SUSPECT ADVERSE REACTION REPORT

2025-AER-015757

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE Years	3. SEX	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year			Day	Month	Year	
Masked	PANAMA	Masked	Masked	Masked	81	Male	09	Apr	2025	

7+13 DESCRIBE REACTION(S) (including relevant tests/lab data)

1) Elevated blood sugar/ Sugar 225 (Blood sugar increased (10005809), Blood glucose increased (10005557))
(15/Apr/2025 -) - Unknown
2) Hospitalized for multiple cerebral ischemias (Cerebral ischemia (10008121), Cerebral ischaemia (10008120))
(09/Apr/2025 -) - Not Recovered/Not Resolved/Ongoing
3) Completely unbalanced/decompensated (Chronic disease decompensation (10091880), Chronic disease decompensation (10091880))
(15/Apr/2025 -) - Not Recovered/Not Resolved/Ongoing
4) Fainting after Xtandi ingestion (Fainting (10016169), Syncope (10042772))
(12/May/2025 -) - Not Recovered/Not Resolved/Ongoing

Cont..

- ☐ PATIENT DIED
- ☑ LIFE THREATENING
- ☑ INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION
- ☑ RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY
- ☐ CONGENITAL ANOMALY
- ☑ OTHER MEDICALLY IMPORTANT CONDITION

II. SUSPECT DRUG(S)INFORMATION

14. SUSPECT DRUG(S)(include generic name)

1) Enzalutamide (Enzalutamide, Enzalutamide) (Suspect) (Verum) (40 Milligram, Capsule)(Unknown)

Cont..

20. DID EVENT ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO ☑ NA

15. DAILY DOSE(S)

1) 160.0 milligram(s) (160 milligram(s), 1 in 1 Day)

16. ROUTE(S) OF ADMINISTRATION

1) Oral

21. DID EVENT REAPPEAR AFTER REINTRODUCTION ☐ YES ☐ NO ☑ NA

(NA : Not Applicable)

17. INDICATION(S) FOR USE

1) Prostate cancer [10060862 - Prostate cancer]

18. THERAPY DATE(S) (from/to)	19. THERAPY DURATION
1) (01/Apr/2024 -)	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)

No concomitants used/reported

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

1) LOW PRESSURE (10024895, Low blood pressure) (Continuing: Yes)

Cont..

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER

Name : Astellas Pharma Global Development, Inc.
2375 Waterview Drive
Northbrook, IL, 60062-6111, UNITED STATES OF AMERICA

Study Information
Study Name: Enzalutamide Patient Support Progr (Cont..)
EudraCT Number:
Protocol No.: Enzalutamide_Astellas PSP
Center No.:
Subject Id :

24.REPORT NULLIFIED	24b. MFR CONTROL NO.
☐ YES ☐ NO	2025-AER-015757
24c. DATE RECEIVED BY MANUFACTURER	24d. REPORT SOURCE
08/Jul/2025	☑ STUDY ☐ LITERATURE ☐ HEALTH PROFESSIONAL
DATE OF THIS REPORT	25a. REPORT TYPE
11/Jul/2025	☐ INITIAL ☑ FOLLOWUP

= Continuation attached sheet(s)..

Continuation Sheet for CIOMS report

7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) (Continuation...)

5) Blood pressure in 64/34 (Blood pressure low (10005753), Hypotension (10021097)(12/May/2025 -) - Unknown)

6) Fever (Fever (10016558), Pyrexia (10037660) - Unknown)

Event Description :

This report from study case was received by Astellas business partner Adium, on 21-Apr-2025, from a consumer (family member) in PANAMA and received at Astellas from Adium on 22-Apr-2025 concerning an 81 years old male patient, enrolled in post-marketing study: Enzalutamide Patient Support Program who was on Xtandi (enzalutamide), Capsule. Indication for use was Prostate cancer. The patient initiated treatment on 01-Apr-2024.

Study ID: Enzalutamide_Astellas PSP; Open-Label study.

The patient received enzalutamide for prostate cancer according to the following dosage regimen: 01-Apr-2024 - (ongoing): Oral 160 mg once daily.

The patient received Eligard (leuprorelin acetate) for prostate cancer according to the following dosage regimens: 01-Apr-2024 - (ongoing): subcutaneous 45 mg every 6 months.

