SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH Day	Month	Year	2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET Day	Month	Year
PRIVACY	GUATEMALA		PRIVACY		42 Years	Female	Unk	05	AUG	2024

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

Other Serious Criteria: Medically significant
Meningioma in the brain [Meningioma]
fall heavy on her stomach [Abdominal discomfort]
Vitamin D was low [Vitamin D decreased]
Feeling of fullness, she feels like she was bloated [Abdominal distension]
Mild stomach pain [Abdominal pain upper]
Urination area burned a lot when she urinated and when wiped it off she saw blood on paper [Dysuria]
Blood on paper/problem of blood was because she got irritated when she had diarrhea' [Skin irritation]

(Continued on Additional Information Page)

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- ☐ 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) Abemaciclib (Abemaciclib) Tablet {Lot # D700887; Exp.Dt. MAY-2026}
(Continued on Additional Information Page)

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

15. DAILY DOSE(S)
#1) 150 mg, bid (Continued on Additional Information Page)

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

17. INDICATION(S) FOR USE
#1) Breast cancer (Breast cancer)

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

18. THERAPY DATES(from/to)
#1) 20-JUL-2024 / 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)

#1) ARIMIDEX (ANASTROZOLE) Unknown ; SEP-2024 / Unknown
#2) KEPPRA [LEVETIRACETAM] (LEVETIRACETAM) Unknown ; Unknown
#3) DILANTIN [PHENYTOIN SODIUM] (PHENYTOIN SODIUM) Tablet ; Unknown
#4) LUCRIN (LEUPRORELIN ACETATE) Injection ; JUL-2024 / Unknown
#5) CALCIBON [CALCIUM] (CALCIUM) Unknown ; Unknown
#6) TYLENOL EXTRA STRENGTH (PARACETAMOL) Tablet ; Unknown

(Continued on Additional Information Page)

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

From/To Dates	Type of History / Notes	Description
Unknown	Medical Condition	
JUL-2024 to JUL-2024	Procedure	Radiotherapy to breast (Radiotherapy to breast)
	For three weeks	

(Continued on Additional Information Page)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER
Eli Lilly Interamerica Inc (AR Branch)
Tronador 4890 - Piso 12
Buenos Aires, Capital Federal CP: 1430 ARGENTINA
Phone: 54 1145464000

26. REMARKS

24b. MFR CONTROL NO.
GT202408014441

24c. DATE RECEIVED BY MANUFACTURER
02-APR-2025

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

DATE OF THIS REPORT
11-APR-2025

25a. REPORT TYPE
☐ INITIAL ☒ FOLLOWUP: 6

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

NAME AND ADDRESS WITHHELD.

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Stool consistency was already hard [Faeces hard]
Felt dizziness [Dizziness]
Feeling nausea / occasional nausea [Nausea]
Diarrhea with 2 to 3 loose, liquid bowel movements daily / the urge to use the bathroom/ liquid diarrhea while standing [Diarrhoea]
Felt tiredness / extreme fatigue [Fatigue]
She was currently losing her hunger and that she used to be hungrier [Decreased appetite]
Dry mouth [Dry mouth]

Case Description: This solicited case, reported by a consumer via a Patient Support Program (PSP) from a business partner, to report adverse events, with additional information from the initial reporter via PSP from business partner, concerned a 42-year-old female patient of an unknown origin.

Medical history included at the age of 12 she was detected arteriovenous malformation in the left side of her brain due to which she underwent surgery, which resolved and in 2010 had another event again at the age of 27, due to this, she received radiation therapy every three years, these treatments concluded in Jun-2014. In Jul-2024, she underwent radiation therapy for breast cancer for three weeks. Concomitant medications included levetiracetam and phenytoin sodium, both used as anticonvulsant, loperamide for diarrhea and paracetamol and calcium for an unknown use.

