

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>COSTA RICA</b>	2. DATE OF BIRTH			2a. AGE <b>78 Years</b>	3. SEX <b>Male</b>	3a. WEIGHT <b>Unk</b>	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION  <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
		Day	Month	Year				Day	Month	Year	
		<b>PRIVACY</b>						<b>Unk</b>			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)  
Other Serious Criteria: Medically significant  
I had surgery, a curettage of my prostate because it was very enlarged [Prostatomegaly]

Case Description: This spontaneous case, reported by a consumer via a manufacturer, who contacted the company to report adverse event, concerns a 78-year-old male patient of unknown origin.

Medical history included prostate enlargement, high blood pressure, and a normal biopsy. Concomitant medications were not reported.

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) Cymbalta 30mg (Duloxetine Hydrochloride) Capsule, 30 mg #2 ) TAMSULON (TAMSULOSIN HYDROCHLORIDE) Capsule, 0.4 mg (Continued on Additional Information Page)		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 ) 30 mg, unknown #2 ) UNK, unknown	16. ROUTE(S) OF ADMINISTRATION #1 ) Oral #2 ) Oral	
17. INDICATION(S) FOR USE #1 ) drug use for unknown indication (Produc #2 ) prostate enlargement (Prostatomegaly) (Continued on Additional Information Page)		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 ) Ongoing #2 ) Unknown	19. THERAPY DURATION #1 ) Unknown #2 ) 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.) <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>Enlarged prostate (Prostatomegaly)</td> </tr> <tr> <td>Unknown</td> <td>Medical Condition</td> <td>Blood pressure high (Hypertension)</td> </tr> </tbody> </table>			From/To Dates	Type of History / Notes	Description	Unknown	Medical Condition	Enlarged prostate (Prostatomegaly)	Unknown	Medical Condition	Blood pressure high (Hypertension)
From/To Dates	Type of History / Notes	Description									
Unknown	Medical Condition	Enlarged prostate (Prostatomegaly)									
Unknown	Medical Condition	Blood pressure high (Hypertension)									

## 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. <b>CR202505019439</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.  NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>20-MAY-2025</b>	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT <b>25-MAY-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

25-May-2025 23:13

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

The patient received duloxetine hydrochloride (Cymbalta), 30 mg, unknown frequency, orally, for the treatment of an unknown indication, beginning on an unknown date. He also received tamsulosin hydrochloride (Tamsulon 0.4 mg) and dutasteride, tamsulosin hydrochloride (Tamsulon duo 0.4 mg / 0.5 mg), both for unknown dose and frequency, orally, for prostate enlargement; pramipexole dihydrochloride monohydrate (Parmital 0.25 mg), one dosage form, daily, orally, for high blood pressure. On an unspecified date (reported as a year and half ago), while on duloxetine, tamsulosin, dutasteride, tamsulosin; and pramipexole dihydrochloride monohydrate therapy, the patient had surgery, a curettage of his prostate because it was very enlarged. The event of enlarged prostate was assessed as serious by the company due to medically significant reasons. Information regarding diagnostic testing was not provided. The outcome of event was unknown. The status of duloxetine therapy was not changed, while the status of tamsulosin, dutasteride, tamsulosin; and pramipexole dihydrochloride monohydrate was unknown.

The initial reporting consumer did not provide a relatedness assessment of event enlarged prostate with duloxetine, tamsulosin, dutasteride, tamsulosin; and pramipexole dihydrochloride monohydrate therapy. The manufacturer did not relate the event with duloxetine, tamsulosin, and dutasteride, tamsulosin.

**14-19. SUSPECT DRUG(S) continued**

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1 ) Cymbalta 30mg (Duloxetine Hydrochloride) Capsule, 30 mg; Regimen #1	30 mg, unknown; Oral	drug use for unknown indication (Product used for unknown indication)	Ongoing; Unknown
#3 ) TAMSULON DUO (DUTASTERIDE, TAMSULOSIN HYDROCHLORIDE) Capsule, 0.4 / 0.5 mg; Regimen #1	UNK, unknown; Oral	prostate enlargement (Prostatomegaly)	Unknown; Unknown
#4 ) PARMITAL (PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE) Tablet, 0.25 mg; Regimen #1	1 dosage form, daily; Oral	high blood pressure (Hypertension)	Unknown; Unknown

**23. OTHER RELEVANT HISTORY continued**

From/To Dates	Type of History / Notes	Description
Unknown	Medical Condition normal	Biopsy (Biopsy);