

## 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<br>Day Month Year<br><b>PRIVACY</b> | 2a. AGE<br><b>51</b><br>Years | 3. SEX<br><b>Female</b> | 3a. WEIGHT<br><b>Unk</b> | 4-6 REACTION ONSET<br>Day Month Year<br><b>10 MAR 2025</b> | 8-12 CHECK ALL<br>APPROPRIATE TO<br>ADVERSE REACTION<br><input type="checkbox"/> PATIENT DIED<br><input type="checkbox"/> INVOLVED OR<br>PROLONGED INPATIENT<br>HOSPITALISATION<br><input checked="" type="checkbox"/> INVOLVED PERSISTENT<br>OR SIGNIFICANT<br>DISABILITY OR<br>INCAPACITY<br><input type="checkbox"/> LIFE<br>THREATENING<br><input type="checkbox"/> CONGENITAL<br>ANOMALY<br><input type="checkbox"/> OTHER |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)<br>Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)<br>mouth ulcer [Mouth ulcer]<br>Skin involvement, mainly on palms and soles [Skin disorder]<br><br>Case Description: This serious spontaneous report (CRISP2025054536) was reported to Amgen on 17/MAR/2025 from ASOFARMA A TU LADO with reference number CR-ADIUM-CR-0101-20250317 by a consumer and involves a 51 year old female patient who had mouth ulcer [PT: mouth ulceration], skin involvement, mainly on palms and soles [PT: skin disorder] while receiving Vectibix.<br><br>(Continued on Additional Information Page) |                                  |  |                               |                         |                          |  |   |

## II. SUSPECT DRUG(S) INFORMATION

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|---|--|
| 14. SUSPECT DRUG(S) (include generic name)<br>#1 ) Vectibix (panitumumab) Solution for injection, 20 milligram per millilitre | 20. DID REACTION<br>ABATE AFTER STOPPING<br>DRUG?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA |
| 15. DAILY DOSE(S)<br>#1 ) 408 milligram, q2wk   | 16. ROUTE(S) OF ADMINISTRATION<br>#1 ) Intravenous use   |
| 17. INDICATION(S) FOR USE<br>#1 ) Colon cancer (Colon cancer)   | 21. DID REACTION<br>REAPPEAR AFTER<br>REINTRODUCTION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA        |
| 18. THERAPY DATES(from/to)<br>#1 ) 14-SEP-2024 / Unknown  | 19. THERAPY DURATION<br>#1 ) Unknown   |

## III. CONCOMITANT DRUG(S) AND HISTORY

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|---|--|--|
| 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.)<br>From/To Dates Type of History / Notes Description<br>Unknown to Ongoing Current Condition Colon cancer (Colon cancer) |  |  |

## IV. MANUFACTURER INFORMATION

|   |  |
|---|--|
| 24a. NAME AND ADDRESS OF MANUFACTURER<br>Amgen Ltd.<br>Ana Carolina Uribe<br>Cra 7 No. 123-35 Torre 123 Piso 6<br>Bogotá, COLOMBIA<br>Phone: 57 3157008539                                      | 26. REMARKS  |
| 24b. MFR CONTROL NO.<br><b>CRISP2025054536</b>  | 25b. NAME AND ADDRESS OF REPORTER<br>NAME AND ADDRESS WITHHELD.                                    |
| 24c. DATE RECEIVED<br>BY MANUFACTURER<br><b>17-MAR-2025</b>   | NAME AND ADDRESS WITHHELD.   |
| 24d. REPORT SOURCE<br><input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE<br><input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous |  |
| DATE OF THIS REPORT<br><b>24-MAR-2025</b>   | 25a. REPORT TYPE<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP: |

24-Mar-2025 07:57

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

No historical medical condition was reported. The patient's current medical condition included colon cancer. No concomitant medications were reported. No co-suspect medications were reported.

The patient began Vectibix on 14/SEP/2024. On 10/MAR/2025, the patient had mouth ulcer and skin involvement, mainly on palms and soles in MAR/2025. The patient reported general skin involvement, but more so on the soles of his feet and palms of her hands. In addition to this involvement, she reported small blisters in her mouth that make it impossible for her to eat or drink. For this reason, her treating physician discontinued the product for one month, giving her time to recover. On 10/MAR/2025, she was given a 10% Urea cream kit, at her treating physician's request. On 12/APR/2025, the patient would restart the treatment following a medical evaluation.

The outcome of the events mouth ulceration, skin disorder were reported as not recovered/not resolved. Action taken with Vectibix was temporarily withheld for the events mouth ulceration and skin disorder.

The causal relationship between the events mouth ulceration, skin disorder and Vectibix was not provided by the consumer. The other manufacturer reported that the events mouth ulceration, skin disorder were possibly related to Vectibix.

Follow up is not possible.

Company Comment: This safety report does not necessarily reflect a conclusion by Amgen that panitumumab, caused or contributed to the adverse event(s) reported; however, consistent with regulatory reporting requirements, this case is being reported because it contains one or more suspected adverse reactions.

This individual case report does not change the safety profile of the product.