| SUSPECT ADVERSE REACTION REPORT  |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
|--|--|------------|----------------|----------------|-----------|------------|---|-------------|------------|----|-----|-----|-----|----------|--------------------------------------|--|-----------------------|----------------------------------|----------------|
| SV-Tolmar-TLM-2025-04700   |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  | T              |
|  |  |            |                | I DEAC         | TION      | INIEODI    | MATION  |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 1. PATIENT INITIALS  | 1a. COUNTRY                            | 2. DATE OF | F BIRTH        | I. KEAC        | 2a. A     |            | NFORMATION  GE 3. SEX 4-6 REACTION ONSET  |             |            |    |     |     |     | 8-1      | 8-12 CHECK ALL                       |  |                       |                                  |                |
| (first, last)  | EL                                     | Day        | Month          | Year           | -  Y      | 'ears      | Male  | Day   Month |            |    | h I | Υe  | ear | $\dashv$ | APF<br>TO                            | PROF<br>ADV  | PRIATI<br>ERSE        | E                                |                |
| CGA  | Cont                                   | 25         | Nov            | 1944           |           |            |   |             |            |    |     |     |     |          | RE/                                  | ACTI   | ON                    |                                  |                |
| 7+13 DESCRIBE REA  1) DEATH (Death (   | ACTION(S) (includir<br>10011906), Deat | •          |                | a)             | -         |            |   |             |            |    |     |     |     |          | LIFE INV PRO HOS RES SIG DIS COI OTH | E THE OLVE OLON SPITA SULTS RSIST GNIFIC GABILI NGEN HER M | TENCE (               | IPATI<br>ON<br>OR<br>APAC<br>NOM | CITY           |
|  |  |            | 1              | I. SUSPECT     | T DRU     | G(S)INF    | FORMAT  | ION         |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| SUSPECT DRUG(S)(include generic name)     Eligard® (Leuprolide acetate, Leuprolide acetate) (Suspect) (Injection)(Ur   |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  | ENT<br>AFTER<br>NG DF |                                  | ?<br>NA        |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |  |            |                |                |           |            | ROUTE(S) OF ADMINISTRATION  |             |            |    |     |     |     |          |                                      | EVE<br>APPE  |                       |                                  |                |
| 1) (45 milligram(s), 1 in 6 Month)   |  |            |                |                |           | 1) Subc    | cutaneous   | tarieous    |            |    |     |     |     |          |                                      | TER<br>INTR<br>s   | ODUC<br>NO<br>Applica | 5                                | $\square_{NA}$ |
| 17. INDICATION(S) FO   |  |            |                |                |           |            |   |             | <b>]</b> ` | •• | ••• | 'P' |     | ,        |                                      |  |                       |                                  |                |
| 1) prostate cancer [10060862 - Prostate cancer]  18. THERAPY DATE(S) (from/to) 1) (03/Mar/2025 - )  19. THERAPY DURATION   |  |            |                |                |           |            |   |             |            |    |     |     |     | 1        |                                      |  |                       |                                  |                |
| , (************************************  |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 22. CONCOMITANT D  | PLIC(S) AND DAT                        | ES OF ADM  |                | ON (exclude t  |           | . ,        | <u> </u>  |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| No concomitants us   |  | LO OI ADM  | IIIIO I I VIII | OIV (EXCIDED ) | .11030 00 | scu to tre | out reaction  | ''          |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 23. OTHER RELEVAN<br>1) PROSTATE CAN   |  |            |                |                |           | onth of pe | eriod, etc.)  |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
|  |  |            | ı              | IV. MANUFA     | ACTUF     | RER INF    | ORMATI  | ON          |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 24a. NAME AND ADDRESS OF MANUFACTURER Name: Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+19702124900 |  |            |                |                |           |            | Study Information Study Name: NA EudraCT Number: Protocol No.: NA Center No.: Subject Id: |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 24.REPORT NULLIFIE   |  | — Sui      | nject iu .     | •              |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 24b. MFR CONTROL NO.  24b. MFR CONTROL NO.   |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| SV-Tolmar-TLM-2025-04700 24c. DATE RECEIVED 24d. REPORT SOURCE   |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| BY MANUFACTU   |  | I          | STUDY          |                | RATURE    | _          |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 14/Jul/2025  |  |            |                | ROFESSIONAL    |           | =          |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| DATE OF THIS REPO  | RT                                     | l          | a. REPORT      |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |
| 17/Jul/2025  |  |            |                |                |           |            |   |             |            |    |     |     |     |          |                                      |  |                       |                                  |                |

= Continuation attached sheet(s)..

