CIOMS FORM

SUSPECT ADVERSE REACTION REPORT

DO-Tolmar-TLM-2025-00150

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE Years	3. SEX	4-6 REACTION ONSET		
		Day	Month	Year			Day	Month	Year
MMC	DOMINICAN Cont..	29	Sep	1939	84	Male			

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

1) Death (Death (10011906), Death (10011906))
Fatal
2) High PSA (Prostatic specific antigen increased (10036975), Prostatic specific antigen increased (10036975))
Recovering/Resolving

Cont..

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- [x] PATIENT DIED
- [ ] LIFE THREATENING
- [ ] INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION
- [ ] RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY
- [ ] CONGENITAL ANOMALY
- [ ] OTHER MEDICALLY IMPORTANT CONDITION

II. SUSPECT DRUG(S)INFORMATION

14. SUSPECT DRUG(S)(include generic name)

1) Eligard® (Leuprolide acetate) Injection, 22.5 milligram (Leuprolide acetate) (Leuprolide acetate) (Suspect) (Injection)

Cont..

20. DID EVENT ABATE AFTER STOPPING DRUG? [ ] YES [ ] NO [x] NA

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION
1) (22.5 milligram(s), 1 in 3 Month)	1) Subcutaneous
2) (22.5 milligram(s), 1 in 3 Month)	2) Subcutaneous

21. DID EVENT REAPPEAR AFTER REINTRODUCTION [ ] YES [ ] NO [x] NA

(NA : Not Applicable)

17. INDICATION(S) FOR USE

1) Prostate cancer [10060862 - Prostate cancer]

18. THERAPY DATE(S) (from/to)	19. THERAPY DURATION
1) (04/Dec/2023 -)	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)

1)Candelsal 2.5

Cont..

23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)

1) PROSTATE CANCER (10060862, Prostate cancer) (Continuing: Yes)

Cont..

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER

Name : Tolmar, Inc
701 Centre Avenue
Fort Collins, CO, 80526, UNITED STATES OF AMERICA
debbie.maierhofer@tolmar.comand+1-4129158447

Study Information
Study Name: NA
EudraCT Number:
Protocol No.: NA
Center No.:
Subject Id :

24.REPORT NULLIFIED	24b. MFR CONTROL NO.
[ ] YES [ ] NO	DO-Tolmar-TLM-2025-00150
24c. DATE RECEIVED BY MANUFACTURER	24d. REPORT SOURCE
03/Apr/2025	[x] STUDY [ ] LITERATURE [ ] HEALTH PROFESSIONAL
DATE OF THIS REPORT	25a. REPORT TYPE
14/Apr/2025	[x] INITIAL [ ] FOLLOWUP

= Continuation attached sheet(s)..

Continuation Sheet for CIOMS report

1a. COUNTRY

DOMINICAN REPUBLIC

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

Event Description :

This Invalid case report from Dominican Republic was received Adium via Patient Support Program "ASOFARMA A TU LADO" (reference number: DO-ADIUM-DO-0001-20231229) on 29-Dec-2023 from a consumer (non-healthcare professional) regarding an elderly 84-year-old male patient. This report was assessed as invalid as no adverse event was reported. The reported term "he is half deaf (difficulty hearing)" (no adverse event) was not considered as an adverse event because event started before Eligard was administered.

On 05-Jan-2025, follow up information was received by Adium (reference number: DO-ADIUM-DO-0001-20231229) from a Patient Family Member or friend and sent to Tolmar on 08-JAN-2024. New information included: additional reporter added (patient family member or friend), previously reported medical history and concomitant medication added, new non-serious event of ‘high PSA' was added and new lab data added.

The patient's medical history included blood pressure abnormal and current condition included prostate cancer.

Concomitant medication included Candelsal 2.5.

On an unknown date and month in year 2020, the patient began receiving Eligard 22.5 mg every 3 months via subcutaneous route for prostate cancer (Lot numbers and Expiration dates were not reported). No further details were provided.

On 25-Apr-2023, the patient received Eligard 22.5 mg every 3 months via subcutaneous route for prostate cancer (Lot numbers and Expiration dates were not reported). No further details were provided.

On 4-Dec-2023, the patient received Eligard 22.5 mg every 3 months via subcutaneous route for prostate cancer (Lot numbers and Expiration dates were not reported). No further details were provided.

On an unknown date, the patient's daughter reported that the patient was tested for total PSA every month to see if the Eligard medication was having an effect. It was stated that he had to report periodically every month and during the next appointment he would go to the doctor in 14 or 15 days, so every month he must have a PSA test to check how it had gone down and according to the doctor, he would proceed in the way he considered, so that the disease went down and to see how the treatment evolved. The patient did not take any additional medication to Eligard and had been on Eligard treatment for 3 years

Corrective treatment was unknown.

Relevant test results included:

On an unknown date: Prostatic specific antigen: going down (Ref range: not provided).

On 15-Nov-2023: Prostatic specific antigen: 15 ng/ml (Ref range: not provided).

On 01-Dec-2023: Prostatic specific antigen: 9 ng/ml (Ref range: not provided).

Action taken with Eligard in response to the event was dose not changed. De-challenge and Re-challenge were not applicable.

The outcome of prostatic specific antigen increased was recovering.

