in a row. She felt colic on her left side and was given medication at 12:30 am because she could not sleep due to the pain. She took hyoscyamine as a corrective treatment for left-sided colic, famotidine, and a lozenge (the name was not remembered), which made her fall asleep completely, relieved the pain on her left side (which she felt was like colitis), and she no longer had to go to the bathroom because of diarrhea. She woke up feeling quite well and went to the bathroom twice, but it was not diarrhea. She did have stomach pain. She did not know if this was due to abemaciclib or colitis, but she thought it was abemaciclib because some days she felt fine and other days she had a stomachache. She did not believe it was a virus because her husband did not have it. Abemaciclib was bothering her gastritis a lot. She had been eating very little, and since the chemotherapy, she had lost her taste, and nothing tasted good. On 11-Jul-2024, she experienced flu symptoms. That time, she only had a lot of coughs, which increased when she spoke, and sometimes she had a sore throat. On 19-Jul-2024, she finished receiving alfa-hederina syrup as a corrective treatment for flu symptoms. She stopped using abemaciclib for 2 days the week before last, between 17-Jan-2025 and 18-Jan-2025 (exact dates were not reported) because she had diarrhea. On 19-Jan-2025, she had a lot of diarrhea again, and she had not told her treating doctor about what she was experiencing, as the diarrhea was caused by abemaciclib, which she had been experiencing since 01-Jun-2024, she started using it. On one occasion, she had excessive diarrhea, and when she went to the doctor, they gave her a treatment with loperamide, and she got better. On 19-Jan-2025, when she was feeling unwell, she took a loperamide tablet and felt better. On 01-Jun-2024, the last time she was sick with diarrhea, she took up to 3 loperamide tablets, but they had no effect. In Jan-2025 she told her doctor that she felt better. On an unspecified date, abemaciclib therapy was restarted. By 18-Mar-2025, she continued to recover from diarrhea event and continued with abemaciclib therapy. On an unknown date, she administered abemaciclib 100 mg twice daily. On 26-Mar-2025, she developed moderate pancreatitis, her findings of sonography compatible with mild inflammatory changes in the pancreatic gland, with no evidence of fluid or peripancreatic collections, changes due to chronic

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

right nephropathy due to which she had to be hospitalized for two days. Suggesting clinical correlation with laboratory results, biliary sludge in the gallbladder with no evidence of obstruction. Further information regarding hospitalization details and discharge details was not provided. On 29-Mar-2025, she had clinical analysis laboratory test results of Red blood cells 2.7 E (9)/l, Hemoglobin 9.9 g/dL, Hematocrit: 26.8%, Mean corpuscular volume (MCV): 10 fl, Mean corpuscular hemoglobin (MCH) 37 pg, Mean corpuscular hemoglobin concentration (MCHC) 37 g/dL, Leukocytes: 1.7 E (9)/l, Basophils: 2.9%, Neutrophils: 1.1 E (9)/l, Lymphocytes: 0.4 E (9)/l, Platelets: 97.00 E (9)/l, Average platelet volume (MPV) 9.70 fL. Total bilirubin 1.5 mg/dL Direct bilirubin 0.9 mg/dL, Oxaloacetic acid transaminase/aspartate aminotransferase 158.8 IU/L, Pyruvic acid transaminase/alanine aminotransferase (PAT/ALT) 110.6 IU/L, Alkaline phosphatase (ALP) 167 U/L, G-glutamyl transpeptidase (GGT) 243.0 IU/L, Sodium 128.0 mmol/L, Chloride 93.0 mmol/L, Amylase 3499.0 U/L. On 30-Mar-2025, she was on home and recovering. No evidence of malignant tumor disease detectable. She had persistent cough for quite some time but she did not had cold. She did not seek medical attention or take anything. As reported on 01-Apr-2025, her physician suggested to suspending abemaciclib therapy for two weeks, from 01-Apr-2025 to 15-Apr-2025 due to pancreatitis, to give her gastric rest. On an unknown date, she resumed abemaciclib, but her dose was reduced from two tablets a day to one tablet a day and the new dose was permanent (off-label dosing frequency). The outcome of the events were unknown for weight decrease and colitis; for sleep disorder due to general medical condition (insomnia type), it was resolved; for diarrhea, pancreatitis and feeling unwell, it was resolving; and the remaining events were not resolved. Information regarding corrective treatment for the remaining events was not provided. The status of abemaciclib therapy was resumed at 100 mg once daily. .

