| | | | | | | | | | | | | | CIC | DM | S F | OI | RM | |
|--|--|--|---|--|---|-------------------------|-----|--------------|-----------------------------|-------------------|---|------------|-----------------------|--------------|-----|----------|-----|--|
| SUSPECT ADVERSE REACTION REPORT | | | | | | | | | | | | | — Т | | | <u> </u> | | |
| | | | | | | | | | | | | | | _ | | | Ш | |
| I. REACTION INFORMATION 1. PATIENT INITIALS 1a. COUNTRY 2. DATE OF BIRTH 2a. AGE 3. SEX 3a. WEIGHT 4-6 REACTION ONSET 8-12 CHECK ALL | | | | | | | | | | | | | | | | | | |
| 1. PATIENT INITIALS (first, last) PRIVACY | COSTA RICA Day | Month Year | ^{2a. AGE} 82 Years | 3. SEX Male | 3a. WEIGHT Unk | 4-6 Day 05 | Т | Month JUN | Yea 202 | ar | | API AD | ECK / PROF VERS | PRIA SE F | 4TE | TO CT | ION | |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Other Serious Criteria: Medically Significant | | | | | | | | | | | | | OLVED (| | | | | |
| | | | rious Listed Reporter Company | | | | | | | | PROLONGED INPATIENT HOSPITALISATION | | | | | | | |
| Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) | | Product | | Serious | Listed | Causality C | | | npany isality | | INVOLVED PERSISTENT OR SIGNIFICANT | | | | | | | |
| was covered in poor | ntense diarrhea, very strong, my whole body as covered in poop [Diarrhoea] | | | Yes | Yes Related Relat | | | | DISABILITY OR INCAPACITY | | | | | | | | | |
| Dizziness [Dizziness] | | TAGRISSO | | Yes | No Related R | | | Rel | ated | ated LIFE THREATE | | | | | NG | | | |
| | | | | | | | | | | | | CON ANO | IGENITA MALY | ٨L | | | | |
| | | (Conti | (Continued on Additional Information Page) | | | | | | | OTHER | | | | | | | | |
| II. SUSPECT DRUG(S) INFORMATION | | | | | | | | | | | | | | | | | | |
| 14. SUSPECT DRUG(S) (include generic name) #1) TAGRISSO (OSIMERTINIB) Tablet | | | | | | | | | | | 20. DID REACTION ABATE AFTER STOPPING DRUG? | | | | | | | |
| 15. DAILY DOSE(S) #1) Unknown | | | | 6. ROUTE(S) OF ADMINISTRATION £1) Oral use | | | | | | | YES NO NA | | | | | | | |
| 17. INDICATION(S) FOR USE #1) LUNG CANCER (Lung neoplasm malignant) | | | | | | | | | | 21 | 21. DID REACTION REAPPEAR AFTER REINTRODUCTION? | | | | | | | |
| 18. THERAPY DATES(from/to) #1) Ongoing | | | | 19. THERAPY #1) Unkno | | YES NO NA | | | | | | | | | | | | |
| | II | I. CONCOMITA | ANT [| DRUG(S | S) AND H | HIST | OR | Y | | | | | | | | | | |
| 22. CONCOMITANT DRUG | G(S) AND DATES OF ADMINISTRA | TION (exclude those used | I to treat re | eaction) | • | | | | | | | | | | | | | |
| 23. OTHER RELEVANT H From/To Dates Unknown to Ongo | | , pregnancy with last montl ype of History / Notes ndication | h of period | Description | ncer (Lung | cance | er) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| F | | IV. MANUFA | 4CTU | | | TION | 1 | | | | | | | | | | _ | |
| 24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000 | | | | | 26. REMARKS World Wide #: CR-ASTRAZENECA-202506CAM004760CR Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00886726A | | | | | | | | | | | | | |
| | 24b. MFR CONTROL N 202506САМ00 | | I | ME AND ADDR | | | | | | | | | | | | | | |
| 24c. DATE RECEIVED BY MANUFACTUREF 06-JUN-2025 | HEALTH PROFESSIONAL | E LITERATURE OTHER: | | NAME AND ADDRESS WITHHELD. | | | | | | | | | | | | | | |
| 11-JUN-2025 | 25a. REPORT TYPE INITIAL | FOLLOWUP: | | | | | | | | | | | | | | | | |

Mfr. Control Number: 202506CAM004760CR

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Case Description: A solicited report had been received from a consumer in Patient Support Program concerning a male elderly patient born in 1942 (age 82 years).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Tagrisso (osimertinib) 80 milligram qd, Oral use, on an unknown date for lung cancer.

On 05-Jun-2025, the patient experienced intense diarrhea, very strong, my whole body was covered in poop (preferred term: Diarrhoea) and dizziness (preferred term: Dizziness).

The dose of Tagrisso (osimertinib) was not changed.

At the time of reporting, the event dizziness and intense diarrhea, very strong, my whole body was covered in poop was ongoing.

The reporter assessed the events dizziness and intense diarrhea, very strong, my whole body was covered in poop was ongoing to be serious due to seriousness criteria of Medically Significant.

The reporter considered that there was a reasonable possibility of a causal relationship between Tagrisso and the following event(s): dizziness and intense diarrhea, very strong, my whole body was covered in poop.

The company physician considered that there was a reasonable possibility of a causal relationship between Tagrisso and the following event(s): dizziness and intense diarrhea, very strong, my whole body was covered in poop.

Company Clinical Comment: Dizziness is not listed in the company core data sheet of osimertinib. Due to limited information on the exact circumstances leading to the event, detailed relevant history, further details on reported event, previous neurological complications (if any), specific risk factors, baseline/ interim etiological and complete diagnostic work up, the evaluation did not find evidence to exclude a causal relationship between the event and suspect drug.