# Annex 4 - Specific adverse drug reaction follow-up forms

## Standard Targeted Follow-up Checklist for Hepatobiliary Events

**Event Description:**

1. Diagnosis and date of diagnosis:
2. Did the patient present with any of the following signs or symptoms? **Check all that apply**

| | | |
|---|---|---|
| ☐ Jaundice | ☐ Ascites | ☐ Asterixis (flapping tremor) |
| ☐ Dark urine | ☐ Fever | ☐ Altered mental status |
| ☐ Pale stool | ☐ Fatigue | ☐ Abdominal pain (specify location) |
| ☐ Pruritus | ☐ Bleeding (specify location) | ☐ Anorexia |
| ☐ Nausea | ☐ None | |

☐ Other (specify)_____

**Diagnostic tests**

Were any of the following diagnostic tests performed?

►**If yes,** please specify the dates and results including reference range and pre- and post-treatment values.

☐ Liver function tests
☐ Serology & PCR testing for Hepatitis A, B, C &/or E virus
☐ Autoantibody test
☐ Abdominal or hepatobiliary ultrasound
☐ Abdominal CT scan
☐ Liver biopsy
☐ Liver transplant (planned or completed)
☐ None
☐ Other (specify) _____

**Does the patient have a history of any of the following prior to the start of the suspect drug?** Check all that apply and include date(s) of onset as well as status (i.e. active/inactive) and details

☐ Previously elevated liver enzymes☐ Tattoos
☐ Hepatitis☐ Transfusion or blood product administration
☐ Other hepatobiliary disease or dysfunction☐ Gilbert's disease
☐ Autoimmune disease☐ Alcohol intake
☐ Active pancreatitis☐ Drug abuse
☐ Diabetes mellitus (Type I or II)☐ Foreign travel
☐ Non-alcoholic steatohepatitis☐ Active gall bladder disease
☐ None
☐ Other (specify)_____

**Has the patient recently (i.e. within the past 6 months) taken any of the following?** Check all that apply

☐ Sulfonamides ☐ Furosemide☐ ACE Inhibitors☐ Valproic acid☐ NSAIDS (e.g. ibuprofen) ☐ Estrogens (oral contraceptives)
☐ Metronidazole ☐ Acetaminophen/Paracetamol☐ Amiodarone
☐ COX II inhibitors(e.g. celecoxib)☐ Tetracycline☐ Steroids
☐ Thiazide diuretics☐ 6-Mercaptopurine☐ Statins

☐ Nicotinic acid ☐ Methotrexate ☐ None
☐ Other (specify) _____

## Lapatinib Standard Targeted Follow-up Checklist for Decreased Left Ventricular Ejection Fraction

### Event Description

Was the subject's decreased ejection fraction

☐ symptomatic or ☐ asymptomatic?

If *symptomatic*, please describe symptoms:

_____

_____

_____

Did the patient respond to conventional heart failure therapy? **Yes** ☐ **No** ☐

If *yes*, please provide details of therapy_____

_____

Was the patient intubated and treated with artificial respiration? **Yes** ☐ **No** ☐

Did the symptoms resolve with diuretics/digoxin? **Yes** ☐ **No** ☐

Was the subject rechallenged with the suspect drug? **Yes** ☐ **No** ☐

If *yes*, what was the outcome?_____

### Diagnostic tests

What was the subject's Baseline MUGA or echocardiogram result? **Attached** ☐

Please describe and attach the report if available: _____

_____

_____

Is repeat MUGA or echocardiographic data available to confirm the reduction in ejection fraction?

**Yes** ☐ **No** ☐

Please attach if available: **Attached** ☐

If an echocardiogram was carried out please provide cardiac end systolic and diastolic dimensions:

_____

Were serum peptides (troponin, BNP) measured? **Yes** ☐ **No** ☐

If *yes*, please provide the results:_____

Is repeat MUGA or echocardiographic data available to confirm the event resolved?

**Yes** ☐ **No** ☐

Please attach if available: **Attached** ☐

### Patient History

Please provide details of metastatic disease: _____

_____

Were chest or heart involved? **Yes** ☐ **No** ☐

Did the subject have any relevant past medical history of cardiovascular disease or other risk factors?

**Yes** ☐ **No** ☐

If *yes*, please describe: _____

_____

### Concomitant medications

Did the subject receive any of the following medications?

If *yes* please give dates / doses

Anthracycline (e.g. doxorubicin hydrochloride) **Yes** ☐ **No** ☐

| | | |
|---|---|---|
| Trastuzumab | **Yes** ☐ | **No** ☐ |
| Mitoxantrone hydrochloride | **Yes** ☐ | **No** ☐ |

Please provide details of prior radiation therapy treatment (e.g. to left chest) with dates and total dose:

_____

## Lapatinib Standard Targeted Follow-up Checklist for Pneumonitis/ILD

**Event Description:**

Did the patient present with any of the following signs or symptoms? **Check all that apply**

- ☐ Dyspnea/Rapid breathing/Shortness of breath
- ☐ Dry cough
- ☐ Chest pain
- ☐ Clubbing of the fingers
- ☐ Chest discomfort
- ☐ Fatigue/Malaise
- ☐ Arrhythmia
- ☐ Hypotension
- ☐ Other Cardio-Respiratory symptoms *(please specify)*
- ☐ Leg edema
- ☐ Wheezing, crackles
- ☐ Palpitations
- ☐ Cyanosis
- ☐ Fever/Pyrexia
- ☐ Pleural effusion
- ☐ Arthralgia
- ☐ None of the above

Were any of the following diagnostic tests performed? **Check all that apply and specify including dates and results**

- ☐ Chest x-ray/CT scan /MRI
- ☐ Arterial blood gases
- ☐ Lab tests (blood count, microbiology cultures, viral/bacterial serology, anti-DNA
- ☐ Pulmonary function tests
- ☐ Bronchoalveolar lavage (BAL)
- ☐ Bronchoscopy with lung biopsy
- ☐ Lung transplant (planned or completed)
- ☐ None of the above

Was there a final diagnosis (i.e. Obstructive lung disease, restrictive lung disease)?

☐ **Yes** *(please specify)* ☐ **No** ☐ **Unknown**

**Patient History:**

Does the patient have a history of any of the following risk factors? **Check all that apply and please specify**

- ☐ Cancer
- ☐ Familial history of interstitial lung disease
- ☐ Asthma or Respiratory Allergies
- ☐ Occupational or environmental toxins exposure (e.g. silicosis, asbestos, hard metal dust)
- ☐ Other relevant history *(please specify)*
- ☐ Infections *(please specify)*
- ☐ Smoking
- ☐ Hematological diseases (e.g. lupus, scleroderma, rheumatoid arthritis)
- ☐ None of the above

Was the patient taking any of the following drugs (immediately before the event)? **Check all that apply**

- ☐ Radiation therapy
- ☐ Chemotherapy (e.g. methotrexate, bleomycin)
- ☐ Antiarrhythmics (e.g. amiodarone)
- ☐ Antibiotics
- ☐ Psychiatric medications
- ☐ Chlorpromazine
- ☐ Methyldopa
- ☐ Procainamide
- ☐ Hydralazine
- ☐ None of the above