被験者番号	0147-0037
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	咽頭炎/Pharyngitis，好中球減少症/Neutropenia

Subject 0147-0037, a 60-year-old male, was initially diagnosed with Grade 3 poorly undifferentiated leiomyosarcoma on 27 October 2005. At screening on Day −9 *, tumor assessment via CT scan included multiple liver metastases, and mesenterial exterior abdominal wall metastasis. Prior medical and surgical history included arterial high blood pressure, hypercholesterolemia, hyperlipemia, chronic muscle cramp, obesity, stomach hernia with intermittent vomiting, varicosity, appendectomy, anemia, left leg thrombosis, and palliative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, alizapride, atenolol, bromazepam, budesonide, carbocisteine, ceftazidime, Clarinase (pseudoephedrine/loratadine), clonazepam, domperidone, escitalopram, enoxaparin, fluconazole, furosemide, lisinopril, nadroparin, omeprazole, polyethylene glycol, salbutamol, thebacon, and tinzaparin.

On [redacted] (Day 11) the subject experienced pharyngitis (CTCAE Grade 3) and neutropenia (CTCAE Grade 4) with an ANC of < 1.0 × 109/L. The subject was hospitalized and treated with ceftazidime. The subject's urinalysis shows consistently abnormal protein results while on study. Both events resolved on [redacted] (Day 13), lasted 3 days and were reported by the investigator as probably related to the study drug. Other relevant events occurring during treatment included dyspnea.

On [redacted] (Day 29) the subject received his last dose of study drug and was discontinued from treatment due to lack of therapeutic efficacy. The subject had received 2 cycles of study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0147-0065
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 10 サイクル（196 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	脳虚血/Cerebral ischemia

Subject 0147-0065, a 53-year-old male, was initially diagnosed with Stage 3 poorly undifferentiated lower leg synovial sarcoma on 03 September 2004. At screening on Day −22 *, tumor assessment via CT scan included multiple left lung lesions and lumbar vertebrae metastasis. Prior medical and surgical history included myocardial infarct of inferior wall, and curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, alizapride, loperamide, ondansetron, polyethylene glycol, tinzaparin, and ursodeoxycholic acid.

On [redacted] (Day 196) the subject received his last dose of study drug and was discontinued from treatment due to lack of therapeutic efficacy. The subject had received 10 cycles of study drug.

On [redacted] (Day 203) the subject experienced cerebral ischemia (CTCAE Grade 4). Tinzaparin was given as a treatment for the cerebral ischemia. This event resolved with sequelae on [redacted] (Day 213). The cerebral ischemia lasted 11 days and was reported by the investigator as not related to treatment.

* 新薬承認情報提供時に置き換え

被験者番号	0147-0095
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 4 サイクル（64 日間）
投与期間	[redacted]年[redacted]月[redacted]日～[redacted]年[redacted]月[redacted]日
叙述の理由	
死亡以外の重篤な有害事象	発熱性好中球減少症/Febrile neutropenia

Subject 0147-0095, a 73-year-old female, was initially diagnosed with Stage 3 gastric leiomyosarcoma on 25 October 2006. At screening on Day −10 *, tumor assessment via CT scan included gastric mass, mesenterial mass, right lung lesion, multiple omentum lesions, and multiple abdominal wall lesions. Prior medical and surgical history included hysterectomy, urethrostenosis, allergy to nitrofurantoin, hypercholesterolemia, osteoporosis, and curative surgery. Prior chemotherapies included doxorubicin and trabectedin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * , the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, alizapride, ceftazidime, esomeprazole, lormetazepam, and packed red blood cells.

On [redacted] (Day 8) the subject developed febrile neutropenia (CTCAE Grade 3). The ANC was 0.2 × 10^9/L. The subject was hospitalized and treated with ceftazidime. The study drug was reduced and withheld due to the event. This event resolved on [redacted] (Day 12). The febrile neutropenia lasted 5 days and was reported by the investigator as probably related to the study drug. Other relevant events occurring during treatment were not reported.

On [redacted] (Day 64) the subject received her last dose of study drug and was discontinued from treatment due to withdrawal of consent. The subject had received 4 cycles of study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0225-0069
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 5 サイクル（91 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	末梢性浮腫/Peripheral oedema，胸水/Pleural effusion

Subject 0225-0069, a 34-year-old male, was initially diagnosed with Stage 3 poorly undifferentiated synovial upper extremity/wrist sarcoma on 13 April 1999. At screening on Day −6 *, tumor assessment via CT scan included multiple pleural nodules. Prior medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin ifosfamide, and investigational drug. Previous radiotherapy included hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included celecoxib, clomipramine, Decan (mineral supplement), dexamethasone, escitalopram, fluconazole, glucose, heparin, hydroxyzine, lactulose, megestrol, morphine, multivitamin, omeprazole, pantoprazole, potassium chloride, Pereflat (dimethicone/pancreas porcine extract), prednisolone, pregabalin, and trimebutine.

On [redacted] (Day 21) the subject developed peripheral oedema (CTCAE Grade 1). No treatment was given. The study medication was not changed due to this event. This event resolved on [redacted] (Day 42). The peripheral oedema lasted 22 days and was reported by the investigator as not related to the study drug.

On [redacted] (Day 24) the subject developed pleural effusion (CTCAE Grade 3). The subject was hospitalized. No treatment was given. The study medication was delayed due to this event. This event resolved on [redacted] (Day 31). The pleural effusion lasted 8 days and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment included motor neuropathy.

On [redacted] (Day 91) the subject received his last dose of study drug. The subject had received 5 cycles of study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0225-0075
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 3 サイクル（42 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	皮下組織膿瘍/Subcutaneous abscess

Subject 0225-0075, a 24-year-old female, was initially diagnosed with Stage 3 poorly undifferentiated anterior chest wall synovial sarcoma on 28 December 2000. At screening on Day 1 *, tumor assessment via CT scan included primary tumor in the right pectoral muscle. Prior medical and surgical history included curative surgery. Prior chemotherapies included cyclophosphamide, doxorubicin, etoposide, and ifosfamide. Previous radiotherapy included hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included adapalene, clonazepam, hydrocortisone, pristinamycin, and tramadol.

The subject received her last dose of study drug on [redacted] (Day 42). The subject had received 3 cycles of study drug.

On [redacted] (Day 49) the subject developed a perianal abscess (CTCAE Grade 2). The subject was hospitalized to undergo excision of the abscess. The planned study treatment was delayed and then discontinued. This event resolved on [redacted] (Day 56). The perianal abscess lasted 8 days and was reported by the investigator to be not related to treatment. Other relevant events occurring during treatment included fatigue.

* 新薬承認情報提供時に置き換え

被験者番号	0225-0076
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 4 サイクル（72 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	錯乱状態/Confusional state，股関節部骨折/Hip fracture，全身健康状態低下/General physical health deterioration，肺炎/Pneumonia

Subject 0225-0076, a 60-year-old male, was initially diagnosed with Stage 2 thoracic leiomyosarcoma on 06 June 2002. At screening on Day −12 *, tumor assessment via CT scan included hip lesion, multiple lung nodules, multiple liver lesions, multiple lymph nodes nodules, and site involved subrenal lesions. No tumor assessment was provided. Prior relevant medical and surgical history included renal failure due to tumor exeresis and curative surgery. Prior chemotherapies included cyclophosphamide, doxorubicin, and ifosfamide. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, amoxicillin clavulanate, chlorpromazine, Gaviscon (alginic acid/bicarbonate), darbepoetin alfa, diosmectite, domperidone, enoxaparin, esomeprazole, fentanyl, Fortimel (proteins), granisetron, haloperidol, heparin, lactitol, Lamaline (acetaminophen, caffeine/opium), methylprednisolone, metoclopramide, morphine, multivitamins, Oliclinomel (electrolytes), omeprazole, oxycodone, polyethylene glycol, prazepam, prednisolone, pregabalin, tramadol, venlafaxine, zoledronic acid, and zolpidem.

On [redacted] (Day 7) the subject experienced confusional state (CTCAE Grade 2). Calcium was 2.75 mmol/L. During this period the subject was diagnosed with hip fracture (CTCAE Grade 3). The subject was treated with acetaminophen, amoxicillin clavulanate, heparin, oxycodone, prednisolone, and venlafaxine for the hip fracture. The confusional state resolved on [redacted] (Day 10), lasted 4 days, and was reported by the investigator as not related to the study drug. The hip fracture resolved on [redacted] (Day 15), lasted 9 days, and was reported by the investigator as not related to the study drug.

On [redacted] (Day 72) the subject received the last dose of study drug. The subject had received 4 cycles of study drug.

On [redacted] (Day 80) the subject developed general physical health deterioration (CTCAE Grade 3). No treatment was given for this event. The general physical health deterioration resolved on [redacted] (Day 87), lasted 8 days, and was reported by the investigator as not related to the study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0225-0111
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 3 サイクル（49 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	カテーテル留置部位感染/Catheter site infection，発熱/Pyrexia

Subject 0225-0111, a 62-year-old male, was initially diagnosed with Stage 2 poorly undifferentiated retroperitoneal liposarcoma on 29 June 2007. At screening on Day −22 *, tumor assessment via MRI scan included subcutaneous mass; via CT scan included great lateral muscle lesion. Prior relevant medical and surgical history included depression and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, alprazolam, ceftazidime, clonazepam, diclofenac, lactulose, metoclopramide, morphine, ofloxacin, omeprazole, oxycodone, piracetam, prednisolone, pregabalin, tazobactam, tramadol, vancomycin, venlafaxine, vitamin B1, vitamin B6, and zolpidem.

On [redacted] (Day 1) the subject developed a catheter site infection (CTCAE Grade 3). The subject was treated with ofloxacin and vancomycin. Study treatment was not changed. The infection resolved on [redacted] (Day 8), lasted 8 days, and was reported by the investigator as not related to the study drug.

On [redacted] (Day 49) the subject received the last dose of study drug and was discontinued from treatment due to lack of therapeutic efficacy. The subject had received 3 cycles of study drug.

On [redacted] (Day 52) the subject developed a fever (CTCAE Grade 2). Laboratory results showed neutrophils = 1.9×10^9/L and WBC = 2.5×10^9/L. The subject was treated with acetaminophen, ceftazidime, ofloxacin and tazobactam. The fever resolved on [redacted] (Day 57), lasted 6 days, and was reported by the investigator as not related to the study drug.

In the sponsor's opinion, the event of fever may be neutropenic in nature and, therefore, possibly related to study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0227-0082
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 3 サイクル（57 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	傾眠/Somnolence，脱水/Dehydration，高血糖/Hyperglycemia，錯乱状態/Confusional state，排尿困難/Dysuria

Subject 0227-0082, a 83-year-old male, was initially diagnosed with Stage 2 lower extremity leiomyosarcoma on 11 September 2006. At screening on Day −14 *, tumor assessment via CT scan included soft tissue lesions in right and left cervical regions, and a right inguinal lesion. Prior medical and surgical history included arthrosis, cardiac frequency elevated, prostate adenoma, hypertension, diabetes type 2, and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, alfuzosin, calcium, chlorhexidine, clonazepam, clorazepate, digoxin, docusate, Eductyl (potassium tartrate/sodium bicarbonate), fentanyl, hydroxyzine, insulin, lisinopril, methylprednisolone, Mictasol (camphor/mallow fruit/methenamine), midazolam, Mixtard 30 (insulin/biphasic isophane), morphine, ofloxacin, ondansetron, oxycodone, paraffin, polyethylene glycol, sotalol, sterculia urens, and tiapride.

On [redacted] (Day 27) the subject experienced somnolence (CTCAE Grade 2), dehydration (CTCAE Grade 1), hyperglycemia (CTCAE Grade 1), and confusional state (CTCAE Grade 1). The subject was treated with ondansetron. The study medication was delayed due to a logistical reason. The somnolence resolved on [redacted] (Day 34), lasted 8 days, and was reported by the investigator as not related to the study drug. The dehydration, hyperglycemia, and confusional state resolved on [redacted] (Day 42), lasted 16 days, and were reported by the investigator as not related to the study drug.

On [redacted] (Day 57) the subject received the last dose of study drug. The subject had received 3 cycles of study drug.

On [redacted] (Day 58) the subject developed dysuria (CTCAE Grade 3). The subject was hospitalized and a urinary catheter was placed. The dysuria resolved on the same day. Other relevant treatment-emergent events were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0227-0090
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	全身健康状態低下/General physical health deterioration

Subject 0227-0090, a 68-year-old male, was initially diagnosed with Stage 2 retroperitoneal liposarcoma on 03 August 2006. At screening on Day −3 *, tumor assessment via CT scan included liver metastases, lung lesions, and a left thoracic lesion. Prior relevant medical and surgical history included obstructive respiratory insufficiency, hypertension, pollakiuria, thrombophlebitis, cardiac arrhythmia, and curative surgery. Prior chemotherapies included doxorubicin and trabectedin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetylsalicylic acid, amiodarone, amphotericin B, ceftriaxone, clarithromycin, fluconazole, ibuprofen, methylprednisolone, metoclopramide, ondansetron, paroxetine, Permixon (serenoa repens), polyethylene glycol, red blood cells, sodium bicarbonate, and tramadol.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 33) the subject developed general physical health deterioration (CTCAE Grade 3). The subject was hospitalized. No treatment was given for this event. The general physical health deterioration was ongoing at the end of the 30-day follow up period. The general physical health deterioration was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment included anorexia.

* 新薬承認情報提供時に置き換え

被験者番号	0227-0091
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 6 サイクル（133 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	敗血症/Sepsis，尿管狭窄/Ureteric stenosis

Subject 0227-0091, a 55-year-old female, was initially diagnosed with Stage 2 vaginal leiomyosarcoma on 18 March 1999. Prior relevant medical and surgical history included anxiety and curative surgery. At screening on Day -12 * , tumor assessment via CT scan included pancreas tail lesion, abdominal wall lesion, retrosymphyseal mass, right pelvic lymph nodes lesion, right iliac lymph nodes lesion, right pararectal mass, and peritoneal implant near stomach. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * , the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, betamethasone, ciprofloxacin, corticosteroids, esomeprazole, furosemide, lactulose, methylprednisolone, Microlax (sodium citrate/sodium lauryl sulfoacetate/sorbitol crystalline), morphine, ondansetron, phloroglucinol, prazepam, sterculia urens, Tazocilline (piperacillin/tazobactam), trimebutine, and venlafaxine.

On [redacted] (Day 120) the subject experienced sepsis (CTCAE Grade 4). Due to the event the subject's study medication was delayed. The subject was treated with ciprofloxacin and Tazocilline (piperacillin/tazobactam). There was no neutropenia present during this event. The sepsis resolved on [redacted] (Day 134), lasted 15 days, and was reported by the investigator as not related to the study drug.

On [redacted] (Day 133) the subject received the last dose of study drug. The subject had received 6 cycles of study drug.

On [redacted] (Day 161) the subject underwent a surgical procedure for the ureteric stenosis (CTCAE Grade 3). The subject was withdrawn from the study. The urethral stenosis was considered to be caused by cancer progression and was reported by the investigator to be not related to treatment. Other relevant events occurring during treatment included fatigue.

* 新薬承認情報提供時に置き換え

被験者番号	0227-0108
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 4 サイクル（78 日間）
投与期間	[redacted]年[redacted]月[redacted]日～[redacted]年[redacted]月[redacted]日
叙述の理由	
死亡以外の重篤な有害事象	肺塞栓症/Pulmonary embolism

Subject 0227-0108, a 40-year-old female, was initially diagnosed with a Grade 2 liposarcoma categorized as "other" found in the retroperitoneal space on 21 November 2007. At screening on Day −29 *, tumor assessment via CT scan included abdominal mass and parasplenic lesion. Prior relevant medical and surgical history included allergy to grass, untreated asthma, nephrectomy, depression syndrome, insomnia, and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Other prior medications were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included clonazepam, dextropropoxyphene, dipotassium clorazepate, desloratadine, esomeprazole, lactulose, methylprednisolone, morphine, ondansetron, paraffin, pentosan polysulfate, phloroglucinol, tianeptine, tinzaparin, and tramadol.