Action taken with enzalutamide and leuprorelin acetate for events was dose not changed (ongoing).

The consumer (family member) referred that on Thursday on 13-Mar-2025, a toe had to be amputated and that the patient will probably be discharged from the hospital tomorrow, 18-Mar-2025. The consumer (family member) reported that the patient was hospitalized due to elevated blood sugar and was completely decompensated on 15-Apr-2025.

On an unknown date, the patient had moderate fever. No treatment was required. On 12-May-2025 10:10 am the patient had fainting after ingestion of Xtandi, blood pressure was 64/34 and sugar 225. The patient's daughter mentioned that patient on 12-May-2025 admitted (hospital) due to presenting fever, low blood pressure, high sugar, mentioned that so far they have not been provided with information regarding the patient's condition, but comments that patient before was also hospitalized for a month from 09-Apr-2025 to 09-May-2025 in that month was performed a computed tomography scan (CT) scan and an MRI (magnetic resonance imaging), but through the MRI, the patient was diagnosed with cerebral ischemia (severe), although the patient's daughter said that she did not know since when it started since they found out through that exam (MRI). Family member reported that the patient was taken to the hospital and was under emergency observation until his doctor returned. It was reported that no treatment was required for event (hospitalized for multiple cerebral ischemias).

The outcome of events (hospitalized for multiple cerebral ischemias, completely unbalanced/decompensated and fainting after Xtandi ingestion) was reported as not recovered. The outcome of events (elevated blood sugar/ sugar 225, blood pressure in 64/34 and fever) was reported as unknown.

Patient's daughter mentioned that patient still continued with both treatments (leuprorelin acetate and enzalutamide) only that due to her condition she had not been able to apply her leuprorelin acetate dose that corresponded to the month of May-2025, on 12-May-2025 patient's daughter referred that she did not even give time for the patient to take her enzalutamide dose (confusing information). Patient's daughter mentioned that she did not have the information about when the patient's dose (leuprorelin acetate) was applied, she only indicated that it was 6 months ago, she also mentioned that she did not have the information about the expiration date and lot number.

Upon follow-up, the patient's daughter indicated that her father had been hospitalized since 09-Apr-2025. Patient's hospitalization continued.

Upon follow-up, it was reported that the hospitalization event recovered on 24-Jun-2025 (details unknown) but was readmitted on 03-Jul-2025.

Diseases included low blood pressure, blood sugar increased and diabetes.

Past medications were not reported.

Concomitant medications were not reported.

Lab data included:
15-Apr-2025: Blood sugar: elevated
Apr-2025: MRI: diagnosed with cerebral ischemia
Apr-2025: CT scan: results unknown
12-May-2025 10:10: Blood pressure: 64/34 units unknown, low
12-May-2025 10:10: Blood sugar: 225 units unknown

The consumer (family member) assessed the following events with respect to enzalutamide and leuprorelin acetate:
- Elevated blood sugar/ Sugar 225 (seriousness: Serious (Hospitalization and medically significant); causality: Not assessed)
- Completely unbalanced/decompensated (seriousness: Serious (Hospitalization); causality: Not assessed)

The patient's daughter assessed the following events with respect to enzalutamide and leuprorelin acetate:
- Hospitalized for multiple cerebral ischemias (seriousness: Serious (Life-threatening, Disability and Hospitalization); causality: Not Related)
- Fainting after Xtandi ingestion (seriousness: Serious (Hospitalization); causality: Related)
- Blood pressure in 64/34 (seriousness: Serious (Hospitalization); causality: Related)

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- Fever (seriousness: Serious (Hospitalization); causality: Not assessed)
- Elevated blood sugar/sugar 225 (seriousness: Serious (Hospitalization and medically significant); causality: Related)

Consent to contact consumer for follow-up information was provided.

Tracking of changes:
On 17-Mar-2025, minimum required information was not obtained at the company, the terms were fulfilled on Latest Received Date on 21-Apr-2025.

Follow up case was received by Astellas business partner Adium, on 12-May-2025 and 13-May-2025 from Consumer (patient's daughter) in PANAMA and received at Astellas from Adium on 13-May-2025: Added lab data, medical history and events (Hospitalization for cerebral ischemia, fainting after Xtandi ingestion, blood pressure in 64/34 and fever). Updated event verbatim (from Elevated blood sugar to Elevated blood sugar/sugar 225) and clinical description.

