被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
小腸炎	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HEPATITIS A	19[redacted]
OTHER: PLAQUE PSORIASIS	19
GASTROESOPHAGEAL REFLUX DISEASE	20
OTHER: DEGENERATIVE DISCOPATHIC DISEASE OF THE SPINE	20
OTHER: FIBROIDS	20
OTHER: POSTMENOPAUSAL	20
PSORIATIC ARTHRITIS	20
HYPERTENSION	20

Prior Procedures	Procedure Year
SURGERY: CHEILEKTOMIA THE FIRST FINGER OF THE RIGHT FOOT	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	10 PACK	38	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ADA	40MG	SC	EOW	[redacted]20[redacted] / 170		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day

BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19
PANTOPRAZOLE	20 mg	QD	Y-M: 20
TRAMADOL	50 mg	OTHER: QD-BID	Y-M: 20
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20 -
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20 -
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20 -
COLECALCIFEROL	300 IU	QD	Y-M: 20 -
TELMISARTAN	40 mg	QD	Y-M: 20 - / -60

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
PANTOPRAZOLE	20 mg	QD	Y-M: 20	Y-M: 20 - / 182
TRAMADOL	50 mg	OTHER: QD-BID	Y-M: 20	NOT REPORTED
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20 -	ONGOING
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20 -	ONGOING
COLECALCIFEROL	300 IU	QD	Y-M: 20 -	NOT REPORTED
TELMISARTAN	40 mg	QD	Y-M: 20 - / -60	NOT REPORTED
BACLOFEN	25 mg	QD	Y-M: 20 - / 174	Y-M: 20 - / 178

Event #1: Serious Adverse Event

Event Description	DUODENAL MUCOSITIS
Preferred term	小腸炎
AE Onset Date / Rx Day	20 / 179
Age at AE Onset	6

Laboratory Testing

20 (RX DAY 149): NPTST053-APTT: 35.7 [28.4 - 42.8] SEC; 20 (RX DAY 179): Basophils/Leukocytes: 0.3 [0.1 - 1.2] %; Chloride: 110 [98 - 107] MMOL/L; Creatinine: 73 [49 - 90] UMOL/L; Eosinophils/Leukocytes: 0.9 [0.7 - 5.8] %; Hematocrit: 0.36 [0.34 - 0.45] FRACTION OF 1; Hemoglobin: 119 [112 - 157] G/L; Lymphocytes/Leukocytes: 41.6 [19.3 - 51.7] %; Monocytes/Leukocytes: 8.9 [4.7 - 12.5] %; NPTST072-BASOPHILIS: 0.02 [0.01 - 0.08] 10^3/UL; NPTST154-CRP: 0.80 [NOT REPORTED - 5] mg/L; NPTST182-EGFR: >60 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST186-EOSINOPHILIS: 0.06 [0.04 - 0.36] 10^3/UL; NPTST191-ERYTHROCYTE: 3.78 [3.93 - 5.22] 10^6/UL; NPTST303-LEUKOCYTES: 6.37 [3.98 - 10.04] 10^3/UL; NPTST309-LYMPHOCYTES: 2.65 [1.18 - 3.74] 10^3/UL; NPTST316-MCH: 31.5 [25.6 - 32.2] PG; NPTST317-MCHC: 32.8 [32.2 - 35.5] G/DL; NPTST318-MCV: 96 [79.4 - 94.8] FL; NPTST333-MPV: 11.7 [9.4 - 12.6] FL; NPTST342-NEUTROCYTY: 3.07 [1.56 - 6.13] 10^3/UL; NPTST362-P-LCR: 39.0 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST372-PCT: 0.2 [0.16 - 0.38] %; NPTST373-PDW: 14.1 [9.8 - 16.2] FL; NPTST397-PROTHROMBIN INDEX: 105 [80 - 120] %; NPTST415-RDW-CV: 13.5 [11.6 - 14.4] %; NPTST485-UREA: 30 [10 - 45] MG/DL; Neutrophils/Leukocytes: 48.3 [34 - 71.1] %; Platelets: 174 [182 - 369] 10^9/L; Potassium: 4 [3.5 - 4.1] MMOL/L; Prothrombin Intl. Normalized Ratio: 0.95 [0.8 - 1.3] UNIT NOT REPORTED; Sodium: 148 [135 - 148] MMOL/L; 20 (RX DAY 210): NPTST331-MONOCYTES: 0.57 [0.24 - 0.76] 10^3/UL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

20 (RX DAY 180): ENDOSCOPY: FINDINGS CHARACTERISTIC FOR DUODENAL MUCOSITIS.

AE Stopped Rx Day	182
Duration of AE	4 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	UNKNOWN

Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，グレード 3 の十二指腸粘膜炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，胃食道逆流性疾患，変形性脊椎椎間板症，閉経後，乾癬性関節炎，高血圧，喫煙者（1 日に 10 本を 38 年間）及び現飲酒者（2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は十二指腸粘膜炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，十二指腸粘膜炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は胃痛（心窩部）及び脊椎痛のため入院した。診断検査で十二指腸粘膜炎と一致する結果が得られた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は controloc であった。

Causality for UPADACITINIB (Blinded)

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1) Small intestinal mucositis (10065710) (Enteritis (10014866)) [v.22.1] [10065710]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of DUODENAL MUCOSITIS

- Investigator: Unknown

- AbbVie: Risk factors include active smoking status and concomitant therapy with methotrexate.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **BASOPHILS:** 0.02 X10**3/MCL (normal 0.01 to 0.08)

[redacted] **BASOPHILS:** 0.3 % (normal 0.1 to 1.2)

[redacted] **CHLORIDE:** 110 MMOL/L (normal 98 to 107)

[redacted] **CREATININE:** 0.83 mg/dL (normal 0.55 to 1.02)

[redacted] **CRP:** 0.80 MG/L (normal 5.0)

[redacted] **EGFR:** 60 >

[redacted] **ENDOSCOPY:** Findings characteristic for duodenal mucositis.

[redacted] **EOSINOPHILS:** 0.06 X10**3/MCL (normal 0.04 to 0.36)

[redacted] **EOSINOPHILS:** 0.9 % (normal 0.7 to 5.8)

[redacted] **ERYTHROCYTES:** 3.78 X10**6/MCL (normal 3.93 to 5.22)

[redacted] **HEMATOCRIT:** 36.3 % (normal 34.1 to 44.9)

[redacted] **INR:** 0.95 (no units) (normal 0.8 to 1.3)

[redacted] **MCHC:** 32.8 G/DL (normal 32.2 to 35.5)

[redacted] **MCV:** 96.0 FL (normal 79.4 to 94.8)

[redacted] **PLATELET LARGE CELL RATIO:** 39.0 (no units)

[redacted] **20[redacted] PLATELETS:** 174 X10**3/MCL (normal 182 to 369)

[redacted] **20[redacted] POTASSIUM:** 4.0 MMOL/L (normal 3.5 to 5.1)

[redacted] **20[redacted] SODIUM:** 148.0 MMOL/L (normal 135 to 148)

[redacted] **20[redacted] WEIGHT:** 75.1 KG

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
手骨折	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 15 mg QD	2[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: ADENOIDECTOMY	19[redacted]
SURGERY: AMPUTATION OF THE DISTAL PHALANX OF THE LEFT THUMB	20[redacted]
SURGERY: BONE RECONSTRUCTION OF THE DISTAL PHALANX OF THE LEFT THUMB	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 170		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
DICLOFENAC	150 mg	QD	Y-M: 20[redacted]
COLECALCIFEROL	2000 IU	QD	Y-M: 20[redacted] / -220
SHARK-LIVER OIL	570 mg	BID	Y-M: 20[redacted] / -220
DICLOFENAC	75 mg	BID	Y-M: 20[redacted] / -201
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / -201
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -201

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
SHARK-LIVER OIL	570 mg	BID	Y-M: 20[redacted] / -220	ONGOING
COLECALCIFEROL	2000 IU	QD	Y-M: 20[redacted] / -220	Y-M: 20[redacted] / 58
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / -201	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -201	ONGOING
COLECALCIFEROL	28 OTHER: DROPS	EVERY WEEK	Y-M: 20[redacted] / 59	ONGOING
ULTRACET	1 OTHER: TABLET	PRN	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 73
DURAPATITE	830 mg	BID	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 112

Event #1: Serious Adverse Event

Event Description	FRACTURE OF THE BONE RECONSTRUCTION OF THE DISTAL PHALANX OF THE LEFT THUMB
Preferred term	手骨折
AE Onset Date / Rx Day	[redacted]20[redacted] / 58
Age at AE Onset	2[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 57): XRAY: DETECTION OF FRACTURE OF THE REGENERATE IN THE AMPUTATED THUMB OF THE LEFT HAND; [redacted]20[redacted] (RX DAY 59): CLOSE REDUCTION-INTERNAL FIXATION PROCEDURE: NO COMPLICATIONS; XRAY: SETTING OF FRAGMENTS AND IMPLANTS CORRECT

AE Stopped Rx Day	59
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	UNKNOWN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 2[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左母指末節骨の骨再建部位の骨折の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，左母指末節骨の切断，左母指末節骨の骨再建，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左母指末節骨の骨再建部位の骨折を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左母指末節骨の骨再建部位の骨折は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は骨折の整復及び安定化のため入院した。この骨折は無症候性で，整形外科の経過観察で偶発的に発見されたものであった。20[redacted] 年 [redacted] 月 [redacted] 日，CRIF（徒手整復内部固定術），X 線検査及びキルシュナー鋼線によるフラグメント固定が行われた。入院中に合併症は認められなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は，devikap，poltram combo 及び osteogenon であった。

The patient's past medications include:

OLFEN for PSORIATIC ARTHRITIS (20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Fractured thumb (10017313) (Hand fracture (10019114)) [v.22.1] [10017313]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of FRACTURE OF THE BONE RECONSTRUCTION OF THE DISTAL PHALANX OF THE LEFT THUMB

- Investigator: Unknown

- AbbVie: Event more likely related to past history of amputation of the distal phalanx of the left thumb and bone reconstruction of the distal phalanx of the left thumb.

Relevant Laboratory & Other Diagnostic Tests

Unknown date CHEST X RAY: Normal and Absent

[redacted] **X-RAY:** Setting of fragments and implants correct.

[redacted] **XRAY:** At least One (1) erosion on the hands and feet

[redacted] **XRAY:** DETECTION OF FRACTURE OF THE REGENERATE IN THE AMPUTATED THUMB OF THE LEFT HAND

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
心筋梗塞	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: RIGHT ELBOW INJURY	19[redacted]
ASTHMA	19
OTHER: EPILEPSY	19
OTHER: PLAQUE PSORIASIS	19
DRUG ALLERGIES/REACTIONS: AMINOFILIN	19
OTHER: HBV INFECTION	19
HYPERLIPIDEMIA: EXCEEDED LEVELS OF TRIGLYCERIDES AND CHOLESTEROL	20
PARKINSON'S DISEASE	20
OTHER: DEGENERATIVE DISEASE OF THE SPINE	20
OTHER: OVERWEIGHT	20
BENIGN PROSTATIC HYPERPLASIA	20
OTHER: SLEEP DISORDERS	20
OTHER: CONDITION AFTER REMOVAL OF THE GALLBLADDER	20
PSORIATIC ARTHRITIS	20
LIVER DISEASE (EXCLUDING HEPATITIS): DRUG-INDUCED LIVER DAMAGE	20
OSTEOPOROSIS	20

Prior Procedures	Procedure Year
INCREASED CREATINE PHOSPHOKINASE: FRACTIONATED LAB TEST	NOT REPORTED

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	10	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted] / 1	[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted] / 169	[redacted] / 391	223
ABT-494	30 MG	ORAL	QD	[redacted] / 392		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BUDESONIDE	200 ug	BID	Y-M: 19[redacted]
FENOTEROL	100 ug	PRN	Y-M: 19[redacted]
FORMOTEROL	12 ug	QD	Y-M: 19[redacted]
AMINOPHYLLINE	200 mg	QD	Y-M: 19[redacted]
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted]
MADOPAR	125 mg	TID	Y-M: 20[redacted]
DOXAZOSIN	4 mg	QD	Y-M: 20[redacted]
FINASTERIDE	5 mg	QD	Y-M: 20[redacted]
MIANSERIN	30 mg	QD	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
KETOPROFEN	100 mg	PRN	Y-M: 20[redacted]
NAPROXEN	500 mg	PRN	Y-M: 20[redacted]
METHYLPREDNISOLONE	32 mg	QD	Y-M: 20[redacted]
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]
METHYLPREDNISOLONE	16 mg	QD	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
HYDROXYZINE	25 mg	QD	Y-M: 20[redacted]
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted]
CALCIUM CARBONATE	500 mg	QD	Y-M: 20[redacted]
COLECALCIFEROL	2000 IU	BID	Y-M: 20[redacted]
IBANDRONIC ACID	150 mg	OTHER: EVERY MONTH	Y-M: 20[redacted]
ULTRACET	362.5 mg	BID	Y-M: 20[redacted]
COLECALCIFEROL	2000 IU	QD	Y-M: 20[redacted] / -341
CICLOSPORIN	100 mg	BID	Y-M: 20[redacted] / -311
SULFASALAZINE	500 mg	BID	Y-M: 20[redacted] / -250
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -97

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
BUDESONIDE	200 ug	BID	Y-M: 19[redacted]	NOT REPORTED

FENOTEROL	100 ug	PRN	Y-M: 19[redacted]	NOT REPORTED
FORMOTEROL	12 ug	QD	Y-M: 19[redacted]	NOT REPORTED
AMINOPHYLLINE	200 mg	QD	Y-M: 19[redacted]	NOT REPORTED
MADOPAR	125 mg	TID	Y-M: 20[redacted]	NOT REPORTED
FINASTERIDE	5 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 260
HYDROXYZINE	25 mg	QD	Y-M: 20[redacted]	NOT REPORTED
CALCIUM CARBONATE	500 mg	QD	Y-M: 20[redacted]	NOT REPORTED
IBANDRONIC ACID	150 mg	OTHER: EVERY MONTH	Y-M: 20[redacted]	NOT REPORTED
ULTRACET	362.5 mg	BID	Y-M: 20[redacted]	NOT REPORTED
COLECALCIFEROL	2000 IU	QD	Y-M: 20[redacted] / -341	NOT REPORTED
SULFASALAZINE	500 mg	BID	Y-M: 20[redacted] / -250	NOT REPORTED
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -97	NOT REPORTED
CIPROFIBRATE	160 mg	QD	Y-M: 20[redacted] / 98	Y-M: 20[redacted] / 260
PIRACETAM	800 mg	BID	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 260
DIOSMIN	500 mg	BID	Y-M: 20[redacted] / 240	Y-M: 20[redacted] / 260
PHLEBODRIL	150 mg	BID	Y-M: 20[redacted] / 245	Y-M: 20[redacted] / 260
ACETYLSALICYLIC ACID	75 mg	QD	Y-M: 20[redacted] / 260	NOT REPORTED
ATORVASTATIN	40 mg	QD	Y-M: 20[redacted] / 260	NOT REPORTED
CLOPIDOGREL	75 mg	QD	Y-M: 20[redacted] / 260	NOT REPORTED
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 260	NOT REPORTED
SPIRONOLACTONE	25 mg	QD	Y-M: 20[redacted] / 260	Y-M: 20[redacted] / 286
RAMIPRIL	2.5 mg	QD	Y-M: 20[redacted] / 260	Y-M: 20[redacted] / 287
DILTIAZEM	60 mg	BID	Y-M: 20[redacted] / 260	Y-M: 20[redacted] / 362
SPIRONOLACTONE	12.5 mg	QD	Y-M: 20[redacted] / 287	Y-M: 20[redacted] / 362
RAMIPRIL	1.25 mg	QD	Y-M: 20[redacted] / 288	NOT REPORTED
DUTASTERIDE	0.5 mg	QD	Y-M: 20[redacted] / 358	NOT REPORTED

OTHER DRUGS USED IN BENIGN PROSTATIC HYPERTRO	240+150+120+30+0,001+1,4+6+10 +0,0035 mg	QD	Y-M: 20[redacted] / 358	NOT REPORTED
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted] / 358	NOT REPORTED
DILTIAZEM	30 mg	BID	Y-M: 20[redacted] / 362	NOT REPORTED

Event #1: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description	MYOCARDIAL INFARCTION
Preferred term	心筋梗塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 260
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 260): CAROTID ULTRASOUND: ATHEROSCLEROTIC PLAQUES DO NOT CAUSE ACCELERATION OF FLOW VELOCITY; ECHOCARDIOGRAPHY: LVEF 50%,HYPOKINESIS

AE Stopped Rx Day	264
Duration of AE	5 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THE FIRST MANIFESTATION OF CORONARY HEART DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，心筋梗塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高脂血症（トリグリセリド及びコレステロールの増加），元紙巻タバコ喫煙者（1 日 1 箱を 10 年間），過体重，睡眠障害，兄弟が 64 歳時の心筋梗塞による死亡並びに母親の動脈性高血圧であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は心筋梗塞を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，心筋梗塞は消失した。

被験者は [redacted] 月より，疲労及び運動誘発性呼吸困難の増大（約 100 m 歩行後）並びに下腿浮腫の症状を訴えていた。被験者は，これらの症状は，呼吸器科医の指示で抗浮腫薬ステロイドを中止したことと関係していると考えていた。呼吸困難は吸入薬投与後に治まった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。被験者は胸痛で救急治療室や救急医療センターを受診するようなことはなかった。しかしながら，本事象の発現前 24 時間以内に狭心症又はそれに相当する症状が出現した。これらの症状の持続時間は，1 時間未満 5 分超であった。被験者は，左冠動脈回旋枝の一次血管形成術と，有糸分裂阻害剤コーティングステント 2 本の植え込みによる治療を受けた。退院時の心エコー検査所見は，LVER 50%及び下壁運動低下であった。頚動脈の超音波検査で壁周囲にアテローム動脈硬化性プラークが認められたが，血流量への影響はなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，dilzem，spironol，ipp，atoris，tritace，プラビックス及び acard であった。

The patient's past medications include:

AMINOFILIN for UNKNOWN INDICATION

Causality for ABT-494 (Blinded)

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1) Myocardial infarction (10028596) (Myocardial infarction (10028596)) [v.22.0] [10028596]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of MYOCARDIAL INFARCTION

- Investigator: The first manifestation of coronary heart disease.

- AbbVie: Risk factors include pre-existing plaque psoriasis, hyperlipidemia and obesity BMI(30.8).

Relevant Laboratory & Other Diagnostic Tests

Unknown date BLOOD PRESSURE: 106/70 mmHg

[redacted] **20[redacted] CAROTID ULTRASOUND:** Paramural atherosclerotic plaques without acceleration of flow velocity

[redacted] **20[redacted] ECG:** Sinus rhythm, regular, of 64/min. Intermediate heart axis. PQ 180 ms. QTc 410 ms. Q wave in III, q in aVF, inverted T wave in III, and flat T wave in aVF.

[redacted] **20[redacted] ECHOCARDIOGRAPHY:** LVEF 50%,hypokinesis of the inferior wall

[redacted] **20[redacted] ECHOCARDIOGRAPHY:** The heart chambers are of normal size. The intraventricular septal wall is slightly thickened. The size of the aorta is normal. Left ventricular global contractility is normal, slight hypokinesis of the basal and mid segments of the lateral wall has been observed. The left ventricular diastolic function is normal. No significant regurgitation found in the valves, and gradients are normal. No thrombi in the cardiac chambers, or pericardial fluid observed. The risk of pulmonary hypertension is low. Visibility of the examined structures is quite good.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
丹毒	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: LEFT LOWERLEG VARICOSE VEINS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	20	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 392	224
ADA	40MG	SC	EOW	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
ACECLOFENAC	100 mg	QD	Y-M: 20[redacted]

MODURETIC	1 OTHER: TABLET	QD	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
RAMIPRIL	5 mg	QD	Y-M: 20[redacted]
APREMILAST	30 mg	BID	Y-M: 20[redacted]
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / -297
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -297

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ACECLOFENAC	100 mg	QD	Y-M: 20[redacted]	NOT REPORTED
MODURETIC	1 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
RAMIPRIL	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / -297	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -297	NOT REPORTED
AUGMENTIN	UNKNOWN OTHER: UNKNOWN	OTHER: EVERY 12 HOURS	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
CHLORAMPHENICOL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
ENOXAPARIN	UNKNOWN OTHER: UNKOWN	QD	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
METAMIZOLE	1 OTHER: AMPULE	PRN	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
METRONIDAZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: EVERY 12 HOURS	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
OCTENISEPT	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
RANITIDINE	1 OTHER: TABLET	QD	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 141
DOXYCYCLINE	100 mg	BID	Y-M: 20[redacted] / 141	Y-M: 20[redacted] / 146

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	RIGHT LOWER LEG ERYSIPELAS
Preferred term	丹毒
AE Onset Date / Rx Day	[redacted]20[redacted] / 134
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 134): Alanine Aminotransferase: 41 [NOT REPORTED - 41] U/L; Eosinophils/Leukocytes: 0.2 [1 - 7] %; Glucose: 6.7 [3.3 - 5.5] MMOL/L; Leukocytes: 12.3 [4 - 11] 10^9/L; Lymphocytes/Leukocytes: 9.1 [25 - 40] %; Monocytes: 1.02 [0 - 1] 10^9/L; NPTST102-C-REACTIVE PROTEIN: 38 [NOT REPORTED - 5] mg/L; NPTST277-IMMATURE GRANULOCYTE ABS: 0.05 [0.01 - 0.03] 10^3/UL; NPTST398-PROTHROMBIN TIME: 12.6 [9.2 - 12.2] SEC; Neutrophils: 10.05 [1.9 - 7.5] 10^9/L; Neutrophils/Leukocytes: 81.8 [50 - 70] %; [redacted]20[redacted] (RX DAY 135): Alanine

Aminotransferase: 62 [0 - 41] U/L; Aspartate Aminotransferase: 42 [0 - 40] U/L; Eosinophils: 0.06 [0.03 - 0.44] 10^9/L; Glucose: 6.2 [4.1 - 5.9] MMOL/L; Leukocytes: 8.6 [4 - 10] 10^9/L; NPTST303-LEUKOCYTES: PRESENT [NOT REPORTED - NOT REPORTED] N/A; NPTST419-RED BLOOD CELL DISTRIBUTION WID: 48.3 [35.1 - 43.9] FL; [redacted]20[redacted] (RX DAY 140): NPTST419-RED BLOOD CELL DISTRIBUTION WID: 47.2 [35.1 - 43.9] FL

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 134): HEAD COMPUTED TOMOGRAPHY: NORMAL

AE Stopped Rx Day	146
Duration of AE	13 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右下肢の丹毒の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，高血圧，元紙巻タバコ喫煙者（1 日 1 箱を 20 年間），左下肢の静脈瘤及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右下肢の丹毒を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，右下肢の丹毒は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右下肢の疼痛及び発赤のため入院した。体温上昇，全身脱力及び失神も認められた。頭部コンピュータ断層撮影（CT）検査が行われたが，中枢神経系の変化は見られなかった。院内治療後，被験者の状態は改善した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

20[redacted] 年 [redacted] 月 [redacted] 日，20 週時来院の際，治験責任医師は，創傷は完全治癒したと判断した。

投与された薬剤は，pyralgin，octanisept，detromycyna，ranigast，クレキサン，メトロニダゾール，amoksiklav 及びドキシサイクリンであった。

The patient's past medications include:

APREMILAST for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Erysipelas (10015145) (Erysipelas (10015145)) [v.21.0] [10015145]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of RIGHT LOWER LEG ERYSIPELAS

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ALANINE AMINO TRANSFERASE:** 41 U/L (normal 0 to 41)

[redacted] 20[redacted] **ALANINE AMINO TRANSFERASE:** 62 U/L (normal 0 to 41)

[redacted] 20[redacted] **ASPARTATE AMINO TRANSFERASE:** 42 U/L (normal 0 to 40)

[redacted] 20[redacted] **C-REACTIVE PROTEIN:** 38 mg/dL (normal 0 to 5)

[redacted] 20[redacted] **EOSINOPHILS:** 0.2 % (normal 1.0 to 7.0)

[redacted] 20[redacted] **EOSINOPHILS ABSOLUTE:** 0.06 X10**3/MCL (normal 0.03 to 0.44)

[redacted] 20[redacted] **GLUCOSE:** 121 mg/dL (normal 60 to 99)

[redacted] 20[redacted] **GLUCOSE:** 111 mg/dL (normal 74 to 106)

[redacted] 20[redacted] **HEAD COMPUTED TOMOGRAPHY:** NORMAL

[redacted] 20[redacted] **IMMATURE GRANULOCYTE ABSOLUTE:** 0.05 X10**3/MCL (normal 0.01 to 0.03)

[redacted] 20[redacted] **LYMPHOCYTES:** 9.1 % (normal 25 to 40)

[redacted] 20[redacted] **MONOCYTES ABSOLUTE:** 1.02 X10**3/MCL (normal 0.00 to 1.00)

[redacted] 20[redacted] **NEUTROPHILS:** 81.8 % (normal 50.0 to 70.0)

[redacted] 20[redacted] **NEUTROPHILS ABSOLUTE:** 10.05 X10**3/MCL (normal 1.9 to 7.5)

[redacted] 20[redacted] **PROTHROMBIN TIME:** 12.6 SEC (normal 9.2 to 12.2)

[redacted] 20[redacted] **RED BLOOD CELL DISTRIBUTION WIDTH:** 48.3 FL (normal 35.1 to 43.9)

[redacted] 20[redacted] **RED BLOOD CELL DISTRIBUTION WIDTH:** 47.2 FL (normal 35.1 to 43.9)

[redacted] 20[redacted] **URINE LEUKOCYTES:** PRESENT

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 12.29 X10**3/MCL (normal 4 to 11)

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 8.56 X10**3/MCL (normal 4.00 to 10.0)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
脳血管発作	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
HYPERTENSION: ESSENTIAL ARTERIAL HYPERTENSION	19[redacted]
OTHER: PNEUMOFIBROSIS BASALIS	19[redacted]
OTHER: PSORIASIS PLAQUE	20[redacted]
OBESITY: ADIPOSITAS III (BMI-51.5)	20[redacted]
OTHER: MENOPAUSE	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
TUBERCULOSIS: PROPHILACTICALY TREATMENT FOR LATENT WITH ISONIAZID FROM MAR2016 TO 01DEC2016	20[redacted]
OTHER: STRUMA NODOSUM	20[redacted]
CHOLELITHIASIS	20[redacted]
OTHER: HYPERURICAEMIA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 398	230
ADA	40MG	SC	EOW	[redacted]20[redacted] / 399		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
AMLODIPINE	10 mg	QD	Y-M: 20[redacted]
BI PREDONIUM	5 mg	QD	Y-M: 20[redacted]
DICLOFENAC	150 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
ISONIAZID	300 mg	QD	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
AMLODIPINE	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
BI PREDONIUM	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
DICLOFENAC	150 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
PHOSPHOLIPIDS	600 mg	TID	Y-M: 20[redacted] / 406	Y-M: 20[redacted] / 597
ORNITHINE	3000 mg	BID	Y-M: 20[redacted] / 598	NOT REPORTED
SILYBUM MARIANUM	3000 mg	OTHER: TWELVE CAPSULES PER DAY	Y-M: 20[redacted] / 598	NOT REPORTED
LIDOCAINE;PYRIDOXINE;THIAMINE;VITAMIN B12 NOS	UNSPECIFIED mL	QD	Y-M: 20[redacted] / 749	NOT REPORTED
PERINDOPRIL	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	NOT REPORTED
ACETYLSALICYLIC ACID	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
AMLODIPINE	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
ATORVASTATIN	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
DIAZEPAM	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
IPIDACRINE	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
MAGNESIUM	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
MANNITOL	UNSPECIFIED mg	QD	Y-M: 20[redacted] / 749	Y-M: 20[redacted] / 763
MOXONIDINE	UNSPECIFIED	QD	Y-M: 20[redacted]	Y-M: 20[redacted]-11

	mg		[redacted] / 749	/ 763
OMEPRAZOLE	UNSPECIFIED	QD	Y-M: 20[redacted]	Y-M: 20[redacted]
	mg		[redacted] / 749	/ 763
RINGER	UNSPECIFIED	QD	Y-M: 20[redacted]	Y-M: 20[redacted]
	mg		[redacted] / 749	/ 763

Event #2: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description	STROKE
Preferred term	脳血管発作
AE Onset Date / Rx Day	[redacted]20[redacted] / 748
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 748): NPTST126-CKMB: 21 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST166-D DIMERS: 0.46 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST176-DIRECT BILIRUBIN: 4.3 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST402-PT: 122 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; [redacted]20[redacted] (RX DAY 750): Alanine Aminotransferase: 119 [NOT REPORTED - NOT REPORTED] U/L; Bilirubin: 8 [5 - 21] UMOL/L; Creatinine: 66 [53 - 97] UMOL/L; Glucose: 6.2 [4.1 - 5.9] MMOL/L; Hematocrit: 42.7 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 15 [117 - 160] G/L; NPTST031-AMYLASE: 9.97 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST052-APTL: 25.1 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST154-CRP: 20.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST193-ERYTROCITES: 4850000 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST305-LIPASE: 79 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST469-TROMBOCYTES: 269000 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST473-TROPONIN I-HS: 104.5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST485-UREA: 4.8 [NOT REPORTED - NOT REPORTED] mmol/L; Potassium: 3.9 [3.4 - 4.4] MMOL/L; Prothrombin Intl. Normalized Ratio: 0.9 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Sodium: 143 [136 - 145] MMOL/L; Urate: 412 [150 - 350] UNIT NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 748): COMPUTED TOMOGRAPHY (CT): HYPERACUTE ISCHEMIC PICTURE IN ACM DX BASIN RIGHT FRONTAL AND PARIETAL LOBE ENCLOSED ISCHEMIA NOT VISIBLE AT THE MOMENT. RIGHT SIDE TEMPORAL LOBE SUBARACHNOID CYST; [redacted]20[redacted] (RX DAY 749): COMPUTED TOMOGRAPHY (CT): WITHOUT SIGNIFICANT CHANGES IN DYNAMICS; ECG: SINUS RHYTHM 84X, NON-SPECIFIC ST-T WAVE ABNORMALITY; [redacted]20[redacted] (RX DAY 750): MRI HEAD: HCVN, SMALL ENCEPHALOMALACIA SPOTS IN BOTH CEREBRAL HEMISPHERES IN WHITE CEREBRAL MATTER, PERHAPS WITH VASCULAR GENESIS. REMAINS ARACHNOID CYST IN FRONTAL POLE OF RIGHT TEMPORAL LOBE.; [redacted]20[redacted] (RX DAY 754): CEREBRAL BLOOD VESSELS DOPLEROGRAPHY: ACM, ACA DX BLOOD FLOW REDUCED, SIN NOT REDUCED. A. BASILARIS BLOOD FLOW REMAINED; [redacted]20[redacted] (RX DAY 757): ABDOMINAL ULTRASONOGRAPHY: ABDOMEN USS 14.11: CONCRETES IN THE GALLBLADDER WITHOUT PERIVESICULAR REACTION. LIVER STEATOSIS IN THE US SCENE; BRACHIOCEPHALIC VASCULAR DUPLEX: A. CAROTIS BLOOD FLOW NOT DISTURBED. INTIMA MEDIA NORMAL (0,8MM). A VERTEBRALIS BLOOD FLOW NOT DISTURBED. ATHEROSCLEROTIC PLAQUES NOT FOUND. NO STENOSIS.; CT FOR HEAD ANGIOGRAPHY: CTA NO DATA ABOUT SIGNIFICANT STENOSIS IN INTRA AND EXTRA-CRANIAL MAGISTRAL ARTERIA.

AE Stopped Rx Day	763
Duration of AE	16 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ARTERIAL HYPERTENSION
Discontinued Study Drug	NO

Due to the Event
SAE Criteria REQUIRES OR PROLONGS HOSPITALIZATION, PERSIST OR SIGNIF DISABILITY/INCAPACITY, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はラトビアの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，脳卒中の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，本態性動脈性高血圧，肥満（脂肪過多 III［BMI-51.5］），非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は脳卒中を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性虚血性脳卒中のため入院した。アセトリシスで，90 mg，10%ボーラス，灌流速度 81 mL/h にて血栓溶解が行われた。徴候・症状は，急性脳血管障害及び浮動性めまいであった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は脳卒中専門の神経科の診察を受けた。症状はあったものの著しい障害はなかった。日常活動や日常動作はすべて問題なくできた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。20[redacted] 年 [redacted] 月 [redacted] 日，脳卒中は消失した。

投与された薬剤は，neuromidin，アムロジピン，マグネシウム，moksonidin，ジアゼパム，オメプラゾール，アスピリン，sortis，マンニットール及び prestarium であった。

Causality for UPADACITINIB (Blinded)

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1) Stroke (10042244) (Cerebrovascular accident (10008190)) [v.22.1] [10042244]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, outcome unknown

Alternative Etiology for UPADACITINIB (Blinded)

Event of STROKE

- Investigator: Arterial hypertension

- AbbVie: Risk factors include pre-existing hypertension and obesity. Additionally, cerebrovascular morbidity is increased by 22%, in patients with PsA compared with the general population.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ADOMINAL ULTRASONOGRAPHY:** ABDOMEN USS 14.11: CONCRETES IN THE GALLBLADDER WITHOUT PERIVESICULAR REACTION. LIVER STEATOSIS IN THE US SCENE

[redacted] **20[redacted] ALT:** 119 U/L

20[redacted] ANA IGG: 4 no units (normal 0 to 12)

20[redacted] ANCA P-1: 6 no units (normal 0 to 5)

20[redacted] ANCA PR: 4 no units (normal 0 to 5)

[redacted] **20[redacted] APTL:** 25.1 No unit

[redacted] **20[redacted] BRACHIOCEPHALIC VASCULAR DUPLEX:** A. carotis blood flow not disturbed. Intima media normal (0.8). A vertebralis blood flow not disturbed. Atherosclerotic plaque not found. No stenosis.