On [redacted] (Day 12) the subject experienced pulmonary embolism (CTCAE Grade 4). Due to the pulmonary embolism, the subject's study medication was delayed. The subject was treated with tinzaparin. The thromboembolism resolved on [redacted] (Day 41), lasted 30 days, and was reported by the investigator as not related to the study drug. Other relevant treatment-emergent events were not reported.

On [redacted] (Day 78) the subject received the last dose of study drug. The subject had received 4 cycles of study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0228-0057
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 7 サイクル（142 日間）
投与期間	[redacted]年[redacted]月[redacted]日～[redacted]年[redacted]月[redacted]日
叙述の理由	
死亡以外の重篤な有害事象	骨盤静脈血栓症/Vascular thrombosis

Subject 0228-0057, a 50-year-old male, was initially diagnosed with Grade 2 retroperitoneal liposarcoma on 02 November 1999. At screening on Day −13 *, tumor assessment via CT scan included left psoas metastases and left flank lymph nodes lesion. Prior relevant medical and surgical history included palliative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy excluded hematopoietic sites. Other prior medications were not reported.

On Day 1 * , the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, clonazepam, enoxaparin, Efferalgan Codeine (acetaminophen/codeine), ketoprofen, loperamide, morphine, nadroparin, omeprazole, pantoprazole, prednisone, prednisolone, and tramadol.

On [redacted] (Day 142) the subject received the last dose of study drug. The subject had received 7 cycles of study drug.

On [redacted] (Day 143) the subject experienced vascular thrombosis (CTCAE Grade 3), which resulted in hospitalization. The source of the thrombosis was the iliac vein. The subject was treated with enoxaparin. The study medication was not changed due to vascular thrombosis. The vascular thrombosis was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0228-0087
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	好中球減少症/Neutropenia，全身健康状態低下/General physical health deterioration，粘膜の炎症/Mucositis，十二指腸潰瘍/Duodenal ulcer，疲労/Fatigue

Subject 0228-0087, a 73-year-old female, was initially diagnosed with Grade 3 synovial sarcoma of uncertain differentiation on 05 December 2006. At screening on Day -26 *, tumor assessment via CT scan included lesions in the anterior pleura, costovertebral groove, lungs, and peritoneal space. Prior relevant medical and surgical history included breast cancer and curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy excluded hematopoietic sites. Other prior medications were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, acyclovir, amoxicillin, bromazepam, ceftriaxone, clorazepate, Efferalgan Codeine (acetaminophen/codeine), esomeprazole, fentanyl, glucose, granisetron, ketoprofen, Lansoyl (mineral oil), methylprednisolone, metopimazine, morphine, nystatin, phloroglucinol, prednisolone, sodium bicarbonate, terbutaline, and trimebutine.

On [redacted] (Day 14) the subject experienced neutropenia (CTCAE Grade 3), general physical health deterioration (CTCAE Grade 3), and mucositis (CTCAE Grade 3). The subject was treated with acyclovir, amoxicillin, ceftriaxone, Efferalgan Codeine (acetaminophen/codeine), fentanyl, methylprednisolone, morphine, nystatin, prednisolone, and sodium bicarbonate for stomatitis. The study medication was not changed due to these events. The neutropenia resolved on [redacted] (Day 16), lasted 3 days, and was reported by the investigator as probably related to the study drug. The general physical health deterioration and mucositis resolved on [redacted] (Day 21) and lasted 8 days. The general physical health deterioration was reported by the investigator as not related to the study drug. The mucositis was reported by the investigator as probably related to the study drug.

On [redacted] (Day 28) the subject experienced duodenal ulcer (CTCAE Grade 2). The subject was treated with esomeprazole, phloroglucinol, polyethylene glycol, and trimebutine. The study medication was delayed and reduced to 1.1 mg/m^2 due to duodenal ulcer. The duodenal ulcer resolved on the [redacted] (Day 51), lasted 24 days, and was reported by the investigator as not related to the study drug.

On [redacted] (Day 29) the subject received the last dose of study drug and was discontinued from treatment due to lack of therapeutic efficacy. The subject had received 2 cycles of study drug.

On [redacted] (Day 51) the subject developed fatigue (CTCAE Grade 3). The subject was treated with glucose and methylprednisolone. The subject was discontinued from the study due to disease progression. The fatigue was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0228-0119
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（30 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	亜イレウス/Subileus

Subject 0228-0119, a 56-year-old male, was initially diagnosed with Stage 2 retroperitoneal adipocytic liposarcoma on 14 December 2007. At screening on Day −20 *, tumor assessment via CT scan included renal lesion and lung lesion. Prior relevant medical and surgical history included acute rheumatoid arthritis, penicillin intolerance, heparin intolerance, previous thrombosis, and curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included bromazepam, danaparoid, esomeprazole, methylprednisolone, metoclopramide, morphine, pentoxifylline, phloroglucinol, polyconic glucose, prednisolone, tramadol, and trimebutine.

On [redacted] (Day 30) the subject received the last dose of study drug and was discontinued from treatment due to lack of therapeutic efficacy. The subject had received 2 cycles of study drug.

On [redacted] (Day 38) the subject experienced subileus (CTCAE Grade 3). The subject was hospitalized and treated with danaparoid, metoclopramide, methylprednisolone, morphine, tramadol, and trimebutine. The subject was withdrawn from study. The subileus was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0287-0098
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 4 サイクル（71 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	呼吸困難/Dyspnea

Subject 0287-0098, a 45-year-old female, was initially diagnosed with Grade 3 thoracic/anterior mediastinum synovial sarcoma of uncertain differentiation on 27 March 2008. At screening, tumor assessment via CT scan included lesions in the lungs, right thoracic base, retrocardiac region, laterotracheal region, liver, mediastinum, and adrenal glands; via clinical exam included lesions in the iliac bone, left femur. Prior medical and surgical history was not reported. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, alizapride, epoetin beta, glucose, granisetron, iron, Kabiven (magnesium sulfate/ calcium chloride/ glycine/ alanine/ tyrosine/ dextrose/ potassium chloride/ threonine/valine/ sodium glycerophosphate/ proline/ aspartic acid/ soya oil/ sodium acetate/histidine/tryptophan/ phenylalanine/ isoleucine/ arginine/leucine/glutamic acid), megestrol, methylprednisolone, midazolam, morphine, nadroparin, ondansetron, and pantoprazole.

On [redacted] (Day 71) the subject received the last dose of study drug. The subject had received 4 cycles of study drug.

On [redacted] (Day 97) the subject developed dyspnea (CTCAE Grade 4). The subject was hospitalized due to the event. The subject was treated with methylprednisolone and morphine. The dyspnea was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment included fatigue.

On [redacted] (Day 101) the subject died due to disease progression, 34 days after final dose.

* 新薬承認情報提供時に置き換え

被験者番号	0287-0128
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 7 サイクル（142 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	口唇および口腔内癌/Oral cavity cancer

Subject 0287-0128, a 56-year-old male, was initially diagnosed with Grade 3 undifferentiated not otherwise specified trunk/upper back liposarcoma on 29 August 2005. At screening on Day −11 *, tumor assessment via CT scan included multiple bilateral lung lesions. Prior medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, granisetron, methylprednisolone, nicardipine, and ondansetron.

On [redacted] (Day 108) the subject developed carcinoma of the oral cavity (CTCAE Grade 4). No treatment was given for this event. The study drug dose was not changed. The carcinoma of the oral cavity was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug.

On [redacted] (Day 142) the subject received the last dose of study drug. The subject had received 7 cycles of study drug and was discontinued from the study for apparition of a second cancer.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0406-0002
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 13 サイクル（261 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	咳嗽/Cough，呼吸困難/Dyspnea

Subject 0406-0002, a 38-year-old male, was initially diagnosed with Grade 2 undifferentiated knee synovial sarcoma on 08 March 2006. At screening on Day −12 *, tumor assessment via CT scan included multiple lung metastases. Prior relevant medical and surgical histories were not reported. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, diclofenac, fluconazole, and Cardiomagnyl (acetylsalicylic acid/codeine).

On [redacted] (Day 136) the subject developed cough (CTCAE Grade 3) and dyspnea (CTCAE Grade 3). These events resolved on the same day. No treatment was given for these events. The study drug dose was not changed as a result of the cough and dyspnea. The cough and dyspnea lasted 1 day and were reported by the investigator as possibly related to the study drug.

On [redacted] (Day 261) the subject received the last dose of study drug. The subject had received 13 cycles of study drug. Other relevant events occurring during treatment were not reported.

In the sponsor's opinion, the relationship of the events of cough and dyspnea to the study drug is unclear based on the available data and should be considered possibly related, although the likelihood is low.

* 新薬承認情報提供時に置き換え

被験者番号	0406-0005
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（28 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	カテーテル留置部位感染/Infection

Subject 0406-0005, a 45-year-old male, was initially diagnosed with Grade 3 poorly undifferentiated leiomyosarcoma on 06 September 2006. At screening on Day −16 *, tumor assessment via CT scan multiple bilateral lung lesions and multiple bilateral inguinal, pretracheal, paratracheal and along aortic lymph node lesions. Prior relevant medical and surgical history included diabetes mellitus, depression, hypercholesterolemia, hypertension, and palliative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * , the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included, cefuroxime, gentamicin, ibuprofen, insulin, irbesartan, iron, metformin, metopimazine, nortriptyline, ondansetron, pantoprazole, simvastatin, and vancomycin.

On [redacted] (Day 28) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 57) the subject developed an infection of the portacath site (CTCAE Grade 3). The subject was hospitalized and treated with cefuroxime, gentamicin, and vancomycin. This event resolved on [redacted] (Day 61). The infection lasted 5 days and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0406-0013
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（22 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	発熱性好中球減少症/Febrile neutropenia，肺炎/Pneumonia

Subject 0406-0013, a 69-year-old female, was initially diagnosed with Grade 2 thoracic/ anterior chest wall angiosarcoma on 23 May 2006. At screening on Day −8 *, tumor assessment via clinical exam included multiple skin metastases of the right side of the trunk/thorax. Prior relevant medical and surgical history included depression, lymphedema, asthma, fungal stomatitis, hemorrhoids, and insomnia. Prior chemotherapies included doxorubicin and paclitaxel. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, agents for treatment of hemorrhoids and anal fissures for topical use/ corticosteroid NOS, alprazolam, budesonide, cefuroxime, diclofenac, escitalopram, fluconazole, furosemide, gabapentin, gentamicin, metoclopramide, metronidazole, pantoprazole, pegfilgrastim, phenoxymethylpenicillin, potassium chloride, and terbutaline.

On [redacted] (Day 10) the subject developed febrile neutropenia (CTCAE Grade 3). The subject was hospitalized and treated with pegfilgrastim. The study drug dose was reduced to 1.1 mg/m^2 as a result of the febrile neutropenia. This event resolved on [redacted] (Day 22), lasted 13 days, and was reported by the investigator as probably related to the study drug.

On [redacted] (Day 22) the subject received the last dose of study drug and withdrew consent. The subject had received 2 cycles of study drug.

On [redacted] (Day 27) the subject developed pneumonia (CTCAE Grade 3). The subject was treated with cefuroxime, penicillin, and phenoxymethylpenicillin. The study drug dose was not changed as a result of pneumonia. This event resolved on [redacted] (Day 40), lasted 14 days, and was reported by the investigator as possibly related to the study drug. Other relevant events occurring during treatment included urinary infection (CTCAE Grade 3), which was reported as possibly related to study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0406-0020
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	低マグネシウム血症/Hypomagnesemia

Subject 0406-0020, a 51-year-old female, was initially diagnosed Grade 3 poorly undifferentiated duodenal angiosarcoma on 27 February 2007. At screening on Day −12 *, tumor assessment via clinical exam included multiple abdominal skin metastases and via CT scan gastrointestinal lesion in duodenum. Prior relevant medical and surgical history included palliative surgery. Prior chemotherapies included cisplatin and doxorubicin. Previous radiotherapy included hematopoietic sites. Prior medications taken and discontinued within 30 days of study entry included magnesium and octreotide.

On Day 1 * , the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, fentanyl, ketobemidone, loperamide, magnesium, metopimazine, octreotide, and sulfamethizole.

On [redacted] (Day -12) the subject experienced hypomagnesemia (CTCAE Grade 3). The subject was hospitalized and treated with IV magnesium. This event resolved on [redacted] (Day -10) and lasted 3 days. On [redacted] (Day -4) the subject experienced a second episode of hypomagnesemia (CTCAE Grade 2). The subject was treated with IV magnesium. This event resolved on [redacted] (Day -3) and lasted 2 days. On [redacted] (Day 8) the subject experienced a third episode of hypomagnesemia (CTCAE Grade 3). The subject was treated with IV magnesium. The study drug dose was not changed as a result of the hypomagnesemia. This event resolved on [redacted] (Day 10), lasted 3 days, and was reported by the investigator as not related to the study drug.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0440-0072
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（37 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	便秘/Constipation，胸痛/Chest pain，イレウス/Ileus

Subject 0440-0072, a 56-year-old female, was initially diagnosed with Stage 3 poorly undifferentiated uteral leiomyosarcoma on 09 September 2005. At screening on Day −29 *, tumor assessment via CT scan included right thoracic wall metastasis. Prior relevant medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of study entry were not reported.

On Day 1 *, the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, clonidine, furosemide, gentamicin, haloperidol, magnesium, mecillinam, methadone, metoclopramide, metronidazole, nortriptyline, ondansetron, oxycodone, pantoprazole, paraffin oil, phenoxymethylpenicillin, polyethylene glycol, potassium chloride, and promethazine.

On [redacted] (Day 19) the subject experienced constipation (CTCAE Grade 3) and pain in the right side of chest (CTCAE Grade 3). The subject was treated with methadone, oxycodone, and paraffin oil. The study medication was delayed. Both events resolved on [redacted] (Day 27), lasted 9 days, and were reported by the investigator as not related to the study drug.

On [redacted] (Day 37) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 49) the subject experienced ileus (CTCAE Grade 3) and was hospitalized and underwent surgery. The subject recovered from the event on [redacted] (Day 52). The ileus lasted 4 days and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0440-0096
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 1 サイクル（8 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	発熱/Pyrexia 注)

注）当該被験者の重篤な有害事象の叙述では，感染/Infection（症例報告書の記載）

Subject 0440-0096, a 76-year-old male was initially diagnosed with Stage 3 thoracic leiomyosarcoma on 17 July 2006. At screening, tumor assessment via CT include multiple liver lesions. Prior medical and surgical history included a mild degree of Alzheimer disease and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of study entry were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, acetylcysteine, aricept, furosemide, and mirtazapine.

On [redacted] (Day 8) the subject received the last dose of study drug. The subject had received 1 cycle of study drug.

On [redacted] (Day 15) the subject experienced infection (CTCAE Grade 3). His neutrophil count was 1.34 × 10^9/L and WBC was 2.9 × 10^9/L. He was treated with gentamicin, penicillin, and Tazocin (piperacillin/tazobactam). The infection resolved on [redacted] (Day 20), lasted 6 days, and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment were not reported. The subject withdrew consent and was removed from the study on Day 42 * .

* 新薬承認情報提供時に置き換え

被験者番号	0509-0009
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 1 サイクル（1 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	前脊髄動脈症候群/Anterior spinal artery syndrome

Subject 0509-0009, a 59-year-old male was initially diagnosed with Stage 2 soft tissue sarcoma on 24 February 2003. At screening, tumor assessment via CT scan included single liver metastasis, left lower infrarenal abdomen lesion, and left lower perirenal abdomen lesion. Prior relevant medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy included radiation to the hematopoietic sites. Prior medications taken and discontinued within 30 days of study entry were not reported.

On Day 1 * the subject started treatment. This was the only dose the subject received. Prior medications ongoing during treatment and concomitant medications received during treatment included enalapril, hydromorphone, ibuprofen, macrogol, metamizole, metoclopramide, morphine, and omeprazole.