The patient received abemaciclib (Verzenio) tablet, 150 mg, twice daily, via oral route, for breast cancer, beginning on 20-Jul-2024 along with leuprorelin acetate for breast cancer and anastrozole concomitantly. On an unknown date in Aug-2024 (two weeks ago), while on abemaciclib therapy, she experienced dizziness. On 05-Aug-2024, she felt tiredness, nausea, had diarrhea with two to three loose and liquid bowel movements daily and also her hunger was removed that she had a feeling of fullness. The physician gave her an unknown medication for the nausea while she was not taking any medication to treat the diarrhea. She was currently losing her hunger and that she used to be hungrier. She had a meningioma, that she was going to have an MRI of the brain and she got very nervous and believed that this was why she had been eating very little. The event of meningioma was considered as serious by the company due to its medical significance reason. In Jan-2025, she would have radiosurgery. Every month she had blood tests and on 28-Oct-2024, she had the last ones. The oncologist told her that the last time she came out better than the previous time. The tests were for tumors and sugar and that she did well. However, her vitamin D was low (results, units, and reference values were not provided). She had been feeling very tired. She continued with diarrhea. Some days she had diarrhea and some days she does not. Sometimes it was liquid and then it comes out pasty. Sometimes it was only one or two diarrheas. She continued with nausea and that she took ondansetron hydrocholoride to manage it. Moreover, the morning pill of abemaciclib fall heavy on her stomach, that she felt like she was bloated. On 23-Jan-2025, she underwent radiosurgeries, surgery for meningiona, a stereotactic surgery of the brain called Gamma Knife. It was a single radiation session but very strong, which caused fatigue, nausea, and the urge to use the bathroom, however, with her current treatment, these symptoms were stronger. Also, since 23-Jan-2025, her moth felt dry. She discontinued abemaciclib that day due to medical indication and resumed taking it on 24-Jan-2025. On an unspecified date in Feb-2025, she underwent radiosurgery to treat her meningioma in the brain (conflicting information). She was prescribed anti-inflammatory medications, but per her oncologist's instructions, she only took paracetamol, which resulted in a slower recovery. She had been feeling well, and what she had was not metastasis, but she experienced side effects such as extreme fatigue, occasional nausea, and the urge to use the bathroom. She would have a nutrition appointment on 24-Feb-2025. By 27-Feb-2025, she continued to feel tired, with poor appetite and nausea. Also, she continued with diarrhea but it has decreased. On 27-Mar-2025, she had mild stomach pain and liquid diarrhea and took one tablet of diphenoxylate + atropine. Also, her urination area burned a lot while urinating and when she wiped it off she saw blood on the paper. Due to which, her doctor told her to have a urine test and culture. On 29-Mar-2025, the results of the tests were negative. Her doctor told her that the problem of blood was because she got irritated when she had diarrhea. On the same day, she had liquid diarrhea again while standing and it was in greater quantity than on 27-Mar-2025. On 30-Mar-2025, she again took one tablet of diphenoxylate + atropine. On 01-Apr-2025, her stool consistency was already hard because she had to push to get it out. Information regarding corrective treatment for remaining events was not provided. Outcome of the events of dry mouth, tiredness, nausea, decreased appetite, upset stomach, dizziness, vitamin D low and meningioma was not recovered, for the event of faeces hard was unknown, while for remaining events was recovering. Status of abemaciclib therapy was ongoing.

The reporting consumer did not provide the relatedness of the events with abemaciclib therapy. The reporting consumer related the events of fatigue, nausea, and the urge to use the bathroom to radiotherapy.

Edit 10-Sep-2024: Upon review of information received on 20-Aug-2024, updated CORE label fistedness from unlisted to listed and causality as determined from no to yes for event dizziness. Updated causality statement. No other changes were made to the case.

Update 14-Sep-2024: Additional information was received on 10-Sep-2024 from initial reporter via the PSP. Added one non-serious event of abdominal distension and event onset date of events fatigue, nausea and diarrhea. Updated date of birth of patient, start date of abemaciclib, outcome of events fatigue, nausea and diarrhea as resolving from not resolved and narrative with new information.

Update 20-Nov-2024: Additional information was received on 08-Nov-2024 from initial reporting consumer via PSP. The case was upgraded to serious due to addition of the serious event of meningioma (criteria of medically significant). Added one concomitant medication, three non-serious event of vitamin D low, decreased appetite and upset stomach and one treatment medication. Updated

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

the event coding from feeling of fullness in abdomen to abdominal distension and description as reported to feeling of fullness, she feels like she was bloated for the same event. Updated the narrative with the new information.

Update 27-Feb-2025: Additional information was received from the initial reporter via PSP on 20-Feb-2025. Added radiotherapy to breast and radiation therapy as medical history, paracetamol as concomitant medication, and a new abemaciclib dosage regimen. Updated narrative with the new information.

Update 05-Mar-2025: Additional information was received from the initial reporter via PSP on 27-Feb-2025. Added a non-serious event of dry mouth, loperamide as concomitant medication, start date of meningioma event and abemaciclib treatment dates. Changed outcome of tiredness and nausea from recovering to not recovered. Updated narrative accordingly.

Update 08-Apr-2025: Additional information was received from the initial reporter via PSP from business partner on 02-Apr-2025. Added one laboratory test of culture urine, four non-serious events of stomach pain, burning micturition, skin irritation and faeces hard. Updated description as reported for the event of diarrhea, corresponding fields and narrative with new information.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1	29-MAR-2025	Culture urine Results of the tests were negative (no values, units and reference range provided)		
2		Vitamin D Low. Results, units and reference values were not provided.		

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1) Abemaciclib (Abemaciclib) Tablet {Lot # D700887; Exp.Dt. MAY-2026}; Regimen #1	150 mg, bid (in the morning and evening); Oral	Breast cancer (Breast cancer)	20-JUL-2024 / Unknown; Unknown
#1) Abemaciclib (Abemaciclib) Tablet {Lot # D724277; Exp.Dt. MAY-2026}; Regimen #2	150 mg, bid; Oral	Breast cancer (Breast cancer)	20-JUL-2024 / 23-JAN-2025; 6 months 4 days
#1) Abemaciclib (Abemaciclib) Tablet {Lot # D700887}; Regimen #3	150 mg, bid; Oral	Breast cancer (Breast cancer)	24-JAN-2025 / Ongoing; Unknown

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION continued

#7) LOMOTIL [LOPERAMIDE HYDROCHLORIDE] (LOPERAMIDE HYDROCHLORIDE) Unknown ; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown	Medical Condition	Cerebrovascular arteriovenous malformation (Cerebrovascular arteriovenous malformation); At the age of 12 she was detected arteriovenous malformation in the brain and underwent surgery, which resolved and had another event again at the age of 27 in 2010.
Unknown to JUN-2014	Procedure	Radiation therapy (Radiotherapy); Every three years. Due to arteriovenous malformation in the left side of her brain.