

<p align="center"><b>SUSPECT ADVERSE REACTION REPORT</b></p> <p>2025-100976(0)</p>												

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) Unknown	1a. COUNTRY PANAMA	2. DATE OF BIRTH			2a. AGE Years Unknown	3. SEX Male	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION  <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION <input type="checkbox"/> RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION
		Day Unknown	Month Unknown	Year Unknown			Day Unknown	Month Unknown	Year 2025	
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) MedDRA Version : v.28.0 1) VOMITING (Vomiting (10047700), Vomiting (10047700)) (/2025 - ) - Unknown										

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S)(include generic name) 1) Opdivo (NIVOLUMAB) (Suspect) (Solution for injection)(Unknown)		Cont..	20. DID EVENT ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) Unknown	16. ROUTE(S) OF ADMINISTRATION 1) Intravenous (not otherwise specified)		21. DID EVENT REAPPEAR AFTER REINTRODUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (NA : Not Applicable)
17. INDICATION(S) FOR USE 1) Gastric cancer [10017758 - Gastric cancer]			
18. THERAPY DATE(S) (from/to) 1) (/2025 - Unknown )		19. THERAPY DURATION Unknown	

## III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) 1) Folfex(FLUOROURACIL)	Cont..
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) MedDRA Version : v.28.0 Unknown	

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Name : BMS UNITED STATES OF AMERICA aepbusinessprocess@bms.com		
24. REPORT NULLIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	24b. MFR CONTROL NO. 2025-100976(0)	
24c. DATE RECEIVED BY MANUFACTURER 16/Jul/2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL	
DATE OF THIS REPORT 18/Jul/2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP	

= Continuation attached sheet(s)..

## Continuation Sheet for CIOMS report

## 7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) (Continuation...)

## Event Description :

This report was received by business partner Adium Pharma S.A. (formerly Tecnofarma) (reference number: PA-ADIUM-PA-0075-20250716) on 16-Jul-2025 and forwarded to BMS on 16-Jul-2025. The spontaneous case was reported by a Physician and describes the occurrence of VOMITING in a male patient who received NIVOLUMAB solution for injection for Gastric cancer.

Folfox was reported as CONCOMITANT MEDICATION.

On 2025, the patient was started on intravenous NIVOLUMAB 100mg. VOMITING occurred on 2025.

The reporter saw no causal relationship between VOMITING and NIVOLUMAB. The doctor commented that the patient was not tolerating chemotherapy and would adjust the Folfox regimen.

Further company follow-up with the reporter is not possible as the physician does not agree to be contacted for future follow-up.

## 14.SUSPECT DRUG(S) (Continuation...)

## Product-Reaction Level

1) Drug	: Opdivo
Active Substance	: 1) NIVOLUMAB
Drug Characterization	: Suspect
Form of Admin	: 1) Solution for injection
Lot Number	: 1) Unknown
Route of Admin	: 1) Intravenous (not otherwise specified)
Indications	: 1) Gastric cancer [10017758 - Gastric cancer]
Therapy Dates	: 1) From : //2025 To :Unknown
Action(s) Taken With Drug	: Unknown

## Causality

1) VOMITING (Vomiting - 10047700, Vomiting - 10047700 )	
Causality as per reporter	: Not Related
Causality as per Mfr	: Not Related
DeChallenge	: Unknown

## Labeling :

1) VOMITING	
CORE	Labeled

## 15. DAILY DOSE(S) (Continuation...)

## Dosage Text :

Drug 1 :OPDIVO

1) 100MG x 1 INY x 1 FCO

## 22.CONCOMITANT DRUG(S) (Continuation...)

1). Drug	:	Folfox
Active Substance	:	1) FLUOROURACIL
		2) FOLINIC ACID
		3) OXALIPLATIN
Form Strength	:	
Form of Admin	:	1) Unknown
Route of Admin	:	1) Unknown
Indications	:	1) PRODUCT USED FOR UNKNOWN INDICATION [10070592 - Product used for unknown indication]

## Primary Reporter:

Physician

PANAMA