On Day 9 * the study drug was discontinued as a result of planned surgery.

On [redacted] (Day 4) the subject had radiopathologically confirmed bone metastases, especially at T11. Due to increasing pain, it was decided to perform a decompression operation of T11 on Day 7 * . On [redacted] (Day 10), the subject developed anterior spinal artery syndrome (CTCAE Grade 4) after the recent surgery. The subject remained hospitalized and received a morphine infusion as treatment therapy. The anterior spinal artery syndrome was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0509-0051
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 10 サイクル（197 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	喀血/Pulmonary hemorrhage

Subject 0509-0051, a 26-year-old male was initially diagnosed with Stage 3 synovial sarcoma on 26 April 2007. At screening, tumor assessment via CT scan included multiple left and right lung metastases. Prior relevant medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of study entry were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included cefixime, ceftriaxone, clarithromycin, codeine, dihydrocodeine, metamizole, moxifloxacin, and tramadol.

On [redacted] (Day 2) the subject developed pulmonary hemorrhage (CTCAE Grade 2) and was hospitalized. The subject was treated with dihydrocodeine and metamizole. The pulmonary bleeding resolved on [redacted] (Day 15). The study drug dose was not changed as a result of the pulmonary bleeding. The pulmonary bleeding lasted 14 days and was reported by the investigator as not related to the study drug.

On [redacted] (Day 197) the subject received the last dose of study drug. The subject had received 10 cycles of study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0509-0123
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 9 サイクル（203 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	深部静脈血栓症/Deep venous thrombosis

Subject 0509-0123, a 56-year-old male was initially diagnosed with Stage 2 retroperitoneal adipocytic liposarcoma on 24 July 2003. At screening, tumor assessment via CT scan included adrenal mass, large abdominal mass, right lateral mass, right paraaortic mass, pelvic lesion, left paraaortic lesion, multiple liver lesions, and multiple intra-abdominal lesions. Prior medical and surgical history included thrombosis, occlusion of the femoral vein, and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included certoparin, heparin, macrogol, metoclopramide, morphine, and pantoprazole.

On [redacted] (Day 41) the subject developed deep venous thrombosis (CTCAE Grade 3). The subject was admitted to the hospital and treated with certoparin. The study drug was delayed. The deep venous thrombosis resolved on [redacted] (Day 45), lasted 5 days and was reported by the investigator to be not related to treatment.

On [redacted] (Day 203) the subject received the last dose of study drug. The subject had received 10 cycles of study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0509-0126
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted]年[redacted]月[redacted]日～[redacted]年[redacted]月[redacted]日
叙述の理由	
死亡以外の重篤な有害事象	腫瘍疼痛/Tumor pain

Subject 0509-0126, a 75-year-old male was initially diagnosed with Stage 2 hip adipocytic liposarcoma on 14 June 2007. At screening, tumor assessment via CT scan included multiple peritoneal lesions, pelvic lesion, and mid abdomen lesion. Prior relevant medical and surgical history included arterial hypertension, tachycardia, and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of study entry were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included diltiazem, enalapril, enoxaparin, fentanyl, filgrastim, formoterol, hydrochlorothiazide, Maaloxan (aluminum hydroxide/magnesium hydroxide), metamizole, morphine, ondansetron, pantoprazole, phytomenadione, and piritramide.

On [redacted] (Day 29) the subject experienced tumor pain (CTCAE Grade 2). The subject was previously being treated with morphine PRN for tumor pain. The tumor pain was ongoing as of the 30-day follow up period and reported by the investigator as not related to study drug. The subject received the last dose of study drug that same day. He had received 2 cycles of study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0527-0039
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	γ–グルタミルトランスフェラーゼ増加/Increased GGT，血中アルカリホスファターゼ増加/Increased ALP，低アルブミン血症/Hypoalbuminemia

Subject 0527-0039, a 69-year-old female was initially diagnosed with Stage 2 liposarcoma on 15 April 2002. At screening, tumor assessment via CT scan included right groin metastasis and small pelvic metastasis. Prior medical and surgical history included glaucoma, hypothyreosis, chronic obstructive pulmonary disease, hypertension, and palliative surgery. Prior chemotherapies included doxorubicin and trofosfamide. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetylcysteine, brinzolamide, enalapril, Deltajonin (balanced electrolyte solution), dexamethasone, erythrocytes, granisetron, levothyroxine, magnesium, metamizole, metoclopramide, oxycodone, pantoprazole, polyethylene glycol, ramipril, Targin (oxycodone/naloxone), tiotropium, torsemide, and xipamide

On [redacted] (Day 22), the subject experienced increased GGT (CTCAE Grade 3). No treatment was given for this event. The study drug dose was not changed as a result of the increased GGT. The increased GGT was ongoing at the time of the 30-day follow up period and was reported by the investigator as possibly related to the study drug.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 52) the subject experienced an increase in alkaline phosphatase levels (CTCAE Grade 2) and hypoalbuminemia (CTCAE Grade 3). The subject did not receive any treatment as a result of the SAEs. The increased ALP and hypoalbuminemia were ongoing at the time of the 30-day follow up period and were reported by the investigator as possibly related to the study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0527-0046
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	腫瘍疼痛/Tumor pain

Subject 0527-0046, a 49-year-old female was initially diagnosed with Stage 2 uterine sarcoma not otherwise specified on 15 September 2006. At screening, tumor assessment via CT scan included multiple lung metastases in all segments, multiple liver metastases and rectal metastasis. Prior relevant medical and surgical history included hypertension and curative surgery. Prior chemotherapies included doxorubicin and letrozole. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of study entry included metamizole.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included Deltajonin (sodium acetate/sodium chloride/potassium chloride/calcium chloride/magnesium chloride hexahydrate), lactulose, lorazepam, metamizole, morphine, pantoprazole, polyethylene glycol, SAB simplex (dimethicone/simethicone), sodium chloride, Targin (oxycodone/naloxone), tramadol, and zolpidem.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 42) the subject experienced tumor pain (CTCAE Grade 3) and was hospitalized for tumor assessment at the end of cycle 2 to determine whether to start treatment on cycle 3. The subject was treated with morphine. The subject was later diagnosed with extradural metastases to the thoracic vertebrae. As a result, the subject was withdrawn from the study due to disease progression. The tumor pain was ongoing at the time of the 30 day follow up period and was reported by the investigator as not related to the study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0527-0088
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	心嚢液貯留/Pericardial effusion，心嚢液貯留/Pericardial effusion

Subject 0527-0088, a 40-year-old female was initially diagnosed with Stage 3 uterine leiomyosarcoma on 27 June 1995. At screening, tumor assessment via CT scan included right thoracic craniocaudal lesion, multiple lung lesions, dorsal liver lesion, and right retrosternal, paramediastinal lymph node lesion. Prior medical and surgical history included hypothyreosis, lack of estrogen after salpingo-oophorectomy, and palliative surgery. Prior chemotherapies included docetaxel and gemcitabine. Previous radiotherapies were not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, diclofenac, dihydrocodeine, estradiol, ibuprofen, lorazepam, levothyroxine, metamizole, metildigoxin, metoclopramide, ondansetron, and verapamil.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 43) the subject experienced pericardial effusion (CTCAE Grade 3), which resulted in hospitalization. The subject underwent pericardiocentesis and pigtail drainage. On [redacted] (Day 46) the severity of the pericardial effusion decreased to CTCAE Grade 1. The subject was administered a non-drug treatment. On [redacted] (Day 55) the severity of the pericardial effusion increased to CTCAE Grade 3. The subject was readmitted to hospital and an echocardiogram was performed with findings of rest of small pleural effusion, right ventricle sentient and pigtail drainage removed. This event was ongoing at the end of the 30-day follow up period. The pericardial effusion was reported by the investigator as not related to the study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0527-0120
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 4 サイクル（71 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	呼吸困難/Dyspnea

Subject 0527-0120, a 57-year-old male was initially diagnosed with Stage 3 leiomyosarcoma on 26 April 2006. At screening, tumor assessment via CT scan included multiple lung and bone lesions. Prior medical and surgical history included hypertension, chronic pulmonary obstructive disease, and curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included amitriptyline, amlodipine, dexamethasone, Emestar plus (eprosartan/hydrochlorothiazide), metamizole, metoclopramide, moxonidine, pamidronic acid, pantoprazole, prednisolone, Symbicort (budesonide/formoterol), Targin (oxycodone/naloxone), and tiotropium.

On [redacted] (Day 64) the subject experienced dyspnea (CTCAE Grade 3). The subject was hospitalized and treated with prednisolone. The study drug dose was not changed. The dyspnea was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug.

On [redacted] (Day 71) the subject received the last dose of study drug. The subject had received 4 cycles of study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0528-0036
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 5 サイクル（101 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	発熱性好中球減少症/Febrile neutropenia

Subject 0528-0036, a 48-year-old male was initially diagnosed with Stage 3 adipocytic sarcoma, on 04 March 2003. At screening, tumor assessment via MRI included liver hilus metastasis. Prior medical and surgical history included hypercholesterolemia, allergy to house dust, allergic bronchial asthma, ascending aortic aneurysm chronic spines syndrome, coronary heart disease, and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy excluded hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included Berodual (fenoterol/ipratropium), cefuroxime, dalteparin, fentanyl, haloperidol, levofloxacin, pantoprazole, polyethylene glycol, tropisetron, ursodeoxycholic acid, and Viani (fluticasone/salmeterol).

On [redacted] (Day 7) the subject developed febrile neutropenia (CTCAE Grade 3) and was hospitalized. The WBC count was 0.5×10^9/L. The subject was treated with levofloxacin. The study drug dose was withheld and reduced to 1.1 mg/m^2. The event resolved on [redacted] (Day 9). The febrile neutropenia lasted 3 days and was reported by the investigator as probably related to the study drug.

On [redacted] (Day 101) the subject received last dose of study medication. The subject had received 5 cycles of study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0528-0042
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	腫瘍疼痛/Tumor pain

Subject 0528-0042, a 53-year-old male was initially diagnosed with Stage 3 so-called fibrohistiocytic tumor on 15 December 2006. At screening, tumor assessment via CT scan included lesions in the lungs and abdominal cavity. Prior medical and surgical history included femoral bypass and curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy included hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetylsalicylic acid, ibuprofen, oxycodone, pantoprazole, and tramadol.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 36), the subject developed pelvic pain (CTCAE Grade 3). The subject was treated with amitriptyline, metamizole, and pregabalin. The tumor pain resolved with sequelae on [redacted] (Day 54). The tumor pain lasted 19 days and was reported by the investigator as not related to the study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0530-0016
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	腫瘍出血/Ocular tumor hemorrhage

Subject 0530-0016, a 64-year-old male was initially diagnosed with Stage 2 soft tissue sarcoma on 26 July 2006. At screening, tumor assessment CT scan included right thigh, liver, pelvis, and lung metastases. Prior medical and surgical history included prostate hypertrophy, tumor pain, and palliative surgery. Prior chemotherapies included doxorubicin and trofosfamide. Previous radiotherapy included hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug included phenprocoumon.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included metamizole, omeprazole, tamsulosin, and tilidine.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

On [redacted] (Day 55) the subject developed an ocular tumor hemorrhage (CTCAE Grade 1). The subject was hospitalized. The source of the bleeding was his ocular metastasis. The subject underwent a CCT and MRT, which showed a tumor of the right eyelid. The subject also underwent a CT of the thorax and abdomen which shown progression of hepatic and pulmonary metastases. The ocular tumor hemorrhage was ongoing at the time of the 30-day follow up period and was reported by the investigator as not related to the study drug.

On [redacted] (Day 74) the subject's tumor was resected.

* 新薬承認情報提供時に置き換え

被験者番号	0530-0018
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（32 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	発熱/Fever

Subject 0530-0018, a 37-year-old female was initially diagnosed with a Stage 3 tumor of uncertain differentiation on 14 September 2005. No tumor screening was provided. Prior medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin. Previous radiotherapy excluded radiation to the hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included metamizole, pantoprazole, and tramadol.

On [redacted] (Day 2) the subject developed a fever (CTCAE Grade 1). The subject was hospitalized. The study drug dose was not changed as a result of the fever. The subject spontaneously recovered from fever and did not receive medication for treatment. This event resolved on [redacted] (Day 3), lasted 2 days, and was reported by the investigator as possibly related to the study drug

On [redacted] (Day 57) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

* 新薬承認情報提供時に置き換え

被験者番号	0550-0031
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 3 サイクル（50 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	腫瘍疼痛/General tumor pain，腫瘍疼痛/右股関節痛 Right hip pain，腫瘍疼痛/大腿部痛/Thigh pain

Subject 0550-0031, a 35-year-old female was initially diagnosed with Stage 3 soft tissue sarcoma of uncertain differentiation on 23 October 2006. At screening, tumor assessment via CT scan included multiple liver and right lung metastases. Prior medical and surgical history included palliative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy included hematopoietic sites. Prior medications taken and discontinued within 30 days of first dose of study drug were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included diclofenac, nimesulide, and tetrazepam.

On [redacted] (Day 50) the subject received the last dose of study drug. The subject had received 3 cycles of study drug.

On [redacted] (Day 62), the subject developed general tumor pain (CTCAE Grade 3), right hip pain (CTCAE Grade 3), and thigh pain (CTCAE Grade 3). The subject was treated with ketoprofen, midazolam, pamidronate, and tramadol. Subsequently, CT scan was performed, which revealed a large metastatic lesion in the right sacral bone involving right hip. The subject was hospitalized and underwent radiotherapy from [redacted] (Day 65) to [redacted] (Day 70). All three events were ongoing at the time of the 30-day follow up period and were reported by the investigator as not related to the study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	0550-0115
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted] 年 [redacted] 月 [redacted] 日～[redacted] 年 [redacted] 月 [redacted] 日
叙述の理由	
死亡以外の重篤な有害事象	発熱/Fever，悪寒/Chills

Subject 0550-0115, a 44-year-old female was initially diagnosed with Stage 3 retroperitoneal liposarcoma on 25 April 2000. At screening, tumor assessment via CT scan included a left retroperitoneal mass. Prior medical and surgical history included hypercholesterolemia, ischemic cerebral stroke, left hemiparesis, and curative surgery. Prior chemotherapies included decarbazine, doxorubicin, and ifosfamide. Previous radiotherapy was not reported. Prior medications taken and discontinued within 30 days of study entry were not reported.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included acetaminophen, acetylsalicylic acid, cefuroxime, dexamethasone, enoxaparin, hydroxyzine, methylprednisolone, ondansetron, oxcarbazepine, and pravastatin.

On [redacted] (Day 23) the subject developed a fever (CTCAE Grade 1). The subject was treated with acetaminophen. The study drug dose was not changed. The fever resolved on [redacted], (Day 25), lasted 3 days, and was reported by the investigator as possibly related to the study drug.

On [redacted] (Day 24) the subject developed chills (CTCAE Grade 1). The subject was treated with intravenous cefuroxime and methylprednisolone. The study drug dose was not changed. The chills resolved on [redacted], (Day 25) lasted 2 days, and were reported by the investigator as possibly related to the study drug.

On [redacted] (Day 29) the subject received the last dose of study drug. The subject had received 2 cycles of study drug.

Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

被験者番号	3039-0029
投与量/投与方法	21 日間を 1 サイクルとし，各サイクル第 1 日目及び第 8 日目に本薬 1.4 mg/m^2 を投与
最終投与時のサイクル（投与期間）	第 2 サイクル（29 日間）
投与期間	[redacted]年[redacted]月[redacted]日～[redacted]年[redacted]月[redacted]日
叙述の理由	
死亡以外の重篤な有害事象	腹痛/Abdominal pain

Subject 3039-0029, a 25-year-old female was initially diagnosed with Stage 2 leiomyosarcoma on 18 December 2004. At screening on Day -10 * , tumor assessment via CT included thyroid gland lesion, right mediastinal lesion, lung lesion, lobus caudatus preaortal liver lesion, multiple bilateral kidney lesions, bone lesion, brain lesion, malignant ascites, malignant pleural effusion, and skin lesion. Prior relevant medical and surgical history included curative surgery. Prior chemotherapies included doxorubicin and ifosfamide. Previous radiotherapy was not reported. Other prior medications taken within 30 days of study entry included metamizole.