[redacted] **20[redacted] CEREBRAL BLOODVESSLES DOPLEROGRAPHY:** ACM, ACA dx blood flow reduced, sin not reduced. A. basilaris blood flow remained.

[redacted] **20[redacted] CKMB:** 21 no units

[redacted] **20[redacted] CREATININE:** 66.3 mkmol/l

Unknown date CRO: 7.2 No unit

[redacted] **20[redacted] CT:** WITHOUT SIGNIFICANT CHANGES IN DYNAMICS

[redacted] **20[redacted] CT FOR HEAD:** HYPERACUTE ISCHEMIC PICTURE IN ACM DX BASIN RIGHT FRONTAL AND PARIETAL LOBE ENCLOSED ISCHEMIA NOT VISIBLE AT THE MOMENT. RIGHT SIDE TEMPORAL LOBE SUBARACHNOID CYST

[redacted] **20[redacted] CT FOR HEAD ANGIOGRAPHY:** CTA NO DATA ABOUT SIGNIFICANT STENOSIS IN INTRA AND EXTRA-CRANIAL MAGISTRAL ARTERIA.

[redacted] **20[redacted] DD:** 0.46 no units

[redacted] **20[redacted] DIRECT BILIRUBIN:** 4.3 no units

Unknown date EBV EA IGM: Negative

[redacted] **20[redacted] ECG:** SINUS RHYTHM 84X, NON-SPECIFIC ST-T WAVE ABNORMALITY

[redacted] **20[redacted] GLUCOSE:** 6.15 MMOL/L

[redacted] **20[redacted] HEMATOCRIT:** 42.7 No unit

[redacted] **20[redacted] HEMOGLOBIN:** 14.7 G/L

20[redacted] IMG AGAINST BORRELIA BURGDORFERI: Negative

[redacted] **20[redacted] INR:** 0.9 No unit

[redacted] **20[redacted] MRI FOR HEAD:** HCVN, small encephalomalacia spots in both cerebral hemispheres in white cerebral matter, perhaps with vascular genesis. Remains arachnoid cyst in frontal pole of right temporal lobe.

[redacted] **20[redacted] NA:** 143 MMOL/L

20[redacted] PHOSPHOLIT ANTIBODIES IGG 01: 3 no units (normal 0 to 10)

[redacted] **20[redacted] POTASSIUM:** 3.9 MMOL/L

Unknown date PT: 122 No unit

[redacted] **20[redacted] TOTAL BILIRUBIN:** 8.2 mkmol/l

[redacted] **20[redacted] TROMBOCYTES:** 269000 No unit

[redacted] **20[redacted] TROPONIN 1-HS:** 104.5 No unit

[redacted] **20[redacted] UREA:** 4.8 MMOL/L

[redacted] **20[redacted] URIN ACID:** 412 No unit (normal 150 to 350)

[redacted] **20[redacted] WEIGHT SCREENING:** 107 KG

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
卵巣嚢胞	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PSORIASIS	19[redacted]
OTHER: HYPERPLASIA ENDOMETRI	20[redacted]
OTHER: MENOMETRORAGIA	20[redacted]
OTHER: UTERINE MYOMA	20[redacted]
OTHER: MENOPAUSE	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: DISLIPIDEMIA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 231	63

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]

FOLIC ACID	5.0 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5.0 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING

Event #1: Serious Adverse Event

Event Description	OVARIAN CYST
Preferred term	卵巣嚢胞
AE Onset Date / Rx Day	[redacted]20[redacted] / 259 (48 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (RX DAY 259): CYSTECTOMIA: NA; [redacted]20[redacted] (RX DAY 574): GYNECOLOGIC ULTRASOUND: NO DATA	
AE Stopped Rx Day	259 (48 DAYS AFTER LAST TREATMENT)
Duration of AE	1 DAY
Severity	Mild
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	POSTMENOPAUSE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はラトビアの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，卵巣嚢胞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，子宮内膜増殖症，過長過多不規則月経，子宮筋腫及び閉経であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は卵巣嚢胞を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，卵巣嚢胞は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は予定されていた卵巣嚢腫摘出術のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

Causality for UPADACITINIB (Blinded)

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1) Ovarian cyst (10033132) (Ovarian cyst (10033132)) [v.22.1] [10033132]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of OVARIAN CYST

- Investigator: Postmenopause

- AbbVie: EVENT IS COMMON IN THE FEMALE POPULATION.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] GYNECOLOGIC ULTRASOUND:** NO DATA

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
虫垂炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	4[redacted]	MALE	WHITE

Medical History	Onset Year
DEGENERATIVE DISC DISEASE: SPONDILOSIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: LEFT KNEE ARTRITIS	20[redacted]
OTHER: GASTRODUODENITIS	20[redacted]
PNEUMONIA	20[redacted]
OTHER: SPONDILOSIS	20[redacted]
DEGENERATIVE DISC DISEASE: ARTROSIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: SPONDILOLISTESIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: ARTROSCOPIA	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 170	[redacted]20[redacted] / 396	227
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 397		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5.0 mg	EVERY WEEK	Y-M: 20[redacted]-
METHOTREXATE	10.0 mg	EVERY WEEK	Y-M: 20[redacted]-
METHOTREXATE	15.0 mg	EVERY WEEK	Y-M: 20[redacted]-

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5.0 mg	EVERY WEEK	Y-M: 20[redacted]-	NOT REPORTED
METHOTREXATE	15.0 mg	EVERY WEEK	Y-M: 20[redacted]-	NOT REPORTED

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	APENDICITIS
Preferred term	虫垂炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 303
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 303): Alanine Aminotransferase: 17 [5 - 55] U/L; Creatinine: 107 [64 - 104] UMOL/L; Erythrocytes: 14.2 [4.5 - 5.9] 10^12/L; Glucose: 6.6 [3.9 - 6.1] MMOL/L; Leukocytes: 11.4 [4.5 - 8.5] 10^9/L; NPTST154-CRP: 53.2 [NOT REPORTED - 5] g/dL; [redacted]20[redacted] (RX DAY 331): Platelets: 178 [150 - 400] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 303): APPENDECTOMIA: OPERATION SUCCESSFUL

AE Stopped Rx Day	306
Duration of AE	4 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INFECTION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はラトビアの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，虫垂炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，椎間板変性疾患，局面型乾癬，胃十二指腸炎，脊椎症，関節症，乾癬性関節炎，脊椎すべり症，非喫煙者及び非飲酒者であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は虫垂炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，虫垂炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は強い胃の痛みを発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。同日，被験者は虫垂切除術を受けた。手術は成功し，被験者は 20[redacted] 年 [redacted] 月 [redacted] 日に退院した。

Causality for UPADACITINIB (Blinded)

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1) Appendicitis (10003011) (Appendicitis (10003011)) [v.22.0] [10003011]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of APPENDICITIS

- Investigator: Infection

- AbbVie: Event is common in the general population; lifetime incidence is 8.6 percent in males and 6.7 percent in females.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 17 U/L (normal 5 to 55)

[redacted] **20[redacted] CREATININE:** 107.1 umol/L

[redacted] **20[redacted] CRP:** 53.2 G/DL (normal >0.5)

[redacted] **20[redacted] GLUCOSE:** 6.58 MMOL/L (normal 3.85 to 6.1)

[redacted] **20[redacted] PLATELET COUNT:** 178 X10**3/MM**3 (normal 150 to 400)

[redacted] **20[redacted] RED BLOOD CELLS:** 14.2 10^6/mm3

[redacted] **20[redacted] WHITE BLOOD CELLS:** 11.43 X10**3/MM**3 (normal 4.5 to 8.5)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
橈骨骨折	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	7[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
HYPERTENSION	20[redacted]
OTHER: OSTEOPENIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ADA	40MG	SC	EOW	[redacted]20[redacted] / 170	[redacted]20[redacted] / 392	223
ADA	40MG	SC	EOW	[redacted]0[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
CALCIUM CARBONATE	600 mg	QD	Y-M: 20[redacted]
FOLIC ACID	20 mg	EVERY WEEK	Y-M: 20[redacted]

HYDROXYCHLOROQUINE	20 mg	QD	Y-M: 20[redacted]
KETOPROFEN	150 mg	OTHER: AS NEEDED	Y-M: 20[redacted]
METAMIZOLE	500 mg	QD	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -105

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
CALCIUM CARBONATE	600 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
KETOPROFEN	150 mg	OTHER: AS NEEDED	Y-M: 20[redacted]	NOT REPORTED
METAMIZOLE	500 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -105	NOT REPORTED
ISONIAZID	100 mg	QID	Y-M: 20[redacted] / 403	NOT REPORTED
NADROPARIN	5 mL	QD	Y-M: 20[redacted] / 471	NOT REPORTED
CEFUROXIME	750 mg	TID	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 476
CIPROFLOXACIN	500 mg	QD	Y-M: 20[redacted] / 507	Y-M: 20[redacted] / 520

Event #2: Serious Adverse Event

Event Description INJURY: END OF RADIUS FRACTURE - EXTENSION TYPE, LEFT HAND

Preferred term 橈骨骨折

AE Onset Date / Rx Day [redacted]20[redacted] / 456

Age at AE Onset 7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 471): Alanine Aminotransferase: 33 [3 - 47] U/L; Creatinine: 60 [25 - 42] UMOL/L; Erythrocytes: 4.2 [3.8 - 5.3] 10^12/L; Glucose: 6.4 [3.9 - 5.6] MMOL/L; Hemoglobin: 136 [135 - 180] G/L; Leukocytes: 7.2 [3.8 - 10] 10^9/L

Microbiology

[redacted]20[redacted] (RX DAY 471): BLOOD NPTST042-ANTI SYPHILLIS: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 471): ANESTHESIOLOGISTS PREOPERATIVE EXAMINATION: NORMAL FINDING; INTERNAL PREOPERATIVE EXAMINATION: NORMAL FINDING; X-RAY: END OF RADIUS FRACTURE - EXTENSION TYPE, LEFT HAND; [redacted]20[redacted] (RX DAY 472): SURGERY - OSTHEOSYNTHESIS: ONGOING RESULT

AE Stopped Rx Day NOT REPORTED

Duration of AE NOT REPORTED

Severity Mild

Relation to Study Drug by Investigator No Reasonable Possibility

Investigator Alternative Etiology DUE TO AE FRACTURE OF RADIUS THERE WAS BAD HEALING OF THE FRACTURE SUBJECT WAS INVITED TO PLANNED HOSPITALIZATION [redacted] 20[redacted]

Discontinued Study Drug Due to the Event NO

SAE Criteria OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はスロバキア共和国の 7[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，損傷-橈骨端骨折（伸展型，左手）の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，高血圧，骨減少症，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は損傷-橈骨端骨折（伸展型，左手）を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は仕事中に手を損傷した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は橈骨骨折の治癒不良のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，骨接合術が行われ，術後経過は良好であった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は cefuroxim kabi であった。

The patient's past medications include:

PLAQUENIL for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Radius fracture (10037802) (Radius fracture (10037802)) [v.22.0] [10037802]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for ABT-494 (Blinded)

Event of INJURY: END OF RADIUS FRACTURE - EXTENSION TYPE, LEFT HAND

- Investigator: DUE TO AE FRACTURE OF RADIUS THERE WAS BAD HEALING OF THE FRACTURE SUBJECT WAS INVITED TO PLANNED HOSPITALIZATION [redacted] 20[redacted]

- AbbVie: EVENT IS MORE LIKELY RELATED TO TRAUMA FROM A HAND INJURY WHILE WORKING. PRE-EXISTING OSTEOPENIA IS AN ADDITIONAL RISK FACTOR.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ANTI-SYPHILLIS ANTIBODY:** Negative

[redacted] 20[redacted] **CREATININE:** 60.3 MCMOL/L (normal 25 to 42)

[redacted] 20[redacted] **GLUCOSE:** 6.44 MMOL/L (normal 3.9 to 5.6)

[redacted] 20[redacted] **HEMOGLOBIN:** 136 G/L (normal 135 to 180)

[redacted] 20[redacted] **RED BLOOD CELLS:** 4.18 X10**12/L (normal 3.8 to 5.3)

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 7.24 X10**9/L (normal 3.8 to 10)

[redacted] 20[redacted] **X-RAY:** End of radius fracture extension type, left hand

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
ブドウ球菌性敗血症	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	7[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	19
OTHER: ATEROSCLEROTIC HEART DISEASE	20
HYPERTENSION: ARTERIAL HYPERTENSION	20
KIDNEY DISORDER: CHRONIC KIDNEY DISORDER G2A1	20
BENIGN PROSTATIC HYPERPLASIA	20
OSTEOPOROSIS: OSTEOPENIA	20
GASTROESOPHAGEAL REFLUX DISEASE	20

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 258	90

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day

SANDIMMUN NEORAL	150 mg	QD	Y-M: 20[redacted]
SANDIMMUN NEORAL	125 mg	QD	Y-M: 20[redacted]
TRIAMCINOLONE	4 mg	QD	Y-M: 20[redacted]
FOLIC ACID	20 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	7.5 mg	EVERY WEEK	Y-M: 20[redacted]
TRANDOLAPRIL	2 mg	QD	Y-M: 20[redacted]
TRIAMCINOLONE	6 mg	QD	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHYLPREDNISOLONE	2 mg	QD	Y-M: 20[redacted]
PREDNISONE	2.5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -227

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	20 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 259
TRANDOLAPRIL	2 mg	QD	Y-M: 20[redacted]	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 259
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -227	Y-M: 20[redacted] / 277
CEFUROXIME	500 mg	BID	Y-M: 20[redacted] / 257	ONGOING
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 262	ONGOING
FLUCONAZOLE	100 mg	QD	Y-M: 20[redacted] / 263	ONGOING
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 272	ONGOING
BISOPROLOL	5 mg	QD	Y-M: 20[redacted] / 277	ONGOING
CALTRATE PLUS	1 OTHER: TBL	QD	Y-M: 20[redacted] / 277	ONGOING
ENOXAPARIN	0,4 mL	QD	Y-M: 20[redacted] / 277	ONGOING
HYLAK FORTE	35 gtt	TID	Y-M: 20[redacted] / 277	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 277	ONGOING
SILYBUM MARIANUM	300 mg	BID	Y-M: 20[redacted] / 277	ONGOING
TRAMADOL	15 gtt	TID	Y-M: 20[redacted] / 277	ONGOING
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted] / 278	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	STAPHYLOCOCCUS AUREUS SEPSIS
Preferred term	ブドウ球菌性敗血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 257
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 257): Basophils/Leukocytes: 0,1 [0 - 1] %; Chloride: 107 [101 - 109] UNIT NOT REPORTED; Cholesterol: 3,94 [0 - 5.17] UNIT NOT REPORTED; Creatine Kinase: 2,4 [0 - 2.85] UNIT NOT REPORTED; Creatinine: 54 [59 - 104] UNIT NOT REPORTED; Eosinophils/Leukocytes: 0,1 [1 - 5] %; Glucose: 6,0 [4.1 - 5.9] UNIT NOT

REPORTED; Hemoglobin: 107 [140 - 179] UNIT NOT REPORTED; Leukocytes: 9,4 [4.5 - 6] UNIT NOT REPORTED; Lymphocytes/Leukocytes: 2,8 [25 - 46] %; Monocytes/Leukocytes: 7,3 [2 - 10] %; NPTST154-CRP: 248 [0 - 5] UNIT NOT REPORTED; Neutrophils/Leukocytes: 7,9 [1.4 - 6.5] %; Platelets: 179 [140 - 400] UNIT NOT REPORTED; Potassium: 3,8 [3.5 - 5.1] UNIT NOT REPORTED; Sodium: 137 [136 - 146] UNIT NOT REPORTED; pH: 7,465 [7.36 - 7.44] UNIT NOT REPORTED

Microbiology

[redacted]20[redacted] (RX DAY 260): BLOOD NPTST240-HEMOCULTIVATION: Positive-STAPHYLOCOCCUS AUREUS

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 257): CHEST XRAY: NORMAL , WITHOUT INFILTRATIVE CHANGES; XRAY OF HANDS: FRACTURE OF BASIS OF RIGHT V. MCP JOINT; [redacted]20[redacted] (RX DAY 260): USG OF DEEP VEIN SYSTEM OF LEFT LEG: WITHOUT SIGNS OF THROMBOSIS, BACER CYST; [redacted]20[redacted] (RX DAY 263): USG OF ABDOMEN: STEATOSIS OF LIVER, CYSTS IN LIVER; [redacted]20[redacted] (RX DAY 265): ECHOCARDIOGRAPHY: HYPERTROPHY OF INTRAVENTRICULAR SEPTUM; [redacted]20[redacted] (RX DAY 266): MR OF LEFT KNEE: INFLAMATORY CHANGES OF KNEE

AE Stopped Rx Day	642 (384 DAYS AFTER LAST TREATMENT)
Duration of AE	386 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	POSTRAUMATIC FRACTURE OF RIGHT 5. METACARPAL BONE (AE)
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はスロバキア共和国の 7[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，黄色ブドウ球菌性敗血症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，慢性腎障害（G2A1），骨減少症，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は黄色ブドウ球菌性敗血症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，黄色ブドウ球菌性敗血症は消失した。

本事象発現前の 20[redacted] 年 [redacted] 月 [redacted] 日，被験者は車のホイール交換時に右手の外傷性骨折（非重篤）を来した。右手に血腫が出現し，数日後に悪化し始めた。その他の症状は振戦であった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。血液培養の結果は黄色ブドウ球菌陽性であった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。被験者は部分的に治癒し，抗生物質療法が継続された。本事象により治験薬の投与が完全に中止された。

投与された薬剤は，シプロフロキサシン，entizol，mycomax 及び zinnat であった。

Causality for UPADACITINIB (Blinded)

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1) Staphylococcus aureus septicemia (10054638) (Staphylococcal sepsis (10056430)) [v.22.1] [10054638]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of STAPHYLOCOCCUS AUREUS SEPSIS

- Investigator: Post traumatic fracture of right 5. Metacarpal bone (AE)

- AbbVie: Event more likely related to preceding trauma to hand.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD CULTURE:** staphylococcus aureus

[redacted] **20[redacted] CHEST X-RAY:** normal, without infiltrative changes

[redacted] **20[redacted] CRP:** 248 no unit (normal 0 to 5)

[redacted] **20[redacted] ECHOCARDIOGRAPHY:** hypertrophy of intraventricular septum

[redacted] **20[redacted] HAND X-RAY:** fracture of basis of right V. MCP joint

[redacted] **20[redacted] LYMPHOCYTES:** 2.8 % (normal 25 to 46)

[redacted] **20[redacted] NEUTROPHILS:** 7.9 % (normal 1.4 to 6.5)

[redacted] **20[redacted] ULTRASOUND OF ABDOMEN:** steatosis of liver, cysts in liver

[redacted] **20[redacted] WBC:** 9.4 no unit (normal 4.5 to 6.0)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
帯状疱疹	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	30	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 393	225
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 394		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
CERTOSTAT	2/0.03 mg	QD	Y-M: 20[redacted]
FOLIC ACID	20 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -225

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -225	NOT REPORTED
DROSPIRENONE W/ETHINYLESTRADIOL	3/0.02 mg	QD	Y-M: 20[redacted] / 110	NOT REPORTED
SILYBUM MARIANUM	70 mg	TID	Y-M: 20[redacted] / 313	Y-M: 20[redacted] / 330
GABAPENTIN	300 mg	BID	Y-M: 20[redacted] / 338	Y-M: 20[redacted] / 417
SILYBUM MARIANUM	150 mg	BID	Y-M: 20[redacted] / 338	Y-M: 20[redacted] / 417
ULTRACET	37.5/325 mg	BID	Y-M: 20[redacted] / 338	Y-M: 20[redacted] / 417
ACICLOVIR	250 mg	TID	Y-M: 20[redacted] / 341	Y-M: 20[redacted] / 345
METAMIZOLE	500 mg	TID	Y-M: 20[redacted] / 341	Y-M: 20[redacted] / 345

Event #2: Serious Adverse Event, Event of Interest - Serious Infections, Event of Interest - Herpes Zoster

Event Description	HERPES ZOSTER THORACIS LOCALIZED
Preferred term	帯状疱疹
AE Onset Date / Rx Day	[redacted] / 338
Age at AE Onset	[redacted]

Laboratory Testing

[redacted] (RX DAY 341): Alanine Aminotransferase: 1.68 [NOT REPORTED - NOT REPORTED] ukat/L; Alkaline Phosphatase: 0.75 [NOT REPORTED - NOT REPORTED] ukat/L; Aspartate Aminotransferase: 1.15 [NOT REPORTED - NOT REPORTED] ukat/L; Basophils/Leukocytes: 0.4 [0 - 2] %; Bilirubin: 6 [5 - 21] UMOL/L; Calcium: 2.29 [2.15 - 2.5] MMOL/L; Chloride: 104 [98 - 107] MMOL/L; Creatinine: 56 [53 - 97] UMOL/L; Eosinophils/Leukocytes: 0.6 [1 - 4] %; Erythrocytes: 4.2 [3.8 - 5.3] 10^12/L; Hemoglobin: 137 [117 - 160] G/L; Leukocytes: 4.6 [4.5 - 11] 10^9/L; Lymphocytes/Leukocytes: 61.7 [20 - 44] %; Monocytes/Leukocytes: 8.3 [2 - 9] %; NPTST154-CRP: 85.4 [NOT REPORTED - NOT REPORTED] mg/L; Neutrophils/Leukocytes: 29 [50 - 70] %; Platelets: 100 [150 - 400] 10^9/L; Potassium: 4.6 [3.4 - 4.4] MMOL/L; Sodium: 136 [136 - 145] MMOL/L

Microbiology

[redacted] (RX DAY 342): OTHER LARYNGEAL SWAB NPTST015-AEROBAL CULTIVATION: Not applicable-STREPTOCCCUS SALLIVARIUS, NEISSERIA CATARRHALIS; OTHER TONSILLAR SWAB NPTST016-AEROBEAL CULTIVATION: Not applicable-STREPTOCOCCUS SALIVARIUS, NEISSERIA CATARRHALIS

SAE Supplemental Procedure

[redacted] (RX DAY 341): XRAY OF CHEST: NORMAL, WITHOUT INFILTRATIVE CHANGES

AE Stopped Rx Day	417
Duration of AE	80 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はスロバキア共和国の 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，限局性胸郭帯状疱疹の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，喫煙者（1 日 1 箱を 30 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は限局性胸郭帯状疱疹を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，限局性胸郭帯状疱疹は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は帯状疱疹の出現を自覚した。帯状疱疹は 20[redacted] 年 [redacted] 月 [redacted] 日に悪化した。被験者はその後，感染症専門医を受診し，病院に搬送された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は非経口的治療のため入院した。徴候・症状は，帯状疱疹性湿疹及び疼痛であった。帯状疱疹との診断は，病歴及び身体的診察の結果に基づいて下された。病変は 2 つの皮膚分節（T3 及び T4）に及んでいた。血清学的検査で軽度の炎症活性増加及び肝酵素増加が認められた。抗ウイルス療法が開始された。高い臨床効果が見られ，炎症活性は低下した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

水疱瘡及び帯状疱疹の病歴並びに帯状疱疹ワクチン接種歴の記載はなかった。

投与された薬剤は，novalgin，herpesin，ガバペンチン，tramapran 及び lagosa であった。

The patient's past medications include:

FLAVOBION for HEPATOPROTECTION ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Herpes zoster dermatitis (10019977) (Herpes zoster (10019974)) [v.22.0] [10019977]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of HERPES ZOSTER THORACIS LOCALIZED

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ALANINE AMINOTRANSFERASE:** 1.68 MCKAT/L

[redacted] **ALKALINE PHOSPHATASE:** 0.75 MCKAT/L

[redacted] **ASPARTATE AMINOTRANSFERASE:** 1.15 MCKAT/L

[redacted] **ASPARTATE AMINOTRANSFERASE:** 1.15 MCKAT/L

[redacted] **CHEST X-RAY:** NORMAL, WITHOUT INFILTRATIVE CHANGES

[redacted] **CRP:** 85.4 MG/L

[redacted] **LARYNGEAL SWAB:** STREPTOCCCUS SALLIVARIUS, NEISSERIA CATARRHALIS

[redacted] **LYMPHOCYTES:** 61.7 %

[redacted] **PLATELET COUNT:** 100 X10**9/L

[redacted] **TONSILLAR SWAB:** STREPTOCCCUS SALLIVARIUS, NEISSERIA CATARRHALIS

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
深部静脈血栓症	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HERPES ZOSTER THORACIS (LOCALIZED)	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OBESITY	20[redacted]

Prior Procedures	Procedure Year
SURGERY: HERNIOTOMY OF UMBILICAL HERNIA	20[redacted]
SURGERY: LISTESIS L5/S1	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	CURRENT			
CIGARETTES	CURRENT	1 PACK	10	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	CURRENT			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 28	28

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
CICLOSPORIN	50 mg	BID	Y-M: 20[redacted]
CICLOSPORIN	100 mg	BID	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]

METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]
NUVARING	1 OTHER: PIECE	OTHER: EVERY 4 WEEKS	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
NUVARING	1 OTHER: PIECE	OTHER: EVERY 4 WEEKS	Y-M: 20[redacted]	ONGOING
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 12
MYDOCALM	150 mg	QD	Y-M: 20[redacted] / 22	Y-M: 20[redacted] / 34
NADROPARIN	0.8 mL	BID	Y-M: 20[redacted] / 46	Y-M: 20[redacted] / 63
RIVAROXABAN	20 mg	QD	Y-M: 20[redacted] / 64	ONGOING

Event #2: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description	DEEP VEIN THROMBOSIS OF LEFT SHIN
Preferred term	深部静脈血栓症
AE Onset Date / Rx Day	[redacted]20[redacted] / 32 (4 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 46): Alanine Aminotransferase: 0.23 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Aspartate Aminotransferase: 0.19 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Bilirubin: 2.7 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Chloride: 104.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Creatinine: 51.1 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Erythrocytes: 4.76 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Glucose: 6.67 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 140 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 7.5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST168-D-DIMERS: 2.94 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 480 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Potassium: 3.9 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Prothrombin Intl. Normalized Ratio: 1.06 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Sodium: 139 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 46): ABDOMINAL USG: CALCIFICAT IN LIVER WITH MAXIMAL SIZE OF 10MM; ABDOMINAL XRAY: NORMAL; CHEST XRAY: NORMAL; [redacted]20[redacted] (RX DAY 47): USG OF VEIN OF LEGS: DEEP VENOUS SYSTEM: SIGNS OF FLEBOTHROMBOSIS OF MUSCULAR VEINS IN MEDIAL PART OF LEFT SHINE

AE Stopped Rx Day	105 (77 DAYS AFTER LAST TREATMENT)
Duration of AE	74 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	COMBINATION OF HORMONAL CONTRACEPTION PLUS NIKOTINISM
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はスロバキア共和国の 2[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左脛の深部静脈血栓症の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，喫煙者（1 日 1 箱を 10 年間），非飲酒者，パイプ喫煙者及び噛みタバコ喫煙者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左脛の深部静脈血栓症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左脛の深部静脈血栓症は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左脛の腫脹及び圧痛の発現を来した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。被験者によると，息切れ及び呼吸困難はなかった。右腓腹は 38 cm，左腓腹は 40 cm と測定され，足底の圧痛及びホーマンズ徴候が認められた。被験者は左脛の筋静脈血栓症と診断された。抗凝固療法が開始され，高い効果が認められた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は，novalgin，イグザレルト及び fraxiparine であった。

Causality for ABT-494 (Blinded)

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1) Deep vein thrombosis leg (10065052) (Deep vein thrombosis (10051055)) [v.22.0] [10065052]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dllenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of DEEP VEIN THROMBOSIS OF LEFT SHIN

- Investigator: Combination of hormonal contraception plus nikotinism.

- AbbVie: Risk factors include current smoking status of 1PPD for 10 years, concomitant use of nuva ring, and obesity (BMI 30).

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** Liver of adequate size, echo reflection with dorsal shadow in the right lobe subcapsularly – a calcification with a size up to 10 mm. Normal volume of the gallbladder, echo-empty. Bile ducts are not dilated. No focal changes in the pancreas and spleen. Both kidneys of adequate size, parenchyma without reduction and focal changes. No fluid accumulation bilaterally. Thurinary bladder is echo empty. No free fluid intraperitoneally. Calcification in the liver.

[redacted] **20[redacted] ABDOMINAL XRAY:** Lungs: Normal diaphragms, costophrenic angles are free. Normal width of hilar shadows, extended lung parenchyma, no new infiltrative or focal changes. Normal heart and mediastinal shadow. No pathological changes in intrathoracic organs in X-ray image.

[redacted] **20[redacted] BLOOD PRESSURE:** 124/85 mmHg

[redacted] **20[redacted] BODY MASS INDEX:** 30 kg/m**2

[redacted] **20[redacted] CHEST XRAY:** Lungs: Normal diaphragms, costophrenic angles are free. Normal width of hilar shadows, extended lung parenchyma, no new infiltrative or focal changes. Normal heart and mediastinal shadow. No pathological changes in intrathoracic organs in X-ray image.

[redacted] **20[redacted] D DIMER:** 2.94 no unit

[redacted] **20[redacted] INTERNATIONAL NORMALIZED RATIO:** 1.06 no unit

[redacted] **20[redacted] PLATELET COUNT:** 480 no unit

[redacted] **20[redacted] PLATELETS:** 317 GI/L (normal 140 to 400)

[redacted] **20[redacted] PT:** 89 no units

[redacted] **20[redacted] PTT:** 53 no units

[redacted] **20[redacted] ULTRASOUND OF VEIN OF LEGS:** Common femoral vein, superficial femoral vein and popliteal vein are compressible, with preserved response to augmentation. Signs of phlebothrombosis of muscular veins on the medial side of the calf – veins of wider calibre, non-compressible with more echo content.

[redacted] **20**[redacted] **URINE:** Specific Gravity 1.012 (1.003-1.035) pH 5.5 (5.0-8.0) Protein Negative Glucose Normal Ketones Negative Bilirubin Negative Urobilirubin Normal Blood +1 (Negative-Trace) Nitrite Negative Leukocyte Negative WBC 1 (0-12/hpf)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
鉄欠乏性貧血	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: VITILIGO	19[redacted]
OTHER: SARCOIDOSIS	19[redacted]
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
HYPERTENSION	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 72	72

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
FOLIC ACID	5.0 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	25.0 mg	EVERY WEEK	Y-M: 20[redacted]
LEFLUNOMIDE	20.0 mg	QD	Y-M: 20[redacted] / -286
INDAPAMIDE	1.25 mg	QD	Y-M: 20[redacted] / -19

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LEFLUNOMIDE	20.0 mg	QD	Y-M: 20[redacted] / -286	Y-M: 20[redacted] / 72
INDAPAMIDE	1.25 mg	QD	Y-M: 20[redacted] / -19	NOT REPORTED
PERINDOPRIL	5.0 mg	QD	Y-M: 20[redacted] / 13	NOT REPORTED
AMOXICILLIN	500.0 mg	TID	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 84
AZITHROMYCIN	500.0 mg	QD	Y-M: 20[redacted] / 84	Y-M: 20[redacted] / 84
AZITHROMYCIN	250.0 mg	QD	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
ERGOCALCIFEROL	4000 IU	QD	Y-M: 20[redacted] / 91	NOT REPORTED
LEFLUNOMIDE	20.0 mg	QD	Y-M: 20[redacted] / 157	Y-M: 20[redacted] / 253
PARACETAMOL	1000.0 mg	QID	Y-M: 20[redacted] / 249	Y-M: 20[redacted] / 250
LEFLUNOMIDE	20.0 mg	QD	Y-M: 20[redacted] / 283	Y-M: 20[redacted] / 373
FOLIC ACID	5.0 mg	EVERY WEEK	Y-M: 20[redacted] / 374	NOT REPORTED
METHOTREXATE	10.0 mg	EVERY WEEK	Y-M: 20[redacted] / 374	NOT REPORTED

Event #2: Serious Adverse Event, Event of Interest - Anemia

Event Description	IRON DEFICIENT ANAEMIA
Preferred term	鉄欠乏性貧血
AE Onset Date / Rx Day	[redacted]20[redacted] / 90 (18 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 73): NPTST102-C-REACTIVE PROTEIN: 28 [0.1 - 5] MG/L; [redacted]20[redacted] (RX DAY 87): NPTST102-C-REACTIVE PROTEIN: 16.4 [0.1 - 5] MG/L; [redacted]20[redacted] (RX DAY 90): Eosinophils: 0.12 [0.01 - 0.4] 10^9/L; Erythrocyte Sedimentation Rate: 73 [1 - 20] MM/H; Erythrocytes: 3.2 [4.2 - 5.7] 10^12/L; Hemoglobin: 95 [134 - 170] G/L; Leukocytes: 5 [4.5 - 10.4] 10^9/L; Lymphocytes: 1.45 [1 - 3.5] 10^9/L; Monocytes: 0.49 [0.2 - 1] 10^9/L; NPTST154-CRP: 6.5 [0.1 - 5] MG/L; NPTST465-TRANSFERRIN SOLUBLE RECEPTORS: 2.31 [0.76 - 1.76] MG/L; Neutrophils: 2.9 [1.8 - 7.8] 10^9/L; Platelets: 257 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 91): NPTST498-VIT D: 13 [50 - NOT REPORTED] NMOL/L

Microbiology

[redacted]20[redacted] (RX DAY 84): BLOOD NPTST104-C. PNEUMONIAE IGA, IGM, IGG: Negative; BLOOD NPTST310-M. PNEUMONIAE IGA AND IGM: Negative; BLOOD NPTST311-M. PNEUMONIAE IGG: Positive-136.5; [redacted]20[redacted] (RX DAY 91): BLOOD NPTST128-CMV IGG: Positive->500.0; BLOOD NPTST129-CMV IGM: Negative; BLOOD NPTST181-EBV IGM: Negative; URINE NPTST302-LEGIONELLA PNEUMOPHILA ANTIGEN: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 83): X-RAY CHEST: NORMAL FINDING; [redacted]20[redacted] (RX DAY 84): US ABDOMEN: METEORISM, OTHERWISE NORMAL FINDING; [redacted]20[redacted] (RX DAY 90): CT NECK, CHEST, ABDOOMEN, PELVIS: NO SIGNS OF POSSIBLE INFECTION OR TUMOR; [redacted]20[redacted] (RX DAY 91): GASTROSCOPY: LIPOMA IN DUODENUM (BIOPSY TAKEN), DIAMETER 1 CM, OTHERWISE NORMAL FINDING BIOPSY RESULT: LIPOMA; [redacted]20[redacted] (RX DAY 92): ECHOCARDIOGRAPHY: NORMAL FINDING; [redacted]20[redacted] (RX DAY 97): COLOSCOPY: VARICES EXTERNI ET INTERNI, OTHERWISE NORMAL FINDING

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	UNSPECIFIED INFECTION
Discontinued Study Drug Due to the Event	NO

SAE Criteria REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はエストニアの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，鉄欠乏性貧血の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，サルコイドーシス，局面型乾癬，非喫煙者及び現飲酒者（1 日 2～4 杯）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は鉄欠乏性貧血を発現した。

本事象発現前の 20[redacted] 年 [redacted] 月 [redacted] 日，被験者は体調が優れず，発熱があり，詳細不明の感染症（非重篤）と診断された。被験者はかかりつけ医を受診した。CRP が 28 mg/L であった。20[redacted] 年 [redacted] 月 [redacted] 日，感染のため治験薬の投与は中止された。被験者は 20[redacted] 年 [redacted] 月 [redacted] 日よりアモキシシリンを処方され，体温は 38°C まで下がった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は治験責任医師に紹介され，肺 X 線検査及び腹部超音波検査を受けたところ，結果はいずれも正常で，CRP は 18 mg/L に低下した。20[redacted] 年 [redacted] 月 [redacted] 日，肺炎マイコプラズマの IgG 検査は 136.5 で陽性であった。被験者は 20[redacted] 年 [redacted] 月 [redacted] 日に sumamed を処方された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は貧血及び最近の原因不明の発熱についてさらなる検査を受けるため入院した。症状は，脱力，疲労，悪心，皮膚蒼白及び 38°C～39°C の発熱であった。ウイルス感染や細菌感染は認められなかった。被験者の全般的状態は問題なかった。肺及び心臓の聴診結果は正常であった。リンパ節腫大は認められなかった。筋肉及び関節は正常であった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

The patient's past medications include:

FOLVERLAN for TREXAN TOXICITY PREVENTION (20[redacted] - 20[redacted])

TREXAN for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted])

Causality for ABT-494 (Blinded)

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1) Iron deficiency anemia (10022974) (Iron deficiency anaemia (10022972)) [v.22.0] [10022974]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of IRON DEFICIENT ANAEMIA

- Investigator: Unspecified infection.