The initial reporting consumer related the event abdominal pain upper and flu with abemaciclib therapy while did not provide the relatedness assessment for the remaining events with abemaciclib therapy. Additional reporting consumer considered the event diarrhea related and did not provide opinion on relatedness for events with the abemaciclib therapy.

Update 23-Jun-2024: Additional information was received from initial reporting consumer via PSP on 14-Jun-2024. Added five medical history and two procedures, one lab test, fifteen concomitant medication, one treatment medication, and six new non-serious events of abdominal pain upper, abdominal pain, taste disorder, weight decreased, sleep disorder due to general medical condition, insomnia type, colitis. Updated narrative with new information.

Update 28-Jul-2024: Additional information was received from reporting consumer via PSP on 19-Jul-2024. Added new reporter information. Updated start date for suspect drug from '24-May-2024' to '18-May-2024'. Added one treatment drug. Added one non-serious event term Influenza. Narrative updated with new information.

Update 27-Jan-2025: Additional information was received from second reporting consumer via PSP on 21-Jan-2025. The status of abemaciclib therapy was updated to drug discontinued (previously it was no change). Concomitant medication loperamide was used, and its indication had been updated to diarrhea. Changed causality of the event diarrhea was updated (previously not reported). Narrative updated with new information.

Edit 12-Feb-2025: Upon review of information received on 21-Jan-2025. Updated the CORE listedness of event feeling unwell from listed to unlisted. No other changes were made to the case.

Update 23-Mar-2025: Additional information was received from second reporting consumer via PSP on 18-Mar-2025. Added a second abemaciclib dosage tab. Updated abemaciclib therapy status to ongoing and narrative with new information.

Update 28-Mar-2025: Additional information was received from primary reporting consumer via PSP on 23-Mar-2025. Updated as reported verbatim and as reported causality of event flu from not provided to related. Updated narrative with new information.

Update 02-Apr-2025: Additional information was received from primary reporting consumer via PSP on 30-Mar-2025. The case was upgrade to serious due to the addition of the two serious events of pancreatitis, nephropathy (criteria of hospitalization). Added 21 lab data, one dosage regimen, sixteen events of Pancreatitis, Nephropathy, Cholelithiasis, Red blood cell count decreased, Hemoglobin decreased, Haematocrit decreased, Mean cell volume decreased, Mean cell haemoglobin decreased, Mean cell haemoglobin concentration increased, White blood cell count decreased, Basophil percentage increased, Neutrophil count decreased, Lymphocyte count decreased, Platelet count decreased, Blood sodium decreased, Blood chloride decreased. Updated narrative with new information.

Update 07-Apr-2025: Information was received from initial reporting consumer via PSP on 01-Apr-2025. Narrative was updated and no medically significant information was received, and no other changes were done to the case.

Update 25-Apr-2025: Additional information was received from secondary reporting consumer via PSP on 21-Apr-2025. Added an additional concomitant product Vitamin C, an additional dosage regimen for abemaciclib 100 mg daily and an event off label dosing frequency. Updated the event outcome for pancreatitis from not recovered to recovered and narrative with new information.

**13. Lab Data**

| # | Date        | Test / Assessment / Notes | Results | Normal High / Low |
|---|-------------|---------------------------|---------|-------------------|
| 1 | 29-MAR-2025 | Alanine aminotransferase  | 110.6   |                   |
|   |             | IU/L                      |         |                   |