On Day 1 * the subject started treatment. Prior medications ongoing during treatment and concomitant medications received during treatment included dexamethasone, dolasetron, moxifloxacin, selen, Valette (dienogest/ethinyloestradiol), vitamin C, vitamin E, Wobenzym (proteolytic enzymes/rutin), and zinc.

On [redacted] (Day 29) the subject received last dose of study medication. The subject had received 2 cycles of study drug.

On [redacted] (Day 32) the subject developed abdominal pain (CTCAE Grade 3) and was hospitalized. The subject was treated with metamizole and tramadol. The abdominal pain resolved on [redacted] (Day 33), lasted 2 days and was reported by the investigator as not related to the study drug. The study drug dose was delayed due to upper respiratory infection experienced by the subject.

On [redacted] (Day 37) disease progression was confirmed by CT scan.

On [redacted] (Day 40) the subject dropped out of the study due to progression of disease. Other relevant events occurring during treatment were not reported.

* 新薬承認情報提供時に置き換え

付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
Any TEAEs	35 (100.0)	33 (94.3)	16 (100.0)	16 (100.0)	51 (100.0)	49 (96.1)
血液およびリンパ系障害	35 (100.0)	33 (94.3)	16 (100.0)	15 (93.8)	51 (100.0)	48 (94.1)
貧血	17 (48.6)	4 (11.4)	7 (43.8)	3 (18.8)	24 (47.1)	7 (13.7)
発熱性好中球減少症	3 (8.6)	3 (8.6)	1 (6.3)	1 (6.3)	4 (7.8)	4 (7.8)
白血球減少症	35 (100.0)	25 (71.4)	16 (100.0)	13 (81.3)	51 (100.0)	38 (74.5)
リンパ球減少症	29 (82.9)	13 (37.1)	11 (68.8)	4 (25.0)	40 (78.4)	17 (33.3)
好中球減少症	35 (100.0)	30 (85.7)	15 (93.8)	14 (87.5)	50 (98.0)	44 (86.3)
血小板減少症	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
心臓障害	4 (11.4)	1 (2.9)	3 (18.8)	0	7 (13.7)	1 (2.0)
心不全	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
動悸	2 (5.7)	0	0	0	2 (3.9)	0
洞性頻脈	0	0	1 (6.3)	0	1 (2.0)	0
頻脈	1 (2.9)	0	2 (12.5)	0	3 (5.9)	0
心室性期外収縮	1 (2.9)	0	0	0	1 (2.0)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
耳および迷路障害	2 (5.7)	0	0	0	2 (3.9)	0
耳鳴	1 (2.9)	0	0	0	1 (2.0)	0
鼓膜穿孔	1 (2.9)	0	0	0	1 (2.0)	0
眼障害	4 (11.4)	1 (2.9)	0	0	4 (7.8)	1 (2.0)
白内障	2 (5.7)	1 (2.9)	0	0	2 (3.9)	1 (2.0)
結膜出血	1 (2.9)	0	0	0	1 (2.0)	0
眼乾燥	1 (2.9)	0	0	0	1 (2.0)	0
黄斑変性	1 (2.9)	0	0	0	1 (2.0)	0
胃腸障害	22 (62.9)	1 (2.9)	11 (68.8)	1 (6.3)	33 (64.7)	2 (3.9)
腹部不快感	1 (2.9)	0	0	0	1 (2.0)	0
腹痛	1 (2.9)	0	0	0	1 (2.0)	0
下腹部痛	0	0	1 (6.3)	0	1 (2.0)	0
上腹部痛	3 (8.6)	0	0	0	3 (5.9)	0
裂肛	1 (2.9)	0	0	0	1 (2.0)	0
肛門脱	1 (2.9)	0	0	0	1 (2.0)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
胃腸障害 (contd)						
口唇炎	0	0	3 (18.8)	0	3 (5.9)	0
慢性胃炎	1 (2.9)	0	0	0	1 (2.0)	0
便秘	11 (31.4)	0	5 (31.3)	0	16 (31.4)	0
下痢	7 (20.0)	0	0	0	7 (13.7)	0
口内乾燥	1 (2.9)	0	0	0	1 (2.0)	0
消化不良	0	0	1 (6.3)	0	1 (2.0)	0
腸炎	1 (2.9)	0	0	0	1 (2.0)	0
胃炎	0	0	1 (6.3)	0	1 (2.0)	0
イレウス	1 (2.9)	1 (2.9)	1 (6.3)	1 (6.3)	2 (3.9)	2 (3.9)
悪心	14 (40.0)	0	7 (43.8)	0	21 (41.2)	0
食道狭窄	1 (2.9)	0	0	0	1 (2.0)	0
口内炎	9 (25.7)	0	4 (25.0)	0	13 (25.5)	0
歯痛	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
嘔吐	3 (8.6)	0	1 (6.3)	0	4 (7.8)	0
一般・全身障害および投与部位の状態	25 (71.4)	2 (5.7)	16 (100.0)	0	41 (80.4)	2 (3.9)

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_7.sas 18JUN201513:43

付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
MedDRA System Organ Class Preferred Term	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
一般・全身障害および投与部位の状態 (contd)						
疲労	5 (14.3)	0	4 (25.0)	0	9 (17.6)	0
全身性浮腫	2 (5.7)	1 (2.9)	0	0	2 (3.9)	1 (2.0)
インフルエンザ様疾患	1 (2.9)	0	0	0	1 (2.0)	0
注射部位漏出	2 (5.7)	0	0	0	2 (3.9)	0
注射部位疼痛	1 (2.9)	0	0	0	1 (2.0)	0
倦怠感	12 (34.3)	0	8 (50.0)	0	20 (39.2)	0
末梢性浮腫	2 (5.7)	0	3 (18.8)	0	5 (9.8)	0
末梢腫脹	2 (5.7)	0	0	0	2 (3.9)	0
発熱	15 (42.9)	1 (2.9)	6 (37.5)	0	21 (41.2)	1 (2.0)
口渇	1 (2.9)	0	0	0	1 (2.0)	0
肝胆道系障害	5 (14.3)	1 (2.9)	1 (6.3)	0	6 (11.8)	1 (2.0)
肝機能異常	4 (11.4)	0	1 (6.3)	0	5 (9.8)	0
肝出血	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
感染症および寄生虫症	23 (65.7)	2 (5.7)	4 (25.0)	1 (6.3)	27 (52.9)	3 (5.9)

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
感染症および寄生虫症 (contd)						
膀胱炎	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
感染性腸炎	0	0	1 (6.3)	0	1 (2.0)	0
毛包炎	0	0	1 (6.3)	0	1 (2.0)	0
胃腸炎	1 (2.9)	0	0	0	1 (2.0)	0
歯肉炎	3 (8.6)	0	0	0	3 (5.9)	0
帯状疱疹	1 (2.9)	0	0	0	1 (2.0)	0
感染性胸水	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
インフルエンザ	1 (2.9)	0	0	0	1 (2.0)	0
鼻咽頭炎	10 (28.6)	0	1 (6.3)	0	11 (21.6)	0
中耳炎	1 (2.9)	0	0	0	1 (2.0)	0
急性中耳炎	0	0	1 (6.3)	0	1 (2.0)	0
咽頭炎	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
肺炎	0	0	1 (6.3)	1 (6.3)	1 (2.0)	1 (2.0)
鼻炎	1 (2.9)	0	0	0	1 (2.0)	0
レンサ球菌感染	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
上気道感染	10 (28.6)	0	1 (6.3)	0	11 (21.6)	0

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
感染症および寄生虫症 (contd)						
尿路感染	3 (8.6)	0	0	0	3 (5.9)	0
創傷感染	0	0	1 (6.3)	0	1 (2.0)	0
傷害、中毒および処置合併症	8 (22.9)	0	2 (12.5)	0	10 (19.6)	0
剥離骨折	1 (2.9)	0	0	0	1 (2.0)	0
挫傷	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
擦過傷	1 (2.9)	0	0	0	1 (2.0)	0
転倒	3 (8.6)	0	0	0	3 (5.9)	0
足骨折	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
熱中症	1 (2.9)	0	0	0	1 (2.0)	0
靭帯捻挫	1 (2.9)	0	0	0	1 (2.0)	0
処置による疼痛	1 (2.9)	0	0	0	1 (2.0)	0
肋骨骨折	1 (2.9)	0	0	0	1 (2.0)	0
ストーマ部紅斑	1 (2.9)	0	0	0	1 (2.0)	0
創傷	1 (2.9)	0	0	0	1 (2.0)	0

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
臨床検査	23 (65.7)	3 (8.6)	10 (62.5)	2 (12.5)	33 (64.7)	5 (9.8)
活性化部分トロンボプラスチン時間延長	1 (2.9)	0	0	0	1 (2.0)	0
アラニンアミノトランスフェラーゼ増加	10 (28.6)	2 (5.7)	4 (25.0)	1 (6.3)	14 (27.5)	3 (5.9)
アスパラギン酸アミノトランスフェラーゼ増加	10 (28.6)	2 (5.7)	3 (18.8)	0	13 (25.5)	2 (3.9)
血中アルブミン減少	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
血中アルカリホスファターゼ増加	1 (2.9)	0	4 (25.0)	0	5 (9.8)	0
血中ビリルビン増加	1 (2.9)	0	0	0	1 (2.0)	0
血中クレアチンホスホキナーゼ増加	6 (17.1)	0	2 (12.5)	0	8 (15.7)	0
血中クレアチニン増加	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
血中乳酸脱水素酵素増加	6 (17.1)	0	5 (31.3)	0	11 (21.6)	0
血圧低下	1 (2.9)	0	0	0	1 (2.0)	0
尿中血陽性	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
Ｃ－反応性蛋白増加	4 (11.4)	0	2 (12.5)	0	6 (11.8)	0
心電図ＱＴ延長	1 (2.9)	0	0	0	1 (2.0)	0
γ－グルタミルトランスフェラーゼ増加	1 (2.9)	0	0	0	1 (2.0)	0
ヘモグロビン減少	2 (5.7)	0	0	0	2 (3.9)	0
肝機能検査異常	1 (2.9)	0	0	0	1 (2.0)	0

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
臨床検査 (contd)						
総蛋白減少	1 (2.9)	0	0	0	1 (2.0)	0
尿蛋白	2 (5.7)	0	0	0	2 (3.9)	0
プロトロンビン時間比増加	1 (2.9)	0	0	0	1 (2.0)	0
体重減少	4 (11.4)	0	0	0	4 (7.8)	0
体重増加	0	0	1 (6.3)	1 (6.3)	1 (2.0)	1 (2.0)
尿中白血球	1 (2.9)	0	0	0	1 (2.0)	0
代謝および栄養障害	19 (54.3)	5 (14.3)	11 (68.8)	5 (31.3)	30 (58.8)	10 (19.6)
食欲減退	7 (20.0)	0	5 (31.3)	0	12 (23.5)	0
糖尿病	1 (2.9)	0	0	0	1 (2.0)	0
高脂血症	3 (8.6)	0	1 (6.3)	0	4 (7.8)	0
高トリグリセリド血症	4 (11.4)	0	1 (6.3)	1 (6.3)	5 (9.8)	1 (2.0)
高尿酸血症	2 (5.7)	1 (2.9)	0	0	2 (3.9)	1 (2.0)
低アルブミン血症	6 (17.1)	1 (2.9)	4 (25.0)	1 (6.3)	10 (19.6)	2 (3.9)
低カルシウム血症	3 (8.6)	0	1 (6.3)	0	4 (7.8)	0
低血糖症	0	0	1 (6.3)	0	1 (2.0)	0

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付録 2.7.6-7
Study 217
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Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
代謝および栄養障害 (contd)						
低カリウム血症	3 (8.6)	1 (2.9)	3 (18.8)	2 (12.5)	6 (11.8)	3 (5.9)
低リン酸血症	3 (8.6)	2 (5.7)	5 (31.3)	3 (18.8)	8 (15.7)	5 (9.8)
低蛋白血症	1 (2.9)	0	2 (12.5)	0	3 (5.9)	0
筋骨格系および結合組織障害	12 (34.3)	1 (2.9)	4 (25.0)	0	16 (31.4)	1 (2.0)
関節痛	5 (14.3)	0	0	0	5 (9.8)	0
背部痛	5 (14.3)	0	2 (12.5)	0	7 (13.7)	0
骨痛	1 (2.9)	0	0	0	1 (2.0)	0
四肢不快感	1 (2.9)	0	0	0	1 (2.0)	0
筋肉痛	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
変形性関節症	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
四肢痛	3 (8.6)	1 (2.9)	1 (6.3)	0	4 (7.8)	1 (2.0)
良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む）	14 (40.0)	1 (2.9)	11 (68.8)	4 (25.0)	25 (49.0)	5 (9.8)
癌疼痛	13 (37.1)	0	10 (62.5)	3 (18.8)	23 (45.1)	3 (5.9)
腫瘍熱	1 (2.9)	0	0	0	1 (2.0)	0

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） (contd)						
腫瘍性塞栓症	0	0	1 (6.3)	1 (6.3)	1 (2.0)	1 (2.0)
腫瘍出血	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
神経系障害	21 (60.0)	0	8 (50.0)	0	29 (56.9)	0
浮動性めまい	2 (5.7)	0	0	0	2 (3.9)	0
味覚異常	10 (28.6)	0	2 (12.5)	0	12 (23.5)	0
頭痛	4 (11.4)	0	2 (12.5)	0	6 (11.8)	0
感覚鈍麻	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
肋間神経痛	1 (2.9)	0	0	0	1 (2.0)	0
末梢性ニューロパチー	14 (40.0)	0	2 (12.5)	0	16 (31.4)	0
末梢性感覚ニューロパチー	1 (2.9)	0	2 (12.5)	0	3 (5.9)	0
ヘルペス後神経痛	1 (2.9)	0	0	0	1 (2.0)	0
坐骨神経痛	0	0	1 (6.3)	0	1 (2.0)	0
感覚障害	1 (2.9)	0	0	0	1 (2.0)	0
傾眠	2 (5.7)	0	0	0	2 (3.9)	0
声帯麻痺	0	0	1 (6.3)	0	1 (2.0)	0

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Study 217
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Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
精神障害	3 (8.6)	0	4 (25.0)	1 (6.3)	7 (13.7)	1 (2.0)
不安	0	0	1 (6.3)	0	1 (2.0)	0
譫妄	0	0	1 (6.3)	1 (6.3)	1 (2.0)	1 (2.0)
不眠症	3 (8.6)	0	2 (12.5)	0	5 (9.8)	0
腎および尿路障害	7 (20.0)	1 (2.9)	2 (12.5)	0	9 (17.6)	1 (2.0)
排尿困難	0	0	1 (6.3)	0	1 (2.0)	0
血尿	1 (2.9)	0	0	0	1 (2.0)	0
水腎症	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
頻尿	1 (2.9)	0	0	0	1 (2.0)	0
蛋白尿	3 (8.6)	0	2 (12.5)	0	5 (9.8)	0
腎障害	0	0	1 (6.3)	0	1 (2.0)	0
慢性腎不全	1 (2.9)	0	0	0	1 (2.0)	0
生殖系および乳房障害	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
不規則月経	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)

