

# 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>55</b> Years	3. SEX <b>Female</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  <input type="checkbox"/> CONGENITAL ANOMALY  <input type="checkbox"/> OTHER
		Day	Month	Year				Day	Month	Year	
			<b>PRIVACY</b>					<b>20</b>	<b>JUN</b>	<b>2025</b>	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)

Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)	Product	Serious	Listed	Reporter Causality	Company Causality
Lack of appetite [Decreased appetite]	ENHERTU	No	Yes	Related	Related
Headache [Headache]	ENHERTU	No	Yes	Related	Related
Nausea [Nausea]	ENHERTU	No	Yes	Related	Related
Weakness [Asthenia]	ENHERTU	No	Yes	Related	Related

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) <b>#1 ) ENHERTU (TRASTUZUMAB DERUXTECAN) Powder for solution for infusion {Lot # Unknown}</b>		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) <b>#1 ) 100 milligram, q3w</b>	16. ROUTE(S) OF ADMINISTRATION <b>#1 ) Intravenous use</b>	
17. INDICATION(S) FOR USE <b>#1 ) Breast cancer (Breast cancer)</b>		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) <b>#1 ) MAY-2025 / Unknown</b>	19. THERAPY DURATION <b>#1 ) Unknown</b>	

## 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 to Ongoing</td> <td>Indication</td> <td>Breast cancer (Breast cancer)</td> </tr> </tbody> </table>			From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Indication	Breast cancer (Breast cancer)
From/To Dates	Type of History / Notes	Description						
Unknown to Ongoing	Indication	Breast cancer (Breast cancer)						

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER <b>AstraZeneca Serban Ghiorgiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000</b>		26. REMARKS <b>World Wide #: CR-ASTRAZENECA-202507CAM019917CR Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00917259A</b>
	24b. MFR CONTROL NO. <b>202507CAM019917CR</b>	25b. NAME AND ADDRESS OF REPORTER <b>NAME AND ADDRESS WITHHELD.</b>  <b>NAME AND ADDRESS WITHHELD.</b>
24c. DATE RECEIVED BY MANUFACTURER <b>23-JUL-2025</b>	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT <b>28-JUL-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

28-Jul-2025 10:24

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

Case Description: A solicited report has been received from a non-health professional in Patient Support Program. The report concerns a female adult patient born in 1970 (age 55 years).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Enhertu (trastuzumab deruxtecan) (batch number(s) Unknown) 100 milligram q3w, Intravenous use, during MAY-2025 for breast cancer.

On 20-JUN-25, the patient experienced lack of appetite (preferred term: Decreased appetite), weakness (preferred term: Asthenia), nausea (preferred term: Nausea) and headache (preferred term: Headache).

The dose of Enhertu (trastuzumab deruxtecan) was not changed.

At the time of reporting, the event headache, lack of appetite, nausea and weakness was ongoing.

The events were considered non-serious.

The reporter considered that there was a reasonable possibility of a causal relationship between Enhertu and the following event(s): headache, lack of appetite, nausea and weakness.

The company physician considered that there was a reasonable possibility of a causal relationship between Enhertu and the following event(s): headache, lack of appetite, nausea and weakness.