**ADDITIONAL INFORMATION****13. Lab Data**

| #  | Date        | Test / Assessment / Notes                                                   | Results      | Normal High / Low |
|----|-------------|-----------------------------------------------------------------------------|--------------|-------------------|
| 2  | 29-MAR-2025 | Amylase                                                                     | 3499 U/liter |                   |
| 3  | 29-MAR-2025 | Aspartate aminotransferase<br>IU/L                                          | 158.8        |                   |
| 4  | 29-MAR-2025 | Basophil count                                                              | 2.9 %        |                   |
| 5  | 29-MAR-2025 | Blood bilirubin                                                             | 0.9 mg/dL    |                   |
| 6  | 29-MAR-2025 | Blood bilirubin                                                             | 1.5 mg/dL    |                   |
| 7  | 29-MAR-2025 | Blood chloride                                                              | 93 mmol/L    |                   |
| 8  | 29-MAR-2025 | Blood sodium                                                                | 128 mmol/L   |                   |
| 9  | 29-MAR-2025 | Gamma-glutamyltransferase<br>IU/L                                           | 243.0        |                   |
| 10 | 29-MAR-2025 | Haematocrit                                                                 | 26.8 %       |                   |
| 11 | 29-MAR-2025 | Haemoglobin                                                                 | 9.9 g/dL     |                   |
| 12 | 29-MAR-2025 | Lymphocyte count<br>$0.4 \times 10^3/\mu\text{L}$                           |              |                   |
| 13 | 29-MAR-2025 | Mean cell haemoglobin                                                       | 37 pg        |                   |
| 14 | 29-MAR-2025 | Mean cell haemoglobin concentration                                         | 37 g/dL      |                   |
| 15 | 29-MAR-2025 | Mean cell volume                                                            | 10 fL        |                   |
| 16 | 29-MAR-2025 | Mean platelet volume                                                        | 9.70 fL      |                   |
| 17 | 29-MAR-2025 | Neutrophil count<br>$1.1 \times 10^3/\mu\text{L}$                           |              |                   |
| 18 | 29-MAR-2025 | Platelet count<br>$97.00 \times 10^3/\mu\text{L}$                           |              |                   |
| 19 | 29-MAR-2025 | Red blood cell count<br>$2.7 \times 10^6/\mu\text{L}$                       |              |                   |
| 20 |             | Weight Positive<br>Lost (value, unit and reference range were not provided) |              |                   |
| 21 | 29-MAR-2025 | White blood cell count                                                      |              |                   |

ADDITIONAL INFORMATION

13. Lab Data

| # | Date | Test / Assessment / Notes | Results | Normal High / Low |
|---|------|---------------------------|---------|-------------------|
|   |      | 1.7 x 10^3/ $\mu$ L       |         |                   |

14-19. SUSPECT DRUG(S) continued

| 14. SUSPECT DRUG(S) (include generic name)           | 15. DAILY DOSE(S);<br>16. ROUTE(S) OF ADMIN | 17. INDICATION(S) FOR USE     | 18. THERAPY DATES (from/to);<br>19. THERAPY DURATION |
|------------------------------------------------------|---------------------------------------------|-------------------------------|------------------------------------------------------|
| #1 ) Abemaciclib (Abemaciclib) Tablet;<br>Regimen #2 | 150 mg, bid; Oral                           | Breast cancer (Breast cancer) | Ongoing;<br>Unknown                                  |
| #1 ) Abemaciclib (Abemaciclib) Tablet;<br>Regimen #3 | 100 mg, bid; Oral                           | Breast cancer (Breast cancer) | Unknown;<br>Unknown                                  |
| #1 ) Abemaciclib (Abemaciclib) Tablet;<br>Regimen #4 | 100 mg, daily; Oral                         | Breast cancer (Breast cancer) | Unknown;<br>Unknown                                  |

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

- #7 ) LORATADINE (LORATADINE) Unknown ; Unknown
- #8 ) ANASTROZOL (ANASTROZOL) Unknown ; Unknown
- #9 ) LETROZOLE (LETROZOLE) Unknown ; Unknown
- #10 ) GABAPENTIN (GABAPENTIN) Capsule ; Unknown
- #11 ) IRBESARTAN (IRBESARTAN) Unknown ; Unknown
- #12 ) FIBER (POLYCARBOPHIL CALCIUM) Unknown ; Unknown
- #13 ) BUSCAPINE (BUTYLSCOPOLAMINE BROMIDE) Unknown ; Unknown
- #14 ) ALUMINIUM HYDROXIDE (ALUMINIUM HYDROXIDE) Unknown ; Unknown
- #15 ) OMEPRAZOLE (OMEPRAZOLE) Unknown ; Unknown
- #16 ) HYOSCINE (HYOSCINE) Unknown ; Unknown
- #17 ) VITAMIN C [ASCORBIC ACID] (VITAMIN C [ASCORBIC ACID]) Unknown ; Unknown

23. OTHER RELEVANT HISTORY continued

| From/To Dates       | Type of History / Notes | Description                          |
|---------------------|-------------------------|--------------------------------------|
| Unknown             | Medical Condition       | Osteoporosis (Osteoporosis);         |
| Unknown to Ongoing  | Medical Condition       | Breast cancer (Breast cancer);       |
| Unknown             | Medical Condition       | Gastritis (Gastritis);               |
| Unknown             | Procedure               | Breast operation (Breast operation); |
| SEP-2023 to Unknown | Procedure               | Chemotherapy (Chemotherapy);         |