

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY PANAMA	2. DATE OF BIRTH			2a. AGE 67 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								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
Hallucinations [Hallucinations]

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

A 67-year-old female patient (not pregnant) received lorlatinib (LORBRENA), from 03Feb2025 to 15May2025 at 50 mg for lung neoplasm malignant. The patient's relevant medical history and concomitant medications were not reported.

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Lorbrena (LORLATINIB) Film-coated tablet		20. DID REACTION ABATE AFTER STOPPING DRUG? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
(Continued on Additional Information Page)		
15. DAILY DOSE(S) #1) 50 mg	16. ROUTE(S) OF ADMINISTRATION #1) Unknown	
17. INDICATION(S) FOR USE #1) Lung cancer ALK (Anaplastic Lymphoma)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
(Continued on Additional Information Page)		
18. THERAPY DATES(from/to) #1) 03-FEB-2025 / 15-MAY-2025	19. THERAPY DURATION #1) 3 months 13 days	

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. 202500103089	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 15-MAY-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 19-MAY-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

19-May-2025 01:08

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

The following information was reported: HALLUCINATION (medically significant) with onset 2025, outcome "recovered" (01May2025), described as "Hallucinations". Per clinical course, the doctor discontinued lorlatinib to control hallucinations, and returned to treatment with a "reduced dose of 60 mg" (as reported). The action taken for lorlatinib was temporarily withdrawn on 15May2025. Therapeutic measures were not taken as a result of hallucination.

No follow-up attempts are possible.

Case Comment: Based on the information provided and known safety profile, a causal association between lorlatinib and the reported hallucination cannot be excluded.

The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

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) Lorbrena (LORLATINIB) Film-coated tablet; Regimen #1	50 mg; Unknown	Lung cancer ALK (Anaplastic Lymphoma Kinase) (Lung neoplasm malignant)	03-FEB-2025 / 15-MAY-2025; 3 months 13 days