

# 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>43 Years</b>	3. SEX <b>Female</b>	3a. WEIGHT <b>Unk</b>	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION  <input checked="" type="checkbox"/> PATIENT DIED Date: 2022 <input checked="" 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	
			<b>PRIVACY</b>					<b>MAR</b>	<b>2022</b>		

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
 the patient died [Unknown cause of death]  
 Hemoglobin loss [Hemoglobin low]  
 Much calcium in blood [Calcium blood increased]  
 Ulcer [Ulcer]

Case Description: This is a spontaneous report and received from Consumer or other non HCPs, Program ID: 164974.

A 43-year-old female patient received lorlatinib (LORBRENA), from Dec2021 to Mar2022 at 100 mg 1x/day.  
 (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 type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1 ) 100 mg, 1x/day	16. ROUTE(S) OF ADMINISTRATION #1 ) Unknown	
17. INDICATION(S) FOR USE #1 ) Unknown		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 ) DEC-2021 / MAR-2022	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 ) MORPHINE (MORPHINE) ; Unknown #2 ) GABAPENTIN (GABAPENTIN) ; Unknown		
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. <b>202200524088</b>	
24c. DATE RECEIVED BY MANUFACTURER <b>27-MAY-2025</b>	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT <b>29-MAY-2025</b>	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 2	

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

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

The patient's relevant medical history was not reported. Concomitant medication(s) included: MORPHINE; GABAPENTIN. The patient also took other concomitant therapy.

The following information was reported: BLOOD CALCIUM INCREASED (hospitalization) with onset Mar2022, 3 months after the suspect product(s) administration, outcome "unknown", described as "Much calcium in blood"; ULCER (non-serious) with onset Mar2022, 3 months after the suspect product(s) administration, outcome "unknown"; DEATH (death) with onset 2022, outcome "fatal", described as "the patient died"; HAEMOGLOBIN DECREASED (hospitalization), outcome "unknown", described as "Hemoglobin loss". The patient also had bedridden 3 months after the suspect product(s) administration. On 26May2025, the patient's husband confirmed that the patient died 3 years ago, the husband indicated that he cannot provide further details since he does not have the knowledge of the information. The patient underwent the following laboratory tests and procedures: Blood calcium: (Mar2022) much calcium in blood; Haemoglobin: (unspecified date) loss. The patient date of death was 2022. The reported cause of death was unknown.

Amendment: This follow-up report is being submitted to amend previously reported information: Case closure was handled as significant follow-up information. This follow-up is being submitted to notify that the batch number is not available despite the follow-up attempts made. Follow-up attempts have been completed and no further information is expected.

Follow-up (27May2025): This is a spontaneous follow-up report received from a non contactable consumer. Updated information includes: new reporter added, suspect product details (action taken updated), new event of Death added, along with death details, and clinical course details.

**13. Lab Data**

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1	MAR-2022	Blood calcium	much calcium in blood	
2		Haemoglobin	loss	