SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
PRIVACY	DOMINICAN REPUBLIC		PRIVACY		72 Years	Female	Unk			2023	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)

Other Serious Criteria: Medically Significant
passed away [Death]

Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.

A 72-year-old female patient received palbociclib (IBRANCE), at 125 mg.

(Continued on Additional Information Page)

- ☒ PATIENT DIED Date: 2023
- ☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
#1) Ibrance (PALBOCICLIB) Capsule

20. DID REACTION ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO ☒ NA

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION
#1) 125 mg	#1) Unknown

17. INDICATION(S) FOR USE
#1) Unknown

21. DID REACTION REAPPEAR AFTER REINTRODUCTION? ☐ YES ☐ NO ☒ NA

18. THERAPY DATES(from/to)	19. THERAPY DURATION
#1) Unknown	#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
Pfizer S.A.
Laura Arce Mora
Avenida Escazú, Torre Lexus, piso 7. Escazú
San Jose, COSTA RICA

26. REMARKS

24b. MFR CONTROL NO.
PV202500066007

24c. DATE RECEIVED BY MANUFACTURER
30-MAY-2025

24d. REPORT SOURCE
☐ STUDY ☐ LITERATURE ☐ HEALTH PROFESSIONAL ☒ OTHER: Spontaneous

DATE OF THIS REPORT
03-JUN-2025

25a. REPORT TYPE
☒ INITIAL ☐ FOLLOWUP:

25b. NAME AND ADDRESS OF REPORTER
NAME AND ADDRESS WITHHELD.
NAME AND ADDRESS WITHHELD.
NAME AND ADDRESS WITHHELD.

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The patient's relevant medical history and concomitant medications were not reported.
The following information was reported: DEATH (death, medically significant) with onset 2023, outcome "fatal", described as "passed away". Clinical course: Patient's daughter reported that her mother passed away. She was indeed taking the medication, and they even went to public health and reported that she had passed away, so they would know they were not going to continue with the process, because they know there are many people who needed it. The patient's daughter said that a doctor performed a surgery. The patient date of death was 2023. The reported cause of death was unknown. It was not reported if an autopsy was performed.