

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 64 Years	3. SEX Female	3a. WEIGHT Unk	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		
PRIVACY											APR	2025

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
**Severe fatigue [Fatigue]
skin rash/rash is all over [Generalized rash]**

Case Description: This non-serious solicited report (CRISL2025167044) was reported to Amgen on 19/AUG/2025 from a commercial program (PSP10856) who received this information from ASOFARMA A TU LADO with reference number CR-ADIUM-CR-0271-20250819 by a consumer and involves a 64 year old female patient who experienced severe fatigue [PT: fatigue], skin rash/rash was all over [PT: rash] 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. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 400 milligram, q2wk	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) 11-APR-2025 / Ongoing	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		

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. CRISL2025167044		
24c. DATE RECEIVED BY MANUFACTURER 19-AUG-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 25-AUG-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.		NAME AND ADDRESS WITHHELD.

25-Aug-2025 05:49

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

No historical medical condition was reported. No current medical condition was reported. No concomitant medications were provided. No co-suspect medications were reported.

The patient began Vectibix on 11/APR/2025. On an unknown date in APR/2025 since starting treatment, the patient had severe fatigue. On an unknown date in JUL/2025, the patient had skin rash all over.

No treatment information was received. The outcome of the events fatigue, rash were reported as not recovered/not resolved. Action taken with Vectibix was continued for the events fatigue and rash.

The consumer reported that the events fatigue, rash were possibly related to Vectibix.

Follow up is not possible.