

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY DOMINICAN REPUBLIC	2. DATE OF BIRTH			2a. AGE 57 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
			PRIVACY					Unk			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
patient had passed away [Unknown cause of death]

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

A 57-year-old female patient received palbociclib (IBRANCE). The patient's relevant medical history and concomitant medications were not reported.
The following information was reported: DEATH (death), outcome "fatal", described as "patient had passed away".

(Continued on Additional Information Page)

☒ PATIENT DIED

☐ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1)	16. ROUTE(S) OF ADMINISTRATION #1) Unknown	
17. INDICATION(S) FOR USE #1) Unknown		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 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		

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. PV202500067692	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 04-JUN-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 06-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

06-Jun-2025 06:04

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The date and cause of death for the patient were unknown. It was not reported if an autopsy was performed.
No follow-up attempts are possible.