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付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
呼吸器、胸郭および縦隔障害	14 (40.0)	2 (5.7)	8 (50.0)	0	22 (43.1)	2 (3.9)
咳嗽	4 (11.4)	0	2 (12.5)	0	6 (11.8)	0
発声障害	1 (2.9)	0	0	0	1 (2.0)	0
呼吸困難	2 (5.7)	1 (2.9)	1 (6.3)	0	3 (5.9)	1 (2.0)
鼻出血	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
喀血	0	0	1 (6.3)	0	1 (2.0)	0
低酸素症	1 (2.9)	0	0	0	1 (2.0)	0
間質性肺疾患	0	0	1 (6.3)	0	1 (2.0)	0
鼻閉	0	0	1 (6.3)	0	1 (2.0)	0
口腔咽頭不快感	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
口腔咽頭痛	4 (11.4)	0	1 (6.3)	0	5 (9.8)	0
胸水	1 (2.9)	0	0	0	1 (2.0)	0
肺塞栓症	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
上気道の炎症	1 (2.9)	0	0	0	1 (2.0)	0
皮膚および皮下組織障害	19 (54.3)	0	5 (31.3)	0	24 (47.1)	0
脱毛症	11 (31.4)	0	3 (18.8)	0	14 (27.5)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_7.sas 18JUN201513:43

付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
皮膚および皮下組織障害 (contd)						
水疱	1 (2.9)	0	0	0	1 (2.0)	0
褥瘡性潰瘍	1 (2.9)	0	0	0	1 (2.0)	0
皮膚炎	1 (2.9)	0	0	0	1 (2.0)	0
皮膚筋炎	1 (2.9)	0	0	0	1 (2.0)	0
皮膚乾燥	2 (5.7)	0	0	0	2 (3.9)	0
湿疹	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
紅斑	2 (5.7)	0	0	0	2 (3.9)	0
そう痒症	2 (5.7)	0	0	0	2 (3.9)	0
紫斑	1 (2.9)	0	0	0	1 (2.0)	0
発疹	4 (11.4)	0	2 (12.5)	0	6 (11.8)	0
斑状丘疹状皮疹	2 (5.7)	0	0	0	2 (3.9)	0
皮膚色素過剰	1 (2.9)	0	0	0	1 (2.0)	0
蕁麻疹	1 (2.9)	0	0	0	1 (2.0)	0
血管障害	6 (17.1)	1 (2.9)	1 (6.3)	0	7 (13.7)	1 (2.0)
深部静脈血栓症	1 (2.9)	0	0	0	1 (2.0)	0

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Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_7.sas 18JUN201513:43

付録 2.7.6-7
Study 217
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
血管障害 (contd)						
高血圧	3 (8.6)	1 (2.9)	0	0	3 (5.9)	1 (2.0)
リンパ浮腫	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
骨盤静脈血栓症	1 (2.9)	0	0	0	1 (2.0)	0
血管炎	1 (2.9)	0	0	0	1 (2.0)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_7.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

	ADI/LMS (N=35)		Other (N=16)		Total (N=51)	
MedDRA System Organ Class Preferred Term	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)	All Grades n(%)	Grade >= 3 n(%)
Any treatment-related TEAEs	35 (100.0)	33 (94.3)	16 (100.0)	15 (93.8)	51 (100.0)	48 (94.1)
血液およびリンパ系障害	35 (100.0)	33 (94.3)	16 (100.0)	15 (93.8)	51 (100.0)	48 (94.1)
貧血	17 (48.6)	3 (8.6)	7 (43.8)	3 (18.8)	24 (47.1)	6 (11.8)
発熱性好中球減少症	3 (8.6)	3 (8.6)	1 (6.3)	1 (6.3)	4 (7.8)	4 (7.8)
白血球減少症	35 (100.0)	25 (71.4)	16 (100.0)	13 (81.3)	51 (100.0)	38 (74.5)
リンパ球減少症	29 (82.9)	12 (34.3)	11 (68.8)	4 (25.0)	40 (78.4)	16 (31.4)
好中球減少症	35 (100.0)	30 (85.7)	15 (93.8)	14 (87.5)	50 (98.0)	44 (86.3)
血小板減少症	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
心臓障害	2 (5.7)	0	2 (12.5)	0	4 (7.8)	0
動悸	1 (2.9)	0	0	0	1 (2.0)	0
頻脈	0	0	2 (12.5)	0	2 (3.9)	0
心室性期外収縮	1 (2.9)	0	0	0	1 (2.0)	0
胃腸障害	19 (54.3)	0	10 (62.5)	0	29 (56.9)	0
腹部不快感	1 (2.9)	0	0	0	1 (2.0)	0

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Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
胃腸障害 (contd)						
下腹部痛	0	0	1 (6.3)	0	1 (2.0)	0
上腹部痛	2 (5.7)	0	0	0	2 (3.9)	0
口唇炎	0	0	2 (12.5)	0	2 (3.9)	0
慢性胃炎	1 (2.9)	0	0	0	1 (2.0)	0
便秘	6 (17.1)	0	2 (12.5)	0	8 (15.7)	0
下痢	5 (14.3)	0	0	0	5 (9.8)	0
口内乾燥	1 (2.9)	0	0	0	1 (2.0)	0
悪心	13 (37.1)	0	6 (37.5)	0	19 (37.3)	0
口内炎	9 (25.7)	0	4 (25.0)	0	13 (25.5)	0
嘔吐	1 (2.9)	0	0	0	1 (2.0)	0
一般・全身障害および投与部位の状態	24 (68.6)	2 (5.7)	16 (100.0)	0	40 (78.4)	2 (3.9)
疲労	5 (14.3)	0	4 (25.0)	0	9 (17.6)	0
全身性浮腫	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
インフルエンザ様疾患	1 (2.9)	0	0	0	1 (2.0)	0
注射部位漏出	2 (5.7)	0	0	0	2 (3.9)	0

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Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
一般・全身障害および投与部位の状態 (contd)						
倦怠感	12 (34.3)	0	8 (50.0)	0	20 (39.2)	0
末梢性浮腫	1 (2.9)	0	2 (12.5)	0	3 (5.9)	0
発熱	15 (42.9)	1 (2.9)	6 (37.5)	0	21 (41.2)	1 (2.0)
肝胆道系障害	5 (14.3)	1 (2.9)	1 (6.3)	0	6 (11.8)	1 (2.0)
肝機能異常	4 (11.4)	0	1 (6.3)	0	5 (9.8)	0
肝出血	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
感染症および寄生虫症	14 (40.0)	2 (5.7)	3 (18.8)	0	17 (33.3)	2 (3.9)
膀胱炎	0	0	1 (6.3)	0	1 (2.0)	0
感染性腸炎	0	0	1 (6.3)	0	1 (2.0)	0
毛包炎	0	0	1 (6.3)	0	1 (2.0)	0
胃腸炎	1 (2.9)	0	0	0	1 (2.0)	0
歯肉炎	1 (2.9)	0	0	0	1 (2.0)	0
帯状疱疹	1 (2.9)	0	0	0	1 (2.0)	0
感染性胸水	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)

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Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
感染症および寄生虫症 (contd)						
鼻咽頭炎	6 (17.1)	0	0	0	6 (11.8)	0
急性中耳炎	0	0	1 (6.3)	0	1 (2.0)	0
咽頭炎	0	0	1 (6.3)	0	1 (2.0)	0
レンサ球菌感染	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
上気道感染	6 (17.1)	0	0	0	6 (11.8)	0
尿路感染	1 (2.9)	0	0	0	1 (2.0)	0
臨床検査	20 (57.1)	3 (8.6)	7 (43.8)	1 (6.3)	27 (52.9)	4 (7.8)
アラニンアミノトランスフェラーゼ増加	8 (22.9)	2 (5.7)	4 (25.0)	1 (6.3)	12 (23.5)	3 (5.9)
アスパラギン酸アミノトランスフェラーゼ増加	9 (25.7)	2 (5.7)	3 (18.8)	0	12 (23.5)	2 (3.9)
血中アルブミン減少	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
血中アルカリホスファターゼ増加	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
血中ビリルビン増加	1 (2.9)	0	0	0	1 (2.0)	0
血中クレアチンホスホキナーゼ増加	5 (14.3)	0	2 (12.5)	0	7 (13.7)	0
血中クレアチニン増加	1 (2.9)	0	0	0	1 (2.0)	0
血中乳酸脱水素酵素増加	4 (11.4)	0	4 (25.0)	0	8 (15.7)	0

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Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
臨床検査 (contd)						
尿中血陽性	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
Ｃ－反応性蛋白増加	3 (8.6)	0	1 (6.3)	0	4 (7.8)	0
心電図ＱＴ延長	1 (2.9)	0	0	0	1 (2.0)	0
γ－グルタミルトランスフェラーゼ増加	1 (2.9)	0	0	0	1 (2.0)	0
ヘモグロビン減少	2 (5.7)	0	0	0	2 (3.9)	0
肝機能検査異常	1 (2.9)	0	0	0	1 (2.0)	0
総蛋白減少	1 (2.9)	0	0	0	1 (2.0)	0
尿蛋白	2 (5.7)	0	0	0	2 (3.9)	0
体重減少	1 (2.9)	0	0	0	1 (2.0)	0
代謝および栄養障害	13 (37.1)	2 (5.7)	10 (62.5)	4 (25.0)	23 (45.1)	6 (11.8)
食欲減退	6 (17.1)	0	5 (31.3)	0	11 (21.6)	0
高脂血症	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
高トリグリセリド血症	4 (11.4)	0	1 (6.3)	1 (6.3)	5 (9.8)	1 (2.0)
低アルブミン血症	3 (8.6)	1 (2.9)	3 (18.8)	1 (6.3)	6 (11.8)	2 (3.9)
低カルシウム血症	3 (8.6)	0	0	0	3 (5.9)	0

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Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
代謝および栄養障害 (contd)						
低カリウム血症	1 (2.9)	0	2 (12.5)	1 (6.3)	3 (5.9)	1 (2.0)
低リン酸血症	2 (5.7)	1 (2.9)	4 (25.0)	2 (12.5)	6 (11.8)	3 (5.9)
低蛋白血症	0	0	1 (6.3)	0	1 (2.0)	0
筋骨格系および結合組織障害	6 (17.1)	0	2 (12.5)	0	8 (15.7)	0
関節痛	2 (5.7)	0	0	0	2 (3.9)	0
背部痛	2 (5.7)	0	0	0	2 (3.9)	0
四肢不快感	1 (2.9)	0	0	0	1 (2.0)	0
筋肉痛	0	0	1 (6.3)	0	1 (2.0)	0
変形性関節症	1 (2.9)	0	0	0	1 (2.0)	0
四肢痛	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む）	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
腫瘍出血	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
神経系障害	21 (60.0)	0	6 (37.5)	0	27 (52.9)	0

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付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
神経系障害 (contd)						
浮動性めまい	1 (2.9)	0	0	0	1 (2.0)	0
味覚異常	10 (28.6)	0	2 (12.5)	0	12 (23.5)	0
頭痛	4 (11.4)	0	2 (12.5)	0	6 (11.8)	0
感覚鈍麻	0	0	1 (6.3)	0	1 (2.0)	0
末梢性ニューロパチー	13 (37.1)	0	2 (12.5)	0	15 (29.4)	0
末梢性感覚ニューロパチー	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
ヘルペス後神経痛	1 (2.9)	0	0	0	1 (2.0)	0
感覚障害	1 (2.9)	0	0	0	1 (2.0)	0
傾眠	1 (2.9)	0	0	0	1 (2.0)	0
精神障害	1 (2.9)	0	0	0	1 (2.0)	0
不眠症	1 (2.9)	0	0	0	1 (2.0)	0
腎および尿路障害	5 (14.3)	0	2 (12.5)	0	7 (13.7)	0
排尿困難	0	0	1 (6.3)	0	1 (2.0)	0
頻尿	1 (2.9)	0	0	0	1 (2.0)	0

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付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
腎および尿路障害 (contd)						
蛋白尿	3 (8.6)	0	2 (12.5)	0	5 (9.8)	0
慢性腎不全	1 (2.9)	0	0	0	1 (2.0)	0
生殖系および乳房障害	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
不規則月経	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
呼吸器、胸郭および縦隔障害	8 (22.9)	1 (2.9)	6 (37.5)	0	14 (27.5)	1 (2.0)
咳嗽	1 (2.9)	0	2 (12.5)	0	3 (5.9)	0
発声障害	1 (2.9)	0	0	0	1 (2.0)	0
呼吸困難	1 (2.9)	0	0	0	1 (2.0)	0
鼻出血	0	0	1 (6.3)	0	1 (2.0)	0
喀血	0	0	1 (6.3)	0	1 (2.0)	0
間質性肺疾患	0	0	1 (6.3)	0	1 (2.0)	0
口腔咽頭不快感	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
口腔咽頭痛	2 (5.7)	0	1 (6.3)	0	3 (5.9)	0
胸水	1 (2.9)	0	0	0	1 (2.0)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
Treatment-related adverse events include adverse events that were considered by the investigator to be possibly or probably related to study drug and adverse events with missing relationship to study drug.
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
呼吸器、胸郭および縦隔障害 (contd)						
肺塞栓症	1 (2.9)	1 (2.9)	0	0	1 (2.0)	1 (2.0)
上気道の炎症	1 (2.9)	0	0	0	1 (2.0)	0
皮膚および皮下組織障害	18 (51.4)	0	5 (31.3)	0	23 (45.1)	0
脱毛症	11 (31.4)	0	3 (18.8)	0	14 (27.5)	0
皮膚筋炎	1 (2.9)	0	0	0	1 (2.0)	0
皮膚乾燥	1 (2.9)	0	0	0	1 (2.0)	0
湿疹	1 (2.9)	0	1 (6.3)	0	2 (3.9)	0
紅斑	1 (2.9)	0	0	0	1 (2.0)	0
発疹	3 (8.6)	0	2 (12.5)	0	5 (9.8)	0
斑状丘疹状皮疹	2 (5.7)	0	0	0	2 (3.9)	0
蕁麻疹	1 (2.9)	0	0	0	1 (2.0)	0
血管障害	4 (11.4)	0	0	0	4 (7.8)	0
高血圧	2 (5.7)	0	0	0	2 (3.9)	0
リンパ浮腫	1 (2.9)	0	0	0	1 (2.0)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
Treatment-related adverse events include adverse events that were considered by the investigator to be possibly or probably related to study drug and adverse events with missing relationship to study drug.
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-8
Study 217
Treatment-Related Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

MedDRA System Organ Class Preferred Term	ADI/LMS (N=35) All Grades n(%)	ADI/LMS (N=35) Grade >= 3 n(%)	Other (N=16) All Grades n(%)	Other (N=16) Grade >= 3 n(%)	Total (N=51) All Grades n(%)	Total (N=51) Grade >= 3 n(%)
血管障害 (contd)						
血管炎	1 (2.9)	0	0	0	1 (2.0)	0

TEAE = treatment-emergent adverse event, Graded using Common Terminology Criteria for Adverse Events (CTCAE)
Treatment-related adverse events include adverse events that were considered by the investigator to be possibly or probably related to study drug and adverse events with missing relationship to study drug.
A subject with two or more adverse events in the same system organ class (or with the same preferred term) is counted once for that system organ class (or preferred term).
Adverse event terms are coded using Medical Dictionary for Regulatory Activities (MedDRA) version 17.1.