- AbbVie: Risk factors include recent infection, preexisting sarcoidosis and psoriatic arthritis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BIOPSY:** from gastroscopy- lipoma

20[redacted] BODY TEMPERATURE: [redacted] / [redacted] 38-39C

[redacted] **20[redacted] C. PNEUMONIAE IGG:** negative

[redacted] **20[redacted] C. PNEUMONIAE IGA:** negative

[redacted] **20[redacted] CHEST XRAY:** normal

[redacted] **20[redacted] CMV IGM:** negative

[redacted] **20[redacted] COLOSCOPY:** VARICES EXTERNI ET INTERNI, OTHERWISE NORMAL FINDING

[redacted] **20[redacted] CRP:** 28 MG/L

[redacted] 20[redacted] **CRP:** 18 MG/L

[redacted] 20[redacted] **CRP:** 6.5 MG/L (normal 0.1 to 5)

[redacted] 20[redacted] **CT SCAN:** CT neck, chest, abdomen, pelvis- no signs of possible infection or tumor

[redacted] 20[redacted] **EBV IGM:** negative

[redacted] 20[redacted] **ECHOCARDIOGRAPHY:** normal finding

[redacted] 20[redacted] **ERYTHROCYTE SED RATE:** 73 mm/h (normal 1 to 20)

[redacted] 20[redacted] **GASTROSCOPY:** lipoma in duodenum (biopsy taken), diameter 1 cm, otherwise normal finding.

[redacted] 20[redacted] **HEMATOCRIT:** 44 % (normal 39 to 54)

[redacted] 20[redacted] **HEMATOCRIT:** 43 %

[redacted] 20[redacted] **HEMATOCRIT:** 40 %

[redacted] 20[redacted] **HEMATOCRIT:** 35 %

[redacted] 20[redacted] **HEMOGLOBIN:** 143 G/DL (normal 127 to 181)

[redacted] 20[redacted] **HEMOGLOBIN:** 145 G/DL

[redacted] 20[redacted] **HEMOGLOBIN:** 138 G/DL

[redacted] 20[redacted] **HEMOGLOBIN:** 119 G/DL

[redacted] 20[redacted] **HEMOGLOBIN:** 95 G/DL (normal 134 to 170)

[redacted] 20[redacted] **LEGIONELLA PNEUMOPHILA ANTIGEN URINE:** negative

[redacted] 20[redacted] **M. PNEUMONIAE IGA AND IGM:** negative

[redacted] 20[redacted] **M. PNEUMONIAE IGG:** Positive: 136.5

[redacted] 20[redacted] **M. PNEUMONIAE IGG:** positive 136.5

[redacted] 20[redacted] **M. PNEUMONIAE IGG:** Positive: >500.0

[redacted] 20[redacted] **M. PNEUMONIAE IGM:** negative

[redacted] 20[redacted] **PLATELET COUNT:** 257 10^9/L (normal 150 to 450)

[redacted] 20[redacted] **RBC:** 3.2 10^12/l (normal 4.2 to 5.7)

[redacted] 20[redacted] **TRANSFERRIN SOLUBLE RECEPTORS:** 2.31 MG/L (normal 0.76 to 1.76)

[redacted] 20[redacted] **ULTRASOUND OF ABDOMEN:** meteorism, otherwise normal

[redacted] **20**[redacted] **VIT D:** 13 nmol/l (normal >50)

[redacted] **20**[redacted] **WBC:** 5.0 10^9/L (normal 4.5 to 10.4)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
嵌入爪	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
CHOLELITHIASIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20
PSORIATIC ARTHRITIS	20
OTHER: CHRONIC TONSILLITIS	20
OBESITY	20
OTHER: TOENAILS INGROWN	20

Prior Procedures	Procedure Year
SURGERY: CHOLECYSTECTOMY	20[redacted]
SURGERY: TONSILLECTOMY	20
SURGERY: LAPAROSCOPIC SLEEVE GASTRECTOMY	20

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
SULFASALAZINE	1 g	BID	Y-M: 20[redacted]
MELOXICAM	15 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -318
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -101

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
MELOXICAM	15 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -101	NOT REPORTED
LIDOCAINE	10 mL	QD	Y-M: 20[redacted] / 79	Y-M: 20[redacted] / 79

Event #1: Serious Adverse Event

Event Description	TOENAILS INGROWN WORSENING
Preferred term	嵌入爪
AE Onset Date / Rx Day	[redacted]20[redacted] / 79
Age at AE Onset	4[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 79): X-RAY OF FEET: RIGHT TOE DISTAL PHALANX MARGINAL OSTEITIS (NONSEPTIC)

AE Stopped Rx Day	232
Duration of AE	154 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	REPETITIVE PRESSURE TO THE FEET
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はエストニアの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，嵌入爪の悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，肥満，嵌入爪及び現飲酒者（1 日 2 杯未満）であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は嵌入爪の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，嵌入爪の悪化は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は嵌入爪（両側母趾）の外科治療のため入院した。入院時に，足指爪周囲の疼痛，発赤及び腫脹が見られた。同日，足指爪及び爪床の部分切除術が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤はリドカインであった。

The patient's past medications include:

SALAZOPYRIN for PSORIATIC ARTHRITIS ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Ingrown toe nail (10022015) (Ingrowing nail (10022013)) [v.22.1] [10022015]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of TOENAILS INGROWN WORSENING

- Investigator: Repetitive pressure to the feet.

- AbbVie: Event is more likely related to pre-existing history of toenails ingrown.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] FOOT X-RAY:** Right toe distal phalanx marginal osteitis (nonseptic).

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
尿路性敗血症	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	8[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: GONARTHROSIS	NOT REPORTED
OTHER: PLAQUE PSORIASIS	19[redacted]
HYPERTENSION	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: UROSEPSIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: RIGHT LEG AMPUTATION	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	30	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] /	[redacted]20[redacted] / 46	46

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
RAMIPRIL	2.5 mg	QD	Y-M: 20[redacted]-
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]-
LEFLUNOMIDE	20 mg	OTHER: EVERY OTHER DAY	Y-M: 20[redacted]-

PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -96
HERPES ZOSTER IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted] / -35

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
RAMIPRIL	2.5 mg	QD	Y-M: 20[redacted]	ONGOING
LEFLUNOMIDE	20 mg	OTHER: EVERY OTHER DAY	Y-M: 20[redacted]	Y-M: 20[redacted] / 47
PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -96	ONGOING
ALENDRONIC ACID	70 mg	EVERY WEEK	Y-M: 20[redacted] / 14	ONGOING
COLECALCIFEROL	25000 IU	EVERY WEEK	Y-M: 20[redacted] / 14	ONGOING
PRAVASTATIN	20 mg	QD	Y-M: 20[redacted] / 36	ONGOING
PARACETAMOL	1000 mg	BID	Y-M: 20[redacted] / 47	ONGOING
CEFIXIME	400 mg	QD	Y-M: 20[redacted] / 47	Y-M: 20[redacted] / 50

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	UROSEPSIS
Preferred term	尿路性敗血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 47 (1 DAY AFTER LAST TREATMENT)
Age at AE Onset	8[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 64): Calcium: 2.05 [2.07 - 2.64] MMOL/L; Creatinine: 53 [62 - 115] UMOL/L; Erythrocytes: 2.8 [4.5 - 6] 10^12/L; Hematocrit: 0.26 [0.4 - 0.52] FRACTION OF 1; Hemoglobin: 88 [140 - 175] G/L; Leukocytes: 4 [10 - 10.7] 10^9/L; NPTST100-C REACTIVE PROTEIN: 10 [0.02 - 0.5] MG/DL; NPTST110-CALCITONINE: 0.11 [0.05 - 0.5] NG/ML; NPTST485-UREA: 8 [5 - 23] MG/DL; Platelets: 471 [150 - 450] 10^9/L; Potassium: 3.9 [3.5 - 5.5] MMOL/L; Sodium: 136 [132 - 146] MMOL/L; Urate: 166.56 [202.25 - 416.39] UMOL/L

Microbiology

[redacted]20[redacted] (RX DAY 52): BLOOD NPTST017-AEROBI HEMOCOLTURE: Negative; [redacted]20[redacted] (RX DAY 58): URINE NPTST491-URINE CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 50): CHEST X-RAY: NORMAL

AE Stopped Rx Day	66 (20 DAYS AFTER LAST TREATMENT)
Duration of AE	20 DAYS
Severity	Mild
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はイタリアの 8[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，尿路性敗血症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元喫煙者（1 日 1 箱を 30 年間），局面型乾癬，高血圧，乾癬性関節炎，尿路性敗血症，変形性膝関節症及び現飲酒者（1 日 2～4 杯）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は尿路性敗血症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，尿路性敗血症は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は異常高熱及び排尿困難で入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，tachipirina 及びセフィキシムであった。

Causality for UPADACITINIB (Blinded)

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1) Urosepsis (10048709) (Urosepsis (10048709)) [v.22.1] [10048709]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of UROSEPSIS

- Investigator: Not applicable

- AbbVie: Risk factors include advanced age and past history of urosepsis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **BLOOD CULTURE:** Negative

[redacted] **C REACTIVE PROTEIN:** 10 mg/dL (normal 0.02 to 0.50)

[redacted] **CHEST X-RAY:** Normal

[redacted] **CREATININE:** 0.6 mg/dL (normal 0.7 to 1.30)

[redacted] **HEMATOCRIT:** 25.5 % (normal 40 to 52)

[redacted] **HEMOGLOBIN:** 8.8 G/L (normal 14 to 17.5)

[redacted] **PLATELET COUNT:** 471 X10**3/MCL (normal 150 to 450)

[redacted] **RED BLOOD CELLS:** 2.79 X10**6/MCL (normal 4.5 to 6)

[redacted] **WHITE BLOOD CELLS:** 4 X10**3/MM**3 (normal 10 to 10.7)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
ニューモシスチス・イロベチイ肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	7[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: PROSTATE ABSCESS	20[redacted]
BENIGN PROSTATIC HYPERPLASIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDICECTOMY	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 59	59

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
SILODOSIN	8 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]-[redacted] / -168
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted]-[redacted] / -92

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
SILODOSIN	8 mg	QD	Y-M: 20[redacted]	ONGOING
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -92	Y-M: 20[redacted] / 64
COLECALCIFEROL	100000 IU	OTHER: EVERY MONTH	Y-M: 20[redacted] / 14	ONGOING
AZITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 60	Y-M: 20[redacted] / 64
FONDAPARINUX	2.5 mg	QD	Y-M: 20[redacted] / 63	ONGOING
FOLIC ACID	10 mg	QD	Y-M: 20[redacted] / 65	ONGOING
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted] / 65	ONGOING
PREDNISONE	25 mg	QD	Y-M: 20[redacted] / 65	Y-M: 20[redacted] / 82
BACTRIM	6 OTHER: CAPSULES	QD	Y-M: 20[redacted] / 65	Y-M: 20[redacted] / 86
PREDNISONE	12.5 mg	QD	Y-M: 20[redacted] / 83	ONGOING

Event #1: Serious Adverse Event, Event of Interest - Serious Infections, Event of Interest - Opportunistic Infection excluding Tuberculosis and Herpes Zoster

Event Description	PNEUMOCYSTOSIS
Preferred term	ニューモシスチス・イロベチイ肺炎
AE Onset Date / Rx Day	[redacted] / 50
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted] (RX DAY 65): Chloride: 104 [99 - 109] MMOL/L; Creatinine: 111 [62 - 115] UMOL/L; Glucose: 180,3 [60 - 110] mg/dL; Hematocrit: 38,3 [40 - 52] %; Hemoglobin: 130 [140 - 175] G/L; NPTST100-C REACTIVE PROTEIN: 3.2 [0 - 0.5] MG/DL; NPTST388-PROCALCITONINE: 0,10 [NOT REPORTED - NOT REPORTED] ng/mL; Potassium: 4.2 [3.5 - 5.5] MMOL/L; Sodium: 140 [132 - 146] MMOL/L

Microbiology

[redacted] (RX DAY 65): BLOOD NPTST062-B-GLUCAN: Positive-PNEUMOCYSTIS JIROVECI; [redacted] (RX DAY 70): OTHER BRONCHOSCOPY NPTST157-CULTURE FOR AEROBIC AND FUNGAL: Negative; OTHER BRONCHOSCOPY NPTST177-DIRECT MICROSCOPIC EXAMINATION: Negative; [redacted] (RX DAY 73): OTHER BRONCHOLALVEOLAR LAVAGE NPTST212-GALACTOMANNAN DOSAGE FOR ASPERG: Negative-ASPERGILLUS

SAE Supplemental Procedure

[redacted] (RX DAY 64): CT OF THE CHEST: PRESENCE OF SHADED GROUND GLASS AREAS WITH DISTRIBUTION PREVALENT IN THE MIDDLE AND UPPER FIELDS; [redacted] (RX DAY 66): BRONCHOSCOPY: NEGATIVE

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はイタリアの 7[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，ニューモシスチス症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はニューモシスチス症を発現した。

入院前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は白血球減少症（非重篤）及びリンパ球減少症（非重篤）と診断された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は表在性静脈血栓症（非重篤）とも診断され，超音波検査で診断が確定した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は発熱及び呼吸困難の徴候・症状を呈し，入院した。20[redacted] 年 [redacted] 月 [redacted] 日，気管支鏡検査が行われ，培養結果は好気性菌及び真菌陰性であった。直接顕微鏡検査でもマイコバクテリア陰性であった。ニューモシスチス肺炎が疑われた。抗生物質の静脈内投与が行われ，症状の改善が見られた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院し，自宅で抗生物質療法を行うこととなった。

ニューモシスチス症，白血球減少症（非重篤）及びリンパ球減少症（非重篤）の事象により治験薬の投与が完全に中止された。

退院時サマリーによると，被験者は，その他の症状としてこの 1 週間，軽労作時呼吸困難も呈しており，CD4 陽性リンパ球数が約 200/IU との結果が得られていた。診断のための臨床検査及び画像検査が行われた。投与された薬剤は，抗生物質及びステロイドであった。20[redacted] 年 [redacted] 月 [redacted] 日，血中 β-D-グルカンの検査結果が陽性であったことから診断が確定した。入院中，被験者に発熱は見られず，軽労作時呼吸困難は改善した。

投与された薬剤は，アジスロマイシン，bactrim 及び deltacortene であった。

The patient's past medications include:

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Pneumocystosis (10035662) (Pneumocystis jirovecii pneumonia (10073755)) [v.22.1] [10035662]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of PNEUMOCYSTOSIS

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BASOPHILS:** 1.2 %

[redacted] **20[redacted] BLOOD BETA-D-GLUCAN:** Positive, Pneumocystis Jiroveci

[redacted] **20[redacted] BLOOD GLUCOSE:** 180.3 mg/dL (normal 60 to 110)

[redacted] **20[redacted] BRONCHOAVLVEOLAR LAVAGE:** GALACTOMANNAN DOSAGE FOR ASPERGILLUS- Negative Aspergillus identified.

[redacted] **20[redacted] BRONCHOSCOPY:** Pneumocystis - Negative

[redacted] **20[redacted] BRONCHOSCOPY:** CULTURE FOR AEROBIC ANDFUNGAL BACTERIA- Negative DIRECT MICROSCOPIC EXAMINATION- Negative

[redacted] **20[redacted] CD 4 POSITIVE LYMPHOCYTES:** 200 cells/IU

[redacted] **20[redacted] CHEST X-RAY:** Screening-Normal

[redacted] **20[redacted] CHEST XRAY:** NORMAL

[redacted] **20[redacted] CHEST XRAY:** NORMAL

[redacted] **20[redacted] CREATININE:** 1.25 mg/dL (normal 0.7 to 1.3)

[redacted] **20[redacted] CRP:** 3.99 mg/dL

[redacted] **20[redacted] CRP:** 3.20 mg/dL (normal 0 to 0.5)

[redacted] **20[redacted] CT CHEST:** Presence of shaded ground glass areas with parallel distribution prevalent in the middle and upper fields.

[redacted] **20[redacted] DIRECT MICROSCOPIC EXAMINATION:** Pneumocystis Jirovecii : Negative

[redacted] **20[redacted] EOSINOPHIL:** 0.3 %

[redacted] **20[redacted] GALACTOMANNAN TEST:** FOR ASPERGILLUS: POSITIVE VALUE COMPATIBLE WITH PNEUMOCYSTIS

[redacted] **20[redacted] HEMATOCRIT:** 38.3 % (normal 40 to 52)

[redacted] **20[redacted] HGB:** 13 G/DL (normal 14 to 17.5)

[redacted] **20[redacted] LEUKOCYTES:** 4.78 X10**3/MCL

[redacted] **20[redacted] LEUKOCYTES:** 14.4 X10**3/MCL

[redacted] **20[redacted] LYMPHOCYTES:** 26.5 %

[redacted] **20[redacted] LYMPHOCYTES:** 1.26 X10**3/MM**3

[redacted] **20[redacted] LYMPHOCYTES:** 4.98 X10**3/MM**3

[redacted] **20[redacted] MONOCYTES:** 8.3 %

[redacted] **20[redacted] NEUTROPHILS:** 63.7 %

[redacted] **20[redacted] PCR:** negative for mycobacterium tuberculosis

[redacted] **20[redacted] PHARYNGEAL SWAB:** Rhinovirus A/B/C : Positive

[redacted] **20[redacted] PLATELETS:** 398 X10**3/MCL

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
良性前立腺肥大症	X	X		

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: HYPER CHOLESTEROLEMY	NOT REPORTED
PEPTIC ULCER DISEASE: PEPTISCH ULCUS	NOT REPORTED
OTHER: PSORISIS	20[redacted]
OTHER: CARPAL TUNNEL GRADE1 RIGHT	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: PROSTATE HYPERTROPHY	20[redacted]

Prior Procedures	Procedure Year
SURGERY: CARPAL TUNNEL RELEASE LEFT	20[redacted]
SURGERY: CARPAL TUNNEL RELEASE RIGHT	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.75 PACK	35	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 240	72

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
COLECALCIFEROL	25000 IU	OTHER: 1/MONTH	Y-M: 20[redacted]-[redacted]

PIROXICAM	20 mg	PRN	Y-M: 20[redacted]-03
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]-03
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -279
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -278
ETORICOXIB	90 mg	PRN	Y-M: 20[redacted] / -98
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -98
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted] / -47
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted] / -25

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
COLECALCIFEROL	25000 IU	OTHER: 1/MONTH	Y-M: 20[redacted]	ONGOING
PIROXICAM	20 mg	PRN	Y-M: 20[redacted]	ONGOING
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]	ONGOING
ETORICOXIB	90 mg	PRN	Y-M: 20[redacted] / -98	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -98	ONGOING
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted] / -47	ONGOING
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted] / -25	ONGOING
TEMOCILLIN	1 g	QD	Y-M: 20[redacted] / 248	Y-M: 20[redacted] / 253
VANCOMYCIN	500 mg	QD	Y-M: 20[redacted] / 248	Y-M: 20[redacted] / 253
LEVOFLOXACIN	20 mg	QD	Y-M: 20[redacted] / 254	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description	WORSENING HYPERTROPHY PROSTATE
Preferred term	良性前立腺肥大症
AE Onset Date / Rx Day	[redacted]20[redacted] / 225
Age at AE Onset	5[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

[redacted]20[redacted] (RX DAY 248): OTHER CELLS OF PROSTATE NPTST113-CARCINOMA TEST: Negative; BLOOD NPTST327-MICROMIOLOGY: Positive-ENTEROCOCCUS FAECALIS AND PROTEUS MIRABILIS

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 247): T.U.R.P: NO DISURIA

AE Stopped Rx Day	254 (29 DAYS AFTER LAST TREATMENT)
Duration of AE	30 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INSUFFICIENT WORKING OFF TAMSULOSINE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はベルギーの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，前立腺肥大悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，乾癬，乾癬性関節炎，前立腺肥大，消化性潰瘍，高コレステロール血症，喫煙者（1 日 0.75 箱を 35 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は前立腺肥大悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，前立腺肥大悪化は消失した。

被験者は排尿困難を来していた。泌尿器科医は経尿道的前立腺切除術（TURP）を行うため 2 日間の入院を予定することとした。20[redacted] 年 [redacted] 月 [redacted] 日，全身麻酔下で前立腺切除術が行われた。手術は順調に進んだ。術後 1 日目，被験者は最高 40°C の高熱を来し，抗生物質による治療が必要となった。Negaban が投与され，次いでバンコマイシンが追加された。その後レボフロキサシンの投与が開始され，発熱が治まった。20[redacted] 年 [redacted] 月 [redacted] 日，膀胱カテーテルが問題なく抜去された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。被験者はレボフロキサシンによる治療を約 20 日間継続することとなった。20[redacted] 年 [redacted] 月 [redacted] 日，治験薬の投与が完全に中止された。

投与された薬剤は，レボフロキサシン，negaban 及びバンコマイシンであった。

The patient's past medications include:

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Prostatic hypertrophy (10036962) (Benign prostatic hyperplasia (10004446)) [v.22.1] [10036962]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING HYPERTROPHY PROSTATE

- Investigator: Insufficient working of Tamsulosine.

- AbbVie: Risk factor includes pre-existing prostate hypertrophy,

Relevant Laboratory & Other Diagnostic Tests

[redacted] **CARCINOMA TEST:** Cells of prostate: Negative

[redacted] **MICROBIOLOGY (BLOOD):** Positive: Enterococcus faecalis and Proteus mirabilis

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
神経内分泌癌	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	7[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: NAIL PSORIASIS	19[redacted]
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: DIABETES	20[redacted]
DIVERTICULITIS: LEFT COLON	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: KNEE PROTHESE BILATERAL	20[redacted]
SURGERY: STENTING CARDIAC CORONARY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	2 PACK	35	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 58	58

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
PSORALENS FOR SYSTEMIC USE	NOT REPORTED	OTHER: 3/WEEK	Y-M: 19[redacted]
METFORMIN	500 mg	QD	Y-M: 20[redacted]
ACITRETIN	25 mg	OTHER: 3/WEEK	Y-M: 20[redacted]

DAIVOBET	50 ug	PRN	Y-M: 20
PROPYSALIC NF	1 OTHER: APPLICATION	PRN	Y-M: 20
XAMIOL	50 ug	PRN	Y-M: 20
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20
ACETYLSALICYLIC ACID	80 mg	QD	Y-M: 20 / -126
ATORVASTATIN	10 mg	QD	Y-M: 20 / -126
CLOPIDOGREL	75 mg	QD	Y-M: 20 / -126
PANTOPRAZOLE	20 mg	QD	Y-M: 20 / -126
PNEUMOCOCCAL VACCINE	1 mL	OTHER: ONCE	Y-M: 20 / -7

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
METFORMIN	500 mg	QD	Y-M: 20	ONGOING
ACETYLSALICYLIC ACID	80 mg	QD	Y-M: 20 / -126	ONGOING
ATORVASTATIN	10 mg	QD	Y-M: 20 / -126	ONGOING
CLOPIDOGREL	75 mg	QD	Y-M: 20 / -126	ONGOING
PANTOPRAZOLE	20 mg	QD	Y-M: 20 / -126	ONGOING
CARBOPLATIN W/ETOPOSIDE	UN OTHER: UN	QD	Y-M: 20 / 91	Y-M: 20 / 93

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Possible Malignancy, Event of Interest - Malignancy, Event of Interest - Malignancy excluding NMSC

Event Description NEURO-ENDOCRIENE CARCINOMA OF UNKNOWN PRIMARY SITE

Preferred term 神経内分泌癌

AE Onset Date / Rx Day 20 / 37

Age at AE Onset 7

Laboratory Testing

20 (RX DAY 72): NPTST112-CARCINO EMBRYONIC ANTIGEN (CEA): 1.3 [0 - 3] UG/L; NPTST341-NEURON SPECIFIC ENOLASE TUMOR M: 634.5 [0 - 16.9] UG/L; NPTST390-PROSTATE SPECIFIC ANTIGEN (PSA): 2.88 [0 - 4] UG/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

20 (RX DAY 43): CT THORAX: MULTIPLE MEDISTINAL ADENOPATHIES; RX THORAX FACE PROFILE: NODULAR MEDIASTINAL WIDENING PARAMEDISTINAL RIGHT-SIDED ADENOPATHIES; 20 (RX DAY 54): PET CT: MULTIPLE MEDISTINAL ADENOPATHIES; 20 (RX DAY 75): CT UROGRAPHY: EXTENSIVE TRANSITIONAL CELL CARCINOMA OF THE LATERAL BLADDER WALL AND UPPER BLADDER; 20 (RX DAY 77): SUPRA CLAVIVLAR GLAND LEFT: SMALL CELL CARCINOMA; 20 (RX DAY 79): BLADDER BIOPTIE: SMALL CELL CARCINOMA; 20 (RX DAY 83): CT ABDOMEN: MULTIPLE ADENOPATHIES RETROPERITONEAL, RETROCRURAL AND LOW MEDIASTINAL. TUMOR ENCASEMENT OF THE LEFT VENA ILIACA COMMUNIS AND EXTEMA; 20 (RX DAY 86): NMR PROSTATE: PATHALOGICAL TRANSFORMATION OF SEMINAL VESICLES LEFT WITH DIFFUSION RESTRICTION HYPO-INTENSE NODULE IN THE PERIPHERAL PROSTATE LEFT; 20 (RX DAY 91): PORT-A-CATH: NONE

AE Stopped Rx Day ONGOING

Duration of AE ONGOING

Severity Severe

Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	AGE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はベルギーの 7[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，原発巣不明の神経内分泌癌の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，爪乾癬，局面型乾癬，元喫煙者（1 日 2 箱を 35 年間），糖尿病，乾癬性関節炎及び現飲酒者（1 日 2～4 杯）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は原発巣不明の神経内分泌癌を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。被験者は，腹痛，頻尿，排尿困難及び排尿時灼熱感を呈していた。カテーテルが留置され，化学療法が開始された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。被験者には本事象に関連する家族歴はなかった。

投与された薬剤はカルボプラチン／エトポシドであった。

The patient's past medications include:

PUVA for PSORIASIS (19[redacted] - 20[redacted])

NEOTIGASON for PSORIASIS (20[redacted] - 20[redacted])

DOVOBET for PSORIASIS (20[redacted] - [redacted] 20[redacted])

SALICYLACID 4% CLOBETASOLPROPIANATE 0.05% WITH SORBITANSESQUIOLEATE for PSORIASIS (20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Neuroendocrine carcinoma (10057270) (Neuroendocrine carcinoma (10057270)) [v.22.1] [10057270]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of NEURO-ENDOCRINE CARCINOMA OF UNKNOWN PRIMARY SITE

- Investigator: AGE

- AbbVie: Weak temporal relationship, with only approximately 1 month of study drug exposure prior to the onset of the event. Event's etiology remains unknown at this time in the medical literature.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLADDER BIOPSY:** SMALL CELL CARCINOMA

[redacted] **20[redacted] CARCINO EMBRYONIC ANTIGEN (CEA) TUMOR MARKER:** 1.30 MCG/L (normal 0 to 4)

[redacted] **20[redacted] CHEST X-RAY:** normal

[redacted] **20[redacted] CT ABDOMEN:** Multiple adenopathies retroperitoneal, retrocrural and low mediastinal. Tumor encasement of the left vena iliaca communis and externa.

[redacted] **20[redacted] CT THORAX:** multiple medistinal adenopathies

[redacted] **20[redacted] CT UROGRAPHY:** Extensive transitional cell carcinoma of e lateral bladder wall and upper bladder

[redacted] **20[redacted] NEURON SPECIFIC ENOLASE TUMOR MARKER:** 634.5 MCG/L (normal 0 to 16.9)

[redacted] **20[redacted] NMR PROSTATE:** pathological transformation of seminal vesicles with diffusion restriction. Hypo-intense nodule in the peripheral prostate left.