Follow up case was received by Astellas business partner Adium, on 04-Jun-2025 from Consumer (patient's daughter) in PANAMA and received at Astellas from Adium on 05-Jun-2025: Event verbatim updated from Hospitalization for cerebral ischemia to Hospitalized for multiple cerebral ischemias, outcome, causality updated, Elevated blood sugar/ Sugar 225 and fainting after xtandi ingestion outcome updated, Event fever seriousness confirmed as hospitalization and narrative updated.

Follow up case was received by Astellas business partner Adium, on 09-Jun-2025 and 10-Jun-2025 from Consumer (patient's daughter) in PANAMA and received at Astellas from Adium on 10-Jun-2025: Clinical description updated.

Revision to information entered in the database in a prior case version: Upon review 10-Jun-2025, the following was revised: Event (Blood pressure in 64/34) causality changed from not assessed to related as per correction description.

Follow up case was received by Astellas business partner Adium, on 11-Jun-2025 from Consumer (patient's daughter) in PANAMA and received at Astellas from Adium on 12-Jun-2025: Eligard therapy details confirmed as (5 mg every 6 months, subcutaneous administration, formulation; injection, suspension).

Follow up case was received by Astellas business partner Adium, on 08-Jul-2025 from consumer (patient's family member) in PANAMA and received at Astellas from Adium on 09-Jul-2025: Medical history and narrative was updated.

Company Remarks (Sender's Comments) :

Event Information:
Cerebral ischemia was assessed as Serious due to Disability/Permanent Damage, Caused/Prolonged Hospitalization, Other Medically Important Condition and Life Threatening.
Blood sugar increased was assessed as Serious due to Caused/Prolonged Hospitalization and Other Medically Important Condition.
Fever, Chronic disease decompensation, Fainting and Blood pressure low were assessed as Serious due to Caused/Prolonged Hospitalization.
Other Medically Important Condition is based on nature of the events.
Life Threatening is based on threat to life considering the baleful nature of the event.

All events were coded to closest available LLTs in MedDRA.

Product: Enzalutamide
Astellas assessed Blood sugar increased, Cerebral ischemia, Chronic disease decompensation, Fainting, Blood pressure low and Fever as Not Related, as based on the information available, a reasonable possibility to suggest a relationship between the suspect drug and the events cannot be established. Elderly aged patient with underlying malignancy is a risk factor. Current conditions of low blood pressure and Blood sugar increased could alternately explain the events of Blood pressure low and Blood sugar increased. Chronic disease decompensation was likely secondary to Blood sugar increased. Concurrent Blood pressure low could be a risk factor for Fainting and Cerebral ischemia.

Additional Information (Continuation...)

Laboratory Data :

15-Apr-2025: Blood sugar: elevated
Apr-2025: MRI: diagnosed with cerebral ischemia
Apr-2025: CT scan: results unknown
12-May-2025 10:10: Blood pressure: 64/34 units unknown, low
12-May-2025 10:10: Blood sugar: 225 units unknown

Lab Result :

Test Name	Test Date	Test Result	Normal Value
BLOOD PRESSURE	12/May/2025 10:10:00		

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BLOOD SUGAR	15/Apr/2025		
BLOOD SUGAR	12/May/2025 10:10:00		
CT SCAN	/Apr/2025		
MRI	/Apr/2025		

Test Result (Code) / Result Unstructured Data (free text) :

1) Test Name: BLOOD PRESSURE

Result Unstructured Data (free text) : 64/34 units unknown, low
Test Date: 12/May/2025 10:10:00

2) Test Name: BLOOD SUGAR

Result Unstructured Data (free text) : elevated
Test Date: 15/Apr/2025

3) Test Name: BLOOD SUGAR

Result Unstructured Data (free text) : 225 units unknown
Test Date: 12/May/2025 10:10:00

4) Test Name: CT SCAN

Result Unstructured Data (free text) : results unknown
Test Date: /Apr/2025

5) Test Name: MRI

Result Unstructured Data (free text) : diagnosed with cerebral ischemia
Test Date: /Apr/2025

14.SUSPECT DRUG(S) (Continuation...)