Program: V:¥projects¥e7389¥iss309¥csr¥dev¥pg¥tables¥T_2_7_6_8.sas 18JUN201513:43

付録 2.7.6-9　死亡又は重篤な有害事象の被験者ごとの叙述（国内 217 試験）

死亡又は死亡以外の重篤な有害事象が認められた被験者に関する叙述を以下に示した。

被験者識別コード	組織型	転帰が死亡の重篤な有害事象	死亡以外の重篤な有害事象
20012001	その他の悪性軟部腫瘍		X
20022009	脂肪肉腫		X
20032001	脂肪肉腫		X
20032002	平滑筋肉腫	X	
20042001	平滑筋肉腫		X
20042004	その他の悪性軟部腫瘍		X
20062005	その他の悪性軟部腫瘍		X
20082001	平滑筋肉腫		X
20082002	その他の悪性軟部腫瘍		X
20082003	その他の悪性軟部腫瘍		X
20082005	脂肪肉腫		X
20092003	平滑筋肉腫		X
20122002	脂肪肉腫		X
20122004	脂肪肉腫		X
20132005	平滑筋肉腫		X

転帰が死亡の重篤な有害事象（1例）

被験者識別コード	20032002
年齢	4[redacted]歳
性別	女性
人種	日本人
組織型	平滑筋肉腫
合併症	Alopecia, Peripheral sensory neuropathy
併用薬剤	Paracetamol, Levofloxacin
叙述の理由	
転帰が死亡の重篤な有害事象	心不全
死亡以外の重篤な有害事象	なし
治験薬との因果関係	関連なし

経過：

20[redacted]年1月12日	本治験，同意取得
同年1月17日	初回投与開始
同年2月28日	第3サイクル第1日目 投与
同年3月6日	サイクル内投与基準（好中球減少症）に抵触したため，投与をSKIP
同年3月13日	好中球回復し，第3サイクル第8日目 投与
同年3月14日	動悸が発現
同年3月23日（発現日）	食欲低下・息切れ発現
同年3月27日	定期受診日。来院時，労作時の息切れが著明に見られる。 ECG及び胸部XP，心エコーを実施し，心不全と診断。緊急入院となる。 CT上，両側胸水・心嚢水は少量。腫瘍の有意な増悪はなし。 循環器医師コンサルト。 重度の心不全。EF=10%台。薬剤性心筋障害の疑い。今後，治験薬の投与は不可能と判断し，治験の中止を決定した。
同年4月13日	心不全による追跡調査を終了
同年5月1日	心不全により死亡

治験責任医師等によるコメント：
被験者は前治療において，アドリアマイシン 総量480 mg/m^2（許容範囲内）を使用している。
従って，アドリアマイシンが原因による心不全と判断する。
なお，本事象は今後回復する可能性は低く，治験薬との因果関係は否定できるため，20[redacted]年4月13日をもって追跡を終了した。また，被験者は同年5月1日に心不全のために死亡した。

死亡以外のその他の重篤な有害事象（14 例）

被験者識別コード	20012001
年齢	5[redacted] 歳
性別	女性
人種	日本人
組織型	その他の悪性軟部腫瘍
合併症	Anaemia, Cancer pain, Hypoalbuminaemia, Osteoarthritis
併用薬剤	Codeine, Dexamethasone, Loxoprofen, Rebamipide, Alosenn, Filgrastim, Paracetamol, Cefcapene, Gualenic acid, Guaiazulene, Gentamicin, Clobetasol, Fludroxycortide, Hyaluronic acid, Ciprofloxacin
叙述の理由	
死亡以外の重篤な有害事象	肺炎
治験薬との因果関係	関連なし

経過：

20[redacted] 年 12 月 14 日	本治験同意取得 スクリーニング検査で適格性を確認し，登録
同年 12 月 15 日	治験薬（エリブリン）1.8 mg（1.4 mg/m^2）投与開始
翌年 1 月 5 日	第 2 サイクル第 1 日目，好中球減少症にて治験薬 1.4 mg（1.1 mg/m^2）に減量
翌年 1 月 26 日	第 3 サイクル第 1 日目，好中球減少症にて治験薬 0.9 mg（0.7 mg/m^2）に減量
翌年 3 月 29 日（発現日）	胸部 X-P にて右肺広範囲に透過性低下領域の広がりが みられ，CT にても無気肺とみられる領域あり。腫瘍増大と肺炎の併発と思われる像あり。また，CRP 上昇みられるため，肺炎治療目的にてシプロキサン内服を開始する。
翌年 3 月 30 日	原病の悪化による肺炎と判断し，本治験中止とする。
翌年 4 月 2 日	上記に対する治療目的にて入院となる。造影 CT にて無気肺部分は増大した腫瘍と判断した。肺炎の Grade 2
翌年 4 月 3 日	シプロキサンの内服は中止し，ゾシン 4.5 mg の投与が開始された。肺炎の Grade 3
翌年 4 月 9 日	CRP が 3.78 に低下が認められた。ゾシンの投与は終了した。
翌年 4 月 11 日	胸部 X-P にて肺炎の軽快と診断した。

治験責任医師等によるコメント：

肺転移の増大と肺炎がみられ，CRP 上昇があった。腫瘍の増大による肺炎と考えられ，治験薬との関係は否定できる。腫瘍の増大は継続しており，今後も同様の事象の発現がありうるが，治験薬との関連がないので本事象についてはこの報告で終了とする。

被験者識別コード	20022009
年齢	3[redacted] 歳
性別	女性
人種	日本人
組織型	脂肪肉腫
合併症	Incisional hernia, Constipation, Hydronephrosis, Ovarian failure, Seasonal allergy
併用薬剤	Estradiol, Magnesium oxide, Povidone-iodine, Pabron A, Carbocisteine, Levofloxacin, Lenograstim
叙述の理由	
死亡以外の重篤な有害事象	レンサ球菌感染
治験薬との因果関係	おそらく関連あり

経過：

20[redacted] 年 5 月 25 日	治験薬（エリブリン）2.0 mg 投与開始
同年 5 月 30 日	上気道感染発現。6 月 8 日より，ムコダイン処方。
同年 6 月 13 日	6 月 12 日までムコダイン服用し，上気道感染回復
同年 7 月 13 日（発現日）	咽頭痛があり，上気道感染発現
同年 7 月 14 日	38.6 °C の発熱あり。解熱剤服用せず，回復。咽頭痛継続。（7 月 19 日外来受診時に，患者より聴取）
同年 7 月 21 日	38.4 °C の発熱あり。解熱剤服用せず，回復。咽頭痛継続。（7 月 26 日外来受診時に，患者より聴取）
同年 8 月 2 日	外来受診。咽頭痛継続。
同年 5 月 25 日～同年 8 月 10 日	投与基準に従い，減量することなく治験薬投与（2 週に 2 回投与，1 週休薬）
同年 8 月 16 日	深夜 2 時に，37.8°C 発熱あり。解熱剤使用せず。 当院受診。熱は 36.7°C，左頸部のリンパ節腫脹あり。経過フォローとし，再度熱が出た際は，シプロフロキサシン服用するよう指導。
同年 8 月 17 日	患者より連絡あり。8 月 16 日夜に 37°C 後半の熱があったため，シプロフロキサシンとロキソニンを服用開始。土日何かあれば，病院へ連絡するよう指導。
同年 8 月 20 日	ロキソニン服用で，一時的に 36°C 台に熱が下がったが，39°C～40°C の発熱が週末中も継続。 当院受診。診察したところ，四肢に皮疹が出現している。発熱と四肢の皮疹の診断・治療目的にて，緊急入院となった。 体温 36.4°C～38.5°C。セフェピム塩酸塩投与開始。また，発熱に対し，ロキソニンに代わりカロナール服用開始。発熱及び咽頭痛，全身に結節性紅斑（一部中央に水泡）の症状から，溶連菌感染症疑い，血培，咽頭培養（細菌検査）実施。
同年 8 月 21 日	当院入院中。体温 37.9°C～39.7 °C。発熱，結節性紅斑継続。皮膚生検実施。セフェピム塩酸塩，カロナール投与継続。発熱に対し，ロピオン注追加。

同年 8 月 22 日	当院入院中。体温 37.9°C～39.7°C。発熱，結節性紅斑継続。血培，尿培，泌尿器その他の細菌検査実施。セフェピム塩酸塩，カロナール，ロピオン注投与継続。
同年 8 月 23 日	当院入院中。体温 36.5°C～40.0°C。発熱，結節性紅斑継続。セフェピム塩酸塩，カロナール投与継続。
同年 8 月 24 日	当院入院中。体温 37.3°C～40.0°C。発熱，結節性紅斑継続。前腕骨 MR 実施。関節液の細菌検査実施。セフェピム塩酸塩，カロナール投与継続。
同年 8 月 25 日	当院入院中。体温 37.0°C～39.7°C。発熱，結節性紅斑継続。セフェピム塩酸塩，カロナール投与継続。ダラシン S 注追加。腫瘍熱の可能性も疑い，ナイキサン投与開始。
同年 8 月 26 日	当院入院中。体温 36.5°C～38.8°C。セフェピム塩酸塩，ダラシン S 注，ナイキサン投与継続。
同年 8 月 27 日	当院入院中。体温 37.0°C～38.6°C。解熱傾向，結節性紅斑は継続。血液検査：CRP 低下傾向。セフェピム塩酸塩，ダラシン S 注，ナイキサン投与継続。
同年 8 月 28 日	当院入院中。体温 36.3°C～37.2°C。解熱傾向，結節性紅斑継続。セフェピム塩酸塩，ダラシン S 注，ナイキサン投与継続。
同年 8 月 29 日	当院入院中。体温 36.4°C。発熱回復，結節性紅斑継続。セフェピム塩酸塩，ダラシン S 注投与継続。溶連菌感染から，Septic arthritis，結節性紅斑，（腫瘍熱）という経過が考えられる。
同年 8 月 30 日	当院入院中。結節性紅斑継続。ダラシン S 注投与継続
同年 8 月 31 日	当院入院中。結節性紅斑継続。ダラシン S 注投与継続
同年 9 月 1 日	当院入院中。ダラシン S 注投与継続
同年 9 月 2 日	当院入院中。ダラシン S 注投与継続
同年 9 月 3 日	当院入院中。結節性紅斑消退傾向。血液検査：CRP 0.71。ダラシン S 注投与をダラシン cap 8 Cap 4 ×（9 月 17 日まで継続投与）に変更。
同年 9 月 4 日	当院入院中。ダラシン cap 8 Cap 4 × 内服継続
同年 9 月 5 日	当院入院中。第 5 サイクル第 1 日目。溶連菌感染（Grade 3）が発現したため，減量基準と医師判断に基づき，1 段階減量。本日の採血結果確認後，投与基準を満たしていたため，治験薬 1.6 mg 投与。ダラシン cap 8 Cap 4 × 内服継続。
同年 9 月 7 日	経過良好と判断し，当院退院。
同年 9 月 13 日	外来診療。退院後，発熱なし。血液検査：CRP 改善傾向。9 月 17 日まで，ダラシン cap 8 Cap 4 × 内服継続。
同年 9 月 20 日	外来診療。ダラシン cap 8 Cap 4 × 9 月 17 日まで内服。溶連菌感染 Grade 0（回復）を確認。

治験責任医師等によるコメント：

治験薬投与により，骨髄抑制の有害事象が出現し，易感染状態となっていた。

20[redacted]年 7 月 13 日より，咽頭痛の症状があり，上気道感染発現。同年 8 月 20 日当院に緊急入院し，溶連菌感染症を疑い，抗生剤静脈内投与を継続し，同年 8 月 29 日に発熱回復，同年 9 月 3 日に結節性紅斑も消退傾向となった。

上気道感染は溶連菌が起炎菌であったと推測され，溶連菌感染から，Septic arthritis，結節性紅斑（腫瘍熱）という経過を辿ったと考え，発熱及び結節性紅斑は，溶連菌感染による随伴症状であると判断し，溶連菌感染が入院に至った有害事象と判断する。

治験薬投与期間中に起こった事象であり，治験薬投与を延期したことにより回復したため，治験薬との因果関係は否定できないと判断した。

被験者識別コード	20032001
年齢	6[redacted]歳
性別	男性
人種	日本人
組織型	脂肪肉腫
合併症	Alopecia, Anaemia, Decreased appetite, Cancer pain, Renal failure chronic, Constipation, Fatigue, Gallbladder polyp, Gastric ulcer, Hypoalbuminaemia, Malaise
併用薬剤	Magnesium oxide, Loxoprofen, Oxycodone, Lansoprazole, Lenograstim, Prochlorperazine, Gualenic acid, Levofloxacin, Loperamide, Diphenhydramine, Posterisan Forte Ointment, Pregabalin, Filgrastim, Pip/Tazo, Fentanyl, Lactec, Omeprazole, Flurbiprofen, Amino Acids Nos w/Electrolytes Nos/Glucose/TH, Morphine, Metoclopramide, Panthenol, Guaiazulene, Sennoside A+B, New Lecicarbon, Paracetamol, Ketoprofen, Heparinoid
叙述の理由	
死亡以外の重篤な有害事象	イレウス（2 件），発熱性好中球減少症
治験薬との因果関係	関連なし（イレウス；2 件），おそらく関連あり（発熱性好中球減少症）

経過：

20[redacted]年 1 月 6 日	本治験，同意取得
同年 1 月 12 日	初回投与開始 第 1 サイクル中，発熱性好中球減少症が発現。1 段階減量し，投与を継続。
同年 3 月 22 日	第 4 サイクル目。投与を開始。
同年 3 月 31 日	発熱及び嘔吐がみられると，連絡があり。クラビット錠の内服を開始。
同年 4 月 5 日（発現日）	定期受診日 悪心，嘔吐が続いているため，腹部 XP 実施。イレウスの所見みられ，緊急入院となる。発熱は 4 月 2 日より 37°C 前半で経過していた。好中球減少症=Grade 4 のためグラン及び抗生剤の投与開始。
同年 4 月 6 日	CT 実施。今回のイレウスの原因は，以前の手術による癒着と，腹腔内腫瘍が原因と考えられる。（腫瘍の増大はみられず）
同年 4 月 8 日	好中球減少症=Grade 0 に回復したため，同年 4 月 7 日にてグランの投与は終了。
同年 4 月 9 日	抗生剤の投与終了
同年 4 月 10 日	飲水開始
同年 4 月 17 日	食事開始
同年 4 月 24 日	イレウスは軽快し，治験薬 を減量して投与 イレウス及び発熱性好中球減少症のため，更に 1 段階減量し，投与を継続
同年 4 月 27 日	イレウスは改善し，退院
同年 5 月 1 日	定期受診日。問題なし。第 5 サイクル第 8 日目の投与を実施。
同年 5 月 3 日	発熱及び水様便がみられる旨，家族から電話があり
同年 5 月 4 日（発現日）	イレウスの再燃のため入院となる。

同年 5 月 9 日	夕食時から食事を開始
同年 5 月 16 日	イレウス症状なく，一時外泊となる。
同年 5 月 21 日	外泊中問題なく，第 6 サイクル第 1 日目投与を開始（前回と同用量にて）
同年 5 月 28 日	第 6 サイクル第 8 日目投与
同年 6 月 1 日	退院となる。
同年 6 月 2 日（発現日）	発熱ありと電話連絡があり，クラビット錠 の内服を開始
同年 6 月 3 日	来院し，好中球減少を確認。クラビットの内服は継続。（Grade 3）
同年 6 月 5 日	入院し，抗生剤治療を継続した。また，G-CSF の投与を開始。
同年 6 月 7 日	G-CSF の投与を終了
同年 6 月 8 日	好中球減少症は改善。38.0°C の発熱は持続しているが，腫瘍熱と疑い，発熱性好中球減少症は改善したと判断した。

治験責任医師等によるコメント：

今回（発現日；4 月 5 日）のイレウスの原因は，以前の手術による癒着と，腹腔内腫瘍の存在自体が原因と考えられる。第 4 サイクル目に出現したことも考え合わせると，治験薬との関連は否定的である。

今回の（発現日；5 月 4 日）のイレウスの原因は，4 月に発現したイレウスと同様に，以前の手術による癒着と，腹腔内腫瘍の存在自体が原因と考えられる。治験薬との関連は否定的である。

発熱性好中球減少症（発現日；6 月 2 日）と治験薬の因果関係は否定できない。好中球減少症が改善した後の発熱については，腫瘍熱を疑っているが，現在精査中である。

被験者識別コード	20042001
年齢	3[redacted] 歳
性別	男性
人種	日本人
組織型	平滑筋肉腫
合併症	Decreased appetite, Cancer pain, Chronic gastritis, Constipation, Dysgeusia, Hearing impaired, Insomnia, Oral discomfort, Amblyopia
併用薬剤	Gualenic acid, Rabeprazole, Teprenone, Oxycodone, Magnesium oxide, Filgrastim, Brotizolam, Betamethasone, Lidocaine
叙述の理由	
死亡以外の重篤な有害事象	肺塞栓症
治験薬との因果関係	おそらく関連あり

