

## 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	3. SEX	3a. WEIGHT	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
		<b>PRIVACY</b>			<b>Unk</b>	<b>Female</b>	<b>Unk</b>	<b>11</b>	<b>JUN</b>	<b>2025</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				<input type="checkbox"/> PATIENT DIED
ITCHING OF THE SKIN [Pruritus]		TAGRISSO		No	Yes	Related	Related				<input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
REDNESS OF THE SKIN [Erythema]		TAGRISSO		No	Yes	Related	Related				<input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
											<input type="checkbox"/> LIFE THREATENING
											<input type="checkbox"/> CONGENITAL ANOMALY
											<input type="checkbox"/> OTHER

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) TAGRISSO (OSIMERTINIB) Tablet {Lot # Unknown}		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 ) 80 milligram, qd	16. ROUTE(S) OF ADMINISTRATION #1 ) Oral use	
17. INDICATION(S) FOR USE #1 ) lung cancer (Lung 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 ) 28-MAY-2025 / 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	Type of History / Notes	Description
Unknown to Ongoing	Indication	Lung cancer (Lung 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 #: PA-ASTRAZENECA-202506CAM009438PA Study ID: PSP-23269 Case References: PA-AstraZeneca-CH-00889985A
	24b. MFR CONTROL NO. <b>202506CAM009438PA</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.  NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>12-JUN-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>16-JUN-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

16-Jun-2025 06:03

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

Case Description: A solicited report had been received from a consumer in Patient Support Program. The report concerning a female patient (age not provided).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Tagrisso (osimertinib) (batch number(s) Unknown) 80 milligram qd, Oral use, on 28-MAY-2025 for lung cancer.

On 11-JUN-25, the patient experienced redness of the skin (preferred term: Erythema) and itching of the skin (preferred term: Pruritus).

The dose of Tagrisso (osimertinib) was not changed.

At the time of reporting, the event itching of the skin and redness of the skin was improving.

The events were considered non-serious.

The reporter considered that there was a reasonable possibility of a causal relationship between Tagrisso and the following event(s): itching of the skin and redness of the skin.

The company physician considered that there was a reasonable possibility of a causal relationship between Tagrisso and the following event(s): itching of the skin and redness of the skin.