The reporter did not assess the seriousness of event prostatic specific antigen increased.

The reporter did not provide the causality of prostatic specific antigen increased in relationship to Eligard and Eligard Unspecified Device.

On 03-Apr-2025, the follow up information was received via Adium (reference number: DO-ADIUM-DO-0001-20231229) from a Patient relative (consumer or non-healthcare professional) and sent to Tolmar on 04-Apr-2025. New information included: additional reporter added (patient relative). Case was upgraded from invalid to valid and a new serious event of ‘death' (death) was added. Action taken was updated from 'dose not changed' to 'not applicable'. The patient's medical history detail was updated.

The patient's medical history included hypoacusis.

On an unknown date, the patient's relative reported that the patient died. The cause of death was unknown. The patient was 85 years old at the time of his death. It was unknown if an autopsy was performed.

Action taken with Eligard in response to the event was not applicable. De-challenge and Re-challenge were not applicable.

The outcome of death was fatal.

Continuation Sheet for CIOMS report

The reporter assessed the seriousness of death as serious (death).

The reporter did not provide the causality of death in relationship to Eligard and Eligard Unspecified Device.

Labeling of previously assessed events is retained as reported in the as determined listedness section of Product event assessment.

Death >Eligard® >unlisted as per CCDS Eligard®> 7-Nov-2024
Death> Eligard® >unlisted as per Canadian Monograph Eligard®> 2-Apr-2025
Death> Eligard®>unlisted as per USPI Eligard®>Feb-2025
Death> Eligard® Unspecified Device>unlisted as per USPI Eligard®>Feb-2025

Company Remarks (Sender's Comments) :

Causality of previously reported event was retained
PSA increased: not related to drug and device.

Follow up-Evaluator comment (Tolmar): This is regarding an elderly 84-year-old male patient who reported death (death) during Eligard (Leuprolide acetate) 22.5 mg therapy for prostate cancer. Tolmar assessed death as serious due to fatal outcome. Causal role of Eligard (drug) in patient's death could not be assessed conclusively due to lack of information regarding cause of death, events or circumstances preceding patient's death, autopsy report, relevant medical history, supportive investigations that could indicate cause of death, concomitant medications received by the patient precludes meaningful medical assessment of the report. The event death was assessed as not related to device component of Eligard.

Additional Information (Continuation...)

Lab Result :

Test Name	Test Date	Test Result	Normal Value
BLOOD PRESSURE			
PSA	15/Nov/2023	15 nanogram per millliiter	
PSA	01/Dec/2023	9 nanogram per millliiter	
PSA			

Test Result (Code) / Result Unstructured Data (free text) :

1) Test Name: BLOOD PRESSURE
Result Unstructured Data (free text) : Unknown
Test Date:
4) Test Name: PSA
Result Unstructured Data (free text) : going down
Test Date:

14.SUSPECT DRUG(S) (Continuation...)

Product-Reaction Level

1) Drug : Eligard® (Leuprolide acetate) Injection, 22.5 milligram (Leuprolide acetate)
Active Substance : 1) Leuprolide acetate
Drug Characterization : Suspect
Form of Admin : 1) Injection
2) Injection
3) Injection
Daily Dose : (22.5 milligram(s), 1 in 3 Month)
(22.5 milligram(s), 1 in 3 Month)
(22.5 milligram(s), 1 in 3 Month)
Route of Admin : 1) Subcutaneous
2) Subcutaneous
3) Subcutaneous
Indications : 1) Prostate cancer [10060862 - Prostate cancer]

Continuation Sheet for CIOMS report

Therapy Dates : 1) From : 04/Dec/2023 To :Not applicable
2) From : //2020 To :Not applicable
3) From : 25/Apr/2023 To :Not applicable
Action(s) Taken With Drug : Not applicable

Causality

1) Death (Death - 10011906, Death - 10011906)
Causality as per reporter : Not Reported
Causality as per Mfr : Not assessable
DeChallenge : Not applicable
ReChallenge : Not Applicable
2) High PSA (Prostatic specific antigen increased - 10036975, Prostatic specific antigen increased - 10036975)
Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

Labeling :

1) Death
CORE UnLabeled
2) High PSA
CORE UnLabeled

2) Drug : Eligard® Unspecified Device (Leuprolide acetate)
Active Substance : 1) Leuprolide acetate
Drug Characterization : Suspect
Form of Admin : 1) Injection
Indications : 1) Prostate cancer [10060862 - Prostate cancer]
Action(s) Taken With Drug : Not applicable

Causality

1) Death (Death - 10011906, Death - 10011906)
Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable
2) High PSA (Prostatic specific antigen increased - 10036975, Prostatic specific antigen increased - 10036975)
Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

Labeling :

1) Death
CORE UnLabeled
2) High PSA
CORE UnLabeled

22.CONCOMITANT DRUG(S) (Continuation...)

1). Drug : Candelsal 2.5
Form Strength :
Indications : 1) Product used for unknown indication [10070592 - Product used for unknown indication]

23. OTHER RELEVANT HISTORY (Continuation...)

2) DIFFICULTY HEARING (10048865 , Hypoacusis) (Continuing : YES)

3) BLOOD PRESSURE (10005728 , Blood pressure abnormal) (Continuing : Unknown)