## Continuation Sheet for CIOMS report

## 1a. COUNTRY

### **EL SALVADOR**

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

#### **Event Description:**

This study report from El Salvador was received by Adium via Patient Support Programme (Reference number: SV-ADIUM-SV-0012-20250714) on 14-Jul-2025 from a consumer (patient's family member) (non-healthcare professional) regarding an elderly male patient who had death (death) during Eligard (leuprolide acetate) 45 mg therapy for prostate cancer. The needle component of the constituent device was not identified in the report. The report was sent to Tolmar on 15-Jul-2025.

The patient's medical history was unknown and current condition included prostate cancer.

Concomitant medication was unknown.

On 03-Mar-2025, the patient began receiving Eligard 45 mg every 6 months, via subcutaneous route, for prostate cancer (Lot numbers and Expiration dates were not provided).

On an unknown date in 2025, the patient died due to unknown cause of death. The patient was 80 years old at the time of his death. It was unknown if an autopsy was performed. No further details were provided.

Action taken with Eligard in response to event was not applicable. De-challenge and re-challenge were not applicable.

The outcome of death was fatal

The reporter assessed the seriousness of death as serious.

The reporter provided the causality of death in relationship to Eligard and Eligard Unspecified Device as not related.

No further information is expected as the reporter does not consent to be contacted for follow up.

### Listedness:

Death>Eligard>Unlisted as per CCDS>07-Nov-2024
Death>Eligard>Unlisted as per USPI>Feb-2025
Death>Eligard unspecified device>Unlisted as per USPI>Feb-2025
Death>Eligard>Unlisted as per Canadian monograph>02-Apr-2025

# Company Remarks (Sender's Comments) :

Evaluator Comment (Tolmar): This is regarding 80-year-old male patient who experienced fatal event of death (Death) while on Eligard (Leuprolide acetate) 45mg therapy for prostate cancer. Tolmar assessed death as serious due to fatal outcome. Causal role of Eligard (drug component) in the patient's death was not assessable as lack of information regarding cause of death, events or circumstances preceding patient's death, autopsy report, relevant medical history, supportive investigations that could indicate cause of death, concomitant medications received by the patient precludes meaningful medical assessment of the report. However, advanced age of the patient and underlying prostate cancer were pre-existing risk factors for the patient's death. Death was assessed as not related to the device component of Eligard.

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

## Product-Reaction Level

1) Drug : Eligard® (Leuprolide acetate)

Active Substance : 1) Leuprolide acetate

Drug Characterization : Suspect
Form of Admin : 1) Injection
Lot Number : 1) Unknown

Daily Dose : (45 milligram(s), 1 in 6 Month)

Route of Admin : 1) Subcutaneous

Indications : 1) prostate cancer [10060862 - Prostate cancer] Therapy Dates : 1) From : 03/Mar/2025 To :Not applicable

Action(s) Taken With Drug : Not applicable

### Causality

1) DEATH (Death - 10011906, Death - 10011906)
Causality as per reporter: Not Related

Mfr. CONTROL NO :SV-Tolmar-TLM-2025-04700

## Continuation Sheet for CIOMS report

Causality as per Mfr : Not assessable DeChallenge : Not applicable ReChallenge : Not Applicable

Labeling:

1) DEATH CORE

UnLabeled

2) Drug : Eligard® Unspecified Device (Leuprolide acetate)

Active Substance : 1) Leuprolide acetate

Drug Characterization : Suspect
Form of Admin : 1) Injection
Lot Number : 1) Unknown

Indications : 1) prostate cancer [10060862 - Prostate cancer]

Action(s) Taken With Drug : Not applicable

Causality

1) DEATH (Death - 10011906, Death - 10011906)
Causality as per reporter : Not Related
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

Labeling : 1) DEATH CORE

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

Dosage Text : Drug 1 :Eligard®

1) 45 mg every 6 months