[redacted] **20[redacted] PET SCAN:** multiple medistinal adenopathies

[redacted] **20[redacted] PROSTATE SPECIFIC ANTIGEN:** 2.88 MCG/L (normal 0 to 4)

[redacted] **20[redacted] RIGHT THORAX FACE PROFILE:** nodular mediastinal widening paramedistinal right-sided adenopathies

[redacted] **20[redacted] SUPRA CLAVIVLAR GLAND LEFT:** SMALL CELL CARCINOMA

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
H1N1 インフルエンザ	X	X		X
胃腸出血	X			
肺塞栓症	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OSTEOPOROSIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
DEPRESSION: NO FUTHER SPECIFICATION AVAILABLE ACCEPT THE USE OF AMYTRIPTTILINE AND PSYCHOLOGICAL CARE	20[redacted]
OTHER: VITAMIN D DEFICIENCY	20[redacted]
HYPERLIPIDEMIA: USE OF SIMVASTATINE	20[redacted]
HYPERTENSION	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	44	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 170	[redacted]20[redacted] / 205	36

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]
AMITRIPTYLINE	50 MORNING 100 AFTERNOON mg	BID	Y-M: 20[redacted]
COLECALCIFEROL	25.000 OTHER: IE/ML	EVERY WEEK	Y-M: 20[redacted]
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted]
HYDROCHLOROTHIAZIDE	25 mg	QD	Y-M: 20[redacted] / -51

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 205
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 205
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 209
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]	ONGOING
AMITRIPTYLINE	50 MORNING 100 AFTERNOON mg	BID	Y-M: 20[redacted]	Y-M: 20[redacted] / 205
COLECALCIFEROL	25.000 OTHER: IE/ML	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 205
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 205
HYDROCHLOROTHIAZIDE	25 mg	QD	Y-M: 20[redacted] / -51	ONGOING
AMOXICILLIN	1000 mg	QID	Y-M: 20[redacted] / 204	Y-M: 20[redacted] / 206
CEFOTAXIME	1000 mg	QID	Y-M: 20[redacted] / 206	Y-M: 20[redacted] / 208
CIPROFLOXACIN	400 mg	BID	Y-M: 20[redacted] / 206	Y-M: 20[redacted] / 208
BACTRIM	1920 mg	BID	Y-M: 20[redacted] / 206	Y-M: 20[redacted] / 211
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 209	ONGOING
ANIDULAFUNGIN	100 mg	QD	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 243
VORICONAZOLE	3 mg/kg	BID	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 243
AMPHOTERICIN B	50 mg	QD	Y-M: 20[redacted] / 213	Y-M: 20[redacted] / 237
HEPARIN	1100 OTHER: IE/HOUR	OTHER: ALL DAY	Y-M: 20[redacted] / 213	Y-M: 20[redacted] / 243

BACTRIM	480 mg	QD	Y-M: 20[redacted] / 226	ONGOING
PREDNISOLONE	10 mg	QD	Y-M: 20[redacted] / 226	ONGOING

Event #2: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	H1N1 INFLUENZA
Preferred term	H1N1 インフルエンザ
AE Onset Date / Rx Day	[redacted] / 205
Age at AE Onset	6[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
[redacted] (RX DAY 206): BLOOD NPTST289-INFLUENZA TYPE A: Positive-NO OTHER RELEVANT FINDINGS; BLOOD NPTST356-ONFLUENZA TYPE A H1MEXICO: Positive-NO OTHER RELEVANT FINDINGS; BLOOD NPTST383-PNEUMOCYTIS JIROVECII PCR: Negative; [redacted] (RX DAY 221): BLOOD NPTST057-ASPERGILLUS PCR: Negative	
SAE Supplemental Procedure	
[redacted] (RX DAY 204): CHEST X RAY: POSSIBLE LITTLE INFILTRATION; [redacted] (RX DAY 206): BAL: RESOLVED; CHEST X RAY: MULTIPLE INFILTRATION; MECHANICAL VENTILATION: RESOLVED; STOMAC TUBE PLACEMENT: RESOLVED; [redacted] (RX DAY 207): CHEST X RAY: INCREASE IN INFILTRATIONS; CONTINUOUS VENO-VENOUS HEMOFILTRATION: RESOLVED; [redacted] (RX DAY 209): GASTROSCOPY: GASTRO-INTESTINAL BLEEDING. CLIPPED. RESULT: BLEEDING STOPPED, AT [redacted]; [redacted] (RX DAY 213): CT CEREBRUM: NO MENINGITIS; CT-THORAX: PULMONARY EMBOLISM; EEG: NO EPILEPSY; LUMBAR PUNCTURE: NO MENINGITIS; [redacted] (RX DAY 226): CHEST CT: AREAS OF CONSOLIDATION	
AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	INFLUENZA SEASON IN THE NETHERLANDS
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, PERSIST OR SIGNIF DISABILITY/INCAPACITY, OTHER MEDICALLY IMPORTANT SERIOUS EVENT, LIFE THREATENING

Event #3: Serious Adverse Event

Event Description	GASTRO INTESTINAL BLEEDING
Preferred term	胃腸出血
AE Onset Date / Rx Day	[redacted] / 209 (4 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 209): GASTOSCOPIC CLIPPING ADF A VESSEL IN THE STOMAC: BLEEDING STOPPED 2 DAYS LATER

AE Stopped Rx Day	211 (6 DAYS AFTER LAST TREATMENT)
Duration of AE	3 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CONCOMMITENT MEDICATION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	LIFE THREATENING

Event #5: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description	PULMONARY EMBOLISM
Preferred term	肺塞栓症
AE Onset Date / Rx Day	[redacted]20[redacted] / 213 (8 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED
Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted]20[redacted](RX DAY 207): CHEST CT: SUBSEGMENTAL PULMOARY EMBOLISM; [redacted]20[redacted] (RX DAY 213): CHEST X RAY: UNKNOWN, INFORMATION NOT AVAILABLE

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はオランダの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，H1N1 インフルエンザ，肺塞栓症及び胃腸出血の事象を発現した。

Event 2，3 及び 5 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，高血圧，喫煙者（1 日 1 箱を 44 年間）現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は H1N1 インフルエンザを発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は胃腸出血を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，胃腸出血は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺塞栓症を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，咳嗽，呼吸困難及び最高 38.8°C の発熱のため，救急治療室を受診した。被験者は重複感染を伴う A 型インフルエンザと診断されて入院した。血清学的検査の結果は A 型インフルエンザ陽性であった。胸部 X 線検査で肺炎に見られるような陰影が認められたため，まずアモキシシリンの投与が開始された。呼吸不全が認められたため，被験者は 20[redacted] 年 [redacted] 月 [redacted] 日に ICU に入院した。抗生物質はセフォタキシム及びシプロフロキサシンに変更され，それと同時に Optiflow による呼吸補助が行われた。呼吸不全が続いたため，挿管及び機械的換気が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，気管支鏡検査及び気管支肺胞洗浄検査が行われた。PJP 及びアスペルギルス症の疑いに対する治療が行われた。持続的な酸素化障害のため，被験者は 20[redacted] 年 [redacted] 月 [redacted] 日に他の医療センターに転院となった。被験者は，A 型インフルエンザ，肺炎及び侵襲性アスペルギルス症疑いによる呼吸不全を来していた。ICU にて被験者が急性呼吸不全に陥ったため，カテーテルが留置され，継続的な静脈-静脈血液ろ過が行われた。CT スキャン検査で亜区域性肺塞栓症が明らかとなり，ヘパリンの静脈内投与が開始された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は上部消化管出血を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，胃内視鏡検査及びクリッピングが行われた。出血は 2 日後に止まった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺アスペルギルス症（非重篤）を発現した。この被験者の治験薬の投与は完全に中止された。20[redacted] 年 [redacted] 月 [redacted] 日，依然として人工呼吸下にあった被験者は，他院の ICU に転院となった。20[redacted] 年 [redacted] 月 [redacted] 日，胸部 CT 検査で感染症と一致する結果が認められた。投与された薬剤は，prednisone 及び cotrimoxazole であった。鎮静剤の漸減後，攣縮及び頚部硬直を伴うグラスゴー昏睡尺度の変動が認められた。腰椎穿刺検査及び頭部 CT 検査で髄膜炎は認められなかった。脳波検査でてんかんは認められなかった。神経症状はボリコナゾールの副作用であると考えられた。20[redacted] 年 [redacted] 月 [redacted] 日，気管カニューレが抜去された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，理学療法を受けるため，ICU から回復室に移された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

医療記録より：中心静脈カテーテル及び動脈カテーテルが留置された。大動脈内バルーンポンプが留置され，継続的な静脈-静脈血液ろ過／透析が行われた。気管切開が行われ，換気が開

始された。血液製剤が投与された。担当医によると，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，細菌重複感染を伴うインフルエンザによる入院後に肺診療科から転科した。その日の夕方，被験者の状態が悪化し，MEWS のいくつかの項目のスコアが高く，低酸素血症が進行し（15 L で 92%），40°C の発熱が見られた。胸部 X 線検査で著しい両側斑点形成が認められ，両側性肺炎が示唆された。診察所見は，両膝関節に斑点形成あり，腹部軟で圧痛なし，腓腹部軟で浮腫なし，肺胞呼吸音は両肺で強い捻髪音，血行動態安定，頻脈なし，血圧良好であった。この 24 時間で 4 L の輸液が投与された。その日の夕方に被験者の状態が悪化したため，「EMV」は最大値となった。気管支痙攣は認められず，酸素飽和度に改善が見られた。心電図検査の結果は正常で，血行動態も安定していた。被験者は，細菌重複感染を伴う A 型インフルエンザによる呼吸不全のため，Optiflow 装着下の状態にあった。「LD」増加によりニューモシスチス・イロベチイ肺炎の鑑別診断も行われた。PJP 及びアスペルギルスの培養検査が行われた。

投与された薬剤は，カリウム，プレドニゾロン，cotrim，cotrimoxazole，anidulafungin，ボリコナゾール，ヘパリン，pantoprazol，anidulafungine，クラフォラン，ciproxin，co trimoxazol，エリスロマイシン，ボリコナゾール及びアモキシシリンであった。

Causality for UPADACITINIB (Blinded)

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1) H1N1 influenza (10069767) (H1N1 influenza (10069767)) [v.22.0] [10069767]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

2) Pulmonary embolism (10037377) (Pulmonary embolism (10037377)) [v.22.0] [10037377]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

3) Gastro intestinal bleeding (10017871) (Gastrointestinal haemorrhage (10017955)) [v.22.0] [10017871]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of H1N1 INFLUENZA

- Investigator: INFLUENZA SEASON IN THE NETHERLANDS

- AbbVie: COMMON SEASONAL VIRAL INFECTION IN THE GENERAL POPULATION. SUBJECT'S EXTENSIVE SMOKING HISTORY (1 PPD FOR 44 YEARS) IS AN ADDITIONAL RISK FACTOR FOR AN INFLUENZA INFECTION THAT IS MORE SEVERE AND ASSOCIATED WITH AN INCREASE IN COMPLICATIONS.

Event of PULMONARY EMBOLISM

- Investigator: Not applicable

- AbbVie: Risk factor includes current hospitalization for influenza infection which required mechanical ventilation with subsequent immobilization.

Event of GASTRO INTESTINAL BLEEDING

- Investigator: Concomitant medication

- AbbVie: Risk factor includes current ICU hospitalization for influenza infection which required mechanical ventilation.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ASPERGILLOSIS PCR:** Negative

[redacted] **BODY TEMPERATURE:** 38.8 Degrees C

[redacted] **CHEST CT:** subsegmental pulmonary embolism

[redacted] **CHEST CT:** No cavities seen, areas of consolidation in particular sub-pleural, most pronounced in the fields appropriate to an infection or an organizing pneumonia; no signs of sub segmental PE visible

[redacted] 20[redacted] **CHEST X-RAY:** bilateral heavy mottling and suggestive of bilateral pneumonia

[redacted] 20[redacted] **CHEST XRAY:** pulmonary shadow

[redacted] 20[redacted] **CHEST XRAY:** Multiple infiltration

[redacted] 20[redacted] **CHEST XRAY:** Increase in infiltration

[redacted] 20[redacted] **CT HEAD:** No meningitis

[redacted] 20[redacted] **CT THORAX:** Pulmonary embolism

[redacted] 20[redacted] **EEG:** Epilepsy

[redacted] 20[redacted] **EKG:** Normal

[redacted] 20[redacted] **GASTROSCOPY:** erosions

[redacted] 20[redacted] **INFLUENZA A SEROLOGY EST:** Positive

[redacted] 20[redacted] **INFLUENZA TYPE A H1MEXICO:** Positive

[redacted] 20[redacted] **LUMBAR PUNCTURE:** No meningitis

[redacted] 20[redacted] **PJP PCR:** Negative

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
遠隔転移を伴う膵癌	X	X		X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	6[redacted]	MALE	WHITE

Medical History	Onset Year
HYPERTENSION	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: ERECTIL DYSFUNCTION	20[redacted]
OTHER: ACTIVE PLAQUE PSORIASIS	20[redacted]
OTHER: HYPERGLYCEMIA	20[redacted]
OTHER: HEMATURIA	20[redacted]
OTHER: PROTEINURIA	20[redacted]

Prior Procedures	Procedure Year
SURGERY: RIGHT KNEE BALLL JOINT SURGICAL REMOVED	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 167	167
ADA	40MG	SC	EOW	[redacted]20[redacted] / 168	[redacted]20[redacted] / 391	224
ADA	40MG	SC	EOW	[redacted]20[redacted] / 392	[redacted]20[redacted] / 502	111

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month /

			RX Day
DICLOFENAC	50 mg	PRN	Y-M: 20[redacted] / -354
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -173
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -173
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -173
NAPROXEN	500 mg	BID	Y-M: 20[redacted] / -173
PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -173

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -173	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -173	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -173	NOT REPORTED
NAPROXEN	500 mg	BID	Y-M: 20[redacted] / -173	NOT REPORTED
HYDROCORTISONE	10 OTHER: MG/G	TID	Y-M: 20[redacted] / 1	NOT REPORTED
METFORMIN	500 mg	BID	Y-M: 20[redacted] / 225	NOT REPORTED
RAMIPRIL	5 mg	BID	Y-M: 20[redacted] / 295	NOT REPORTED

Event #2: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Possible Malignancy, Event of Interest - Malignancy, Event of Interest - Malignancy excluding NMSC

Event Description	PRIMARY METASTATIC PANCREAS NEOPLASIA
Preferred term	遠隔転移を伴う膵癌
AE Onset Date / Rx Day	[redacted]20[redacted] / 474 (12 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 474): THORACOABDOMINOPELVIC CT: PRIMARY METASTATIC PANCREAS NEOPLASIA

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポルトガルの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，黄疸及び原発性転移性膵臓新生物の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，高血圧，乾癬性関節炎，活動性局面型乾癬，高血糖，血尿，蛋白尿，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は原発性転移性膵臓新生物を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は黄疸を発現した。

被験者は無力症，食欲不振及び体重減少の症状を呈していた。被験者はクォンティフェロン検査で二度にわたって陽性と判定（非重篤の潜伏結核と診断）されたため，胸腹部 CT スキャン検査が行われた。CT 検査で肝転移を伴う転移性新生物が認められた。

The patient's past medications include:

PREDNISONE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Jaundice (10023126) (Jaundice (10023126)) [v.22.1] [10023126]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

2) Pancreas neoplasm malignant metastatic (10033590) (Pancreatic carcinoma metastatic (10033610)) [v.22.1] [10033590]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of JAUNDICE

- Investigator: Not applicable

- AbbVie: Event is more likely related to concurrent event of Primary metastatic pancreas neoplasm with hepatic metastases seen on thoracoabdominal CT scan as noted by the PI.

Event of PRIMARY METASTATIC PANCREAS NEOPLASIA

- Investigator: Not Applicable

- AbbVie: Weak temporal association. Study drug exposure is approximately 15.5 months prior to event onset. Per Johns Hopkins researchers, conservative estimates are that an average of 11.7 years elapses before the first cancer cell develops within a high grade pancreatic lesion, then another 6.8 years as the cancer grows and at least one cell has the potential to spread.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ACTIVATED PARTIAL PROTHROMBIN TIME:** 28.4 SEC (normal 23 to 38)

[redacted] **20[redacted] INTERNATIONAL NORMALIZED RATIO:** 1.3 ratio

[redacted] **20[redacted] PROTHROMBIN TIME:** 13.5 SEC (normal 0 to 14)

[redacted] **20[redacted] PT / APTT:** 0.9 ratio (normal 0 to 1.2)

Unknown date QUANTIFERON TEST: Positive

Unknown date QUANTIFERON TEST: Positive

[redacted] **20[redacted] THORACOABDOMINOPELVIC CT:** PRIMARY METASTATIC PANCREAS NEOPLASIA

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
門脈血栓症	X	X		X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PORTAL VEIN THROMBOSIS	19[redacted]
OTHER: THROMBOCYTOSIS ESSENTIAL	19[redacted]
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: POSTMENOPAUSAL	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 133	133

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
METHOTREXATE	UNKNOWN mg	OTHER: UNKNOWN	Y-M: 19[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ENOXAPARIN	60 mg	BID	Y-M: 20[redacted] / 133	ONGOING
PROPRANOLOL	5 mg	TID	Y-M: 20[redacted] / 133	Y-M: 20[redacted] / 142

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Adjudicated Cardiovascular Events

Event Description	PORTAL VEIN THROMBOSIS
Preferred term	門脈血栓症
AE Onset Date / Rx Day	[redacted]20[redacted] / 133 (6 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 133): Bilirubin: 29 [2 - 21] UMOL/L; Creatinine: 42 [53 - 97] UMOL/L; Hemoglobin: 121 [117 - 155] G/L; Leukocytes: 6.9 [4 - 11] 10^9/L; Lymphocytes: 0.9 [1.2 - 3] 10^9/L; NPTST154-CRP: 25.34 [0.03 - 5] MG/L; Neutrophils: 5.6 [1.4 - 6] 10^9/L; Platelets: 203 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 134): NPTST370-PCO2-AR: 31.3 [35 - 46] MMHG; NPTST384-PO2-AR: 52 [70 - 100] MMHG; [redacted]20[redacted] (RX DAY 138): NPTST114-CARDIOLIPIN IGG: 1.6 [5 - 8] IU/ML; NPTST115-CARDIOLIPIN IGM: 0.7 [5 - 8] IU/ML; NPTST292-JAK2 V617 MUTATION: POSITIVE [NOT REPORTED - NOT REPORTED] PCR METHOD

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 133): CHEST X-RAY: NO EVIDENCE OF CONGESTION; CT ABDOMEN: PORTAL VEIN THROMBOSIS WITH MULTIPLE HEPATOCELLULAR PORTO-SYSTEMIC COLTERALS, ESOPHAGEAL AND GASTRIC VARICOSE VEINS, SPLEEN AND LARGE SPLENORRHEA SHUNT.; ECG: SINUS, REGULAR(74), WITHOUT SIGNS OF ACUTE ISCHEMIA; [redacted]20[redacted] (RX DAY 141): GASTROSCOPY: VARICOSE GRADE 4.

AE Stopped Rx Day	142 (15 DAYS AFTER LAST TREATMENT)
Duration of AE	10 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はイスラエルの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，門脈血栓症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，門脈血栓症，本態性血小板増加症（JAK2+），局面型乾癬，乾癬性関節炎，閉経後，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は門脈血栓症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，門脈血栓症は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は胃痛，息切れ，悪心，嘔吐，便秘及び臍周囲痛の悪化（主に右下腹部）のため入院した。CT スキャン検査で胃・食道静脈瘤が明らかとなった。ヘパリン点滴静注及び deralin の投与が開始された。胃内視鏡検査が行われ，グレード 4 の静脈瘤が確認された。JAK2 変異は陽性，APLA（抗リン脂質抗体）は陰性であった。また，乾癬が悪化していた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

20[redacted] 年 [redacted] 月 [redacted] 日，治験薬の投与が完全に中止された。

医療記録より：被験者は，母親の死後 2 ヵ月あまり食欲不振で，体重が 3～5 kg 減少したと報告した。被験者は，約 1 週間に及ぶ呼吸困難，悪心及び嘔吐を伴う持続性の臍周囲・右上腹部痛，「チクチクする感じ」及び灼熱感を訴えた。入院前 24 時間にわたり，痛みが悪化し（10/10），痛みの部位の変化はなかった。また，出血を伴わない嘔吐が複数回（10 回超）出現し，下痢も認められた。痛みは食事後に悪化し，鎮痛薬で軽減された。また被験者によると，便秘が約 2 週間続いていた。便の色に変化はなく，鮮血も見られなかった。救急治療室にて便通はあった。被験者によると，発熱及び寝汗はなかったが，入院日に悪寒があったと報告された。救急治療室にて，呼吸困難，蒼白及び発汗は認められなかった。幾度か疼痛発作が出現した。腹部は軟らかく，主に上腹部に軽度の広汎性圧痛及び腹部膨満が認められた。反跳や抵抗はなく，触知可能な腫瘤や嵌頓ヘルニアはなかった。NG 及び導尿カテーテルの留置が再度試みられたが成功せず，ヘパリンの投与が開始された。また，完全な臨床検査値モニタリングが行われた。治療開始後，著しい臨床的改善が見られ，腹痛は軽減された。治療は，抗 10a 抗体価に基づき，クレキサン皮下投与に切り替えられた。

血液学的検査が行われ，骨髄増殖性疾患と一致する臨床像であることが確認された。JAK2 は陽性，APLA は陰性であった。後日，骨髄検査を受けることが勧められた。消化器の診察で，切歯列から 22 cm の食道胃接合部から食道中央部にかけて，グレード 4 の静脈瘤が認められ，接合線に隣接する 2 本の静脈瘤柱に発赤所見が認められた。活動性出血は見られなかった。胃に発

赤所見を伴うグレード 2 の静脈瘤が認められた。Deralin の投与が開始され，今後行う可能性のある治療についての説明が行われた。

入院中，乾癬の悪化も認められた。皮膚科医が診察を行った。推奨されたのは局所療法のみであった。体用に daviobet 軟膏，顔用にエリデルの投与が開始された。

退院日，被験者の全身状態は良好で，バイタルサインも正常であった。被験者から腹部膨満が報告されたが，腹痛はなかった。診察所見は，触診で腹部軟・圧痛なし，蠕動正常であった。

投与された薬剤は，ヘパリン，deralin 及びクレキサンであった。

The patient's past medications include:

METHOTREXATE for PSORIATIC ARTHRITIS (19[redacted] - 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Portal vein thrombosis (10036206) (Portal vein thrombosis (10036206)) [v.22.0] [10036206]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of PORTAL VEIN THROMBOSIS

- Investigator: Not applicable

- AbbVie: Risk factors include pre-existing essential thrombocytosis (JAK2+) and prior history of portal vein thrombosis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20**[redacted] **ACTUAL BASE EXCESS VENOUS:** -3 (Normal -2 - 2)

[redacted] **20**[redacted] **ALBUMIN:** 34.0 no units (normal 35.0 to 50.0)

[redacted] **20**[redacted] **ALBUMIN:** 29.0 no units (normal 35.0 to 50.0)

[redacted] **20**[redacted] **ALKALINE PHOSPHATASE:** 91.00 no units (normal 46.00 to 116.00)

[redacted] **20**[redacted] **ALT (GPT):** 10 no units (normal 8 to 35)

[redacted] **20**[redacted] **ALT (GPT):** 16 no units (normal 8 to 35)

[redacted] **20**[redacted] **AMYLASE:** 47 no units (normal 20 to 104)

[redacted] **20**[redacted] **ANION GAP, AR:** 13 no units (normal 8 to 16)

[redacted] **20**[redacted] **ANISOCYTOSIS, FILM:** Positive

[redacted] **20**[redacted] **ANTIPHOSPHOLIPID ANTIBODIES:** NEGATIVE

[redacted] **20**[redacted] **AST (GOT):** 16 no units (normal 7 to 40)

[redacted] **20**[redacted] **AST (GOT):** 27 no units (normal 7 to 40)

[redacted] **20**[redacted] **BAND %:** 1 no units

[redacted] **20**[redacted] **BASE EXCESS/DEFICIT ARTERIAL:** -3.9 (normal -2.0 - 3.0)

[redacted] **20**[redacted] **BASOPHILS #:** 0.0 no units (normal 0.0 to 0.2)

[redacted] **20**[redacted] **BASOPHILS #:** 0.1 no units (normal 0.0 to 0.2)

[redacted] **20**[redacted] **BASOPHILS %:** 0.6 no unit (normal 0.0 to 1.9)

[redacted] **20**[redacted] **BASOPHILS %:** 1.3 no units (normal 0.0 to 1.9)

[redacted] **20**[redacted] **BETA2-GLYCOPROTEIN IGG:** 1.8 no units

[redacted] **20**[redacted] **BETA2-GLYCOPROTEIN IGM:** 0.8 no units

[redacted] **20**[redacted] **BILIRUBIN, DIRECT:** 0.59 no units (normal 0.1 to 0.30)

[redacted] **20**[redacted] **BILIRUBIN, DIRECT:** 0.23 no units (normal 0.1 to 0.30)

[redacted] **20**[redacted] **BILIRUBIN, INDIRECT:** 1.12 no units (normal 0.00 to 0.60)

[redacted] **20**[redacted] **BILIRUBIN, INDIRECT:** 0.19 no units (normal 0.00 to 0.60)

[redacted] **20**[redacted] **BILIRUBIN, TOTAL:** 1.71 no units (normal 0.1 to 1.20)

[redacted] **20**[redacted] **BLOOD PRESSURE:** 122/75

[redacted] **20[redacted] BUN (BLOOD):** <5 (Normal <5-25)

[redacted] **20[redacted] BUN (BLOOD):** 8 No units

[redacted] **20[redacted] CALCIUM, IONIZED ARTERIAL:** 1.12 no units (normal 1.15 to 1.35)

[redacted] **20[redacted] CALCIUM, TOTAL:** 8.00 no units (normal 8.50 to 10.50)

[redacted] **20[redacted] CALCIUM, TOTAL:** 7.40 no units (normal 8.50 to 10.50)

[redacted] **20[redacted] CARBOXYHEMOGLOBIN:** 1.1 no units (normal 0.0 to 2.0)

[redacted] **20[redacted] CARBOXYHEMOGLOBIN, QUANTITATIVE ARTERIAL:** 0.5 no units (normal <2.0)

[redacted] **20[redacted] CHLORIDE:** 105 no units (normal 95 to 110)

[redacted] **20[redacted] CHLORIDE:** 108 no units (normal 95 to 110)

[redacted] **20[redacted] CHLORIDE ARTERIAL:** 104 no units (normal 95 to 105)

[redacted] **20[redacted] CHOLESTEROL, TOTAL:** 112 no units (normal 120 to 200)

[redacted] **20[redacted] CREATININE:** 0.47 no units (normal 0.60 to 1.10)

[redacted] **20[redacted] CREATININE:** 0.40 no units (normal 0.60 to 1.10)

[redacted] **20[redacted] CREATININE KINASE:** 23 no units (normal 34 to 145)

[redacted] **20[redacted] CREATININE KINASE:** 31 no units (normal 34 to 145)

[redacted] **20[redacted] CRP:** 25.34 no unit (normal 0.03 to 5.00)

[redacted] **20[redacted] CRP:** 9.53 no unit (normal 0.03 to 5.00)

[redacted] **20[redacted] CT SCAN:** Known portal vein thrombosis with formation of multiple porto-systemic collaterals in the hepatic hilum, varices in the esophageal and gastric wall, in the splenic hilum and a large splenorenal shunt. The is a component of acute thrombosis in SMV and its branches with infiltration in its periphery. The liver is of normal size and texture. The spleen is enlarged to 19.8 cm, with no significant change. Intestinal loops - mesenteric congestion, thickening of the ileum loops wall in the right abdomen and minimal thickening of the colon walls, most probably secondary to the increased portal pressure. Small quantity of free fluid near the liver, in the right gutter and pelvis. No free air was demonstrated in the abdomen or pelvis.

[redacted] **20[redacted] DESOXYHEMOGLOBIN, QUANTITATIVE AR:** 11.5 no units (normal 0.0 to 5.0)

[redacted] **20[redacted] ECG:** Sinus, regular (74), with no signs of acute ischemia.

[redacted] **20[redacted] EOSINOPHILS #:** 0.1 no unit (normal 0.0 to 0.4)

[redacted] **20[redacted] EOSINOPHILS %:** 1.3 no unit (normal 0.0 to 6.0)

[redacted] **20[redacted] GASTROSCOPY:** VARICOSITIES GRADE 4

[redacted] **20**[redacted] **GGT:** 27 no unit (normal 6 to 28)

[redacted] **20**[redacted] **GGT:** 45 no unit (normal 6 to 28)

[redacted] **20**[redacted] **GLOBULIN:** 22.0 no units (normal 23.0 to 35.0)

[redacted] **20**[redacted] **GLUCOSE:** 74 no units (normal 60 to 100)

[redacted] **20**[redacted] **GLUCOSE:** 118 no units (normal 70 to 110)

[redacted] **20**[redacted] **GLUCOSE, DIRECT:** 95 no units (normal 70 to 115)

[redacted] **20**[redacted] **GLUCOSE, QUANTITATIVE ARTERIAL:** 111.0 no units (normal 70.0 to 100.0)

[redacted] **20**[redacted] **HCO3 ARTERIAL:** 20.4 no units (normal 212.0 to 26.0)

[redacted] **20**[redacted] **HCT:** 27 no units (normal 35 to 45)

[redacted] **20**[redacted] **HCT, ARTERIAL:** 32.0 no units (normal 37.0 to 52.0)

[redacted] **20**[redacted] **HEART RATE:** 82 /min

[redacted] **20**[redacted] **HEMATOCRIT:** 36 no unit (normal 35 to 45)

[redacted] **20**[redacted] **HEMATOCRIT:** 27 no unit (normal 35 to 45)

[redacted] **20**[redacted] **HEMOGLOBIN:** 12.1 no unit (normal 11.7 to 15.5)

[redacted] **20**[redacted] **HEMOGLOBIN:** 9.4 no unit (normal 11.7 to 15.5)

[redacted] **20**[redacted] **HEMOGLOBIN, TOTAL ARTERIAL:** 11.0 no units (normal 12.0 to 18.0)

[redacted] **20**[redacted] **HEPARIN NEUTRALIZATION:** 0.38 no units

[redacted] **20**[redacted] **HEPARIN NEUTRALIZATION:** 0.49 no units

[redacted] **20**[redacted] **HYPOCHROMIA, FILM:** Positive

[redacted] **20**[redacted] **IGG:** CARDIOLIPIN IgG: 1.6 IU/mL (range: >5 - <8)

[redacted] **20**[redacted] **IGM:** CARDIOLIPIN IgM: 0.7IU/mL (range: 5 - 8)

[redacted] **20**[redacted] **INR:** 1.16 no unit (normal 0.97 to 1.19)

[redacted] **20**[redacted] **INR:** 1.24 no unit (normal 0.97 to 1.19)

[redacted] **20**[redacted] **LACTIC ACID ARTERIAL:** 0.90 no units (normal 0.00 to 1.80)

[redacted] **20**[redacted] **LDH:** 389 no units (normal 208 to 378)

[redacted] **20**[redacted] **LIPASE:** 41 no units (normal 9 to 51)

[redacted] [redacted] **20**[redacted] **LYMPHOCYTES #:** 0.8 no units (normal 1.2 to 3.0)

[redacted] [redacted] **20**[redacted] **LYMPHOCYTES %:** 19.1 no units (normal 20.0 to 40.0)

[redacted] [redacted] **20**[redacted] **LYMPHOCYTES %, FILM:** 4 no units (normal 20.0 to 40.0)

[redacted] [redacted] **20**[redacted] **MAGNESIUM:** 1.80 no units (normal 1.80 to 2.55)

[redacted] [redacted] **20**[redacted] **MEAN PLATELET VOLUME:** 9.6 no unit (normal 7.0 to 12.0)

[redacted] [redacted] **20**[redacted] **MEAN PLATELET VOLUME:** 8.7 no units (normal 7.0 to 12.0)

[redacted] [redacted] **20**[redacted] **METAMYELOCYTES %:** 1 no units

[redacted] [redacted] **20**[redacted] **METHEMOGLOBIN, QUANTITATIVE AR:** 0.2 no units (normal 0.0 to 1.5)

[redacted] [redacted] **20**[redacted] **MICROCYTOSIS TEST:** Positive

[redacted] [redacted] **20**[redacted] **MONO %:** 4.7 no unit (normal 2.0 to 13.0)

[redacted] [redacted] **20**[redacted] **MONO %:** 7.4 no units (normal 2.0 to 13.0)

[redacted] [redacted] **20**[redacted] **MONOCYTES #:** 0.3 no units (normal 0.0 to 1.3)

[redacted] [redacted] **20**[redacted] **NEUTROPHILS #:** 5.6 no unit (normal 1.4 to 6.0)

[redacted] [redacted] **20**[redacted] **NEUTROPHILS #:** 2.9 no units (normal 1.4 to 6.0)

[redacted] [redacted] **20**[redacted] **NEUTROPHILS %:** 80.7 no unit (normal 40.0 to 75.0)

[redacted] [redacted] **20**[redacted] **NEUTROPHILS %:** 66.9 no units (normal 40.0 to 75.0)

[redacted] [redacted] **20**[redacted] **NRBC/100 WBC:** 0.0 no units

[redacted] [redacted] **20**[redacted] **O2 SATURATION (ROOM AIR):** 98 %

[redacted] [redacted] **20**[redacted] **O2 SATURATION ARTERIAL:** 92.5 no units (normal <96)

[redacted] [redacted] **20**[redacted] **O2 SATURATION VENOUS:** 73 no units (normal 70 to 75)

[redacted] [redacted] **20**[redacted] **OVALOCYTES:** Positive

[redacted] [redacted] **20**[redacted] **OXYHEMOGLOBIN, QUANTITATIVE AR:** 87.8 no units (normal <95.0)

[redacted] [redacted] **20**[redacted] **P02 ARTERIAL:** 52.0 no units (normal 70.0 to 100.0)

[redacted] [redacted] **20**[redacted] **PCO2, ARTERIAL:** 31.4 no units (normal 35.0 to 45.0)

[redacted] [redacted] **20**[redacted] **PCR:** JAK2 V617 MUTATION: POSITIVE

[redacted] [redacted] **20**[redacted] **PH, AR:** 7.399 no units (normal 7.320 to 7.420)

[redacted] **20**[redacted] **PHOSPHORUS:** 2.73 no units (normal 2.50 to 4.50)

[redacted] **20**[redacted] **PHOSPHORUS:** 3.48 no units (normal 2.50 to 4.50)

[redacted] **20**[redacted] **PLATELET COUNT:** 203 no unit (normal 150 to 450)

[redacted] **20**[redacted] **PLATELET COUNT:** 168 no unit (normal 150 to 450)

[redacted] **20**[redacted] **POTASSIUM:** 3.65 no units (normal 3.50 to 5.30)

[redacted] **20**[redacted] **POTASSIUM:** 4.18 no units (normal 3.50 to 5.30)

[redacted] **20**[redacted] **POTASSIUM, ARTERIAL:** 3.84 no units (normal 3.60 to 4.80)

[redacted] **20**[redacted] **PROTEIN, TOTAL:** 59.0 no units (normal 64.0 to 83.0)

[redacted] **20**[redacted] **PROTEIN, TOTAL:** 51.0 no units (normal 64.0 to 83.0)

[redacted] **20**[redacted] **PT:** 11.90 SEC (normal 10.03 to 12.43)

[redacted] **20**[redacted] **PT:** 12.80 SEC (normal 10.03 to 12.43)

[redacted] **20**[redacted] **PTT:** 28.90 SEC (normal 25.00 to 34.00)

[redacted] **20**[redacted] **PTT:** 30.60 SEC (normal 25.00 to 34.00)

[redacted] **20**[redacted] **RBC:** 4.7 no units (normal 3.8 to 5.1)

[redacted] **20**[redacted] **RBC:** 3.5 no units (normal 3.8 to 5.1)

[redacted] **20**[redacted] **SODIUM:** 139.0 no units (normal 135.0 to 146.0)

[redacted] **20**[redacted] **SODIUM:** 138.0 no units (normal 135.0 to 146.0)

[redacted] **20**[redacted] **SODIUM, ARTERIAL:** 133.9 no units (normal 135.00 to 145.00)

[redacted] **20**[redacted] **TCO2 ARTERIAL:** 19.6 no units (normal 23.0 to 28.0)

[redacted] **20**[redacted] **TEMPERATURE:** 36.7 Degrees C

[redacted] **20**[redacted] **TRIGLYCERIDES:** 110 no units (normal 50 to 150)

[redacted] **20**[redacted] **URIC ACID:** 3.30 no units (normal 2.30 to 6.00)

[redacted] **20**[redacted] **URIC ACID:** 2.30 no units (normal 2.30 to 6.00)

[redacted] **20**[redacted] **WBC:** 6.9 no unit (normal 4.0 to 11.0)

[redacted] **20**[redacted] **WBC:** 4.3 no units (normal 4.0 to 11.0)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
菌血症	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
HYPERLIPIDEMIA	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: BENIGH HYPERTROPHY PROSTATE	20[redacted]
OTHER: SPINAL STENOSIS	20[redacted]
OTHER: HYPERURICEMIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
INCREASED CREATINE PHOSPHOKINASE: NOT DONE	NOT REPORTED

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	2 PACK	10	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 56	56

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted]
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted]
ALLOPURINOL	300 mg	QD	Y-M: 20[redacted]

OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]
SULFASALAZINE	2 g	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -270
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted] / -270

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted]	ONGOING
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted]	ONGOING
ALLOPURINOL	300 mg	QD	Y-M: 20[redacted]	ONGOING
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	ONGOING
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -270	ONGOING
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted] / -270	ONGOING
AUGMENTIN	1 g	TID	Y-M: 20[redacted] / 41	Y-M: 20[redacted] / 43
CIPROFLOXACIN	400 mg	BID	Y-M: 20[redacted] / 41	Y-M: 20[redacted] / 43
CEFTRIAXONE	1 g	QD	Y-M: 20[redacted] / 43	Y-M: 20[redacted] / 71

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	BACTEREMIA
Preferred term	菌血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 37
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted](RX DAY 58): Creatine Kinase: 3825 [20 - 200] U/L; Hemoglobin: 118 [135 - 175] G/L; [redacted]20[redacted] (RX DAY 85): Creatine Kinase: 83 [20 - 200] U/L

Microbiology

[redacted]20[redacted](RX DAY 62): BLOOD NPTST081-BLOOD CULTURE: Positive-POSITIVE FOR STREPTOCCOCUS PARASANGUINIS.; [redacted]20[redacted] (RX DAY 64): SPUTUM NPTST441-SPUTUM CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 62): CT CHEST: MILD LYMPHADENOPATHY, NON SPECIFIC BILAT. INTERSTITIAL LUNG CHANGES.; [redacted]20[redacted] (RX DAY 64): BRONCHOSCOPY: BRONCHOSCOPY WAS NORMAL . NO PATHOGENS WERE IDENTIFIED ON SPUTUM CULTURE.; [redacted]20[redacted] (RX DAY 65): ECHOCARDIOGRAM -: TRANSESOPHAGEAL WAS NORMAL WITH NO VAGETATIONS.

