

## SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>GUATEMALA</b>	2. DATE OF BIRTH Day Month Year <b>PRIVACY</b>	2a. AGE <b>62</b> Years	3. SEX <b>Female</b>	3a. WEIGHT <b>Unk</b>	4-6 REACTION ONSET Day Month Year <b>SEP 2024</b>	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  <input type="checkbox"/> CONGENITAL ANOMALY  <input type="checkbox"/> OTHER
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)							
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)		Product	Serious	Listed	Reporter Causality	Company Causality	
Gripe [Influenza]		OLAPARIB	No	No	Related	Related	
Nausea / Nauseous [Nausea]		OLAPARIB	No	Yes	Related	Related	
It takes away your hunger [Appetite disorder]		OLAPARIB	No	No	Not Applicable	Related	
Constipation [Constipation]		OLAPARIB	No	No	Related	Related	
Vomiting [Vomiting]		OLAPARIB	No	Yes	Related	Related	
(Continued on Additional Information Page)							

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) OLAPARIB (OLAPARIB) Tablet	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 ) 300 milligram, q12h	16. ROUTE(S) OF ADMINISTRATION #1 ) Oral use
17. INDICATION(S) FOR USE #1 ) Ovarian cancer (Ovarian cancer)	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 ) Ongoing	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 Unknown to Ongoing Unknown to Ongoing	Type of History / Notes Indication Indication	Description Ovarian cancer (Ovarian cancer) Breast cancer (Breast cancer)

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: GT-ASTRAZENECA-202502003960GT Study ID: PSP-23269 Case References: GT-AstraZeneca-CH-00802400A
24b. MFR CONTROL NO. <b>202502CAM003960GT</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.	
24c. DATE RECEIVED BY MANUFACTURER <b>10-JUL-2025</b>	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	NAME AND ADDRESS WITHHELD.
DATE OF THIS REPORT <b>15-JUL-2025</b>	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 3	

15-Jul-2025 06:59

---

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

Case Description: A solicited report has been received from a consumer in Patient Support Program. The report concerns a female adult patient born in 1962 (age 62 years).

The patient's past and current medical history included recurrence of ca of the ovary (ongoing).

No concomitant products were reported.

The patient started treatment with Olaparib (olaparib) 300 milligram q12h, Oral use, on an unknown date for ovarian cancer.

During 15-SEP-24, the patient experienced constipation (preferred term: Constipation) and vomiting (preferred term: Vomiting). On 15-DEC-24, the patient experienced gripe (preferred term: Influenza). During 15-APR-25, the patient experienced nausea / nauseous (preferred term: Nausea). On an unknown date, the patient experienced it takes away your hunger (preferred term: Appetite disorder).

The dose of Olaparib (olaparib) was not changed.

At the time of reporting, the event nausea / nauseous was ongoing. The outcome of the event(s) of gripe was unknown. The outcome of the event(s) of constipation and vomiting was unknown. The outcome of the event(s) of it takes away your hunger was unknown.

The events were considered non-serious.

The reporter did not assess causality for it takes away your hunger. The reporter considered that there was a reasonable possibility of a causal relationship between Olaparib and the following event(s): constipation, gripe, nausea / nauseous and vomiting. The company physician considered that there was a reasonable possibility of a causal relationship between Olaparib and the following event(s): constipation, gripe, it takes away your hunger, nausea / nauseous and vomiting.

Summary of follow up information received by AstraZeneca/MedImmune on 12-Mar-2025 from Other Health Professional via Solicited Source: Nausea, Hunger abnormal adverse event added, narrative updated.

Summary of follow-up information received by AstraZeneca on 07-May-2025 from the patient: indication of the suspect was updated, action taken updated to none. Start date of the event of nausea added, outcome updated to not recovered. Narrative was updated.

Summary of follow-up information received by AstraZeneca on 10-Jul-2025 from the patient: indication of the suspect was updated, New events constipation and vomiting added, Start date of suspect added, Current condition added, Narrative was updated.

**23. OTHER RELEVANT HISTORY continued**

From/To Dates	Type of History / Notes	Description
Unknown	Procedure	Chemotherapy (Chemotherapy);
Unknown to Ongoing	Current Condition	Ovarian cancer (Ovarian cancer);