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		75 Years	Female	Unk			2024	

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

The patient already died 1 year ago [Unknown cause of death]

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

A 75-year-old female patient received palbociclib (IBRANCE), at 125 mg daily. The patient's relevant medical history and concomitant medications were not reported.
The following information was reported: DEATH (death) with onset 2024, outcome "fatal", described as "The patient already died 1 year ago".

(Continued on Additional Information Page)

- ☒ PATIENT DIED Date: 2024
- ☐ 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

15. DAILY DOSE(S)
#1) 125 mg, daily

16. ROUTE(S) OF ADMINISTRATION
#1) Unknown

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

18. THERAPY DATES(from/to)
#1) Unknown

19. THERAPY DURATION
#1) Unknown

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

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

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.
PV202500068318

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

24c. DATE RECEIVED BY MANUFACTURER
05-JUN-2025

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

DATE OF THIS REPORT
09-JUN-2025

25a. REPORT TYPE
☒ INITIAL ☐ FOLLOWUP:

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The patient date of death was 2024. The reported cause of death was unknown. It was not reported if an autopsy was performed. Additional information: Communication is lost when the patient is asked for the doctor's information, so a report is filed and the profile is deactivated.