AE Stopped Rx Day	71 (15 DAYS AFTER LAST TREATMENT)
Duration of AE	35 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はイスラエルの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，菌血症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 2 箱を 10 年間），良性前立腺肥大，高尿酸血症，乾癬性関節炎及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は菌血症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，菌血症は消失した。

被験者は 3 週間に及ぶ発熱のため病院を受診し，20[redacted] 年 [redacted] 月 [redacted] 日に入院した。全身及び筋骨格系の診察では，軽度の腋窩リンパ節腫大を除き，異常は認められなかった。心内膜炎の徴候は認められなかった。被験者はストレプトコッカス・パラサングイニスによる菌血症と診断された。被験者は抗生物質による 1 コースの治療を完了し，菌血症は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

治験責任医師によると，被験者に，最近の旅行歴，人工器具移植歴及び最近の歯科治療歴はなかった。治験責任医師によると，本事象発現前に被験者の妻が発熱を来していた。

投与された薬剤はセフトリアキソンであった。

The patient's past medications include:

SALAZOPIRIN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Bacteremia (10003999) (Bacteraemia (10003997)) [v.22.0] [10003999]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of BACTEREMIA

- Investigator: Not applicable

- AbbVie: Viridans group streptococcus is more likely to be contaminant especially in patients who do not have prosthetics or central venous catheters.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD CULTURE:** POSITIVE FOR STREPTOCCOCUS PARASANGUINIS

[redacted] **20[redacted] BODY TEMPERATURE:** 38.8 Degrees C

[redacted] **20[redacted] BODY TEMPERATURE:** 38.9 Degrees C

[redacted] **20[redacted] BRONCHOSCOPY:** BRONCHOSCOPY WAS NORMAL . NO PATHOGENS WERE IDENTIFIED ON SPUTUM CULTURE.

[redacted] **20[redacted] CT CHEST:** MILD LYMPHADENOPATHY, NON SPECIFIC BILATERAL. INTERSTITIAL LUNG CHANGES.(not considered serious event by the investigator)

[redacted] **20[redacted] ECHOCARDIOGRAM:** TRANSESOPHAGEAL WAS NORMAL WITH NO VEGETATIONS.

[redacted] **20[redacted] HEMOGLOBIN:** 11.8 G/DL (normal 13.5 to 17.5)

[redacted] **20[redacted] VIRAL PANEL:** negative

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
レンサ球菌性肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: SKIN PSORIATIC PLAQUES - ELBOWS, ABDOMEN, BACK	19[redacted]
OTHER: INSOMNIA	20[redacted]
HYPERTENSION	20[redacted]
OTHER: POST MENOPAUSAL	20[redacted]
EYE DISEASE/DISORDER: BIFOCAL GLASSES	20[redacted]
OTHER: SINUSITIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
DEPRESSION: MILD DEPRESSION	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE	20[redacted]
EYE DISEASE/DISORDER: RIGHT EYE CATARACT	20[redacted]

Prior Procedures	Procedure Year
SURGERY: BUNIONS REMOVED BOTH FEET	19[redacted]
SURGERY: SPINAL FUSIONS	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	0.5 PACK	4	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	26FEB2019 / 1	[redacted]20[redacted] / 170	170
ABT-494	30 MG	ORAL	QD	15AUG2019 / 171	[redacted]20[redacted] / 182	12

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
PREDNISONE	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
AMITRIPTYLINE	50 mg	OTHER: NOCTE	Y-M: 20[redacted]
FLUOXETINE	20 mg	QD	Y-M: 20[redacted]
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted]
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]
SULFASALAZINE	500 mg	QD	Y-M: 20[redacted]
SULFASALAZINE	500 mg	BID	Y-M: 20[redacted]
PARACETAMOL	1 g	TID	Y-M: 20[redacted]
SULFASALAZINE	1 g	BID	Y-M: 20[redacted]
TRAMADOL	100 mg	TID	Y-M: 20[redacted]
AMLODIPINE	10 mg	QD	Y-M: 20[redacted] / -226
BECLOMETASONE	1 OTHER: SPRAY	TID	Y-M: 20[redacted] / -226
DICLOFENAC	50 mg	TID	Y-M: 20[redacted] / -226
ERGOCALCIFEROL	50000 IU	EVERY WEEK	Y-M: 20[redacted] / -226
CETIRIZINE	10 mg	OTHER: NOCTE	Y-M: 20[redacted] / -85
ENALAPRIL	10 mg	QD	Y-M: 20[redacted] / -85
HYDROCHLOROTHIAZIDE	12.5 mg	QD	Y-M: 20[redacted] / -85

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	ONGOING
AMITRIPTYLINE	50 mg	OTHER: NOCTE	Y-M: 20[redacted]	Y-M: 20[redacted] / 188
FLUOXETINE	20 mg	QD	Y-M: 20[redacted]	ONGOING
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted]	ONGOING
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 190
PARACETAMOL	1 g	TID	Y-M: 20[redacted]	ONGOING
TRAMADOL	100 mg	TID	Y-M: 20[redacted]	Y-M: 20[redacted] / 188
BECLOMETASONE	1 OTHER: SPRAY	TID	Y-M: 20[redacted] / -226	ONGOING
DICLOFENAC	50 mg	TID	Y-M: 20[redacted] / -226	ONGOING
ERGOCALCIFEROL	50000 IU	EVERY WEEK	Y-M: 20[redacted] / -226	ONGOING
AMLODIPINE	10 mg	QD	Y-M: 20[redacted] / -226	Y-M: 20[redacted] / 195
CETIRIZINE	10 mg	OTHER: NOCTE	Y-M: 20[redacted] / -85	ONGOING
ENALAPRIL	10 mg	QD	Y-M: 20[redacted] / -85	Y-M: 20[redacted] / 188
HYDROCHLOROTHIAZIDE	12.5 mg	QD	Y-M: 20[redacted] / -85	Y-M: 20[redacted] / 188
SALBUTAMOL	2 OTHER: PUFFS	BID	Y-M: 20[redacted] / 175	Y-M: 20[redacted] / 179
TRAMADOL	50 mg	BID	Y-M: 20[redacted] / 189	ONGOING
ENALAPRIL	5 mg	BID	Y-M: 20[redacted] / 189	Y-M: 20[redacted] / 195
AUGMENTIN	1.2 g	TID	Y-M: 20[redacted] / 189	Y-M: 20[redacted] / 198
AZITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 189	Y-M: 20[redacted] / 198
FLUCONAZOLE	200 mg	QD	Y-M: 20[redacted] / 189	Y-M: 20[redacted] / 198

ENOXAPARIN	60 mg	BID	Y-M: 20[redacted] / 189	Y-M: 20[redacted] / 199
AMITRIPTYLINE	10 mg	OTHER: NOCTE	Y-M: 20[redacted] / 190	ONGOING
AMLODIPINE	5 mg	QD	Y-M: 20[redacted] / 196	ONGOING

Event #2: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	MULTILOBAR PNEUMONIA(GRAM POSITIVE STREPTOCOCCUS)
Preferred term	レンサ球菌性肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 189 (7 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 189): Erythrocytes: 3.2 [3.9 - 5.4] 10^12/L; Hematocrit: 0.3 [0.34 - 0.48] FRACTION OF 1; Hemoglobin: 93 [116 - 164] G/L; Leukocytes: 6 [3.9 - 12.6] 10^9/L; NPTST101-C- REACTIVE PROTEIN: 195 [0 - 10] MG/L; Neutrophils: 1.25 [1.6 - 8.3] 10^9/L; Platelets: 490 [186 - 454] 10^9/L

Microbiology

[redacted]20[redacted] (RX DAY 189): BLOOD NPTST066-BACTERIAL CULTURE: Positive-GRAM POSITIVE COCCI;
[redacted]20[redacted] (RX DAY 216): SPUTUM NPTST452-TB CULTURE: Positive-MYCOBACTERIUM TUBERCULOSIS COMPLEX

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 190): CHEST X RAY: MULTILOBAR PNEUMONIA; CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE: RESOLVED

AE Stopped Rx Day	198 (16 DAYS AFTER LAST TREATMENT)
Duration of AE	10 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，多葉性肺炎（グラム陽性レンサ球菌）の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，高血圧，閉経後，元喫煙者（1 日 0.5 箱を 4 年間），乾癬性関節炎，胃食道逆流性疾患，軽度のうつ病及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は多葉性肺炎（グラム陽性レンサ球菌）を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，多葉性肺炎（グラム陽性レンサ球菌）は消失した。

本事象発現前，20[redacted] 年 [redacted] 月，被験者は呼吸困難（非重篤な事象）及びリンパ球減少症（非重篤な事象）を発現した。リンパ球減少症（非重篤な事象）により治験薬の投与が中止された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，1 週間に及ぶ呼吸困難及び乾性咳嗽のため救急科（ED）を受診し，診察でチアノーゼを伴う肺底部異常音が聴取された。胸部 X 線検査及び血液検査で肺炎が確定した。被験者は ED で抗生物質による治療を受け，治療及びさらなる検査のため同日入院した。20[redacted] 年 [redacted] 月 [redacted] 日，CPAP（持続的気道陽圧）が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，クレキサン，フルコナゾール，アジスロマイシン及びオーグメンチン（co-amoxyclav）であった。

The patient's past medications include:

PREDNISONE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

SALAZOPYRINE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Pneumonia due to Streptococcus (10035694) (Pneumonia streptococcal (10035735)) [v.22.1] [10035694]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of MULTILOBAR PNEUMONIA (GRAM POSITIVE STREPTOCOCCUS)

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD BACTERIAL CULTURE:** GRAM POSITIVE COCCI- positive

[redacted] **20[redacted] C- REACTIVE PROTEIN:** 195 MG/L (normal 0 to 10)

[redacted] **20[redacted] CHEST X RAY:** MULTILOBAR PNEUMONIA

[redacted] **20[redacted] CHEST X-RAY:** normal

[redacted] **20[redacted] HEMOGLOBIN:** 9.3 G/DL (normal 11.6 to 16.4)

[redacted] **20[redacted] NEUTROPHILS ABS:** 1.25 X10**9/L (normal 1.60 to 8.30)

[redacted] **20[redacted] PLATELET COUNT:** 490 X10**9/L (normal 186 to 454)

[redacted] **20[redacted] SPUTUM CULTURE:** Mycobacterium tuberculosis complex

[redacted] **20[redacted] WHITE BLOOD CELLS:** 6.02 X10**9/L (normal 3.90 to 12.60)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
うつ病	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 15 mg QD	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: ILIOTIBIAL BAND SYNDROME	20[redacted]
OTHER: SCIATICA LEFT LEG	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: HAIR LOSS	20[redacted]
OTHER: LATENT TB	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	4	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 391	223
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 392		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]

CELECOXIB	100.00 mg	BID	Y-M: 20
CENTRUM	1 OTHER: TAB	QD	Y-M: 20
CLOBETASOL	1 OTHER: APP	PRN	Y-M: 20
COMMIPHORA MUKUL W/GLYCYRRHIZA GLABRA/MORINGA	1 OTHER: TAB	QD	Y-M: 20
FISH OIL	1 OTHER: TAB	QD	Y-M: 20
FOLIC ACID	5 mg	OTHER: 4 TIMES WEEKLY	Y-M: 20
MAGNESIUM	1 OTHER: TAB	QD	Y-M: 20
PROBIOTICS	1.00 OTHER: TAB	QD	Y-M: 20
METHOTREXATE	7.5 mg	EVERY WEEK	Y-M: 20
VIMOVO	1 OTHER: TAB	BID	Y-M: 20
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20
METHOTREXATE	20.00 mg	EVERY WEEK	Y-M: 20
PREDNISONE	5.0 mg	QD	Y-M: 20
ETORICOXIB	90.00 mg	QD	Y-M: 20
PNEUMOCOCCAL VACCINE	0.5 mL	OTHER: STAT	Y-M: 20
BIOTIN W/CALCIUM PANTOTHENATE/COPPER GLUCONAT	1 OTHER: TAB	QD	Y-M: 20 / -108
INFLUENZA VACCINE	1.00 OTHER: AMP	OTHER: STAT	Y-M: 20 / -23
ISONIAZID	300 mg	QD	Y-M: 20 / -22
PYRIDOXINE	25 mg	QD	Y-M: 20 / -22

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
CENTRUM	1 OTHER: TAB	QD	Y-M: 20	NOT REPORTED
FISH OIL	1 OTHER: TAB	QD	Y-M: 20	NOT REPORTED
FOLIC ACID	5 mg	OTHER: 4 TIMES WEEKLY	Y-M: 20	NOT REPORTED
MAGNESIUM	1 OTHER: TAB	QD	Y-M: 20	NOT REPORTED
VIMOVO	1 OTHER: TAB	BID	Y-M: 20	NOT REPORTED
METHOTREXATE	20.00 mg	EVERY WEEK	Y-M: 20	Y-M: 20 / 449
ISONIAZID	300 mg	QD	Y-M: 20 / -22	Y-M: 20 / 251
PYRIDOXINE	25 mg	QD	Y-M: 20 / -22	Y-M: 20 / 251
CLOBAZAM	10 mg	QD	Y-M: 20 / 309	NOT REPORTED
ESCITALOPRAM	10 mg	QD	Y-M: 20 / 309	Y-M: 20 / 342
ZOLPIDEM	10 mg	OTHER: NOCTE	Y-M: 20 / 313	NOT REPORTED
MIRTAZAPINE	7.5 mg	OTHER: NOCTE	Y-M: 20 / 394	NOT REPORTED
METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20 / 450	Y-M: 20 / 464
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20 / 465	Y-M: 20 / 506

METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]- [redacted] / 507	ONGOING

Event #2: Serious Adverse Event

Event Description	RECURRING DEPRESSIVE DISORDER
Preferred term	うつ病
AE Onset Date / Rx Day	[redacted]20[redacted] / 309
Age at AE Onset	3[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PERSONAL ISSUES
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 3[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，うつ病エピソードの再発の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，喫煙者（1 日 1 箱を 4 年間）及び現飲酒者（2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はうつ病エピソードの再発を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者はうつ病エピソードを発現した。自殺思考，不眠症及び泣きといった症状が見られた。治験責任医師によると，本事象に関連する危険因子は，状況的離婚，不眠症及び金銭的ストレスであ

った。被験者はさらなる評価及び治療のため精神科医に紹介された。

20[redacted] 年 [redacted] 月 [redacted] 日，精神科医の判断で被験者は入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，ミルタザピン，urbanol，lexamil 及びゾルピデムであった。

The patient's past medications include:

CELEBREX for PSORIATIC ARTHRITIS (20[redacted] - [redacted] 20[redacted])

DOVATE for PSORIASIS (20[redacted] - [redacted] 20[redacted])

PREDNISONE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

ARCOXIA for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Recurrent depressive disorder (10066589) (Depression (10012378)) [v.21.1] [10066589]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for ABT-494 (Blinded)

Event of RECURRING DEPRESSIVE EPISODE

- Investigator: PERSONAL ISSUES

- AbbVie: PER PI, EVENT IS MORE LIKELY RELATED TO PERSONAL ISSUES OF DIVORCE, INSOMNIA, AND FINANCIAL STRESS.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
筋酵素上昇	X			
腎仙痛	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: AMPUTATED RIGHT 5TH FINGER	19[redacted]
OTHER: HEMATURIA	19[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: SINUS BRADYCARDIA	20[redacted]
OTHER: DIVERTICULOSIS	20[redacted]
OTHER: NON-SPECIFIC MUSCLE DISCOMFORT	20[redacted]
OTHER: RENAL STONE	20[redacted]
OTHER: DEGENERATIVE FACET ARTHOPAHTY	20[redacted]
OTHER: INCREASED BODY MASS INDEX	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: BOSNIAK TYPE 1 CYST (LATERAL MID POLE CORTEX OF RIGHT KIDNEY)	20[redacted]

Prior Procedures	Procedure Year
INCREASED CREATINE PHOSPHOKINASE: MUSCLE BIOPSY	NOT REPORTED
SURGERY: VASECTOMY	19[redacted]
SURGERY: ARTHROSCOPY RIGHT KNEE	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	9	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted] / 1	[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted] / 169	[redacted] / 393	225
ABT-494	15 MG	ORAL	QD	[redacted] / 394		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
LOSARTAN	100 mg	QD	Y-M: 20[redacted]
RAMIPRIL	1 OTHER: TAB	QD	Y-M: 20[redacted]
VERAPAMIL	240 mg	QD	Y-M: 20[redacted]
ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / -311
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -298
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -280
PREDNISONE	40 mg	QD	Y-M: 20[redacted] / -235
VIMOVO	1 OTHER: TAB	BID	Y-M: 20[redacted] / -235
PREDNISONE	7.5 mg	QD	Y-M: 20[redacted] / -224
TRAMADOL	100 mg	OTHER: STAT	Y-M: 20[redacted] / -112
PNEUMOCOCCAL VACCINE	0.5 mL	OTHER: STAT	Y-M: 20[redacted] / -28

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LOSARTAN	100 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 81
VERAPAMIL	240 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 141
ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / -311	Y-M: 20[redacted] / 415
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -298	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -280	Y-M: 20[redacted] / 254
ACETYLCYSTEINE	1 OTHER: TAB	OTHER: 8 HOURLY	Y-M: 20[redacted] / 29	Y-M: 20[redacted] / 32
BENZYDAMINE	1 OTHER: SPRAY	OTHER: 8 HOURLY PRN	Y-M: 20[redacted] / 29	Y-M: 20[redacted] / 32
METRONIDAZOLE	1 OTHER: APPLICATION	OTHER: 12 HOURLY	Y-M: 20[redacted] / 29	Y-M: 20[redacted] / 32
HYZAAR	100/25 mg	QD	Y-M: 20[redacted] / 82	NOT REPORTED
DEXAMETHASONE	2 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 149	Y-M: 20[redacted] / 149
FENTANYL	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 149	Y-M: 20[redacted] / 149
KETOROLAC	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 149	Y-M: 20[redacted] / 149

ONDANSETRON	2 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
OXYCODONE	5 mg	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
PARACETAMOL	1 g	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
PHENYLEPHRINE	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
PROPOFOL	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
SEVOFLURANE	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
TAMSULOSIN	1 OTHER: TAB	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 149 149
MYPRODOL	2 OTHER: TABS	QD	Y-M: 20[redacted] / Y-M: 20[redacted] / 152 149
AUGMENTIN SR	1000 mg	BID	Y-M: 20[redacted] / Y-M: 20[redacted] / 168 164
AUGMENTIN	1 g	BID	Y-M: 20[redacted] / Y-M: 20[redacted] / 190 186
ENTIRO	1 OTHER: TAB	QD	Y-M: 20[redacted] / NOT REPORTED 200
MOVICOL	1 OTHER: SATCHET	OTHER: BD PRN	Y-M: 20[redacted] / NOT REPORTED 200
FLEBOBAG RING LACT	1000 mL	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
HYOSCINE	20 mg	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
LORNOXICAM	16 mg	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
MORPHINE	2 mg	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
MORPHINE	3 mg	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
ONDANSETRON	4 mg	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
PARACETAMOL	1 g	OTHER: STAT	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
PARACETAMOL	500 mg	QD	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted] / Y-M: 20[redacted] / 254 254
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / NOT REPORTED 403
PYRIDOXINE	25 mg	QD	Y-M: 20[redacted] / NOT REPORTED 403
AMITRIPTYLINE	25 mg	OTHER: NOCTE	Y-M: 20[redacted] / NOT REPORTED 407
ACICLOVIR	800 mg	OTHER: 5 TIMES DAILY	Y-M: 20[redacted] / Y-M: 20[redacted] / 414 407
PREDNISONE	30 mg	QD	Y-M: 20[redacted] / Y-M: 20[redacted] / 419 415

ETORICOXIB	120 mg	QD	Y-M: 20[redacted] / 416	Y-M: 20[redacted] / 420
ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / 421	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	RAISED MUSCLE ENZYMES
Preferred term	筋酵素上昇
AE Onset Date / Rx Day	[redacted]20[redacted] / 15
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 129): Creatine Kinase: 210 [NOT REPORTED - 172] IU/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 149): MUSCLE BIOPSY: FEATURES CONSISTENT WITH NEUROPATHIC COMPONENT. MILD ASSOCIATED MYOPATHIC FEATURES WITH EVIDENCE OF MITOCHONDRIAL DYSFUNCTION. POSSIBLE DRUG RELATE. NO EVIDENCE OF AN INFLAMMATORY MYOPATHY. DISCUSSED WITH SPECIALIST- NOT INDICATIVE OF ANY SPECIFIC PATHOLOGY; [redacted]20[redacted] (RX DAY 169): STRESS ECG: SINUS BRADYCARDIA.

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Mild
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	RIGHT RENAL COLIC
Preferred term	腎仙痛
AE Onset Date / Rx Day	[redacted]20[redacted] / 254
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 254): Albumin: 37 [35 - 52] G/L; Bicarbonate: 28 [21 - 31] MMOL/L; Calcium: 2.3 [2.1 - 2.55] MMOL/L; Chloride: 99 [101 - 109] MMOL/L; Creatinine: 90 [59 - 104] UMOL/L; Erythrocytes: 4.1 [4.5 - 5.9] 10^12/L; Hematocrit: 0.41 [0.4 - 0.5] FRACTION OF 1; Hemoglobin: 141 [125 - 173] G/L; Leukocytes: 7.1 [4 - 11] 10^9/L; NPTST034-ANION GAP: 11 [3 - 15] MMOL/L; NPTST102-C-REACTIVE PROTEIN: 0.9 [NOT REPORTED - 5] mg/L; NPTST187-EPI GFR: 82 [90 - NOT REPORTED] mL/min/1.73m2; NPTST318-MCV: 100 [81 - 95] FL; NPTST364-PARATHYROID HORMONE: 69.5 [15.2 - 65.7] PG/ML; NPTST364-PARATHYROID HORMONE: 7.3 [1.6 - 6.9] PMOL/L; NPTST484-URATE: 0.4 [0.21 - 0.43] MMOL/L; NPTST485-UREA: 6 [2.1 - 7.1] MMOL/L; Platelets: 247 [140 - 420] 10^9/L; Potassium: 3.6 [3.4 - 4.5] MMOL/L; Sodium: 138 [136 - 146] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 254): CT SCAN: SPECIFICALLY NO SIGNS OF ANY RENAL, URETERIC, VESICOURETERIC OR BLADDER CALCULI SEEN.

AE Stopped Rx Day	254
Duration of AE	1 DAY

Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	SUSPECTED RENAL STONES. CONFIRMED THROUGH SCAN, NO STONES
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，筋原性酵素上昇の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 1 箱を 9 年間），血尿，局面型乾癬，高血圧，洞性徐脈，非特異的筋不快感，腎結石，変性椎間関節症，乾癬性関節炎及び少量の現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は筋原性酵素上昇を発現した。

本事象発現前，20[redacted] 年，被験者は筋不快感が出現した。被験者は神経学医を受診した。結果は正常であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は筋不快感及び CK 上昇を発現した。被験者は酒さ皮膚炎（非重篤な事象），上気道感染（非重篤な事象）及び嗜眠（非重篤な事象）を発現した。非重篤な事象はすべて消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は筋生検のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

The patient's past medications include:

PNEUMOVAX 23 for VACCINATION ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Muscle enzyme increased (10057945) (Muscle enzyme increased (10057945)) [v.21.1] [10057945]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: No

Alternative Etiology for ABT-494 (Blinded)

Event of RAISED MUSCLE ENZYMES

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CREATINE KINASE:** 241 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 287 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 589 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 452 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 625 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 846 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 1454 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 346 U/L (normal 39 to 308)

[redacted] **20[redacted] CREATINE KINASE:** 210 IU/L (normal 0 to 172)

[redacted] **20[redacted] CREATINE KINASE:** 540 U/L (normal 39 to 308)

[redacted] 20[redacted] CREATININE: 0.9 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 0.8 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 1 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 1 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 0.9 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 0.9 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 1.1 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 0.9 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] CREATININE: 0.9 mg/dL (normal 0.5 to 1.3)

[redacted] 20[redacted] LIMITED MRI BRAIN: Normal study

[redacted] 20[redacted] LIMITED MRI SPINAL COLUMN: No abnormality of the spinal cord and spinal canal. Degenerative facet arthropathy and disc disease at L3-4 and L4-5

[redacted] 20[redacted] MRI CERVICAL SPINE: NO SPINAL CORD ABNORMALITY. Multilevel degenerative disc and facet disease in C3-4

[redacted] 20[redacted] MUSCLE BIOPSY: Features consistent with neuropathic component, mild association myopathic features with evidence of mitochondrial dysfunction. Possible drug related. No evidence of an inflammatory myopathy.
Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右腎仙痛の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 1 箱を 9 年間，19[redacted] 年に禁煙），腎結石及び乾癬性関節炎であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右腎仙痛を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，右腎仙痛は消失した。

被験者は夜中の 24 時 00 分に非常に激しい右側腹部痛を来した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者はさらなる検査及び疼痛管理のため入院した。CT スキャン検査で腎結石の徴候は認められず，右側腹部痛の原因は不明であった。右側腹部痛は 2～3 時間後に治まった。

投与された薬剤は，flomax，モルヒネ，xefo，トラマドール，hyospasmol，paracetamol 及び ringers lactate であった。

The patient's past medications include:

VIMOVO for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Renal colic (10038419) (Renal colic (10038419)) [v.22.0] [10038419]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of RIGHT RENAL COLIC

- Investigator: SUSPECTED RENAL STONES. CONFIRMED THROUGH SCAN, NO STONES

- AbbVie: More likely related to pre-existing renal stones and underlying obesity.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ALBUMIN:** 37 G/L (normal 35 to 52)

[redacted] 20[redacted] **ANION GAP:** 11 MMOL/L (normal 3 to 15)

[redacted] **20[redacted] BICARBONATE:** 28.0 MMOL/L (normal 21.0 to 31.0)

Unknown date BMI: 35.80247 no units

[redacted] **20[redacted] C-REACTIVE PROTEIN:** 0.9 MG/L (normal <5.0)

[redacted] **20[redacted] CALCIUM:** 2.30 MMOL/L (normal 2.10 to 2.55)

[redacted] **20[redacted] CHLORIDE:** 99 MMOL/L (normal 101 to 109)

[redacted] **20[redacted] CREATININE:** 90 no units (normal 59 to 104)

[redacted] **20[redacted] CT SCAN:** Specifically no signs of any renal, ureteric, vesicoureteric or bladder calculi seen.

[redacted] **20[redacted] GFR:** 82 ML/Min (normal >90)

[redacted] **20[redacted] HEMATOCRIT:** 0.41 L (normal 0.40 to 0.50)

[redacted] **20[redacted] HEMOGLOBIN:** 14.1 G/DL (normal 12.5 to 17.3)

[redacted] **20[redacted] MCV:** 100 FL (normal 81 to 95)

[redacted] **20[redacted] PARATHYROID HORMONE:** 7.3 pmol/L (1.6-6.9)

[redacted] **20[redacted] PARATHYROID HORMONE:** 69.5 pg/mL(15.2-65.7)

[redacted] **20[redacted] PLATELET COUNT:** 247 X10**9/L (normal 140 to 420)

[redacted] **20[redacted] POTASSIUM:** 3.6 MMOL/L (normal 3.4 to 4.5)

[redacted] **20[redacted] RED BLOOD CELLS:** 4.06 X10**12/L (normal 4.5 to 5.9)

[redacted] **20[redacted] SODIUM:** 138 MMOL/L (normal 136 to 146)

[redacted] **20[redacted] URATE:** 0.40 MMOL/L (normal 0.21 to 0.43)

[redacted] **20[redacted] UREA:** 6.0 MMOL/L (normal 2.1 to 7.1)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 7.1 X10**9/L (normal 4.0 to 11.0)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
頚髄神経根障害	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	4[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
HYPERTENSION	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: HYPERURICEMIA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	23	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 170		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
DAIVOBET	1 OTHER: APP	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]

ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / -27
VERAPAMIL	1 OTHER: TAB	QD	Y-M: 20[redacted] / -27
PNEUMOCOCCAL VACCINE	0.5 mL	OTHER: STAT	Y-M: 20[redacted] / -24

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
DAIVOBET	1 OTHER: APP	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / -24
ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / -27	NOT REPORTED
VERAPAMIL	1 OTHER: TAB	QD	Y-M: 20[redacted] / -27	NOT REPORTED
PNEUMOCOCCAL VACCINE	0.5 mL	OTHER: STAT	Y-M: 20[redacted] / -24	Y-M: 20[redacted] / -24
HETASTARCH	1500 mL	QD	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 3
RINGER-LACTATE	1 L	OTHER: 8 HOURLY	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 3
DIAZEPAM	10 mg	OTHER: NOCTE	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 6
MORPHINE	10 mg	PRN	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 6
PARECOXIB	40 mg	BID	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 7
PARACETAMOL	1 g	QD	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 9
BISACODYL	5 mg	OTHER: NOCTE	Y-M: 20[redacted] / 6	Y-M: 20[redacted] / 6
PREGABALIN	150 mg	BID	Y-M: 20[redacted] / 6	Y-M: 20[redacted] / 8
MIDAZOLAM	7.5 mg	QD	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
PHENYLEPHRINE	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
PROPOFOL	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
REMIFENTANIL	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
RINGER-LACTATE	1 L	OTHER: 8 HOURLY	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
SEVOFLURANE	1 OTHER: DOSE	OTHER: STAT	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
CEFAZOLIN	2 g	OTHER: 6 HOURLY	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 8
OXYCODONE	10 mg	OTHER: 4-6 HOURLY/PRN	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 10
TARGIN	10 mg	OTHER: BID/PRN	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 28
STILPANE	2 OTHER: TABS	PRN	Y-M: 20[redacted] / 10	Y-M: 20[redacted] / 21
ALLOPURINOL	100 mg	QD	Y-M: 20[redacted] / 29	NOT REPORTED
AUGMENTIN SR	1 g	BID	Y-M: 20[redacted] / 29	Y-M: 20[redacted] / 36
ENTIRO	1 OTHER: TAB	BID	Y-M: 20[redacted] / 29	Y-M: 20[redacted] / 36

Event #1: Serious Adverse Event

Event Description	C7 RADICULOPATHY
Preferred term	頚髄神経根障害
AE Onset Date / Rx Day	[redacted]20[redacted] / 3
Age at AE Onset	4[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 4): MRI CERVICAL SPINE: CERVICAL SPONDYLOSIS AT THE C5-6 AND C6-7 LEVELS. MODERATE LEFT AND SEVERE RIGHT C5-6, AND SEVERE LEFT C6-7 NEURAL FORAMINAL STENOSIS;

[redacted]20[redacted] (RX DAY 7): ANTERIOR CERVICAL DISECTOMY AND FUSION C5-6 AND C6-7: CORRECTIVE SURGERY

AE Stopped Rx Day	49
Duration of AE	47 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	SHOULDER PAIN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，C7 神経根障害の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，高血圧，乾癬性関節炎，喫煙者（1 日 1 箱を 23 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は C7 神経根障害を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，C7 神経根障害は消失した。

被験者はザリガニ釣りに出かけたが，激しい肩痛に見舞われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左肩痛のため入院した。診察の結果，左肩痛は皮膚分節 T1/C6～C7 に見られ，三頭筋反射低下が認められた。被験者は関節炎を有していたため，肩痛が生じやすい素因を持っていた。MRI 検査が行われ，C7 神経根障害が確認された。20[redacted] 年 [redacted] 月 [redacted] 日，C5～C7 の前方頚椎椎間板切除融合術が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，perfalgan，rayzon，モルヒネ，ジアゼパム，ボルベン，リリカ，oxynorm，セファゾリン，targinact 及び stilpane であった。

The patient's past medications include:

DOVOBET for PSORIASIS (20[redacted] - [redacted] 20[redacted])

METHOTREXATE for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Cervical radiculopathy (10050217) (Cervical radiculopathy (10050217)) [v.22.0] [10050217]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of C7 RADICULOPATHY

- Investigator: Shoulder pain

- AbbVie: Event is not consistent with study drug's mechanism of action. Pre-existing psoriatic arthritis is an additional risk factor.

