

## SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>PANAMA</b>	2. DATE OF BIRTH			2a. AGE <b>46</b> Years	3. SEX <b>Female</b>	3a. WEIGHT <b>Unk</b>	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  <input type="checkbox"/> CONGENITAL ANOMALY  <input type="checkbox"/> OTHER
		Day	Month	Year				Day	Month	Year	
			<b>PRIVACY</b>						<b>NOV</b>	<b>2024</b>	
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
high cholesterol [Blood cholesterol increased]	OLAPARIB	No	No	Not Related	Not Related
tiredness [Fatigue]	OLAPARIB	No	Yes	Not Applicable	Related
Hair loss [Alopecia]	OLAPARIB	No	No	Not Applicable	Related
Weakness in the fingernails [Nail disorder]	OLAPARIB	No	No	Not Applicable	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 ) breast cancer (Breast 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 ) 20-OCT-2024 / 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	Type of History / Notes Indication	Description Breast cancer (Breast cancer)

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorgheu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: PA-ASTRAZENECA-202503CAM002736PA Patient ID: Unknown Study ID: PSP-23269 Case References: PA-AstraZeneca-CH-00821385A
	24b. MFR CONTROL NO. <b>202503CAM002736PA</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.  NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>19-MAY-2025</b>	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT <b>22-MAY-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

22-May-2025 03:41

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**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 1979 (age 46 years).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Olaparib (olaparib) 300 milligram q12h, Oral use, on 20-OCT-2024 for breast cancer.

During 15-NOV-24, the patient experienced high cholesterol (preferred term: Blood cholesterol increased). On 29-JAN-25, the patient experienced tiredness (preferred term: Fatigue). On 01-MAR-25, the patient experienced hair loss (preferred term: Alopecia). On 01-APR-25, the patient experienced weakness in the fingernails (preferred term: Nail disorder).

The dose of Olaparib (olaparib) was not changed.

The patient recovered from the event(s) high cholesterol on an unspecified date. The patient recovered from the event(s) tiredness after 28 on 25-FEB-2025. At the time of reporting, the event hair loss and weakness in the fingernails was ongoing.

The events were considered non-serious.

The reporter did not assess causality for hair loss, tiredness and weakness in the fingernails. The reporter did not consider that there was a reasonable possibility of a causal relationship between Olaparib and the following event(s): high cholesterol.

The company physician did not consider that there was a reasonable possibility of a causal relationship between Olaparib and the following event(s): high cholesterol. The company physician considered that there was a reasonable possibility of a causal relationship between Olaparib and the following event(s): hair loss, tiredness and weakness in the fingernails.

Summary of follow-up information received by AstraZeneca AstraZeneca on 19-MAY-2025 from Consumer via Patient Support Program: Study drug coded. Suspect product dosage regimen updated. New events added. Narrative updated.