

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH Day Month Year PRIVACY			2a. AGE 75 Years	3. SEX Male	3a. WEIGHT Unk	4-6 REACTION ONSET Day Month Year MAY 2025			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 <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Skin blisters [Blister] mouth injury [Mouth injury] Case Description: This non-serious solicited report (CRISL2025140334) was reported to Amgen on 15/JUL/2025 from a commercial program (PSP10856) who received this information from ASOFARMA A TU LADO with reference number CR-ADIUM-CR-0234-20250714 by a consumer and involves a 75 year old male patient who had mouth injury [PT: mouth injury], skin blisters [PT: blister] while receiving Vectibix. (Continued on Additional Information Page)											

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Vectibix (panitumumab) Solution for injection, 20 milligram per millilitre (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 20 milligra (Continued on Additional Information Page)	16. ROUTE(S) OF ADMINISTRATION #1) Intravenous use	
17. INDICATION(S) FOR USE #1) Colon cancer (Colon cancer)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 08-APR-2025 / Unknown	19. THERAPY DURATION #1) 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.) From/To Dates Type of History / Notes Description Unknown to Ongoing Current Condition Colon cancer (Colon cancer)		

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Amgen Biotecnológica S.A.S. Ana Carolina Uribe Cra 7 No. 123-35 Torre 123 Piso 6 Bogotá, COLOMBIA Phone: 57 3157008539		26. REMARKS
24b. MFR CONTROL NO. CRISL2025140334		
24c. DATE RECEIVED BY MANUFACTURER 15-JUL-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Solicited	
DATE OF THIS REPORT 20-JUL-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.		

20-Jul-2025 06:25

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 provided. No co-suspect medications were reported.

The patient began Vectibix on 08/APR/2025. On an unknown date in MAY/2025, the patient had a mouth injury, skin blisters. The patient during an in-person visit reported that he had not taken any medication for these reported symptoms. He reported that he was exposed to the sun daily without sunscreen for more than 4 hours a day because he goes to his farm to work.

No treatment information was received. The outcome of the events mouth injury, blister were reported as not recovered/not resolved. Action taken with Vectibix was reported as unknown for the events mouth injury and blister.

The other manufacturer reported that the events mouth injury, blister were possibly related to Vectibix. The causal relationship between the events mouth injury, blister and Vectibix were possibly related by the consumer.

Follow up is not possible.

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) Vectibix (panitumumab) Solution for injection, 20 milligram per millilitre; Regimen #1	20 milligram, q2wk, 100 MG en 5 ML x 1 INY x 1 ECO; Intravenous use	Colon cancer (Colon cancer)	08-APR-2025 / Unknown; Unknown