経過：

20[redacted] 年 8 月 18 日	左側頭窩下腫瘍発現にて，当院脳外科受診
同年 10 月 4 日	左側頭下窩平滑筋肉腫摘出術を施行し，目視的に全腫瘍の摘出 を行った。
翌年 1 月 30 日	イホマイド・ピノルビンを用いた化学療法にて治療開始。主として骨髄抑制の副作用の出現あり。その他，味覚異常・聴覚異常の副作用の出現があるも，投薬・休薬期にて回復。
翌年 2 月 17 日	平滑筋肉腫の転移を確認（肺・肝・腎・左大臀筋・右脊柱起立筋）
翌年 3 月 1 日	化学療法を終了
翌年 3 月 9 日	CT 撮像を実施し，PD であることを確認
翌年 3 月 23 日	同意取得
翌年 4 月 6 日	治験薬（エリブリン）投与開始（1.4 mg/m^2）
翌年 4 月 25 日	呼吸困難発現するも，処置なく 20[redacted] 年 5 月 9 日に回復
翌年 5 月 21 日（発現日）	治験薬投与 6 週間後の抗腫瘍効果判定のため，CT 撮像し，「肺動脈塞栓」発現を確認。自覚症状にて，軽度呼吸困難を聴取。
翌年 5 月 23 日	自覚症状消失するも，CT 撮像結果が不変のため入院となる。同日より呼吸器内科併診による，ヘパリンを用いての凝固因子コントロールのための加療となる。
翌年 5 月 26 日	ヘパリン化完了とし，ワーファリンの服薬を開始。呼吸困難等の自覚症状なく，また，ワーファリナイゼーション のための入院となる。CTCAE 4.0 版に基づき，肺動脈塞栓の Grade を Grade 4 より，Grade 2 まで回復傾向であると判断した。
翌年 6 月 1 日	ワーファリナイゼーション完了とし，ヘパリン投与を中止とする。
翌年 6 月 5 日	ヘパリンの投与なく安定していることから，退院となるが，「肺動脈塞栓」の事象が消失には至らない。事象の「軽快」と判断している。

治験責任医師等によるコメント：

治験薬投与前の化学療法時には「呼吸困難」の訴えはなく，20[redacted] 年 3 月 9 日の CT 撮像時にも肺動脈塞栓は発症していなかった。

治験薬の投与後に事象が発現していることから，治験薬との因果関係は否定できないと考える。治験薬の効果により発症した事象であるなら，同様の事象の発現が今後も起こると考えられるため，より慎重に治験の実施を行うものとする。

被験者識別コード	20042004
年齢	7[redacted]歳
性別	男性
人種	日本人
組織型	その他の悪性軟部腫瘍
合併症	Anaemia, Angina pectoris, Abdominal discomfort, Gout, Hypertension, Renal cyst
併用薬剤	Alinamin, Ascorbic acid, Biolac, Isosorbide mononitrate, Allopurinol, Acetylsalicylic acid, Valsartan, Iron, Pabron ace, Carbocisteine, Rebamipide, Tramadol
叙述の理由	
死亡以外の重篤な有害事象	癌疼痛
治験薬との因果関係	関連なし

経過：

20[redacted]年 9 月 24 日	前治療終了後，PD が確認されたため，治験についての説明を実施。同意取得となる。
同年 10 月 3 日	治験薬 投与開始
同年 10 月 24 日（発現日）	右肺及び腹部の疼痛が発現。トラマールカプセル 50 mg×4T にて処方
同年 10 月 31 日	疼痛管理不良のため，オキシコンチン 10 mg×2T にて服薬開始。トラマールカプセル終了。
同年 11 月 5 日	疼痛管理不良のため，オキシコンチン 20 mg×2T にて服薬開始
同年 11 月 7 日	CT 撮像の結果 PD と診断され，治験中止
同年 11 月 19 日	癌性疼痛悪化し，管理困難なため入院にて疼痛管理を行うこととする。 オキシコンチン服薬について医師の指示通りの服薬が行えていないことが入院にて判明。入院当日より服薬指導を開始した。追加としてコカール 200 mg×4T にて服薬を開始。
同年 11 月 21 日	オキシコンチン ・コカール の服薬にて疼痛コントロールが良好となる。
同年 11 月 22 日	次期治療開始（ジェムザール投与）治験薬投与後の観察期終了となる。
同年 11 月 26 日	疼痛のコントロールが行えるようになったため，退院となる。

治験責任医師等によるコメント：

原疾患の悪化に伴い発現した事象であり，治験薬との因果関係は否定できると考える。

医師の指示通りのオキシコンチンの服薬が行えていなかったことから，癌性疼痛のコントロールが不良となったことが判明したため，治験薬との因果関係は否定できると考える。

被験者識別コード	20062005
年齢	4[redacted] 歳
性別	女性
人種	日本人
組織型	その他の悪性軟部腫瘍
合併症	Alopecia, Hepatic cyst, Back pain, Nail discolouration, Spinal osteoarthritis
併用薬剤	Patecs, Diclofenac, Pronase, Troxipide, Ketoprofen, Paracetamol, Kakkontokasenkyushin'I, Cinchocaine
叙述の理由	
死亡以外の重篤な有害事象	腫瘍性塞栓症
治験薬との因果関係	関連なし

経過：

20[redacted] 年 5 月 31 日	腹式単純子宮全摘出術・両側付属器切除術・虫垂切除術　施行 病理組織診断：Endometrial stromal sarcoma
同年 9 月 13 日	治験参加への文書同意取得
同年 9 月 21 日（第 1 サイクル第 1 日目）から翌年 1 月 18 日（第 6 サイクル第 1 日目）まで治験薬を投与	
翌年 1 月 22 日（発現日）	CT 検査施行。腫瘍評価：新病変 PD 腫瘍評価目的で実施の CT 検査にて，左上肺静脈内血栓の指摘あり
翌年 1 月 25 日	治験の中止を被験者に説明し，中止時検査施行。凝固・線溶検査施行。抗血栓薬を漸増にて開始（ワーファリン ：2 mg/日）。
翌年 2 月 1 日	凝固・線溶検査施行。ワーファリン ：2.5 mg/日へ増量。
翌年 2 月 19 日	治験薬最終投与 30 日後検査施行。血栓評価 目的にて CT 検査施行。血栓は変化なし。凝固・線溶検査施行。ワーファリン ：3 mg/日へ増量。 婦人科腫瘍科医師と本人との協議の結果，もう 1 ヵ月経過観察となり，次治療開始は延期
翌年 3 月 5 日	凝固・線溶検査施行。ワーファリン ：3.5 mg/日へ増量。
翌年 3 月 19 日	血栓評価 目的にて CT 検査施行。血栓は不変。 凝固・線溶検査施行。ワーファリン ：4 mg/日へ増量。
翌年 4 月 4 日	凝固・線溶検査施行。ワーファリン ：5 mg/日へ増量。 左上肺静脈内血栓への治療方法の変更を考慮
翌年 4 月 18 日	ワーファリン（5 mg/日）：中止
翌年 4 月 22 日	左上肺静脈内血栓の治療のため入院 抗血栓薬をアリクストラ皮下注（7.5 mg/日）へ変更し，本日より開始
翌年 4 月 28 日	ワーファリン（5 mg/日）を再開。アリクストラ皮下注（7.5 mg/日）継続。
翌年 4 月 30 日	CT 検査施行。血栓は増悪。アリクストラ皮下注 の効果は無効。本日で終了。
翌年 5 月 1 日	心療内科へコンサルト。 左房直上からの肺静脈血栓なので，ワーファリン の継続投与が必要。経過から，ワーファリン の効果が十分でなかった様子。PT-INR が 2.5～3.0 程度になるように投与量の調整が必要。

翌年 5 月 2 日	退院。ワーファリン：7 mg/日へ変更。
翌年 5 月 8 日	凝固・線溶検査施行。PT-INR 過延長あり（出血傾向なし）。 ワーファリンは，一旦中止。 原疾患次治療のために入院する際に，ワーファリンを再開予定とした。
翌年 5 月 13 日	次治療（イホマイド）のため，入院。午後より，投与開始。 ワーファリン 再開（5 mg/日）。用量は，今後，調整予定とする。

治験責任医師等によるコメント：

本事象は，治験開始前の画像検査では指摘はされておらず，治験薬開始後に発現しており，また，病状も著しい増悪とは判断しないため，原疾患の悪化による影響とは考えにくく，治験薬との因果関係は「おそらく関連あり」と判断したが，婦人科腫瘍科の「肺静脈血栓は腫瘍塞栓の可能性あり」との意見より，治験薬との因果関係を「関連あるかもしれない」に変更する。

また，既に「深部静脈血栓症」が報告されていたため，本事象を「既知」として報告したが，依頼者は，「未知」と判断するとのこと。依頼者見解を支持し，本事象を「未知」に変更する。

その後，本事象の事象名を「左上肺静脈内血栓」から「左上肺静脈内腫瘍塞栓」に変更し，原疾患の進行に伴い発現した事象であることから，治験薬との因果関係はないものと判断する見解を治験担当医師より確認した。

被験者識別コード	20082001
年齢	5[redacted] 歳
性別	女性
人種	日本人
組織型	平滑筋肉腫
合併症	Adjustment disorder, Hyperlipidaemia, Insomnia, Pelvic venous thrombosis
併用薬剤	Warfarin, Alprazolam, Rilmazafone, Levocetirizine, Carbazochrome, Loxoprofen, Carbohydrates NOS W/Potassium chloride/Sodium, Tranexamic acid, Mosapride, Menatetrenone, Red blood cells, Hespander, Pentazocine
叙述の理由	
死亡以外の重篤な有害事象	肝出血，腫瘍出血
治験薬との因果関係	おそらく関連あり（肝出血，腫瘍出血）

経過：

20[redacted] 年 2 月 13 日	治験薬（エリブリン）の投与開始（第 1 サイクル第 1 日目）
同年 3 月 30 日	CT 施行（第 6 週目）肝転移病変縮小あり
同年 5 月 11 日	CT 施行（第 12 週目）肝転移病変縮小あり
同年 5 月 28 日	治験薬投与（第 6 サイクル第 1 日目）
同年 6 月 2 日（発現日）	嘔気，心窩部痛出現あり近医救急外来受診 受診後，症状軽減したため帰宅するが，夜になり心窩部痛増強のため再受診し軽度貧血（Hb：8.8）も認めたため，緊急入院となった。 ソルデム 3A+アドナ+トランサミンの点滴施行 心窩部痛はロキソニン内服にて軽減した。
同年 6 月 3 日	心窩部痛の増強なし。バイタルサイン安定。 Hb：7.5 翌日当院受診予定のため，本人希望で退院
同年 6 月 4 日	治験薬投与（第 6 サイクル第 8 日目）予定で来院 疼痛ないが腹部違和感あり Hb 低下（Hb：7.5）続くため緊急 CT 施行 肝周囲と骨盤腔に出血の所見あり，安静経過観察目的で緊急入院となった。
同年 6 月 5 日	出血源確認のためシンチグラフィー施行するも明らかな出血点は確定できず。Hb 低下（Hb：7.0）がみられたため輸血実施。 疼痛なし。バイタルサイン安定。
同年 6 月 7 日	上腹部 US 施行し，腹腔内の体液貯留減少を確認。
同年 6 月 8 日	退院
同年 6 月 11 日	腹痛なし。Hb 低下なし。
同年 6 月 22 日	CT 検査施行し肝表から右傍結腸溝にかけての体液貯留はほぼ消失していることを確認。
同年 6 月 25 日	腹痛なし。Hb 低下なし。 肝出血は回復と判断し，次サイクル投与開始
同年 11 月 5 日	第 12 サイクル第 8 日目に治験薬を投与

同年 11 月 7 日（発現日）	未明より急に腹痛を認め，その後，倦怠感著明となり近医へ救急搬送され，緊急入院となった。近医来院時，血圧 60～70，心拍数 100 とショックバイタル状態で，腹部造影 CT にて腫瘍内に高吸収域を認め，腫瘍内出血による出血性ショックと診断された。 ペンタジン，アドナ，トランサミン，ヘスパンダー及び点滴投与。同時に R.C.C. 2 単位の輸血を実施。
同年 11 月 8 日	R.C.C. 2 単位の輸血実施
同年 11 月 9 日	R.C.C. 2 単位の輸血実施。食事開始。
同年 11 月 12 日	血液検査上炎症所見の悪化を認めた ため，セファメジンを投与開始。血圧 112/80，心拍数 76 とバイタルサインは安定。
同年 11 月 13 日	フェジン開始
同年 11 月 16 日	CT 実施。再出血は認めず。
同年 11 月 22 日	血液検査上，貧血も徐々に改善し，腹痛や倦怠感などの自覚症状も改善したため，近医を退院。
同年 11 月 26 日	当センター外来受診。 近医での CT を確認したところ，他院の画像であるため参考値であるが，腫瘍は SD の範囲内であり，血液検査も問題なかったため治験は継続とした。ただし，本人希望もあり，第 13 サイクルは 12 月 3 日から開始とする。

治験責任医師等によるコメント：

肝出血：

腹腔内出血の原因は確認できなかったが，肝表面に存在する転移巣の自壊とワーファリン内服による凝固障害の併存だと思われる。治験薬投与期間中に発現したため，治験薬との因果関係は否定できないが，抗腫瘍効果により転移巣が自壊したことが基本的な原因であると思われる。

腫瘍出血：

治験薬による効果は比較的良好に維持されており，嚢腫状に大きく成長している腫瘍内に治験薬の効果による壊死が加わり，腫瘍内出血を起こした事象であると考えられる。治験薬との因果関係は否定できないと考える。

被験者識別コード	20082002
年齢	3[redacted] 歳
性別	男性
人種	日本人
組織型	その他の悪性軟部腫瘍
合併症	Anaemia, Cancer pain, Hypoalbuminaemia, Tumour associated fever
併用薬剤	Loxoprofen, Rebamipide, Magnesium oxide, Pantethine, Tramadol, Pentazocine, Carbohydrates NOS W/Potassium chloride/Sodium, Diclofenac, Brocin-codeine, Dexamethasone, Lansoprazole, Morphine, Prochlorperazine, Hyoscine, Fentanyl, Amino acids NOS W/Electrolytes NOS/Glucose/TH, Flurbiprofen
叙述の理由	
死亡以外の重篤な有害事象	イレウス
治験薬との因果関係	関連なし

経過：

20[redacted] 年 3 月 7 日	治験薬（エリブリン）の投与開始（第 1 サイクル第 1 日目）
同年 3 月 14 日	治験薬投与（第 1 サイクル第 8 日目）。腹部痛続くため，トラマールカプセル開始となった。
同年 3 月 27 日	腹部痛増強のため，ペンタジン，ボルタレンサポ（50）にて除痛を図った。
同年 3 月 28 日	治験薬投与（第 2 サイクル第 1 日目）
同年 4 月 4 日	治験薬投与（第 2 サイクル第 8 日目）
同年 4 月 11 日	規定受診日（第 2 サイクル第 15 日目） 腹部痛続くため，モルヒネ塩酸塩開始となった。
同年 4 月 13 日	下腹部痛，膨満感が強いため緊急に受診 腹部 X-P：Free Air，ニボー像の所見なし
同年 4 月 15 日（発現日）	午後から腹部痛の増強あり，緊急入院となった。 腹部 X-P：イレウス所見あり，明らかな Free Air なし。 排便あり，嘔吐あり。絶飲食とし，腹部痛はプレペノンでコントロールを図った。
同年 4 月 16 日	CT：腹腔内腫瘍の急速な増悪，イレウス所見あり。 明らかな病勢進行を認めたため，治験中止となった。 イレウスチューブを挿入し，減圧を開始した。
同年 4 月 17 日	腹部膨満感強くあり。排液量：1800 mL/日
同年 4 月 22 日	徐々に全身状態悪化しており，SpO_2低下のため酸素投与開始した。
同年 4 月 24 日	腹部 X-P：胃・腸拡張なし，イレウスチューブ挿入継続
同年 4 月 27 日	全身苦痛強くあり，鎮静目的のためドルミカムを開始した。
同年 4 月 28 日	原病の増悪のため永眠された。

