

# 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>47</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
		Day	Month	Year				Day	Month	Year	
			<b>PRIVACY</b>					<b>Unk</b>			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
 Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
 medication is significantly affecting her weight and triglyceride levels, as both have increased [Blood triglycerides increased]  
 medication is significantly affecting her weight and triglyceride levels, as both have increased [Weight increased]

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

A 47-year-old female patient received lorlatinib (LORBRENA), first regimen since Jan2025 at 100 mg 1x/day and second regimen since 15Jul2025  
 (Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) Lorbrena (LORLATINIB) Film-coated tablet  (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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 type="checkbox"/> NA
18. THERAPY DATES(from/to) #1 ) JAN-2025 / Unknown	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		

## 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>PV202500086094</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>15-JUL-2025</b>	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	NAME AND ADDRESS WITHHELD.
DATE OF THIS REPORT <b>21-JUL-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

21-Jul-2025 10:01

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

(Lot number: RE1496449, Expiration Date: Jan2027) at 100 mg 1x/day. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: BLOOD TRIGLYCERIDES INCREASED (non-serious), WEIGHT INCREASED (non-serious), outcome "unknown" and all described as "medication is significantly affecting her weight and triglyceride levels, as both have increased". Relevant laboratory tests and procedures are available in the appropriate section.. The action taken for lorlatinib was unknown.

Additional information: The patient indicated that the medication was significantly affecting her weight and triglyceride levels, as both have increased. She mentioned that these are the two most serious side effects.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1		Blood triglycerides	Increased	

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 {Lot # RE1496449; Exp.Dt. JAN-2027}; Regimen #2	100 mg, 1x/day; Unknown	Unknown	15-JUL-2025 / Unknown; Unknown