Product-Reaction Level

1) Drug : Enzalutamide (Enzalutamide)
Active Substance : 1) Enzalutamide
Coding Class : Verum
Drug Characterization : Suspect
Form Strength : 1) 40 Milligram
Form of Admin : 1) Capsule
Lot Number : 1) Unknown
Daily Dose : 1) 160.0 milligram(s) (160 milligram(s), 1 in 1 Day)
Route of Admin : 1) Oral
Indications : 1) Prostate cancer [10060862 - Prostate cancer]
Therapy Dates : 1) From : 01/Apr/2024 To :Continuing
Action(s) Taken With Drug : Dose not changed

Causality

1) Elevated blood sugar/ Sugar 225 (Blood sugar increased - 10005809, Blood glucose increased - 10005557)
Causality as per reporter : Related
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

2) Hospitalized for multiple cerebral ischemias (Cerebral ischemia - 10008121, Cerebral ischaemia - 10008120)
Causality as per reporter : Not Related
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

3) Completely unbalanced/decompensated (Chronic disease decompensation - 10091880, Chronic disease decompensation - 10091880)
Causality as per reporter : Not assessed
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

4) Fainting after Xtandi ingestion (Fainting - 10016169, Syncope - 10042772)
Causality as per reporter : Related

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Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

5) Blood pressure in 64/34 (Blood pressure low - 10005753, Hypotension - 10021097)
Causality as per reporter : Related
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

6) Fever (Fever - 10016558, Pyrexia - 10037660)
Causality as per reporter : Not assessed
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

Labeling :

1) Elevated blood sugar/ Sugar 225
CORE UnLabeled
IB UnLabeled

2) Hospitalized for multiple cerebral ischemias
CORE UnLabeled
IB UnLabeled

3) Completely unbalanced/decompensated
CORE UnLabeled
IB UnLabeled

4) Fainting after Xtandi ingestion
CORE Labeled
IB Labeled

5) Blood pressure in 64/34
CORE UnLabeled
IB UnLabeled

6) Fever
CORE UnLabeled
IB UnLabeled

2) Drug : ELIGARD
Active Substance : 1) LEUPRORELIN ACETATE
Drug Characterization : Suspect
Form Strength : 1) 45 Milligram
Form of Admin : 1) Injection
Lot Number : 1) Unknown
Daily Dose : 1) 0.25 milligram(s) (45 milligram(s), 1 in 6 Month)
Route of Admin : 1) Subcutaneous
Indications : 1) prostate cancer [10060862 - Prostate cancer]
Therapy Dates : 1) From : 01/Apr/2024 To :Continuing
Action(s) Taken With Drug : Dose not changed

Causality

1) Elevated blood sugar/ Sugar 225 (Blood sugar increased - 10005809, Blood glucose increased - 10005557)
Causality as per reporter : Related
Causality as per Mfr : Not assessed

2) Hospitalized for multiple cerebral ischemias (Cerebral ischemia - 10008121, Cerebral ischaemia - 10008120)
Causality as per reporter : Not Related
Causality as per Mfr : Not assessed

3) Completely unbalanced/decompensated (Chronic disease decompensation - 10091880, Chronic disease decompensation - 10091880)
Causality as per reporter : Not assessed
Causality as per Mfr : Not assessed

4) Fainting after Xtandi ingestion (Fainting - 10016169, Syncope - 10042772)
Causality as per reporter : Related
Causality as per Mfr : Not assessed

5) Blood pressure in 64/34 (Blood pressure low - 10005753, Hypotension - 10021097)
Causality as per reporter : Related
Causality as per Mfr : Not assessed

6) Fever (Fever - 10016558, Pyrexia - 10037660)
Causality as per reporter : Not assessed
Causality as per Mfr : Not assessed

Continuation Sheet for CIOMS report

15. DAILY DOSE(S) (Continuation...)

Dosage Text :

Drug 2 :ELIGARD

1) Eligard 45 mg lyophilized for injectable suspension

23. OTHER RELEVANT HISTORY (Continuation...)

2) HIGH SUGAR (10005809 , Blood sugar increased) (Continuing : YES)

3) DIABETES (10012594 , Diabetes) (Continuing : YES)

24a. NAME AND ADDRESS OF MANUFACTURER (Continuation...)

Study # :Enzalutamide_Astellas PSP