治験責任医師等によるコメント：
治験実施中も病勢進行を示す所見はみられており，今回腫瘍増大とそれに伴うイレウスが発症した。そのため治験薬との因果関係は否定が可能であると判断する。

被験者識別コード	20082003
年齢	3[redacted] 歳
性別	男性
人種	日本人
組織型	その他の悪性軟部腫瘍
合併症	Anaemia, Cancer pain, Cough, Hypoalbuminaemia, Vocal cord paralysis, Arthralgia, Pulmonary artery thrombosis, Haemoptysis
併用薬剤	Warfarin, Brocin-codeine, Paracetamol, Rebamipide, Metoclopramide, Prochlorperazine, Tramadol, Felbinac, Diclofenac, Carbazochrome, Famotidine, Lactec, Hydroxyzine, Pentazocine, Tranexamic acid
叙述の理由	
死亡以外の重篤な有害事象	癌疼痛
治験薬との因果関係	関連なし

経過：

20[redacted] 年 6 月 19 日	第 1 サイクル第 1 日目に治験薬の投与を開始
同年 9 月 18 日	第 5 サイクル第 8 日目に治験薬 を投与
同年 9 月 21 日（発現日）	朝 4 時より胸痛 が出現し外来受診 心電図検査を実施。心電図上異常は認めず，胸痛は心原性ではないと判断した。今回の胸痛は肺転移に起因すると考えられ，疼痛コントロールのため緊急入院。 血痰も続いていることから，アドナ，トランサミン及びペンタジン，アタラックス P の点滴開始。胸痛は入院時よりは改善。
同年 9 月 22 日	朝 4 時頃より胸痛再び増強。点滴は継続。食欲はあり。
同年 9 月 23 日	朝胸痛増強。トラマール，カロナール にて痛み軽減。点滴も継続。
同年 9 月 24 日	胸痛改善みられないことから，本日よりオプソ開始
同年 9 月 25 日	トラマール増量し，胸痛は軽減
同年 9 月 26 日	CT 実施。腫瘍増大しており，PD と判断。治験は中止とした。
同年 9 月 27 日	ゾメタ投与。ゾメタ投与後，胸痛はかなり軽減。
同年 10 月 3 日	未明，胸痛増強
同年 10 月 4 日	MS コンチン投与開始
同年 10 月 7 日	疼痛コントロール図れているため本日退院
同年 10 月 12 日	経過観察のため，外来受診。疼痛は自制内であると。
同年 10 月 18 日	放射線治療のため入院 放射線治療開始前に最終投与 30 日後の検査，観察を実施 胸痛は軽快しているが，原疾患に起因しているものであり，回復は見込めないため，今後は追跡しないこととした。

治験責任医師等によるコメント：
今回の胸痛は肺転移に起因する症状と考えられ，治験薬との因果関係はないと考える。

被験者識別コード	20082005
年齢	6[redacted] 歳
性別	男性
人種	日本人
組織型	脂肪肉腫
合併症	Anaemia, Cardiac failure, Cataract, Diabetes mellitus, Abnormal faeces, Hypercholesterolaemia, Hypertension, Back pain
併用薬剤	Olmesartan, Pioglitazone, Voglibose, Bufferin, Rosuvastatin, Spironolactone, Carvedilol, Indapamide, Loxoprofen, Diclofenac, Metildigoxin, Paracetamol, Lansoprazole, Pentazocine, Lactec, Cefepime
叙述の理由	
死亡以外の重篤な有害事象	感染性胸水
治験薬との因果関係	おそらく関連あり

経過：

20[redacted] 年 9 月 3 日	第 1 サイクル第 1 日目，治験薬の投与開始
同年 9 月 18 日	第 1 サイクル第 15 日目に観察のため受診。9 月 14 日に 40°C の発熱があったとの訴えあり。CRP も高値（18 mg/dL）であったため，胸部 X-P 実施するも明らかな肺炎像等の異常は認めず，経過観察とした。
同年 9 月 24 日	WBC，CRP ともに少し高値であるものの，胸部 X-P は問題なく第 2 サイクル第 1 日目に治験薬を投与
同年 10 月 1 日	臨床検査値も大きな問題なく第 2 サイクル第 8 日目治験薬 投与
同年 10 月 9 日	第 2 サイクル第 15 日目に観察のため来院。倦怠感強く経口摂取も不良であったが，脱分化した脂肪肉腫は，症例によっては腫瘍そのものがサイトカインを産生し発熱などの炎症の原因となる場合もあるため，経過観察とした。 夜に 41.7°C の発熱。ボルタレン坐剤 挿肛にて解熱。その後，夜になると 38°C 台の発熱あり。ロキソニン を 1 日 3 回定期で服用。
同年 10 月 16 日（発現日）	CT のため来院。血液検査の結果，白血球 18370 U/L，CRP 31 mg/dL。体温は 36.2°C。CT の結果，左胸腔内に体液貯留が確認され，臨床所見とあわせて膿胸が疑われたため緊急入院とし，ドレナージを実施。ドレナージから膿胸の存在を確認した。マキシピーム 投与。
同年 10 月 17 日	マキシピーム投与継続。ダラシン S 投与。
同年 10 月 22 日	10 月 16 日の一般細菌検査の結果は *Streptococcus intermedius*（3+）と判明
同年 10 月 30 日	前回治験薬投与から 29 日が経過したが，抗生剤による膿胸の治療も必要なことから，治験薬の投与は難しいと判断。治験は中止となった。
同年 11 月 6 日	左胸腔ドレーンを抜去。抗生剤の投与も本日にて終了。
同年 11 月 8 日	体調はかなり改善。採血結果も改善。胸部 X-P でも右胸水減少，左肺野も陰影改善を認めた。
同年 11 月 13 日	体調良好により本日退院

治験責任医師等によるコメント：
膿胸は，抗腫瘍剤化学療法後合併症としての発症は稀である。
しかし，本患者は縦隔腫瘍の術後再発例であり，胸腔内に手術操作が及んでいる。
手術により組織血流が不良となった部分に，化学療法後の骨髄抑制期に感染が合併して膿胸へと至った可能性が推察される。
このため，今回の膿胸は治験薬との因果関係は否定できないと考える。

被験者識別コード	20092003
年齢	3[redacted] 歳
性別	男性
人種	日本人
組織型	平滑筋肉腫
合併症	Cancer pain, Hypertriglyceridaemia, Peripheral sensory neuropathy, Rhinitis allergic
併用薬剤	Loxoprofen, Rebamipide, Oxycodone, Lansoprazole, Zoledronic acid
叙述の理由	
死亡以外の重篤な有害事象	癌疼痛
治験薬との因果関係	関連なし

経過：

20[redacted] 年 8 月 30 日	同意取得する。癌性疼痛（腰部・大腿部）は同意取得時より存在していた。
同年 9 月 4 日	治験薬 の投与開始
同年 9 月 10 日（発現日）	癌性疼痛（腰部）が Grade 2 に増強する。
同年 10 月 16 日	投与開始 6 週目（同年 10 月 9 日）の腫瘍効果は SD であったが，癌性疼痛（腰部）は徐々に増強しており，同年 10 月 16 日からは，オキシコンチン錠，オキノーム散の増量を行った。
同年 11 月 6 日	第 4 サイクル第 1 日目の治験薬投与を終了後，腰部 MRI を撮影した結果，L2 椎体転移，脊柱管内への進展を認めた。
同年 11 月 13 日	本日で治験中止となる。整形外科を受診し，放射線治療等では治療効果があまり期待できないことから，同年 12 月 3 日に入院し，12 月 6 日に手術療法を行うことに決定した。
同年 12 月 3 日	手術目的にて入院となる。
同年 12 月 4 日	投与終了後来院の検査を実施し，治験を終了する。
同年 12 月 6 日	転移性脊椎腫瘍に対し，後方除圧固定術（Th12，L1，3，4＋L2 椎弓切除）を施行する。腫瘍の一部を切除したが，出血が多くなり断念する。 出血量：378 mL，手術時間：2 時間 28 分
同年 12 月 7 日	疼痛持続するが，ロキソプロフェン錠のみの内服で可の状態になる。下肢の明らかな運動障害はない。ペインスコア（NRSO-10）4
同年 12 月 8 日	側臥位から座位が可能となり，ペインスコア 2 となるが，オキシコンチン錠，オキノーム散は使用している。
同年 12 月 10 日	ペインスコアは 1 となる。

治験責任医師等によるコメント：
今回の癌性疼痛（腰部）の増強と腰椎病変の増大，下肢の神経症状は，いずれも原疾患の進行によるものであり，治験薬との因果関係はないものと判断する。
現在，術後経過は良好であり，疼痛及び下肢神経症状は軽快している。
したがって，原疾患が原因であり病状が安定していることから，本事象に関する追跡調査は終了とする。

被験者識別コード	20122002
年齢	4[redacted]歳
性別	男性
人種	日本人
組織型	脂肪肉腫
合併症	Hydronephrosis
併用薬剤	Ubidecarenone, Simvastatin, Pregabalin, Paracetamol, Garenoxacin
叙述の理由	
死亡以外の重篤な有害事象	水腎症
治験薬との因果関係	関連なし

経過：

20[redacted]年 1 月 6 日	本治験の同意取得
同年 1 月 13 日	エリブリン （1.4 mg/m^2，2.6 mg/body）投与開始
同年 5 月 16 日	中性脂肪値が徐々に増悪し，高脂血症に対しリポバス 内服開始となる。
同年 7 月 18 日	下肢のしびれ出現し，経過観察行うが改善せず 9 月 14 日よりリリカカプセル内服開始となる。
同年 8 月 17 日	脱毛出現するが経過観察
同年 9 月 28 日	36 週時の CT 検査結果で急激に腹部の病変が増大するも（SD），本人の希望もあり本治験を継続
同年 10 月 5 日	下肢浮腫及び体重増加により軽度の歩行困難を認め杖使用。また，頻回に発熱出現し解熱剤を使用
同年 10 月 19 日	次治療へ移行のため本治験中止となる。 最終投与 10 月 5 日（第 13 サイクル第 8 日目）。第 13 サイクル後，治験終了となる。
同年 10 月 31 日（発現日）	次治療開始に伴い，中心静脈ポート留置術を施行するため入院となる。 Cr 2.5 mg/dL，Hb 8.9 mg/dL，水腎症悪化及び貧血を認める。
同年 11 月 1 日	右前胸壁に中心静脈ポート留置術実施
同年 11 月 2 日	腎機能悪化及び貧血のため外泊中止となる。 （BUN 22，Cr 3.04，Alb 2.6，Hb 8.5）
同年 11 月 3 日	尿量 10 mL/hr のためフロセミド開始となる。
同年 11 月 6 日	腎機能及び貧血，低アルブミン血症改善せず。 25 %献血アルブミン，輸血 RCC 4 単位実施
同年 11 月 7 日	本治験で規定された最終投与後来院時検査を実施した。
同年 11 月 15 日	腎機能増悪し，尿量減少傾向。尿管カテーテル留置し，一旦退院となる。
同年 12 月 5 日	体温 38.5 °C の発熱及び尿量流出不良となり尿路感染疑われ入院となり，抗生剤が開始となる。
同年 12 月 7 日	採血結果，アルブミン：2.3 mg/dL，ヘモグロビン：7.4 g/dL にて 25 %献血アルブミン，輸血 RCC 4 単位実施 呼吸困難軽度あり酸素投与（1 L）が開始となる。
同年 12 月 8 日	白血球：14.20，ヘモグロビン：10.3，好中球：12.84，BUN：41，Cr：4.67，CRP：14.64。次治療ヴォトリエント錠 200 mg/日開始となり，退院となる。

治験責任医師等によるコメント：
今回の事象は原疾患の進行に伴う事象であるため，治験薬との因果関係は否定できると判断する。次治療開始に伴い中心静脈ポート留置のために入院したが，患者の様態が悪化し，入院期間を延長したため，重篤な有害事象と判断した。
腎機能に改善がないものの，同年 12 月 8 日に次治療が開始されたため，以後の調査を終了する。

被験者識別コード	20122004
年齢	6[redacted]歳
性別	女性
人種	日本人
組織型	脂肪肉腫
合併症	Hypertension, Wound complication
併用薬剤	Amlodipine, Candesartan, Heparinoid, Betamethasone, Filgrastim, Paracetamol, Ketoprofen, Carvedilol
叙述の理由	
死亡以外の重篤な有害事象	白内障
治験薬との因果関係	関連なし

経過：

20[redacted]年 7 月 2 日	本治験同意取得
同年 8 月 8 日	治験薬（エリブリン；1.4 mg/m^2，2.1 mg/body）投与開始
同年 11 月 21 日	骨髄抑制により好中球の低下を認め G-CSF 投与を行うも改善せず。治験薬の減量（1.1 mg/m^2，1.6 mg/body）投与となる。
同年 12 月 1 日（発現日）	同年 12 月 1 日より光のちらつきや文字が見えにくいと訴え，同年 12 月 4 日に他院眼科を受診。
翌年 2 月 19 日	その後も視力低下を訴え，翌年 2 月 19 日に他院眼科を再度受診し，白内障と診断される。
翌年 4 月 30 日	他院にて入院の上，白内障（右目）の手術を実施（翌年 4 月 29 日～入院）
翌年 5 月 1 日	退院し，採血データや全身状態に問題がないことから同日，治験薬 投与（第 13 サイクル第 1 日目）を実施
翌年 5 月 8 日	治験薬の投与を中止
翌年 5 月 21 日	他院にて入院の上，白内障（左目）の手術を実施し，翌年 5 月 22 日に退院（翌年 5 月 20 日～入院）
翌年 5 月 27 日	治験薬投与（第 14 サイクル第 1 日目）を実施予定であったが，翌年 5 月 22 日に実施された 42 週時腫瘍評価にて PD と判定されたため，治験を中止
翌年 6 月 4 日	本治験で規定された最終投与後来院時検査を実施
翌年 6 月 7 日	次治療開始（放射線治療）

治験責任医師等によるコメント：

今回の事象は加齢に伴うものであり，偶発的事象であると判断することから治験薬との因果関係は否定できると判断する。

翌年 6 月 7 日より次治療が開始となったため，本報をもって最終報告とする。

被験者識別コード	20132005
年齢	4[redacted]歳
性別	男性
人種	日本人
組織型	平滑筋肉腫
合併症	Alopecia, Chest discomfort, Constipation, Cough, Dyspnoea, Generalised oedema, Hypertension, Hypoalbuminaemia, Insomnia, Neuropathy peripheral, Sinus tachycardia, Haemoptysis, Tumour associated fever
併用薬剤	Brotizolam, Furosemide, Carbocisteine, Naproxen, Spironolactone, Codeine, Loxoprofen, Sennoside A+B, Dequalinium
叙述の理由	
死亡以外の重篤な有害事象	呼吸困難
治験薬との因果関係	関連なし

経過：

20[redacted]年 7 月 4 日	治験薬（エリブリン）投与のため入院。体動時や咳嗽時呼吸困難あり。
同年 7 月 5 日	第 1 サイクル第 1 日目，治験薬投与
同年 7 月 12 日	第 1 サイクル第 8 日目，治験薬投与。徐々に呼吸困難増強，SAT 90 から 95%
同年 7 月 18 日	スクリーニング時 Alb 2.6 と低値であったが，食事摂取量が少なく Alb 2.1 と低下
同年 7 月 20 日（発現日）	呼吸困難増強し，酸素 2 L 投与開始した
同年 7 月 21 日	体重が入院時より約 9 kg 増加しており，全身浮腫がみられる。
同年 7 月 26 日	同年 7 月 23 日から 3 日間アルブミナー5%，250 mL を投与
同年 8 月 3 日	酸素投与 3 L に増量。CT 施行，PD にて治験中止と判断。終了時検査実施。
同年 8 月 5 日	次治療開始

治験責任医師等によるコメント：
治験薬投与前より呼吸困難があった。腫瘍関連胸水により低アルブミンと腫瘍性の静脈圧迫による静脈還流障害による全身の浮腫が著明となり呼吸困難が増強したもので薬剤とは無関係と考えます。