Relevant Laboratory & Other Diagnostic Tests

[redacted] [redacted] **20[redacted] CHEST X-RAY:** Screening chest x-ray: incidental T10 wedge compression fracture

[redacted] [redacted] **20[redacted] MRI CERVICAL SPINE:** Cervical spondylosis at the C5-6 and C6-7 levels. Moderate left and severe right C5-6, and severe left C6-7 neural foraminal stenosis

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
静脈瘤	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	3[redacted]	FEMALE	MULTIPLE

Medical History	Onset Year
OTHER: VAGINAL THRUSH	20[redacted]
OTHER: INSOMNIA	20
OTHER: RECURRENT URINARY TRACT INFECTION	20
HYPERTENSION	20
OTHER: HIATUS HERNIA	20
OTHER: LOW VITAMIN D LEVELS	20
OTHER: NON-ALCOHOLIC FATTY LIVER DISEASE	20
OTHER: OSTEOPENIA	20
OTHER: PLAGUE PSORIASIS	20
PSORIATIC ARTHRITIS	20
OTHER: L5 DISC TEAR	20
OTHER: MECHANICAL BACKPAIN	20

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	6	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 166	166
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 167	[redacted]20[redacted] / 385	219

ABT-494	30 MG	ORAL	QD	27JUN2019 / 386

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
AMITRIPTYLINE	25 mg	OTHER: NOCTE	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	BID	Y-M: 20[redacted]
CHLOROQUINE	1 OTHER: TABLET	OTHER: MONDAY TO FRIDAY	Y-M: 20[redacted]
FLUCONAZOLE	150 mg	OTHER: MONTHLY	Y-M: 20[redacted]
ZOLPIDEM	1 OTHER: TABLET	PRN	Y-M: 20[redacted]
AMLODIPINE	10 mg	QD	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	TID	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted]
BETAMETHASONE	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
DICLOFENAC	50 mg	BID	Y-M: 20[redacted]
PREDNISONE	10 mg	QD	Y-M: 20[redacted]
STILPANE	2 OTHER: TABLET	BID	Y-M: 20[redacted]
ERGOCALCIFEROL	50000 ug	EVERY WEEK	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
NATTO K2 OSTEO	1 OTHER: TABLET	QD	Y-M: 20[redacted]
METHYLPREDNISOLONE	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
PREDNISONE	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]
DICLOFENAC	1 OTHER: TABLET	PRN	Y-M: 20[redacted]
LORNOXICAM	8 mg	BID	Y-M: 20[redacted]
PREDNISONE	10 mg	QD	Y-M: 20[redacted]
SULFASALAZINE	1 g	BID	Y-M: 20[redacted]
BETAMETHASONE	1 OTHER: APPLICATION	BID	Y-M: 20[redacted]
CLOBETASOL	1 OTHER: APPLICATION	BID	Y-M: 20[redacted]
TARGIN	10 mg	BID	Y-M: 20[redacted]
XAMIOL	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
BISOPROLOL	5 mg	QD	Y-M: 20[redacted] / -157
OMEPRAZOLE	20 mg	BID	Y-M: 20[redacted] / -58

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
AMITRIPTYLINE	25 mg	OTHER: NOCTE	Y-M: 20[redacted]	NOT REPORTED
FLUCONAZOLE	150 mg	OTHER: MONTHLY	Y-M: 20[redacted]	NOT REPORTED
ZOLPIDEM	1 OTHER: TABLET	PRN	Y-M: 20[redacted]	NOT REPORTED
AMLODIPINE	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
STILPANE	2 OTHER: TABLET	BID	Y-M: 20[redacted]	NOT REPORTED
DICLOFENAC	50 mg	BID	Y-M: 20[redacted]	Y-M: 20[redacted] / 466
ERGOCALCIFEROL	50000 ug	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
NATTO K2 OSTEO	1 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED
SULFASALAZINE	1 g	BID	Y-M: 20[redacted]	NOT REPORTED
PREDNISONE	10 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 96
BISOPROLOL	5 mg	QD	Y-M: 20[redacted] / -157	NOT REPORTED
OMEPRAZOLE	20 mg	BID	Y-M: 20[redacted] / -58	NOT REPORTED
PREDNISOLONE	1 OTHER: DROP	QID	Y-M: 20[redacted] / 97	Y-M: 20[redacted] / 107
CYANOCOBALAMIN	1 mL	OTHER: MONTHLY	Y-M: 20[redacted] / 253	NOT REPORTED
ESCITALOPRAM	10 mg	QD	Y-M: 20[redacted] / 271	NOT REPORTED
ALPRAZOLAM	1 mg	QD	Y-M: 20[redacted] / 271	Y-M: 20[redacted] / 379
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 301	Y-M: 20[redacted] / 305
AMOXICILLIN	500 mg	TID	Y-M: 20[redacted] / 362	Y-M: 20[redacted] / 366
ALPRAZOLAM	0.5 mg	TID	Y-M: 20[redacted] / 380	NOT REPORTED
ULTRACET	2 OTHER: TABLETS	TID	Y-M: 20[redacted] / 380	Y-M: 20[redacted] / 394
FOSFOMYCIN	1 OTHER: SACHET	OTHER: ONCE	Y-M: 20[redacted] / 388	Y-M: 20[redacted] / 388
AUGMENTIN	1 g	BID	Y-M: 20[redacted] / 399	NOT REPORTED
LORNOXICAM	8 mg	OTHER: ONCE	Y-M: 20[redacted] / 415	Y-M: 20[redacted] / 415
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 448
PREDNISONE	10 mg	QD	Y-M: 20[redacted] / 448	Y-M: 20[redacted] / 466
METHYLPREDNISOLONE	80 mg	OTHER: ONCE	Y-M: 20[redacted] / 460	Y-M: 20[redacted] / 460
PARECOXIB	40 mg	OTHER: ONCE	Y-M: 20[redacted] / 460	Y-M: 20[redacted] / 460
ACICLOVIR	800 mg	OTHER: 5 TIMES A DAY	Y-M: 20[redacted] / 460	Y-M: 20[redacted] / 464
CELESTONA BIFAS	1 mL	OTHER: ONCE	Y-M: 20[redacted] / 537	Y-M: 20[redacted] / 537

LIDOCAINE	1 mL	OTHER: ONCE	Y-M: 20[redacted] / Y-M: 20[redacted] / 537 537

Event #2: Serious Adverse Event

Event Description	WORSENING OF VERICOSE VEINS BOTH LEGS
Preferred term	静脈瘤
AE Onset Date / Rx Day	[redacted]20[redacted] / 526
Age at AE Onset	3[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 526): RIGHT BELOW KNEE GREAT SAPHENOUS VEIN FOAN SCLEROTHERAPY: SUCCESSFUL; RIGHT ACCESSORY SAPHENOUS VEIN RADIOFREQUENCY ABLATION FOAN SCLEROTHERAPY: SUCCESSFUL; BILATERLA LOWER LIMB VARICOSITY AVULSIONS: SUCCESSFUL; LEFT CALF PERFORATOR LIGATION: SUCCESSFUL; LEFT GREAT SAPHENOUS VEIN RADIOFREQUENCY ABLATION: NO PERI OPERATIVE PROBLEMS AND SHE WAS DISCHARGED THE SAME DAY

AE Stopped Rx Day	532
Duration of AE	7 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	SHE IS A NURSE AND STANDS A LOT
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 3[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，両脚静脈瘤の悪化の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，関節炎，元喫煙者（1 日 1 箱を 6 年間），高血圧，低ビタミン D 値，非アルコール性脂肪肝疾患，骨減少症，局面型乾癬，乾癬性関節炎及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は両脚静脈瘤の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，両脚静脈瘤の悪化は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は両脚静脈瘤の悪化のため入院した。被験者は，職業が看護師であり，長時間立ちっぱなしで脚が疲れると話した。同日，左大伏在静脈のラジオ波焼灼療法，右副伏在静脈のラジオ波焼灼療法及びフォーム硬化療法，右膝関節直下大伏在静脈のフォーム硬化療法，左腓腹部の穿通枝結紮術並びに両側下腿静脈瘤切除術が行われた。合併症はなく，被験者は 20[redacted] 年 [redacted] 月 [redacted] 日に退院した。

The patient's past medications include:

AZATHIOPRINE for ARTHRITIS (20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted] [redacted] 20[redacted] - [redacted] 20[redacted])

CHLOROQUINE for ARTHRITIS (20[redacted] - [redacted] 20[redacted])

DICLOFENAC for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

LENOVATE OINTMENT for PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

PREDNISONE for PSORIATIC ARTHRITIS and PSORIATIC ARTHRITIS FLARE HANDS, KNEES, FEET ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted] [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

METHOTREXATE for PSORIASIS and PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

ADVANTAN MILK for PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted])

VOLTAREN SUPPOSITORY for PSORIATIC ARTHRITIS and PSORIATIC ARTHRITIS FLARE HANDS, KNEES, FEET ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

XEFO for PSORIATIC ARTHRITIS and WORSENING OF BACKPAIN DUE TO L5 TEAR ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

DOVATE OINTMENT for PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted])

TARGINACT for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

XAMIOL GEL for PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted])

PRED FORTE for UVEITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

TRAMACET for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

ACYCLOVIR for COLD SORES ([redacted] 20[redacted] - [redacted] 20[redacted])

RAYZON for PSORIATIC ARTHRITIS FLARE HANDS, KNEES, FEET ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Varicose veins of lower extremities (10047013) (Varicose vein (10046996)) [v.22.1] [10047013]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING OF VERICOSE VEINS BOTH LEGS

- Investigator: She is a nurse and stands a lot.

- AbbVie: Event is more likely related to standing a lot due to work. Additional risk factors include female gender and obesity.

Relevant Laboratory & Other Diagnostic Tests

Unknown date BMI: 32.1 no units

[redacted] 20[redacted] WEIGHT: 85.3 KG

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
胸痛	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	MALE	ASIAN

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	19[redacted]
OTHER: MECHANICAL BACKPAIN	19[redacted]
DIABETES MELLITUS: TYPE 2	20[redacted]
HYPERTENSION	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): NON-ALCOHOLIC FATTY LIVER DISEASE	20[redacted]
TUBERCULOSIS: LATENT	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	FORMER	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 163	163
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 164	[redacted]20[redacted] / 393	230
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 394		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
METHOTREXATE	7,5 mg	EVERY WEEK	Y-M: 19[redacted]
METFORMIN	1000 mg	BID	Y-M: 20[redacted]
METHOTREXATE	7,5 mg	EVERY WEEK	Y-M: 20[redacted]
ENALAPRIL	20 mg	QD	Y-M: 20[redacted]
CELECOXIB	200 mg	PRN	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
DIOVAN AMLO	1 OTHER: TABLET	QD	Y-M: 20[redacted]
APREMILAST	30 mg	QD	Y-M: 20[redacted]
VALSARTAN	160 mg	QD	Y-M: 20[redacted] / -192
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -23
PYRIDOXINE	25 mg	QD	Y-M: 20[redacted] / -23

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
METFORMIN	1000 mg	BID	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
VALSARTAN	160 mg	QD	Y-M: 20[redacted] / -192	NOT REPORTED
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -23	Y-M: 20[redacted] / 263
PYRIDOXINE	25 mg	QD	Y-M: 20[redacted] / -23	Y-M: 20[redacted] / 263
AMLODIPINE	10 mg	QD	Y-M: 20[redacted] / 113	NOT REPORTED
CLARITHROMYCIN	500 mg	BID	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 286
CLOTRIMAZOLE	TOPICAL USE OTHER: TOPICAL	BID	Y-M: 20[redacted] / 327	Y-M: 20[redacted] / 331
FLUCONAZOLE	200 mg	QD	Y-M: 20[redacted] / 327	Y-M: 20[redacted] / 362
SIMVASTATIN	10 mg	OTHER: NOCTE	Y-M: 20[redacted] / 393	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	ATYPICAL CHEST PAIN
Preferred term	胸痛
AE Onset Date / Rx Day	[redacted]20[redacted] / 233
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 327): Alanine Aminotransferase: 156 [NOT REPORTED - 50] U/L; Aspartate Aminotransferase: 99 [NOT REPORTED - 50] IU/L; NPTST154-CRP: 27.7 [NOT REPORTED - 5] mg/L; NPTST350-NT-PROBNP: 15 [0 - 125] PG/ML; NPTST472-TROPONIN I: 30 [0 - 70] NG/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 327): ELECTRO CARDIOGRAM: NORMAL; [redacted]20[redacted] (RX DAY 328): ECHOCARDIOGRAM: NO ABNORMALITIES; STRESS ELECTROCARDIOGRAM: NO PROVOKABLE ISCHAEMIA; ULTRASOUND OF ABDOMEN: FATTY INFILTRATION OF LIVER, NO HEPATOMEGALY

AE Stopped Rx Day	328
Duration of AE	96 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	OCCASIONAL DIZZINESS AND ON ONE OCCASION HAD AN EPISODE OF PRESYNCOPE.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，非定型的胸痛の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，高血圧，非アルコール性脂肪肝疾患，潜伏結核，非喫煙者及び元飲酒者（1 日 2～4 杯）であった。

20[redacted] 年 [redacted] 月，被験者は非定型的胸痛を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，非定型的胸痛は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日より，非重篤な体位性浮動性めまい及び呼吸困難が出現していた。

被験者は疲労を感じていたが，明らかな胸痛はなかった。CK 増加も認められた。被験者は，心臓専門医の見解を得るため，また脂肪肝疾患の検査のため，20[redacted] 年 [redacted] 月 [redacted] 日に入院した。疲労，過去の体位性浮動性めまい及び労作時呼吸困難は別として，被験者は肝臓の超音波検査のため入院した。被験者は心臓専門医に紹介された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

20[redacted] 年 [redacted] 月 [redacted] 日付け心臓専門医の記録より：被験者は左側胸痛のため来院した。痛みは側腹部及び背部にもあった。症状は局所圧迫により悪化した。症状は安静時に最も顕著であったが，労作時も時折増悪した。放散痛はなかった。被験者によれば，これらの症状は 3～4 ヵ月続いて

いた。動悸は伴っていなかった。被験者にはクラックコカインの使用歴があった。心電図検査の結果は正常で，急性虚血の徴候は認められなかった。運動負荷試験で異常は認められなかった。併存疾患，とりわけ糖尿病が存在することから，胸部不快感の症状が継続するようであれば，冠動脈血管造影術に耐えられないおそれがある。糖尿病を完全にコントロールする必要がある。

The patient's past medications include:

CELEBREX for PSORIATIC ARTHRITIS ([redacted])

APREMILAST for PSORIATIC ARTHRITIS ([redacted])

Causality for ABT-494 (Blinded)

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1) Chest pain (10008479) (Chest pain (10008479)) [v.22.0] [10008479]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of ATYPICAL CHEST PAIN

- Investigator: occasional dizziness and on one occasion had an episode of presyncope.

- AbbVie: Risk factors include pre-existing diabetes mellitus type 2 and hypertension.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ABDOMINAL ULTRASOUND:** Fatty infiltration of liver, no hepatomegaly

[redacted] **ALT:** 156 IU/L (normal <50)

[redacted] **AST:** 99 IU/L (normal <50)

[redacted] 20[redacted] **BLOOD PRESSURE:** 140-80

[redacted] 20[redacted] **C-REACTIVE PROTEIN:** 27.7 IU/L (normal <5)

Unknown date CK: Elevated

[redacted] 20[redacted] **CONJUGATED BILIRUBIN:** 5 MCMOL/L (normal <3.4)

[redacted] 20[redacted] **ECHOCARDIOGRAM:** no abnormalities

[redacted] 20[redacted] **ECHOCARDIOGRAM:** The left ventricle was not dilated and well contracting with normal systolic function. The left ventricle EF was est at 72%. No regional wall motion abnormalities. Left atrium not dialted. Left ventricle hypertrophy and diastolic dysfunction was noted. Mitral vale was morphologically normal with no stenosis or regurgitation.No aortic stenosis or regurgitation. Right side heart not dilated and no tricuspid regurgitation noted. No pericardial effusion.No intra cardiac thrombus or valvular vegitations noted. No abnormalities.

[redacted] 20[redacted] **ELECTROCARDIOGRAM:** Not clinically significant

[redacted] 20[redacted] **HBA1C:** 6.8 % (normal 3.9 to 6.1)

[redacted] 20[redacted] **HEART RATE:** 74 BPM

[redacted] 20[redacted] **HEMATOCRIT:** 0.37 L/L (normal 0.4 to 0.5)

[redacted] 20[redacted] **HEMOGLOBIN:** 12.3 G/DL (normal 12.5 to 17.3)

[redacted] 20[redacted] **LYMPHOCYTES:** 0.8 X10**9/L (normal 1 to 4)

[redacted] 20[redacted] **NT-PROBNP:** 15 PG/ML (normal 0 to 125)

[redacted] 20[redacted] **RDW:** 16.4 % (normal 10 to 15)

[redacted] 20[redacted] **RED CELL COUNT:** 4.28 X10**12/L (normal 4.5 to 5.9)

[redacted] 20[redacted] **STRESS ELECTROCARDIOGRAM:** no provokable ischaemia

[redacted] 20[redacted] **TROPONIN I:** 30 Ng/L (normal 0 to 70)

[redacted] 20[redacted] **TSH:** 3.72 mIU/L (normal 0.38 to 5.33)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
裂孔ヘルニア	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	2[redacted]	FEMALE	MULTIPLE

Medical History	Onset Year
OTHER: PLAGUE PSORIASIS	20[redacted]
OTHER: SCOLIOSIS	20[redacted]
ANEMIA: IRON DEFICIENCY ANAEMIA	20[redacted]
OTHER: HYPERMOBILITY SYNDROME	20[redacted]
MIGRAINE HEADACHE: MIGRAINES	20[redacted]
PEPTIC ULCER DISEASE: ON TREATMENT	20[redacted]
OTHER: GASTRIC OESOPHAGEAL REFLUX DISORDER	20[redacted]
OTHER: LOW VIT D	20[redacted]
OTHER: METHOTREXATE INDUCED NAUSEA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY AND ADENOIDECTOMY	20[redacted]
SURGERY: TYMPANOPLASTY	20[redacted]
SURGERY: APPENDICECTOMY	20[redacted]
SURGERY: 4 WISDOM TEETH REMOVED	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 188	188

ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / [redacted]20[redacted] / 393 205 189
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 394

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
IRON IN OTHER COMBINATIONS	30 mg	QD	Y-M: 20[redacted]
PREDNISONE	30 mg	PRN	Y-M: 20[redacted]
ULTRACET	2 OTHER: TABLETS	QD	Y-M: 20[redacted]
AMITRIPTYLINE	10 mg	OTHER: NOCTE	Y-M: 20[redacted]
ETORICOXIB	90 mg	QD	Y-M: 20[redacted]
CELECOXIB	200 mg	BID	Y-M: 20[redacted]
ETONOGESTREL	68 mg	OTHER: EVERY 3 YEARS	Y-M: 20[redacted]
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -147
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -147
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -147
ERGOCALCIFEROL	50 000 OTHER: UNITS	OTHER: ALT WEEKS	Y-M: 20[redacted] / -144
TRAMADOL	50 mg	OTHER: STAT	Y-M: 20[redacted] / -98
CELESTONA BIFAS	1 mL	OTHER: STAT	Y-M: 20[redacted] / -21
LIDOCAINE	1 mL	OTHER: STAT	Y-M: 20[redacted] / -21

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
IRON IN OTHER COMBINATIONS	30 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ULTRACET	2 OTHER: TABLETS	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 181
AMITRIPTYLINE	10 mg	OTHER: NOCTE	Y-M: 20[redacted]	NOT REPORTED
CELECOXIB	200 mg	BID	Y-M: 20[redacted]	Y-M: 20[redacted] / 181
ETONOGESTREL	68 mg	OTHER: EVERY 3 YEARS	Y-M: 20[redacted]	NOT REPORTED
ERGOCALCIFEROL	50 000 OTHER: UNITS	OTHER: ALT WEEKS	Y-M: 20[redacted] / -144	NOT REPORTED
OMEPRAZOLE	20 mg	BID	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 165
MIDAZOLAM	5 mg	OTHER: ONCE	Y-M: 20[redacted] / 165	NOT REPORTED
ZOLPIDEM	12.5 mg	OTHER: NOCTE	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 184
GRANISETRON	1 g	OTHER: 8HRLY/PRN	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185
LORNOXICAM	8 mg	OTHER: 8HRLY	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185
ONDANSETRON	4 mg	OTHER: 6-8HRLY	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185

PARACETAMOL	1 g	OTHER: 6HRLY	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185
PETHIDINE	75 mg	OTHER: 8HRLY/PRN	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185
PROCHLORPERAZINE	12.5 mg	OTHER: 8 HRLY/PRN	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185
TARGIN	10 mg	OTHER: 12 HRLY	Y-M: 20[redacted] / 182	Y-M: 20[redacted] / 185

Event #1: Serious Adverse Event

Event Description	HIATIS HERNIA
Preferred term	裂孔ヘルニア
AE Onset Date / Rx Day	[redacted]20[redacted] / 165
Age at AE Onset	2[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (RX DAY 182): LAPAROSCOPIC NISSEN FUNDOPLICATION:	
AE Stopped Rx Day	182
Duration of AE	18 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DECREASED TONE OF THE LOWER OESOPHAGEAL SPHINCTER
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 2[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，裂孔ヘルニアの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，鉄欠乏性貧血，過剰可動性症候群，消化性潰瘍疾患（治療中），胃食道逆流症，メトトレキサート誘発性悪心，乾癬性関節炎，非喫煙者及び現飲酒者（1日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は裂孔ヘルニアを発現した。20[redacted] 年 [redacted] 月 [redacted] 日，裂孔ヘルニアは消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，胃内視鏡検査が行われ，大きな（非重篤）裂孔ヘルニアが認められ，これが不快感の原因であることが判明した。被験者は，横になると呼吸困難が出現するため，体を起こしたまま寝なければならなかった。20[redacted] 年 [redacted] 月 [redacted] 日，ヘルニア修復のため被験者は入院した。治験実施計画書に従って，手術前に治験薬の投与が中止された。20[redacted] 年 [redacted] 月 [redacted] 日，ヘルニア修復後に本事象は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，targinact，ペチジン，xefo 及び perfalgan であった。

The patient's past medications include:

TRUSTAN for PEPTIC ULCER DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Hiatal hernia (10020024) (Hiatus hernia (10020028)) [v.22.0] [10020024]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of HIATIS HERNIA

- Investigator: decreased tone of the lower oesophageal sphincter

- AbbVie: DEVELOPMENT OF THE EVENT IS NOT CONSISTENT WITH THE STUDY DRUG'S MECHANISM OF ACTION. ADDITIONAL RISK FACTORS INCLUDE SUBJECT IS OVERWEIGHT

(BMI 27 AT SCREENING) AND PRE-EXISTING HYPERMOBILITY SYNDROME.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] GASTROSCOPY:** Laparoscopic Nissen fundoplication.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
帯状疱疹	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	36	FEMALE	MULTIPLE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: IRRITABLE BOWEL SYNDROME	20[redacted]
OTHER: HIATUS HERNIA	20[redacted]
OTHER: LOWER BACKPAIN(MECHANICAL)	20[redacted]
OTHER: ACNE PREVIOUSLY	20[redacted]
OTHER: IRON DEFIECIENCY	20[redacted]
OTHER: LOW VITAMIN D LEVEL	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: ALLERGY TO SULPHURS	20[redacted]
DEPRESSION	20[redacted]
OTHER: ANXIETY	20[redacted]
OTHER: ABNORMAL LFT'S SECONDARY TO LEFLUNOMIDE	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TUBAL LIGATION	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 393	225

ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 394

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
HERPES ZOSTER IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
COLECALCIFEROL	5000 OTHER: UNITS	QD	Y-M: 20[redacted]
CELESTONA BIFAS	2 mL	OTHER: STAT	Y-M: 20[redacted]
ERGOCALCIFEROL	50000 IU	EVERY WEEK	Y-M: 20[redacted]
FERYWEL	1 OTHER: TABLET	BID	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
NAPROXEN	500 mg	QD	Y-M: 20[redacted]
PREDNISONE	10 mg	QD	Y-M: 20[redacted]
VIMOVO	1 OTHER: TABLET	BID	Y-M: 20[redacted]
SULFASALAZINE	500 mg	BID	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]
MESALAZINE	800 mg	BID	Y-M: 20[redacted]
CHLOROQUINE	1 OTHER: TABLET	OTHER: MONDAY TO FRIDAY	Y-M: 20[redacted]
AMITRIPTYLINE	10 mg	OTHER: NOCTE	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
STILPANE	2 OTHER: TABLET	OTHER: 6HOURLY	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
AMITRIPTYLINE	25 mg	OTHER: NOCTE	Y-M: 20[redacted]
DULOXETINE	60 mg	QD	Y-M: 20[redacted]
ETORICOXIB	90 mg	QD	Y-M: 20[redacted]
FOLIC ACID	10 mg	QD	Y-M: 20[redacted]
LEFLUNOMIDE	10 mg	OTHER: 5 DAYS PER WEEK	Y-M: 20[redacted]
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]
ALPRAZOLAM	0.25 mg	OTHER: NOCTE	Y-M: 20[redacted]
AMITRIPTYLINE	50 mg	QD	Y-M: 20[redacted]
DULOXETINE	90 mg	QD	Y-M: 20[redacted]
PARACETAMOL	1000 mg	TID	Y-M: 20[redacted]
TRAMADOL	50 mg	TID	Y-M: 20[redacted]
NORGESIC	2 OTHER: TABLETS	OTHER: PRN	Y-M: 20[redacted]
ALPRAZOLAM	0.25 mg	BID	Y-M: 20[redacted]
DULOXETINE	120 mg	QD	Y-M: 20[redacted]
TRAMADOL	100 mg	TID	Y-M: 20[redacted]
LEFLUNOMIDE	20 mg	OTHER: 5 DAYS PER WEEK	Y-M: 20[redacted]
PROPRANOLOL	10 mg	QD	Y-M: 20[redacted]
PROPRANOLOL	10 mg	BID	Y-M: 20[redacted] / -265
LEFLUNOMIDE	20 mg	OTHER: 3 DAYS PER WEEK	Y-M: 20[redacted] / -193

LEFLUNOMIDE	10 mg	QD	Y-M: 20[redacted] / -111
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted] / -50
DULOXETINE	90 mg	QD	Y-M: 20[redacted] / -15

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
COLECALCIFEROL	5000 OTHER: UNITS	QD	Y-M: 20[redacted]	NOT REPORTED
ERGOCALCIFEROL	50000 IU	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
PREDNISONE	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
VIMOVO	1 OTHER: TABLET	BID	Y-M: 20[redacted]	NOT REPORTED
CHLOROQUINE	1 OTHER: TABLET	OTHER: MONDAY TO FRIDAY	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]	NOT REPORTED
AMITRIPTYLINE	50 mg	QD	Y-M: 20[redacted]	NOT REPORTED
PARACETAMOL	1000 mg	TID	Y-M: 20[redacted]	NOT REPORTED
NORGESIC	2 OTHER: TABLETS	OTHER: PRN	Y-M: 20[redacted]	NOT REPORTED
ALPRAZOLAM	0.25 mg	BID	Y-M: 20[redacted]	NOT REPORTED
TRAMADOL	100 mg	TID	Y-M: 20[redacted]	Y-M: 20[redacted] / 71
PROPRANOLOL	10 mg	BID	Y-M: 20[redacted] / -265	NOT REPORTED
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted] / -50	Y-M: 20[redacted] / 71
DULOXETINE	90 mg	QD	Y-M: 20[redacted] / -15	NOT REPORTED
BETAHISTINE	1 OTHER: TABLET	TID	Y-M: 20[redacted] / 17	NOT REPORTED
PARACETAMOL	500 mg	BID	Y-M: 20[redacted] / 137	NOT REPORTED
TRAMADOL	50 mg	BID	Y-M: 20[redacted] / 137	NOT REPORTED
METFORMIN	500 mg	BID	Y-M: 20[redacted] / 208	Y-M: 20[redacted] / 217
CLOTRIMAZOLE	1 OTHER: PESSERY	OTHER: ONCE	Y-M: 20[redacted] / 228	Y-M: 20[redacted] / 228
AUGMENTIN	1 g	BID	Y-M: 20[redacted] / 228	Y-M: 20[redacted] / 233
NYSTATIN	1 mL	QID	Y-M: 20[redacted] / 293	Y-M: 20[redacted] / 306
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / 404	NOT REPORTED
CYANOCOBALAMIN	1 mL	EVERY WEEK	Y-M: 20[redacted] / 428	NOT REPORTED

LIDOCAINE	5 mL	OTHER: ONCE	Y-M: 20[redacted] / 428	Y-M: 20[redacted] / 428
METHYLPREDNISOLONE	80 mg	OTHER: ONCE	Y-M: 20[redacted] / 428	Y-M: 20[redacted] / 428
PROMETHAZINE	25 mg	OTHER: NOCTE	Y-M: 20[redacted] / 429	NOT REPORTED
ACICLOVIR	800 mg	OTHER: 4 HOURLY	Y-M: 20[redacted] / 429	Y-M: 20[redacted] / 431
ACICLOVIR	800 mg	OTHER: 8HRLY	Y-M: 20[redacted] / 431	Y-M: 20[redacted] / 434
ACICLOVIR	800 mg	QID	Y-M: 20[redacted] / 434	Y-M: 20[redacted] / 443
PREGABALIN	75 mg	OTHER: NOCTE	Y-M: 20[redacted] / 434	Y-M: 20[redacted] / 446

Event #4: Serious Adverse Event, Event of Interest - Serious Infections, Event of Interest - Herpes Zoster

Event Description	HERPES ZOSTER OF UPPER LEG, BUTTOCK AND LOWER BACK
Preferred term	帯状疱疹
AE Onset Date / Rx Day	[redacted]20[redacted] / 429
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 431): Hematocrit: 0.36 [0.36 - 0.46] FRACTION OF 1; NPTST154-CRP: 10 [NOT REPORTED - 5] mg/L; [redacted]20[redacted] (RX DAY 434): Alanine Aminotransferase: 93 [NOT REPORTED - 35] U/L; Aspartate Aminotransferase: 40 [NOT REPORTED - 35] U/L; NPTST217-GAMMA GT-S: 230 [NOT REPORTED - 38] U/L; Protein: 64 [45 - 84] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

NOT REPORTED

AE Stopped Rx Day	446
Duration of AE	18 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 3[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，大腿，臀部及び腰部の帯状疱疹の事象を発現した。

Event 4 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は大腿，臀部及び腰部の帯状疱疹を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，大腿，臀部及び腰部の帯状疱疹は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はヘルペスを発症した。ヘルペスは左腰部及び臀部の 2 つの皮膚分節に及んでいた。診断は総合診療医が病歴及び身体的診察の結果に基づき確定した。被験者は痛みに対処することができず，20[redacted] 年 [redacted] 月 [redacted] 日に主治医の指示で静脈内抗ウイルス療法及びヘルペス後神経痛のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

被験者には水疱瘡ワクチン及び帯状疱疹ワクチンの接種歴があった。帯状疱疹の既往歴はなかった。

投与された薬剤は，アシクロビル，phenergan 及びリリカであった。

The patient's past medications include:

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

SALAZOPYRINE EN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

STILPANE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

ARCOXIA for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

LEFLUNOMIDE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Herpes zoster (10019974) (Herpes zoster (10019974)) [v.22.1] [10019974]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of HERPES ZOSTER OF UPPER LEG, BUTTOCK AND LOWER BACK

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 93 U/L (normal <35)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 40 U/L (normal <35)

[redacted] **20[redacted] CRP:** 10 MG/L (normal <5)

[redacted] **20[redacted] GAMMA GT-S:** 230 U/L (normal <38)

[redacted] **20[redacted] HEMATOCRIT:** 35.8 % (normal 36 to 46)

[redacted] **20[redacted] TOTAL PROTEIN:** 64 G/L (normal 45 to 84)

[redacted] **20[redacted] X-RAY:** No erosion on the hands and feet.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
表在性血栓性静脈炎	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	4[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
PERIPHERAL VASCULAR DISEASE-VENOUS: LARGE VARICOSE VEINS LEFT LEG	20[redacted]
HYPERTENSION	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 392	224
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
DERMATOLOGICALS	1.0 OTHER: APPLICATION	PRN	Y-M: 20[redacted]

METHOTREXATE	20.0 mg	EVERY WEEK	Y-M: 20[redacted]
MELOXICAM	15.0 mg	PRN	Y-M: 20[redacted]
ETORICOXIB	90.0 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15.0 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20.0 mg	EVERY WEEK	Y-M: 20[redacted]
COVERAM	1.0 OTHER: TABLET	QD	Y-M: 20[redacted]
METHYLPREDNISOLONE	80.0 mg	OTHER: STAT	Y-M: 20[redacted]
SULFASALAZINE	1.0 g	BID	Y-M: 20[redacted]
CELESTONA BIFAS	2.0 mL	OTHER: STAT	Y-M: 20[redacted]
LEFLUNOMIDE	20.0 mg	QD	Y-M: 20[redacted]
PREDNISONE	5.0 mg	BID	Y-M: 20[redacted]
DICLOFENAC	50.0 mg	PRN	Y-M: 20[redacted]
METHOTREXATE	20.0 mg	EVERY WEEK	Y-M: 20[redacted]
ETORICOXIB	90.0 mg	QD	Y-M: 20[redacted] / -238

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
COVERAM	1.0 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED
ETORICOXIB	90.0 mg	QD	Y-M: 20[redacted] / -238	NOT REPORTED
RIVAROXABAN	20.0 mg	QD	Y-M: 20[redacted] / 344	Y-M: 20[redacted] / 431
ENOXAPARIN	100.0 mg	QD	Y-M: 20[redacted] / 435	Y-M: 20[redacted] / 437
RIVAROXABAN	20.0 mg	QD	Y-M: 20[redacted] / 438	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	RECURRENCE SUPERFICIAL THROMBOPHLEBITIS LEFT LEG
Preferred term	表在性血栓性静脈炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 435
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 436): NPTST013-ACTIVATED PROTEIN C RESISTANCE: 3.26 [2 - NOT REPORTED] UNIT NOT REPORTED; NPTST045-ANTI-THROMBIN III: 117 [80 - 120] %; NPTST179-DRVV SCREEN: 1.19 [NOT REPORTED - 1.2] NOT AVAILABLE; NPTST211-G20210A MUTATION: NEGATIVE [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST293-KAOLIN CLOTTING TIME: 1.12 [0 - 1.2] SEC; NPTST378-PLASMINOGEN: 104 [75 - 150] %; NPTST392-PROTEIN C: 134 [70 - 140] %; NPTST394-PROTEIN S: 125 [60 - 140] %; NPTST406-PTT-LA: 44.7 [31.6 - 44] SEC; NPTST407-PTT-LA CORRECTION: 43.3 [0 - 44] SEC; NPTST411-R506Q MUTATION: NEGATIVE [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 436): ABDOMINAL ULTRASOUND: NO SIGNS OF INTRA-ABDOMINAL MALIGNANCY; CHEST X-RAY: NORMAL; ULTRASOUND LOWER LIMBS: RECURRENCE OF SUPERFICIAL THROMBOPHLEBITIS; [redacted]20[redacted] (RX DAY 457): LIGATION AND STRIP OF VARICOSE VEINS LEFT LEG: SUCCESSFUL AND UNCOMPLICATED

AE Stopped Rx Day	458
Duration of AE	24 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility

Investigator Alternative Etiology MASSIVE DILATED VARICOSE VEIN
Discontinued Study Drug Due to the Event NO
SAE Criteria REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左脚表在性血栓性静脈炎の再発の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，左脚大静脈瘤，末梢血管疾患（静脈），高血圧，乾癬性関節炎，非喫煙者及び元飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左脚表在性血栓性静脈炎の再発を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左脚表在性血栓性静脈炎の再発は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日，被験者は（非重篤）左脚表在性血栓性静脈炎を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日に行われたドップラー検査で血栓の残存はないことが確認され，イグザレルトの投与は中止された。徐々に静脈が痛みだし，腫れた。被験者はさらなる検査及び治療のため入院した。治験責任医師によると，被験者には大拡張静脈瘤の危険因子があった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は再入院し，左脚の静脈瘤結紮切除術が無事行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，イグザレルト及びクレキサンであった。

The patient's past medications include:

DUOVATE for PSORIASIS (20[redacted] - 20[redacted])

MTX for PSORIASIS and PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

COXFLAM for PSORIATIC ARTHRITIS (20[redacted] - [redacted] 20[redacted])

DEPO MEDROL for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

SALAZOPYRIN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

CELESTONE SOLUSPAN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

ARAVA for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

PREDNISONE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

PANAMOR for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Superficial thrombophlebitis of leg (10042557) (Thrombophlebitis superficial (10043595)) [v.22.1] [10042557]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of RECURRENCE SUPERFICIAL THROMBOPHLEBITIS LEFT LEG

- Investigator: MASSIVE DILATED VARICOSE VEIN

- AbbVie: Event is more likely related to pre-existing history of large varicose veins left leg. Obesity (BMI 31.7) is an additional risk factor.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ABDOMINAL ULTRASOUND:** No signs of intra-abdominal malignancy

[redacted] 20[redacted] **ACTIVATED PROTEIN C RESISTANCE TEST:** 3.26 no unit (normal >2)

[redacted] 20[redacted] **ANTI-THROMBIN III:** 117 % (normal 80 to 120)

[redacted] 20[redacted] **CHEST X-RAY:** Normal

[redacted] 20[redacted] **DRVV SCREEN:** 1.19 no unit (normal <1.2)

[redacted] 20[redacted] **FIBRINOGEN:** 1.6 G/L (normal 1.8 to 3.5)

[redacted] 20[redacted] **GAMMA GT:** 68 U/L (normal <60)

[redacted] 20[redacted] **GENETIC TEST:** G20210A MUTATION TEST: Negative

[redacted] 20[redacted] **HEMATOCRIT:** 39.4 % (normal 40 to 50)

[redacted] 20[redacted] **HEMOGLOBIN:** 13.5 G/DL (normal 13.0 to 17.0)

[redacted] 20[redacted] **KAOLIN CLOTTING TIME:** 1.12 SEC (normal <1.2)

[redacted] 20[redacted] **PLASMINOGEN:** 104 % (normal 75 to 150)

[redacted] 20[redacted] **PTT-LA:** 44.7 SEC (normal 31.6 to 44)

[redacted] 20[redacted] **PTT-LA CORRECTION:** 43.3 SEC (normal <44)

[redacted] 20[redacted] **R506Q MUTATION:** Negative

[redacted] 20[redacted] **RED BLOOD CELLS:** 4.42 X10**12/L (normal 4.5 to 5.5)

[redacted] 20[redacted] **THROMBIN TIME:** 24.8 SEC (normal 14 to 21)

[redacted] 20[redacted] **ULTRASOUND LOWER LIMBS:** Multiple variscosities of long saphenous vein are once again noted. No residual thrombus is identified. No deep venous system thrombus. Incompetence at the saphenofemoral junction is noted.

