														CIO	ΟN	IS I	FO	RM
SUSPECT ADVERSE REACTION REPORT																		
							П	T	Τ	Π	П		П	Т	Τ	Τ	Τ	T
I. REACTION INFORMATION																		
(first, last)	I COSTA PICA I Day I Month I Year I 36 I I 6/100 I Day I Month I Year						1	12	APP	CK ALL ROPRIA ERSE F	ATE		1					
PRIVACY PRIVACY Years Female 18 DEC 202								:02	4									
7 + 13 DESCRIBE REAC Event Verbatim [PREFER Other Serious Cri		tests/lab data) stoms if any separated by commas	s)										PATI	IENT DII	ED			
High triglycerides	/ Triglycerides elev	rated: 1105 mg/dL [Bloo	d triglyc	erides inc	reased]							INVOLVED OR PROLONGED INPATIENT HOSPITALISATION						
	oes to defecate her	stomach hurts too much	h [Abdo	minal pair	upper]						١.	_	INIV/	OLVED F	DE D	CICT	NIT	
Total cholesterol	• .	holesterol increased]										Ш	OR S	SIGNIFI ABILITY APACIT	CAN OR		:IN I	
Cholesterol / HDL Recurrent Diarrhe		cholesterol/HDL ratio inc	creased]									INC	APACIT	ī			
				(Conti	nued on Ad	dition	al Ini	ormat	ion F	age	<u>,</u>	LIFE THREATENING						
		II. SUSPECT	T DRU	IG(S) IN	FORMA	TIOI	N											
14. SUSPECT DRUG(S)		000. 20	. 5.10	(0)			•				20			CTION AFTER S	STO	PPINC	3	
#1) Abemaciclib (/	Abemaciclib) Tablet		_										UG?					
15. DAILY DOSE(S) #1) 150 mg, bid				16. ROUTE(S) # 1) Oral	OF ADMINIST	RATIO	N						YES	S N	0	×Μ	Α	
17. INDICATION(S) FOR USE #1) Breast cancer (Breast cancer)								21	21. DID REACTION REAPPEAR AFTER REINTRODUCTION?									
18. THERAPY DATES(from/to) #1) 18-DEC-2024 / Ongoing #1) Unknown									YES NO NA									
		III. CONCOMITA	ANT D	RUG(S	AND H	IIST	OR'	Y										
	JG(S) AND DATES OF ADM	INISTRATION (exclude those use																
#2) ANASTROZO	OĹ (ANASTROŹOL) Unknown ; Unknown																
	#3) CALCIUM (CALCIUM) Unknown ; Unknown #4) VITAMIN D3 (VITAMIN D3) Unknown ; Unknown																	
From/To Dates	HISTORY. (e.g. diagnostics,	allergies, pregnancy with last mon Type of History / Notes	nth of period	d, etc.) Description														
Unknown																		
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																		
	24b. MFR CO	NTROL NO.		25b. NAI	ME AND ADDF	RESS C	F RE	PORTE	R									
CR202505016154					NAME AND ADDRESS WITHHELD.													
24c. DATE RECEIVED BY MANUFACTURE	ER 24d. REPORT	SOURCE		NAME AND ADDRESS WITHHELD.														
31-JUL-2025 NAME AND ADDRE						RES	s WI	ГННЕ	ELD.									
DATE OF THIS REPORT 06-AUG-2025																		

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Fatigue [Fatigue] Anemia [Anaemia]

Case Description: This solicited case, reported by a consumer via a patient support program (PSP) through a business partner, with additional information from the initial reporter, concerned a 36-year-old female patient of an unknown origin.

Medical history was not provided. Concomitant medication included ionized calcium and vitamin d3 for an unknown indication.

