

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY DOMINICAN REPUBLIC	2. DATE OF BIRTH			2a. AGE 66 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
		Day	Month	Year				Day	Month	Year	
			PRIVACY						JUL	2025	

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
Disease progression [Malignant neoplasm progression]

Case Description: This is a spontaneous report received from a Physician from a sales representative.

A 66-year-old female patient (not pregnant) received encorafenib (BRAFTOVI), from Apr2025 to Jul2025 for colorectal cancer metastatic. The patient's relevant medical history was not reported. The patient took unspecified concomitant medications.

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Braftovi (ENCORAFENIB) Capsule		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) Unknown	16. ROUTE(S) OF ADMINISTRATION #1) Unknown	
17. INDICATION(S) FOR USE #1) CCRm BRAF-mutated (Colorectal cancer metastatic)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) APR-2025 / JUL-2025	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. 202500160203	
24c. DATE RECEIVED BY MANUFACTURER 07-AUG-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 11-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.

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

The following information was reported: MALIGNANT NEOPLASM PROGRESSION (medically significant) with onset Jul2025, outcome "unknown", described as "Disease progression". The action taken for encorafenib was unknown. Therapeutic measures were not taken as a result of malignant neoplasm progression.

No follow-up attempts are possible.

Case Comment: The reported disease progression is related to the natural course of the underlying disease and unrelated to encorafenib.