[redacted] 20[redacted] **VENOUS DOPPLER LEFT LEG:** Multiple varicosities of long saphenous vein are once again noted. No residual thrombus is identified. No deep venous system thrombus. Incompetence at the saphenofemoral junction noted.

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 3.84 X10**9/L (normal 3.92 to 9.88)

被験者番号 [redacted] (Investigator [redacted]

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
敗血症	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
BENIGN PROSTATIC HYPERPLASIA	20[redacted]
OTHER: VASCULITIC SKIN RASH	20[redacted]
SLEEP APNEA: OBSTRUCTIVE SLEEP APNOEA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	40	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 57	57

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
SILODOSIN	1 OTHER: TABLET	QD	Y-M: 20[redacted]
VIMOVO	1 OTHER: TABLET	BID	Y-M: 20[redacted] / -188
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -159
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -159

PARACETAMOL	1000MG mg	PRN	Y-M: 20[redacted] / -159
STILPANE	2 OTHER: TABLETS	PRN	Y-M: 20[redacted] / -159
PREDNISONE	10 mg	QD	Y-M: 20[redacted] / -158

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
SILODOSIN	1 OTHER: TABLET	QD	Y-M: 20[redacted]	ONGOING
VIMOVO	1 OTHER: TABLET	BID	Y-M: 20[redacted] / -188	ONGOING
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -159	ONGOING
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -159	ONGOING
PARACETAMOL	1000MG mg	PRN	Y-M: 20[redacted] / -159	ONGOING
STILPANE	2 OTHER: TABLETS	PRN	Y-M: 20[redacted] / -159	ONGOING
PREDNISONE	10 mg	QD	Y-M: 20[redacted] / -158	Y-M: 20[redacted] / 58
PARACETAMOL	1 g	OTHER: STAT DOSE	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 55
ERTAPENEM	1 g	QD	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 59
FLUCONAZOLE	200 mg	QD	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 59
PARACETAMOL	1 g	TID	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 59
MUPIROCIN	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted] / 59	ONGOING
BALSOLENE	300 mL	OTHER: STAT	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 59
DOXYCYCLINE	100 mg	OTHER: STAT	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 59
SODIUM CHLORIDE	1000 mL	QID	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 59
HYDROCORTISONE	50 mg	TID	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 60
CARBOHYDRATES NOS W/FATS NOS/MINERA	125 mL	BID	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 61
INSULIN ASPART	TITRATED OTHER: UNITS	PRN	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 61
ERGOCALCIFEROL	5000 IU	QD	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 64
GRANISETRON	1 mg	PRN	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 64
NEUROBION	1 OTHER: AMP	QD	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 64
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 64

PREDNISONE	20 mg	QD	Y-M: 20[redacted]-[redacted] / 59	Y-M: 20[redacted]-[redacted] / 66
MAGNESIUM SULFATE	1 OTHER: AMP	OTHER: STAT	Y-M: 20[redacted]-[redacted] / 60	Y-M: 20[redacted]-[redacted] / 60
PLASMA LYTE 148	40 mL	OTHER: PER HOUR	Y-M: 20[redacted]-[redacted] / 60	Y-M: 20[redacted]-[redacted] / 61
POTASSIUM	1 OTHER: TABLET	BID	Y-M: 20[redacted]-[redacted] / 60	Y-M: 20[redacted]-[redacted] / 61
QUETIAPINE	25 mg	QD	Y-M: 20[redacted]-[redacted] / 60	Y-M: 20[redacted]-[redacted] / 61
TAMSULOSIN	0.4 mg	QD	Y-M: 20[redacted]-[redacted] / 61	Y-M: 20[redacted]-[redacted] / 66
AUGMENTIN	1.2 g	QID	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 63
PARACETAMOL	500 mg	QID	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 63
TAPENTADOL	5 mg	PRN	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 63
DOXYCYCLINE	100 mg	BID	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 64
VSL#3	1 OTHER: TABLET	BID	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 65
CALCIUM	1 OTHER: TABLET	BID	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 66
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 66
MAGNESIUM CHLORIDE	1 OTHER: TABLET	QD	Y-M: 20[redacted]-[redacted] / 62	Y-M: 20[redacted]-[redacted] / 66
ERGOCALCIFEROL	50000 IU	QD	Y-M: 20[redacted]-[redacted] / 66	Y-M: 20[redacted]-[redacted] / 66
TESTOSTERONE	1 OTHER: AMP	OTHER: STAT	Y-M: 20[redacted]-[redacted] / 66	Y-M: 20[redacted]-[redacted] / 66
PREDNISONE	5 mg	QD	Y-M: 20[redacted]-[redacted] / 67	ONGOING

Event #4: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	SEPTICEMIA
Preferred term	敗血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 58 (1 DAY AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 58): Alanine Aminotransferase: 52 [0 - 40] U/L; Aspartate Aminotransferase: 67 [15 - 40] U/L; Bilirubin: 7 [2 - 7] UMOL/L; Creatinine: 137 [80 - 115] UMOL/L; Leukocytes: 5.2 [4 - 12] 10^9/L; Lymphocytes: 0.47 [1 - 4] 10^9/L; NPTST408-R.CONORRI IGG: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; NPTST410-R.CONORRI IGM AB: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; Platelets: 139 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 59): Alanine Aminotransferase: 82 [0 - 40] U/L; Aspartate Aminotransferase: 127 [15 - 40] U/L; Bilirubin: 7 [2 - 7] UMOL/L; Creatinine: 114 [80 - 115] UMOL/L; Leukocytes: 4.6 [4 - 12] 10^9/L; Lymphocytes: 0.25 [1 - 4] 10^9/L; Platelets: 123 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 60): Alanine Aminotransferase: 84 [0 - 40] U/L; Aspartate Aminotransferase: 118 [15 - 40] U/L; Bilirubin: 9 [2 - 7] UMOL/L; Creatinine: 85 [80 - 115] UMOL/L; Leukocytes: 5.8 [4 - 12] 10^9/L; Lymphocytes: 0.34 [1 - 4] 10^9/L; NPTST105-C.BURNETTI IGM: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; NPTST314-MC&S: LEUCOCYTES POSITIVE [NOT REPORTED - NOT REPORTED] NA; Platelets: 118 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 61): Alanine Aminotransferase: 84 [0 - 40]

U/L; Aspartate Aminotransferase: 104 [15 - 40] U/L; Bilirubin: 7 [2 - 7] UMOL/L; Creatinine: 80 [80 - 115] UMOL/L; Leukocytes: 6.4 [4 - 12] 10^9/L; Lymphocytes: 0.83 [1 - 4] 10^9/L; NPTST409-R.CONORRI IGG AB: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; NPTST410-R.CONORRI IGM AB: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; Platelets: 132 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 62): Alanine Aminotransferase: 88 [0 - 40] U/L; Aspartate Aminotransferase: 108 [15 - 40] U/L; Bilirubin: 6 [2 - 7] UMOL/L; Creatinine: 87 [80 - 115] UMOL/L; Leukocytes: 10.2 [4 - 12] 10^9/L; Lymphocytes: 2.4 [1 - 4] 10^9/L; Platelets: 142 [150 - 450] 10^9/L; [redacted]20[redacted] (RX DAY 63): Alanine Aminotransferase: 156 [0 - 40] U/L; Aspartate Aminotransferase: 181 [15 - 40] U/L; Bilirubin: 5 [2 - 7] UMOL/L; Creatinine: 87 [80 - 115] UMOL/L; Leukocytes: 11.7 [4 - 12] 10^9/L; Lymphocytes: 0.54 [1 - 4] 10^9/L; NPTST244-HEPATITIS B CAB: NEGATIVE [NOT REPORTED - NOT REPORTED] NOT APPLICABLE; NPTST248-HEPATITIS B SAB: 0.00 [NOT REPORTED - NOT REPORTED] mIU/mL; NPTST249-HEPATITIS B SAG: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; NPTST409-R.CONORRI IGG AB: POSITIVE [NOT REPORTED - NOT REPORTED] NA; NPTST410-R.CONORRI IGM AB: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; NPTST463-TRANSFERRIN: 16.8 [20.2 - 44.8] UMOL/L; [redacted]20[redacted] (RX DAY 64): Alanine Aminotransferase: 135 [0 - 40] U/L; Aspartate Aminotransferase: 48 [15 - 40] U/L; Bilirubin: 5 [2 - 7] UMOL/L; Leukocytes: 16.6 [4 - 12] 10^9/L; Lymphocytes: 8.48 [1 - 4] 10^9/L; [redacted]20[redacted] (RX DAY 65): Alanine Aminotransferase: 122 [0 - 40] U/L; Alanine Aminotransferase: 150 [0 - 40] U/L; Aspartate Aminotransferase: 90 [15 - 40] U/L; Aspartate Aminotransferase: 117 [15 - 40] U/L; Creatinine: 90 [80 - 115] UMOL/L; Leukocytes: 11.1 [4 - 12] 10^9/L; Lymphocytes: 3.85 [1 - 4] 10^9/L; NPTST098-BURGDIFERI PCR: NEGATIVE [NOT REPORTED - NOT REPORTED] NA; NPTST208-FREE TESTOSTERONE: 125 [180 - 739] PMOL/L; NPTST499-VIT D 25: 21 [7 - 8] NG/ML; [redacted]20[redacted] (RX DAY 66): Alanine Aminotransferase: 116 [0 - 40] U/L; Aspartate Aminotransferase: 69 [15 - 40] U/L

Microbiology

[redacted]20[redacted] (RX DAY 60): URINE NPTST314-MC&S: Positive-PROTEIN 3+ BLOOD 3+ LEUCOCYTE 2+; OTHER RESPIRATORY SWAB NPTST371-PCR: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 60): CXR: FINDINGS RELATE TO LOWER LOBE PULMONARY INFECTION; [redacted]20[redacted] (RX DAY 63): ECHOCARDIOGRAM: NORMAL; ULTRASOUND ABDOMEN: NO NEW SUSPICIOUS LIVER LESIONS AND NO BILIARY DILATION

AE Stopped Rx Day	66 (9 DAYS AFTER LAST TREATMENT)
Duration of AE	9 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，敗血症の事象を発現した。

Event 4 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，紙巻タバコ喫煙者（1 日 1 箱を 40 年間）及び少量の現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は敗血症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，敗血症は消失した。

被験者は 20[redacted] 年 [redacted] 月 [redacted] 日からの悪寒及び疲労のため来院し，インフルエンザ症状に対する治療を受けた。被験者の状態が悪化し，20[redacted] 年 [redacted] 月 [redacted] 日に敗血症のため入院した。感染原因を特定するため検査が行われた。焼痂に伴うリケッチア感染及び血管炎が臨床的に疑われたが，血清学的検査の結果は陰性であった。被験者はこの他にも全身脱力，低血圧，頻脈及び蛋白尿（尿試験紙法）の徴候・症状を呈していた。輸液，抗生物質，栄養補助剤，ステロイド及び鎮痛薬が投与された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，solucortef，balsol，panado，palexia，ノボラピッド，硫酸マグネシウム，slow K，生理食塩液，オーグメンチン，ドキシサイクリン，plasmalyte，invanz 及びフルコナゾールであった。

The patient's past medications include:

PERFALGAN for FLU ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Septicemia (10040089) (Sepsis (10040047)) [v.21.1] [10040089]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for ABT-494 (Blinded)

Event of SEPTICEMIA

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 52 IU/L (normal 0 to 40)

[redacted] **20[redacted] ALANINE AMINO TRANSFE:** 82 IU/L (normal 0 to 40)

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 156 IU/L (normal 0 to 40)

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 135 IU/L (normal 0 to 40)

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 150 IU/L (normal 0 to 40)

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 116 IU/L (normal 0 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 67 IU/L (normal 15 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 127 IU/L (normal 15 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 108 IU/L (normal 15 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 181 IU/L (normal 15 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 48 IU/L (normal 15 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 117 IU/L (normal 15 to 40)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 69 IU/L (normal 15 to 40)

[redacted] **20[redacted] BURGDIFERI PCR:** Negative

[redacted] **20[redacted] C. BURNETTI IGM:** Negative

[redacted] **20[redacted] CREATININE:** 137 umol/L (normal 80 to 115)

[redacted] **20[redacted] CREATININE:** 114 umol/L (normal 80 to 115)

[redacted] **20[redacted] CREATININE:** 90 umol/L (normal 80 to 115)

[redacted] **20[redacted] CXR:** Findings relate to lower lobe pulmonary infection

[redacted] 20[redacted] **ECHOCARDIOGRAM:** Normal

[redacted] 20[redacted] **HEPATITIS B CAB:** Negative

[redacted] 20[redacted] **HEPATITIS B SAB:** 0.00 MIU/ML

[redacted] 20[redacted] **HEPATITIS B SAG:** Negative

[redacted] 20[redacted] **LEUKOCYTES (URINE):** Positive

[redacted] 20[redacted] **LYMPHOCYTES ABS:** 0.47 X10**9/L (normal 1.0 to 4.0)

[redacted] 20[redacted] **LYMPHOCYTES ABS:** 0.25 X10**9/L (normal 1.0 to 4.0)

[redacted] 20[redacted] **LYMPHOCYTES ABS:** 2.40 X10**9/L (normal 1.0 to 4.0)

[redacted] 20[redacted] **LYMPHOCYTES ABS:** 8.48 X10**9/L (normal 1.0 to 4.0)

[redacted] 20[redacted] **LYMPHOCYTES ABS:** 3.85 X10**9/L (normal 1.0 to 4.0)

[redacted] 20[redacted] **PCR (RESPIRATORY SWAB):** Negative

[redacted] 20[redacted] **PLATELET COUNT:** 139 X10**9/L (normal 150 to 450)

[redacted] 20[redacted] **PLATELET COUNT:** 142 X10**9/L (normal 150 to 450)

[redacted] 20[redacted] **R. CONORRI IGG:** Negative

[redacted] 20[redacted] **R. CONORRI IGG AB:** Negative

[redacted] 20[redacted] **R. CONORRI IGG AB:** Positive

[redacted] 20[redacted] **R. CONORRI IGM AB:** Negative

[redacted] 20[redacted] **R. CONORRI IGM AB:** Negative

[redacted] 20[redacted] **R. CONORRI IGM AB:** Negative

[redacted] 20[redacted] **TRANSFERRIN:** 16.8 MCMOL/L (normal 20.2 to 44.8)

[redacted] 20[redacted] **ULTRASOUND ABDOMEN:** No new suspicious liver lesions and no biliary dilation

[redacted] 20[redacted] **URINE MC&S:** Positive: PROTEIN 3+, BLOOD 3+, LEUCOCYTE 2+

[redacted] 20[redacted] **VIT D25:** 21 No units

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
虫垂炎	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: SKIN PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	19[redacted]
MIGRAINE HEADACHE: HEADACHES	20[redacted]
DEPRESSION: MOTHER PASSED AWAY.	20[redacted]
OTHER: RHINITIS	20[redacted]
OTHER: DVT (LEFT LEG)	20[redacted]
OTHER: PULMONARY EMBOLISM	20[redacted]

Prior Procedures	Procedure Year
SURGERY: BACK FUSION	19[redacted]
SURGERY: SCOPE LEFT KNEE	19[redacted]
SURGERY: SCOPE RIGHT KNEE	19[redacted]
SURGERY: BREAST REDUCTION (BI-LATERAL)	20[redacted]
SURGERY: SCOPE RIGHT KNEE	20[redacted]
SURGERY: SCOPE RIGHT KNEE	20[redacted]
SURGERY: BUNIONECTOMY	20[redacted]
SURGERY: RESECTION ARTHRODESIS PIP 2 (L FOOT)	20[redacted]
SURGERY: RESECTION ARTHRODESIS PIP 3 (L FOOT)	20[redacted]
SURGERY: RESECTION ARTHRODESIS PIP 4 (L FOOT)	20[redacted]
SURGERY: RESECTION ARTHRODESIS PIP 5 (L FOOT)	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 392	224
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
CELECOXIB	200 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
SULFASALAZINE	500 mg	BID	Y-M: 20[redacted]
ULTRACET	37.5 mg	TID	Y-M: 20[redacted]
EUGYNON	1 OTHER: TABLET	QD	Y-M: 20[redacted]
TRAMADOL	100 mg	BID	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]
CALTRATE PLUS	2 OTHER: TABLETS	QD	Y-M: 20[redacted]
PARACETAMOL	375 mg	TID	Y-M: 20[redacted]
ULTRACET	37.5 OTHER: MG	TID	Y-M: 20[redacted]
APREMILAST	30 mg	QD	Y-M: 20[redacted]
VENLAFAXINE	37.5 mg	QD	Y-M: 20[redacted]
PREDNISONE	5 mg	QD	Y-M: 20[redacted]
IBUPROFEN	2 OTHER: TABLETS	PRN	Y-M: 20[redacted]
MERSYNDOL	2 OTHER: TABLETS	PRN	Y-M: 20[redacted]
PAINSTOP	2 OTHER: TABLETS	PRN	Y-M: 20[redacted]
UNSPECIFIED HERBAL	1 OTHER: TABLET	QD	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
CELECOXIB	200 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
CALTRATE PLUS	2 OTHER: TABLETS	QD	Y-M: 20[redacted]	NOT REPORTED
VENLAFAXINE	37.5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
PREDNISONE	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
UNSPECIFIED HERBAL	1 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED

AMITRIPTYLINE	10 mg	QD	Y-M: 20[redacted] / 15	NOT REPORTED
ULTRACET	2 OTHER: TABLETS	BID	Y-M: 20[redacted] / 58	NOT REPORTED
CAMPHOR W/COLOPHONY/EUCALYPTUS SPP. OIL/THYMU	APPLY OTHER: OINTMENT	PRN	Y-M: 20[redacted] / 185	Y-M: 20[redacted] / 188
ALOE FEROX	APPLY OTHER: GEL	QID	Y-M: 20[redacted] / 190	Y-M: 20[redacted] / 197
ALOE VERA	15 mL	QD	Y-M: 20[redacted] / 190	Y-M: 20[redacted] / 197
PICO-SALAX	ONE OTHER: SACHET	OTHER: ONCE	Y-M: 20[redacted] / 198	Y-M: 20[redacted] / 198
PARACETAMOL	10 OTHER: MG/ML	OTHER: ONCE	Y-M: 20[redacted] / 423	Y-M: 20[redacted] / 423
TRAMADOL	100 mg	QD	Y-M: 20[redacted] / 423	Y-M: 20[redacted] / 423
VALACICLOVIR	1000 mg	TID	Y-M: 20[redacted] / 423	Y-M: 20[redacted] / 429
STILPANE	1 OTHER: CAPSULE	TID	Y-M: 20[redacted] / 423	Y-M: 20[redacted] / 435

Event #2: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	APPENDICITIS
Preferred term	虫垂炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 199
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 199): Chloride: 95 [98 - 107] MMOL/L; Hemoglobin: 123 [124 - 167] G/L; Lymphocytes: 0.69 [1 - 4] 10^9/L; NPTST102-C-REACTIVE PROTEIN: 161.8 [0 - 5] MG/L; Neutrophils: 10.21 [2 - 7.5] 10^9/L; Sodium: 132 [136 - 145] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 199): CT ABDOMEN: CT SHOWS FEATURES OF A PRONOUND ACUTE APPENDICITIS WITH THE APPENDIX CONTAINING APPENDICOLITHS WITHIN IT AND IS DISTENDED WITH FLUID WITH A LARGE SURROUNDING INFLAMMATORY MASS SEEN.; [redacted]20[redacted] (RX DAY 200): APPENDECTOMY: PATIENT UNDERWENT APPENDECTOMY ON [redacted] 20[redacted] AND WAS DISCHARGED ON [redacted] 20[redacted]; HISTOPATHOLOGY APPENDIX: SECTIONS TAKEN FROM THE APPENDIX SHOW THE PRESENCE OF FIBRINOPURULENT MATERIAL WITHIN THE LUMEN. THERE IS AN ASSOCIATED TRANSMURAL ACUTE INFLAMMATORY CELL INFILTRATE WITH EVIDENCE OF PERITONITIS AS CHARACTERISED BY FIBRINOPURULENT CRUSTING OF THE SEROSAL SURFACE. NO INFECTIVE ORGANISMS ARE IDENTIFIED. THERE IS NO EVIDENCE OF MALIGNANCY.

AE Stopped Rx Day	200
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PHLAGMONOUS, GANGRENOUS APPENDIX
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は南アフリカの 3[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，虫垂炎の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，非喫煙者及び禁酒であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は虫垂炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，虫垂炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は腹痛の症状を伴う虫垂炎のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，虫垂切除術が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，mofloxx，ピコプレップ，oxynorm 及び amoxyclav であった。

Causality for ABT-494 (Blinded)

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1) Appendicitis (10003011) (Appendicitis (10003011)) [v.22.0] [10003011]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of APPENDICITIS

- Investigator: Phlagmonous, gangrenous appendix

- AbbVie: EVENT IS COMMON IN THE GENERAL POPULATION; LIFETIME INCIDENCE IS 8.6 PERCENT IN MALES AND 6.7 PERCENT IN FEMALES.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CHLORIDE:** 95 MMOL/L (normal 98 to 107)

[redacted] **20[redacted] CRP:** 161.8 MG/L (normal 0 to 5.0)

[redacted] **20[redacted] CT ABDOMEN:** CT shows features of a propound acute appendicitis with the appendix containing appendicoliths within it and is distended with fluid with a large surrounding inflammatory mass seen.

[redacted] **20[redacted] HEMOGLOBIN:** 12.3 G/DL (normal 12.4 to 16.7)

[redacted] **20[redacted] HISTOPATHOLOGY:** Sections taken from the appendix show the presence of fibrinopurulent material within the lumen. There is an associated transmural acute inflammatory cell infiltrate with evidence of peritonitis as characterized by fibrinopurulent crusting of the serosal surface. No infective organisms are identified. There is no evidence of malignancy.

[redacted] **20[redacted] LYMPHOCYTES ABSOLUTE:** 0.69 X10**9/L (normal 1.0 to 4.0)

[redacted] **20[redacted] NEUTROPHILS ABSOLUTE:** 10.21 X10**9/L (normal 2.0 to 7.5)

[redacted] **20[redacted] SODIUM:** 132 MMOL/L (normal 136 to 145)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
基底細胞癌	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HYPERLIPIDAEMIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: LEFT THIGH PRE CANCEROUS LESION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: HYSTERECTOMY	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 396	228
ADA	40MG	SC	EOW	[redacted]20[redacted] / 397		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
ATORVASTATIN	40 mg	QD	Y-M: 20[redacted]

SULFASALAZINE	1 g	BID	Y-M: 20[redacted]
LEFLUNOMIDE	10 mg	QD	Y-M: 20[redacted]
CELECOXIB	200 mg	PRN	Y-M: 20[redacted] / -154
SULFASALAZINE	2.5 g	OTHER: 1G MANE AND 1.5G NOCTE	Y-M: 20[redacted] / -143

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ATORVASTATIN	40 mg	QD	Y-M: 20[redacted]	NOT REPORTED
CELECOXIB	200 mg	PRN	Y-M: 20[redacted] / -154	NOT REPORTED
SULFASALAZINE	2.5 g	OTHER: 1G MANE AND 1.5G NOCTE	Y-M: 20[redacted] / -143	NOT REPORTED
CELECOXIB	200 mg	PRN	Y-M: 20[redacted] / 61	NOT REPORTED
DEXTRAN	1 OTHER: DROP	PRN	Y-M: 20[redacted] / 257	NOT REPORTED
XYLOCAINE-EPINEPHRINE	5 mL	OTHER: ONCE	Y-M: 20[redacted] / 443	Y-M: 20[redacted] / 443

Event #1: Serious Adverse Event, Event of Interest - Possible Malignancy, Event of Interest - Malignancy, Event of Interest - Non-Melanoma Skin Cancer (NMSC)

Event Description LEFT THIGH BASAL CELL CARCINOMA

Preferred term 基底細胞癌

AE Onset Date / Rx Day [redacted]20[redacted] / 396

Age at AE Onset 5[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

[redacted]20[redacted] (RX DAY 443): OTHER SKIN LESION NPTST329-MICROSCOPY: Positive-NODULOCYSTIC BASAL CELL CARCINOMA

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 446): COMPLETE EXCISION OF LEFT THIGH SKIN LESION: NODULOCYSTIC BASAL CELL CARCINOMA

AE Stopped Rx Day 446

Duration of AE 51 DAYS

Severity Moderate

Relation to Study Drug by Investigator Reasonable Possibility

Investigator Alternative Etiology NOT REPORTED

Discontinued Study Drug Due to the Event NO

SAE Criteria OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はニュージーランドの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左大腿基底細胞癌の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，乾癬性関節炎，左大腿前癌病変，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月，被験者は左大腿基底細胞癌を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左大腿基底細胞癌は消失した。

治験薬投与開始前の 20[redacted] 年 [redacted] 月，被験者の左大腿部に前癌病変が存在していた。20[redacted] 年 [redacted] 月，病変部で出血が生じ，被験者は医療機関を受診した。20[redacted] 年 [redacted] 月 [redacted] 日，病変部のパンチ生検が行われ，結節性嚢胞性基底細胞癌が明らかとなった。同日，外来で病変の完全切除が行われた。

The patient's past medications include:

LEFLUNOMIDE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Basal cell carcinoma (10004146) (Basal cell carcinoma (10004146)) [v.22.1] [10004146]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of LEFT THIGH BASAL CELL CARCINOMA

- Investigator: Not Applicable

- AbbVie: The lesion was present on the thigh ([redacted] 20[redacted]) since prior to initiation of study drug. Event was likely pre-existing.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] PUNCH BIOPSY:** Positive (Nodulocystic basal cell carcinoma)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
足骨折	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	FEMALE	ASIAN

Medical History	Onset Year
ASTHMA	19[redacted]
OTHER: BLEEDING PILES	19[redacted]
OTHER: FLATULENT DYSPEPSIA	20[redacted]
OSTEOARTHRITIS	20[redacted]
OTHER: OTOSCLEROSIS	20[redacted]
OTHER: POST MENOPAUSAL	20[redacted]
OTHER: ALLERGIC RHINITIS	20[redacted]
OTHER: NASAL POLYPS	20[redacted]
OTHER: PLAQUE TYPE PSORIASIS	20[redacted]
OTHER: COLD SORES	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: NASAL POLYPECTOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 170	170
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 171	[redacted]20[redacted] / 388	218
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 389		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
PARACETAMOL	1 g	QD	Y-M: 19[redacted]
FLUTICASONE	50 OTHER: MCG	QD	Y-M: 20[redacted]
MONTELUKAST	10 mg	QD	Y-M: 20[redacted]
SALBUTAMOL	100 OTHER: MCG	PRN	Y-M: 20[redacted]
BUDESONIDE W/FORMOTEROL	200 OTHER: MCG	BID	Y-M: 20[redacted]
PREDNISOLONE	7.5 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -349
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted] / -349
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -238
METHYLPREDNISOLONE	120 mg	OTHER: ONCE	Y-M: 20[redacted] / -77

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
PARACETAMOL	1 g	QD	Y-M: 19[redacted]	NOT REPORTED
FLUTICASONE	50 OTHER: MCG	QD	Y-M: 20[redacted]	NOT REPORTED
MONTELUKAST	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
SALBUTAMOL	100 OTHER: MCG	PRN	Y-M: 20[redacted]	NOT REPORTED
BUDESONIDE W/FORMOTEROL	200 OTHER: MCG	BID	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -349	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -238	Y-M: 20[redacted] / 210
ALUDROX	10-20 mL	TID	Y-M: 20[redacted] / 40	NOT REPORTED
OMEPRAZOLE	20 mg	BID	Y-M: 20[redacted] / 40	NOT REPORTED
RANITIDINE	150 mg	QD	Y-M: 20[redacted] / 171	Y-M: 20[redacted] / 187
RANITIDINE	150 mg	QD	Y-M: 20[redacted] / 188	NOT REPORTED
MACROGOL	1 OTHER: SACHET	BID	Y-M: 20[redacted] / 201	NOT REPORTED
DIHYDROCODEINE	30 mg	QID	Y-M: 20[redacted] / 211	NOT REPORTED
DALTEPARIN	5,000IU/IN 0.2MLS OTHER: IU IN MLS	QD	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 252
COLECALCIFEROL	800 IU	QD	Y-M: 20[redacted] / 251	NOT REPORTED
LEKOVIT CA	750MG/200IU OTHER: MG/IU	BID	Y-M: 20[redacted] / 253	NOT REPORTED

ALENDRONIC ACID	70 mg	EVERY WEEK	Y-M: 20[redacted] / 256	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / 258	NOT REPORTED
AMOXICILLIN	500 mg	TID	Y-M: 20[redacted] / 397	Y-M: 20[redacted] / 403
AMOXICILLIN	500 mg	TID	Y-M: 20[redacted] / 464	Y-M: 20[redacted] / 470
AUGMENTIN	600/25 mg	BID	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 472

Event #1: Serious Adverse Event

Event Description	FRACTURE OF LEFT FOOT
Preferred term	足骨折
AE Onset Date / Rx Day	[redacted]20[redacted] / 209
Age at AE Onset	6[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (RX DAY 209): XRAY LEFT FOOT: NO JOINT FRACTURE NOTICED ON XRAY. EARLY OA.; [redacted]20[redacted] (RX DAY 210): CT SCAN: LEFT FOOT ANTERIOR PROCESS CALCANEUS FRACTURE AND LISFRANC INJURY; [redacted]20[redacted] (RX DAY 219): OPEN REDUCTION INTERNAL FIXATION TO LEFT FOOT: POST OP FOLLOW UP IN 2 WEEKS IN FRACTURE CLINIC.	
AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	TWISTED ANKLE AND FELL OVER.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は英国の 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左足の骨折の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，変形性関節症，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左足の骨折を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はバスを降りる際に足をくじいた。被験者は左足 4 ヵ所にリスフラン損傷及び骨折を負った。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。20[redacted] 年 [redacted] 月 [redacted] 日，左足の観血的整復及び内固定が行われた。

投与された薬剤はジヒドロコデインであった。

The patient's past medications include:

PREDNISOLONE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

DEPOMEDRONE for PSORIATIC ARTHRITIS ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Foot fracture (10016970) (Foot fracture (10016970)) [v.21.1] [10016970]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for ABT-494 (Blinded)

Event of FRACTURE OF LEFT FOOT

- Investigator: TWISTED ANKLE AND FELL OVER.