The patient received abemaciclib (Verzenio) tablet at 150 mg twice daily dose via orally for the treatment of breast cancer beginning on 18-Dec-2024 along with tamoxifen and anastrozole as a concomitant medication. On the same day, while on abemaciclib therapy, she experienced recurrent diarrhea, fatigue, tachycardia, stomach hurts and urine foaming. On an unknown date in Apr-2025, she performed a blood test which showed high triglycerides and anemia (erythrocyte count was 3.19 10 6/uL, triglycerides were 42 mg/dL). Her doctor prescribed an unspecified antidiarrheal drug for diarrhea. Her doctor indicated that the events were not related to the use of the treatment. She did not receive treatment for the remaining events. On 04-Jun-2025, laboratory tests showed her triglycerides had increased to 1005 mg/dL, cholesterol/high density lipoprotein (HDL) ratio was 8.02 (increased), total cholesterol 329 mg/dL (increased), and low-density lipoprotein (LDL) direct cholesterol was 74.55 (reference ranges were not provided). The event of triglycerides elevated was considered serious by the company due to its medical significance. On 28-Jul-2025, the laboratory results showed triglycerides were 42 mg/dL, total cholesterol 239 mg/dL and low-density lipoprotein (LDL) direct cholesterol was 104.44 (reference ranges were not provided). She had continued high triglycerides and diarrhea. The outcome of the events of cholesterol total increased and total cholesterol/HDL ratio increased was unknown while all remaining events had not resolved. Therapy status of abemaciclib therapy was ongoing.

The initial reporting consumer did not relate the event of total cholesterol increased with abemaciclib while did not provide the relatedness of event cholesterol/high density lipoprotein (HDL) ratio increased with abemaciclib and related the remaining events with abemaciclib therapy.

Update 26-May-2025: Additional Information received from business partner on 19-MAY-2025. No new medically significant information was received, and no other changes were done to the case.

Update 26-Jun-2025: Additional information received on 23-Jun-2025 from the initial reporter via PSP. This case was upgraded to serious due other medical significance criteria added to blood triglycerides increased event. Added two non-serious events of cholesterol total increased and total cholesterol/HDL ratio increased and lab data dated 04-Jun-2025. Updated description and grade of blood triglycerides increased event. Narrative was updated accordingly.

Update 06-Aug-2025: Additional information received on 31-Jul-2025 from the initial reporter via PSP. Added height and weight of the patient, one laboratory results of triglycerides, total cholesterol and low-density lipoprotein (LDL) direct cholesterol dated 28-Jul-2025 and three concomitant drugs anastrozole, ionized calcium and vitamin d3. Upon review of the information received on 16-May-2025, updated the as reported causality of the events high triglycerides, abdominal pain upper, urine abnormality and tachycardia from not reported to yes. Accordingly updated the narrative with new information.

Lilly Analysis Statement: 26Jun2025: The company considered the events of diarrhea, fatigue and anemia related to the abemaciclib.

06-Aug-2025: The company considered the events of high triglycerides, abdominal pain upper, urine abnormality and tachycardia unrelated to the abemaciclib.

13. Lab D	ata
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#	Date	Test / Assessment / Notes	Results	Normal High / Low
 1	04-JUN-2025	Blood cholesterol	329 mg/dL	
		Reference range was not provided.		
2	28-JUL-2025	Blood cholesterol	239 mg/dL	
		Reference range was not provided.		
3		Blood triglycerides	1005 mg/dL	·
		Reference range not provided.		
 4	APR-2025	Blood triglycerides	42 mg/dL	

ADDITIONAL INFORMATION

13. Lab Data #	Date	Test / Assessment / Notes Reference range not provided	Results	Normal High / Low
5	04-JUN-2025	Blood triglycerides Reference range not provided.	1105 mg/dL	
6	28-JUL-2025	Blood triglycerides Reference range not provided.	438 mg/dL	
7	APR-2025	Haematocrit Reference range not provided	32.1 g/dL	
8	APR-2025	Haemoglobin Reference range not provided	11.7 g/dL	
9	04-JUN-2025	Low density lipoprotein Reference range not provided	74.55 mg/dL	
10	28-JUL-2025	Low density lipoprotein Reference range not provided	104.44 mg/dL	
11	APR-2025	Mean cell haemoglobin Reference range not provided	36.4 g/dL	
12	APR-2025	Mean cell haemoglobin Reference range not provided	36.7 pg	
13	APR-2025	Mean cell volume Reference range not provided	100.6 pg	
14	APR-2025	Red blood cell scan Unit: 10 6/uL. Reference range not p	3.19 rovided	
15	04-JUN-2025	Total cholesterol/HDL ratio Units and reference range were not p	8.02 provided.	
16		Urine analysis Normal		