- AbbVie: EVENT MORE LIKELY RELATED TO SUBJECT INVERTING HER FOOT WHILE GETTING OFF THE BUS.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CT SCAN:** Left foot anterior process calcaneus fracture and lisfranc injury.

[redacted] **20[redacted] X-RAY:** No joint fracture noticed on x-ray. early OA.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
腎結石症	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	MALE	WHITE

Medical History	Onset Year
MIGRAINE HEADACHE	19[redacted]
HYPERTENSION	20[redacted]
HYPOTHYROIDISM	20[redacted]
OTHER: PERIPHERAL ARTHRITIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: VITAMIN B12 DEFICIENCY	20[redacted]
OTHER: HIATUS HERNIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
LOSARTAN	50/12.5 mg	QD	Y-M: 20[redacted]
LEVOTHYROXINE	100 ug	QD	Y-M: 20[redacted]
CYANOCOBALAMIN	UNKNOWN OTHER: UNKNOWN	OTHER: EVERY 3 MONTHS	Y-M: 20[redacted]
RANITIDINE	150 mg	BID	Y-M: 20[redacted]
NAPROXEN	500 mg	BID	Y-M: 20[redacted]
SULFASALAZINE	1 g	BID	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]
PARAMOL-118	30/500 mg	EVERY WEEK	Y-M: 20[redacted] / -22

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LOSARTAN	50/12.5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
LEVOTHYROXINE	100 ug	QD	Y-M: 20[redacted]	NOT REPORTED
CYANOCOBALAMIN	UNKNOWN OTHER: UNKNOWN	OTHER: EVERY 3 MONTHS	Y-M: 20[redacted]	NOT REPORTED
PARAMOL-118	30/500 mg	EVERY WEEK	Y-M: 20[redacted] / -22	NOT REPORTED
DICLOFENAC	100 mg	QD	Y-M: 20[redacted] / 276	Y-M: 20[redacted] / 276
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 276	Y-M: 20[redacted] / 276
FLEBOBAG RING LACT	1 L	QD	Y-M: 20[redacted] / 276	Y-M: 20[redacted] / 276
MORPHINE	10 mg	QD	Y-M: 20[redacted] / 276	Y-M: 20[redacted] / 276
ONDANSETRON	04 mg	QD	Y-M: 20[redacted] / 276	Y-M: 20[redacted] / 276
TAMSULOSIN	400 OTHER: MCG	QD	Y-M: 20[redacted] / 277	Y-M: 20[redacted] / 277

Event #1: Serious Adverse Event

Event Description	RENAL CALCULI
Preferred term	腎結石症
AE Onset Date / Rx Day	[redacted]20[redacted] / 276
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 276): Leukocytes: 14.1 [4 - 11] 10^9/L; Monocytes: 0.83 [0.2 - 0.8] 10^9/L; NPTST225-GLOBULIN: 37 [20 - 35] G/L; Neutrophils: 10.69 [1.7 - 7.5] 10^9/L; [redacted]20[redacted] (RX DAY 277): Creatinine: 147 [59 - 117] UMOL/L

Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 276): CT URINARY TRACT WITHOUT CONTRAST: THERE IS AN OBSTRUCTING 2MM CALCULUS IN THE RIGHT VESICOURETERIC JUNCTION. ALMOST INTO THE BLADDER WITH MILD HYDROURETER AND PROMINENCE OF THE RIGHT RENAL PELVIS. FURTHER NON OBSTRUCTIVE 1.3CM INTERPOLAR CALIX SEEN ON THE RIGHT. SMALL 1MM NON OBSTRUCTIVE CALCULI SEEN BYLATERALLY.

AE Stopped Rx Day	277
Duration of AE	2 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	UNKNOWN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者は英国の 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，腎結石の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高血圧，甲状腺機能低下症，ビタミン B12 欠乏，乾癬性関節炎，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は腎結石を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，腎結石は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，右鼡径部及び精巣に放射状に拡がる右側腹部痛のため入院した。被験者は腎結石と診断された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，モルヒネ，ジクロフェナク，oramorph，タムスロシン及びハルトマン液であった。

The patient's past medications include:

SULPHASALAZINE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

---

1) Renal calculi (10038385) (Nephrolithiasis (10029148)) [v.22.1] [10038385]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of RENAL CALCULI

- Investigator: Unknown

- AbbVie: Renal stone is a relatively common problem with an estimated 19 percent of men and 9 percent of women will be diagnosed with a kidney stone by age of 70 years. Additional risk factor includes obesity (screening BMI 39.8).

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABSOLUTE NEUTROPHILS:** 10.69 X10**9/L (normal 1.7 to 7.5)

[redacted] **20[redacted] BMI:** Screening: 39.8

[redacted] **20[redacted] BODY WEIGHT:** Screening: 130.4 kg

[redacted] **20[redacted] CREATININE:** 147 umol/L (normal 59 to 117)

[redacted] **20[redacted] CT URINARY TRACT:** There is an obstructing 2mm calculus in the right vesicoureteric junction. Almost into the bladder with mild hydroureter and prominence of the right renal pelvis. Further non

obstructive 1.3 cm interpolar calix seen on the right. Small 1mm non obstructive calculi seen bilaterally.

[redacted] **20[redacted] GLOBULIN:** 37 G/L (normal 20 to 35)

[redacted] **20[redacted] MONOCYTES:** 0.83 X10**9/L (normal 0.2 to 0.8)

[redacted] **20[redacted] WBC:** 14.1 X10**9/L (normal 04 to 11)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
腱断裂	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: LEFT ANKLE FRACTURE	19[redacted]
OTHER: PLAQUE PSORIASIS	19[redacted]
DEPRESSION: DEPRESSION DUE TO PTSD	19[redacted]
ANGINA: AORTOCORONAL BY-PASS (3X) PROPTER CORONAR DISEASE	19[redacted]
DIABETES MELLITUS	19[redacted]
HYPERTENSION	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 170	170
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 171	[redacted]20[redacted] / 395	225
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 396		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 19[redacted]
ASCORBIC ACID	500 ug	BID	Y-M: 19[redacted]
NEBIVOLOL	5 mg	QD	Y-M: 19[redacted]
EMPAGLIFLOZIN W/METFORMIN HYDROCHLORIDE	12.5/1000 mg	QD	Y-M: 20[redacted]
IBUPROFEN	600 mg	PRN	Y-M: 20[redacted]
IRON	350 mg	QD	Y-M: 20[redacted]
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]
CLONAZEPAM	0.5 mg	QD	Y-M: 20[redacted]
SERTRALINE	50 mg	QD	Y-M: 20[redacted]
GLICLAZIDE	30 mg	BID	Y-M: 20[redacted] / -192
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -130
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -130

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 19[redacted]	NOT REPORTED
ASCORBIC ACID	500 ug	BID	Y-M: 19[redacted]	NOT REPORTED
NEBIVOLOL	5 mg	QD	Y-M: 19[redacted]	NOT REPORTED
EMPAGLIFLOZIN W/METFORMIN HYDROCHLORIDE	12.5/1000 mg	QD	Y-M: 20[redacted]	NOT REPORTED
IBUPROFEN	600 mg	PRN	Y-M: 20[redacted]	NOT REPORTED
IRON	350 mg	QD	Y-M: 20[redacted]	NOT REPORTED
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
CLONAZEPAM	0.5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
SERTRALINE	50 mg	QD	Y-M: 20[redacted]	NOT REPORTED
GLICLAZIDE	30 mg	BID	Y-M: 20[redacted] / -192	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -130	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -130	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	RIGHT ACHILLES TENDON TEAR
Preferred term	腱断裂
AE Onset Date / Rx Day	[redacted]20[redacted] / 156
Age at AE Onset	5[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 158): SURGICAL RECONSTRUCTION OF RIGHT ACHILLES TENDON: PATIENT WAS DISCHARGED IN A GOOD STATE WITH PROPER IMMOBILISATION. PHYSICAL THERAPY WAS PERFORMED

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PROLONGED AND INTENSIVE MECHANICAL ACTIVITY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はクロアチアの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右アキレス腱断裂の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，左足関節部骨折，局面型乾癬，糖尿病，高血圧，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右アキレス腱断裂を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。腱断裂により右アキレス腱に痛みと腫れが生じた。20[redacted] 年 [redacted] 月 [redacted] 日，アキレス腱再建術が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，適切に固定され，良好な状態で退院した。

Causality for ABT-494 (Blinded)

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1) Achilles tendon rupture (10000439) (Tendon rupture (10043248)) [v.22.0] [10000439]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of RIGHT ACHILLES TENDON TEAR

- Investigator: Prolonged and intensive mechanical activity

- AbbVie: Event not consistent with study drug's mechanism of action. Additional risk factor includes prolonged and intensive mechanical activity as per PI.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
異型肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: SCALP PLAQUE PSOARIASIS	19[redacted]
OTHER: CYCLOTHYMIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: INTERNAL HEMORRHOIDS	20[redacted]
OTHER: ROSACEA	20[redacted]
OTHER: BIPOLAR DISORDER	20[redacted]
OTHER: ENDOMETRIAL POLYP	20[redacted]
OTHER: MENOPAUSE	20[redacted]
OTHER: BILATERAL CALCIFIC SUPRASPINATUS TENDONITIS	20[redacted]
OTHER: LEFT 5TH METATARSAL FRACTURE	20[redacted]
DEGENERATIVE DISC DISEASE: TEMPORO-MANDIBULAR JOINT LUXATION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: SEBACEOUS CYSTS IN THE ARMPIT	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 43	43

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
LAMOTRIGINE	200 mg	QD	Y-M: 20[redacted]
VALPROIC ACID	145 mg	BID	Y-M: 20[redacted]
VALPROIC ACID	333 mg	BID	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted] / -363
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -250
METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20[redacted] / -215
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -184
ISONIAZID	1 OTHER: TABLET	QD	Y-M: 20[redacted] / -106

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LAMOTRIGINE	200 mg	QD	Y-M: 20[redacted]	ONGOING
VALPROIC ACID	145 mg	BID	Y-M: 20[redacted]	ONGOING
VALPROIC ACID	333 mg	BID	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	ONGOING
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -184	Y-M: 20[redacted] / 47
ISONIAZID	1 OTHER: TABLET	QD	Y-M: 20[redacted] / -106	ONGOING
PARACETAMOL	1 g	TID	Y-M: 20[redacted] / 43	ONGOING
ACETYLCYSTEINE	200 mg	TID	Y-M: 20[redacted] / 45	Y-M: 20[redacted] / 47
AZITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 47	Y-M: 20[redacted] / 62
CEFTRIAXONE	2 g	QD	Y-M: 20[redacted] / 47	Y-M: 20[redacted] / 63
BACTRIM	800/160 mg	BID	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 62
BACTRIM	800/160 mg	BID	Y-M: 20[redacted] / 62	Y-M: 20[redacted] / 78

Event #2: Serious Adverse Event, Event of Interest - Serious Infections

Event Description ATYPICAL PNEUMONIA

Preferred term 異型肺炎

AE Onset Date / Rx Day [redacted]20[redacted] / 47 (4 DAYS AFTER LAST TREATMENT)

Age at AE Onset 5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 47): Glucose: 6.3 [3.9 - 6.1] MMOL/L; Hematocrit: 0.34 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 109 [120 - 160] G/L; NPTST012-ACTIVATED PARTIAL THROMBOPLASTI: 0.68 [0.85 - 1.3] RATIO; [redacted]20[redacted] (RX DAY 51): Erythrocyte Sedimentation Rate: 81 [0 - 20] MM/H; Hematocrit: 0.31 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 103 [120 - 160] G/L; [redacted]20[redacted] (RX DAY 63): Hematocrit: 0.33 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 106 [120 - 160] G/L

Microbiology

[redacted]20[redacted] (RX DAY 47): BLOOD NPTST081-BLOOD CULTURE: Negative; OTHER NASAL SWAB FOR VIRAL CULTURE NPTST339-NASAL SWAB FOR VIRAL CULTURE: Negative; URINE NPTST491-URINE CULTURE: Negative; URINE NPTST492-URINE LEGIONELLA ANTIGEN: Negative; URINE NPTST493-URINE PNEUMOCOCCAL ANTIGEN: Negative

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 47): ARTERIAL BLOOD GAS: PH :7.47, PO2:54.9, PCO2:34.3. PARTIAL RESPIRATORY DISTRESS; TORAX X-RAY: BILATERAL INTERSTITIAL ALVEOLAR INFILTRATES; [redacted]20[redacted] (RX DAY 54): ARTERIAL BLOOD GAS: PH: 7.44, PCO2:38.6, PO2: 57.8,'90.6 OXYGEN SATURATION; [redacted]20[redacted] (RX DAY 63): BASAL ARTERIAL BLOOD GAS: PH: 7.46,PCO2: 34.6, PO2: 72.2. 95.8 OXYGEN SATURATION.

AE Stopped Rx Day	63 (20 DAYS AFTER LAST TREATMENT)
Duration of AE	17 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はスペインの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，異型肺炎の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，乾癬性関節炎，非喫煙者及び禁酒であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は異型肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，異型肺炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は呼吸困難，発熱及び咳嗽の徴候・症状を呈し，入院した。酸素療法が行われた。被験者の治験は中止された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，flumil，セフトリアキソン，アジスロマイシン及び cotrimoxazole であった。

Causality for ABT-494 (Blinded)

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1) Atypical pneumonia (10003757) (Atypical pneumonia (10003757)) [v.22.0] [10003757]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for ABT-494 (Blinded)

Event of ATYPICAL PNEUMONIA

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ACTIVATED PARTIAL THROMBOPLASTIN TIME:** 0.68 ratio (normal 0.85 to 1.3)

[redacted] **ARTERIAL BLOOD GAS:** PH :7.47, PO2:54.9, PCO2:34.3. partial respiratory distress

[redacted] **ARTERIAL BLOOD GAS:** ph: 7.44, pco2:38.6, po2: 57.8, 90.6 oxygen saturation

[redacted] **BASAL ARTERIAL BLOOD GAS:** ph: 7.46,pco2: 34.6, po2: 72.2. 95.8 oxygen saturation.

[redacted] **BLOOD CULTURE:** Negative

[redacted] **CHEST X-RAY:** Normal

[redacted] **ERYTHROCYTE SEDIMENTATION RATE:** 81.0 mm/h (normal 0 to 20)

[redacted] **GLUCOSE:** 114.0 mg/dl (normal 70.0 to 110.0)

[redacted] **HEMATOCRIT:** 33.6 % (normal 36.0 to 45.0)

[redacted] **HEMATOCRIT:** 30.5 % (normal 36.0 to 45.0)

[redacted] **HEMATOCRIT:** 32.7 % (normal 36.0 to 45.0)

[redacted] **HEMOGLOBIN:** 10.9 G/DL (normal 12.0 to 16.0)

[redacted] **20[redacted] HEMOGLOBIN:** 10.3 G/DL (normal 12.0 to 16.0)

[redacted] **20[redacted] HEMOGLOBIN:** 10.6 G/DL (normal 12.0 to 16.0)

[redacted] **20[redacted] NASAL SWAB FOR VIRAL CULTURE:** Negative

[redacted] **20[redacted] THORAX X-RAY:** Bilateral interstitial alveolar infiltrates

[redacted] **20[redacted] URINE CULTURE:** Negative

[redacted] **20[redacted] URINE LEGIONELLA ANTIGEN:** Negative

[redacted] **20[redacted] URINE PNEUMOCOCCAL ANTIGEN:** Negative

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	4[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: SCOLIOSIS	19[redacted]
OTHER: HYPERURICEMIA	20[redacted]
OTHER: PSORIASIS WITH PLACS	20[redacted]
HYPERLIPIDEMIA	20[redacted]
OTHER: SLIPPED DISC	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: SEXUAL DYSFUNCTION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: KNEE MENISCUS	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	20	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	FORMER	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 176	176
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 177	[redacted]20[redacted] / 394	218
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 395		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
SIMVASTATIN	20 mg	QD	Y-M: 20[redacted]
NAPROXEN	550 mg	PRN	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
HYDROXYCHLOROQUINE	200 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
ALLOPURINOL	100 mg	EVERY WEEK	Y-M: 20[redacted] / -262
TADALAFIL	10 mg	PRN	Y-M: 20[redacted] / -11

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
SIMVASTATIN	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
NAPROXEN	550 mg	PRN	Y-M: 20[redacted]	ONGOING
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 228
ALLOPURINOL	100 mg	EVERY WEEK	Y-M: 20[redacted] / -262	NOT REPORTED
TADALAFIL	10 mg	PRN	Y-M: 20[redacted] / -11	ONGOING
METOCLOPRAMIDE	10 mg	TID	Y-M: 20[redacted] / 207	ONGOING
PARACETAMOL	1 g	TID	Y-M: 20[redacted] / 207	ONGOING
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted] / 228	ONGOING
AMOXI-CLAVULANICO	875/125 mg	TID	Y-M: 20[redacted] / 284	Y-M: 20[redacted] / 290
ACETYLCYSTEINE	600 mg	QD	Y-M: 20[redacted] / 284	Y-M: 20[redacted] / 292
TERBUTALINE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted] / 284	Y-M: 20[redacted] / 303
PNEUMOCOCCAL VACCINE	1 OTHER: ADMINISTRATION	OTHER: ONCE	Y-M: 20[redacted] / 395	Y-M: 20[redacted] / 395
PNEUMOCOCCAL VACCINE	1 OTHER: APPLICATION	OTHER: ONCE	Y-M: 20[redacted] / 402	Y-M: 20[redacted] / 402
ACETYLCYSTEINE	200 mg	TID	Y-M: 20[redacted] / 407	Y-M: 20[redacted] / 416
AMOXICILLIN	750 mg	TID	Y-M: 20[redacted] / 407	Y-M: 20[redacted] / 416
SALBUTAMOL	2 OTHER: APLICATTION	PRN	Y-M: 20[redacted] / 407	Y-M: 20[redacted] / 416
AMOXICILLIN	500 mg	TID	Y-M: 20[redacted] / 470	Y-M: 20[redacted] / 477
DEXKETOPROFEN	50 mg	OTHER: 6H	Y-M: 20[redacted] / 595	Y-M: 20[redacted] / 597

PIP/TAZO	4 g	OTHER: 6H	Y-M: 20[redacted] / 595	Y-M: 20[redacted] / 597
AMOXI-CLAVULANICO	875/125 mg	TID	Y-M: 20[redacted] / 597	Y-M: 20[redacted] / 602
DIAZEPAM	5 mg	QD	Y-M: 20[redacted] / 597	Y-M: 20[redacted] / 602

Event #3: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	PNEUMONIA
Preferred term	肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 592
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 594): Alanine Aminotransferase: 78 [5 - 45] U/L; Alkaline Phosphatase: 32 [40 - 130] U/L; Aspartate Aminotransferase: 45 [5 - 33] U/L; Creatinine: 38128 [3448 - 22896] UMOL/L; NPTST123-CETONAS: 20 [NOT REPORTED - NOT REPORTED] mg/dL; NPTST300-LDH: 306 [135 - 225] U/L; Protein: 300 [NOT REPORTED - NOT REPORTED] mg/dL; [redacted]20[redacted] (RX DAY 595): Creatinine: 120 [62 - 106] UMOL/L; Hematocrit: 0.37 [0.39 - 0.5] FRACTION OF 1; Hemoglobin: 123 [130 - 168] G/L; Lymphocytes: 0.9 [1.2 - 4] 10^9/L; Neutrophils/Leukocytes: 72.8 [41.5 - 72] %

Microbiology

[redacted]20[redacted] (RX DAY 595): SPUTUM NPTST156-CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 592): TEMPERATURE: 40.2; [redacted]20[redacted] (RX DAY 594): RX TORAX: LEFT LOWER LOBE PNEUMONIA; [redacted]20[redacted] (RX DAY 595): ECG: NOT CLINICALLY SIGNIFICANT

AE Stopped Rx Day	602
Duration of AE	11 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はスペインの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，肺炎の事象を発現した。

Event 3 の臨床経過：

関連する病歴は，元喫煙者（1 日 1 箱を 20 年間），乾癬性関節炎及び元飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，肺炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は 48 時間の発熱後，入院した。緑色痰及び胸痛を伴う咳嗽があった。胸部 X 線検査で左肺下葉肺炎が明らかとなった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は経口抗生物質投与下で退院した。MTX は延期となった。

投与された薬剤は，ジアゼパム，dexketoprofeno，tazocel 及びアモキシシリン・クラブラン酸であった。

Causality for UPADACITINIB (Blinded)

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1) Pneumonia (10035664) (Pneumonia (10035664)) [v.22.1] [10035664]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of PNEUMONIA

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BODY TEMPERATURE:** 40.2 Degrees C

[redacted] **20[redacted] CHEST X-RAY SCREENING:** Normal

[redacted] **20[redacted] ECG:** NCS

[redacted] **20[redacted] LYMPHOCYTES ABSOLUTE:** 0.9 X10**3/MCL (normal 1.2 to 4)

[redacted] **20[redacted] NEUTROPHILS:** 72.8 % (normal 41.5 to 72)

[redacted] **20[redacted] RX TORAX:** LEFT LOWER LOBE PNEUMONIA

[redacted] **20[redacted] SPUTUM CULTURE:** Negative

[redacted] **20[redacted] WEIGHT (SCREENING):** 90 KG

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
骨膿瘍	X			X
胸水	X			
脳血管発作	X			X
肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
DIABETES MELLITUS	20[redacted]
HYPERTENSION	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
DICLOFENAC	75 mg	BID	Y-M: 20[redacted]-
ENALAPRIL	10 mg	QD	Y-M: 20[redacted]-

FOLIC ACID	5 mg	OTHER: WEEKLY	Y-M: 20[redacted]
METFORMIN	500 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	OTHER: WEEKLY	Y-M: 20[redacted]
RANITIDINE	150 mg	QD	Y-M: 20[redacted]
METHOTREXATE	20 mg	OTHER: WEEKLY	Y-M: 20[redacted]
METHOTREXATE	20 mg	OTHER: WEEKLY	Y-M: 20[redacted] / -220

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
DICLOFENAC	75 mg	BID	Y-M: 20[redacted]	NOT REPORTED
ENALAPRIL	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	OTHER: WEEKLY	Y-M: 20[redacted]	NOT REPORTED
RANITIDINE	150 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	OTHER: WEEKLY	Y-M: 20[redacted] / -220	NOT REPORTED
FENOFIBRATE	200 mg	QD	Y-M: 20[redacted] / 93	NOT REPORTED
METFORMIN	2 g	QD	Y-M: 20[redacted] / 122	NOT REPORTED
TRAMADOL	50 mg	TID	Y-M: 20[redacted] / 177	Y-M: 20[redacted] / 246
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted] / 178	NOT REPORTED
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted] / 178	NOT REPORTED
DUOCID	1.5 g	QID	Y-M: 20[redacted] / 178	Y-M: 20[redacted] / 183
CEFALOTIN	1 g	QID	Y-M: 20[redacted] / 183	Y-M: 20[redacted] / 183
CEFALOTIN	2 g	QID	Y-M: 20[redacted] / 184	Y-M: 20[redacted] / 192
CEFALOTIN	2 g	QID	Y-M: 20[redacted] / 192	NOT REPORTED
AMOXI-CLAVULANICO	1 g	TID	Y-M: 20[redacted] / 196	NOT REPORTED
PIP/TAZO	2.5 g	QID	Y-M: 20[redacted] / 197	Y-M: 20[redacted] / 205
TRAMADOL	50 mg	QD	Y-M: 20[redacted] / 247	NOT REPORTED

Event #2: Serious Adverse Event, Event of Interest - Serious Infections

Event Description VERTEBRAL ABSCESS

Preferred term 骨膿瘍

AE Onset Date / Rx Day [redacted]20[redacted] / 177 (22 DAYS AFTER LAST TREATMENT)

Age at AE Onset 6[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 177): CT CHEST AND ABDOMEN: DATED [redacted] [redacted]20[redacted]. SUBPLEURAL NODULAR FORMATION IN APICOPOSTERIOR SEGMENT OF THE LEFT UPPER LOBE AND LEFT PLEURAL EFFUSION.; [redacted]20[redacted] (RX DAY 178): CONTRAST BRAIN CT: REPORT WAS SENT ON SOURCE DOCUMENT DATED [redacted] 20[redacted]. CT WAS NORMAL BUT SAE LEFT LAMINAR EFFUSION WAS DESCRIBED.; [redacted]20[redacted] (RX DAY 182): PUNCTION OF VERTEBRAL ABSCESS: REPORT IS NOT PENDING BUT NOT AVAILABLE. ABUNDANT LEUKOCYTES AND PURULENT MATERIAL WERE SEEN. TREATMENT WAS STARTED.

AE Stopped Rx Day NOT REPORTED

Duration of AE NOT REPORTED

Severity Severe

Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	LEFT LAMINAR PLEURAL EFFUSION
Preferred term	胸水
AE Onset Date / Rx Day	[redacted]20[redacted] / 177 (22 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 177): CT CHEST AND ABDOMEN: DATED [redacted] [redacted]20[redacted]. SUBPLEURAL NODULAR FORMATION IN APICOPOSTERIOR SEGMENT OF THE LEFT UPPER LOBE AND LEFT PLEURAL EFFUSION.; [redacted]20[redacted] (RX DAY 178): CONTRAST BRAIN CT: REPORT WAS SENT ON SOURCE DOCUMENT DATED [redacted] [redacted]20[redacted]. CT WAS NORMAL BUT SAE LEFT LAMINAR EFFUSION WAS DESCRIBED.; [redacted]20[redacted] (RX DAY 182): PUNCTION OF VERTEBRAL ABSCESS: REPORT IS NOT PENDING BUT NOT AVAILABLE. ABUNDANT LEUKOCYTES AND PURULENT MATERIAL WERE SEEN. TREATMENT WAS STARTED.

AE Stopped Rx Day	196 (41 DAYS AFTER LAST TREATMENT)
Duration of AE	20 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CAUSE IS PROBABLY VERTEBRAL ABSSCESS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #4: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description	CEREBROVASCULAR ACCIDENT
Preferred term	脳血管発作
AE Onset Date / Rx Day	[redacted]20[redacted] / 178 (23 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 177): CT CHEST AND ABDOMEN: DATED [redacted] [redacted]20[redacted]. SUBPLEURAL NODULAR FORMATION IN APICOPOSTERIOR SEGMENT OF THE LEFT UPPER LOBE AND LEFT PLEURAL EFFUSION.; [redacted]20[redacted] (RX DAY 178): CONTRAST BRAIN CT: REPORT WAS SENT ON SOURCE DOCUMENT DATED [redacted] [redacted]20[redacted]. CT WAS NORMAL BUT SAE LEFT LAMINAR EFFUSION WAS DESCRIBED.; [redacted]20[redacted] (RX DAY 182): PUNCTION OF VERTEBRAL ABSCESS: REPORT IS NOT PENDING BUT NOT AVAILABLE. ABUNDANT LEUKOCYTES AND PURULENT MATERIAL WERE SEEN. TREATMENT WAS STARTED.

AE Stopped Rx Day	205 (50 DAYS AFTER LAST TREATMENT)
Duration of AE	28 DAYS
Severity	Moderate

Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CAUSE PROBABLY IS DIABETES.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #5: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	PNEUMONIA
Preferred term	肺炎
AE Onset Date / Rx Day	[redacted] / 196 (41 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
[redacted] (RX DAY 197): BLOOD NPTST081-BLOOD CULTURE: Negative

SAE Supplemental Procedure
NOT REPORTED

AE Stopped Rx Day	253 (98 DAYS AFTER LAST TREATMENT)
Duration of AE	58 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はアルゼンチンの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，椎骨膿瘍，脳血管発作及び左層状胸水の事象を発現した。

Event 2，3 及び 4 の臨床経過：

関連する病歴は，局面型乾癬，糖尿病，高血圧，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前におい

て，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は椎骨膿瘍及び左層状胸水を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は脳血管発作を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左層状胸水は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，脳血管発作は消失した。

本事象発現前，20[redacted] 年 [redacted] 月，被験者は腰痛（非重篤）を発現し，治験薬の投与が完全に中止された。

医療記録より：

20[redacted] 年 [redacted] 月 [redacted] 日，持続性の腰痛のため被験者は入院した。入院後，胸部 CT スキャン検査が行われ，層状胸水が認められた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は突発性の顔面・上肢不全麻痺を発現した。非造影脳 CT スキャン検査が行われ，結果は正常と判断された。虚血性病変や出血性病変の徴候は認められなかった。脳 CT 検査でこれらの変化は見られなかったものの虚血性 CVA であると考えられた。前回の CT 画像と比べて変化はなく，進行も見られなかった。症状は安定したまま依然として進行していた。20[redacted] 年 [redacted] 月 [redacted] 日，本事象は重度となった。20[redacted] 年 [redacted] 月 [redacted] 日，評価が行われ，顔面右側の運動／感覚消失が明らかとなった。入院中，胸部・腹部 CAT スキャン検査が指示された。この検査で，左肺上葉の肺尖後区に 13 mm 大の胸膜下結節形成が認められた。左肺葉の上舌区には小結節形成が認められた。また，左層状胸水も認められた。第 10 胸椎椎体を包み込んで椎体の骨密度を変化させている占拠性病変も認められた。入院中，サブグレード 2 の発熱（非重篤）が認められ，経験的抗生物質治療が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，コンピュータ断層撮影下で背側胸椎腫瘤穿刺が行われた。成分抽出が行われ，細菌培養並びにマイコバクテリア及び病理検査のために検体が送付された。20[redacted] 年 [redacted] 月 [redacted] 日，胸椎腫瘤穿刺により採取した検体の直接的な細菌検査の結果，大量の白血球が認められた。感染症の診察後，アンピシリンはセファロチンに変更された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，セファロチン，アンピシリン／スルバクタム，アスピリン，トラマドール及びアトルバスタチンであった。

Causality for UPADACITINIB (Blinded)

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1) Vertebral abscess (10067288) (Bone abscess (10068653)) [v.22.1] [10067288]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

2) Cerebrovascular accident (10008190) (Cerebrovascular accident (10008190)) [v.22.1] [10008190]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

3) Pleural effusion (10035598) (Pleural effusion (10035598)) [v.22.1] [10035598]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of VERTEBRAL ABSCESS

- Investigator: Not Applicable

- AbbVie: Risk factors include advanced age and pre-existing diabetes mellitus.

Event of CEREBROVASCULAR ACCIDENT

- Investigator: CAUSE probably is diabetes.

- AbbVie: Risk factors include pre-existing diabetes mellitus, hypertension and advanced age.

Event of LEFT LAMINAR PLEURAL EFFUSION

- Investigator: CAUSE is probably vertebral abscess

- AbbVie: Risk factors include advanced age and pre-existing diabetes mellitus.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CHEST AND ABDOMINAL CAT SCAN:** Showed a subpleural nodular formation in the apicoposterior segment of the left upper lobe measuring 13mm. Micronodular formation in superior lingular segment of the left lobe. Left laminar pleural effusion.

[redacted] **20[redacted] CHEST XRAY:** SCREENING -NORMAL

[redacted] **20[redacted] COMPUTERIZED TOMOGRAPHY SCAN OF BRAIN:** Normal.: Posterior fossa of 4th ventricle: normal shape, size and condition. No densitometric alterations were noted in cerebellum. Brainstem: Normal aspect. Ventricular system preserved in terms of shape and size. Centered midline. Increased width of supratentioral and infratentioral cortical sulci, commensurate with the patient´s age. Signs of periventricular leukoencephalopathy, probably of vascular origin. Preserved grey-white differentiation No intra-axial or extra-axial hematic collections were noted. Free basal cisterns. No alterations in bone structures of cranial vault. Partial occupation of right maillary sinus, both sphenoid sinuses and ethmoidal cells. Normally pneumatized mastoids.

[redacted] **20[redacted] DORSAL VERTEBRAL MASS PUNCTURE UNDER COMPUTERIZED AXIAL TOMOGRAPHY:** Showed a significant amount of leucocytes

[redacted] **20[redacted] TEMPERATURE:** 37.4 Degrees C

[redacted] **20[redacted] TEMPERATURE:** 37.6 Degrees C
Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はアルゼンチンの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，肺炎の事象を発現した。

Event 5 の臨床経過：

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，肺炎は消失した。

以前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は椎骨膿瘍，脳血管発作及び左層状胸水を発現した（AER # 19P-007-2903449-00）。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は発熱及び無力症で入院した。血液培養が行われ，20[redacted] 年 [redacted] 月 [redacted] 日に陰性と判明した。
20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，アモキシシリン／クラブラン酸及び tazonam であった。

Causality for UPADACITINIB (Blinded)

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1) Pneumonia (10035664) (Pneumonia (10035664)) [v.22.1] [10035664]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of PNEUMONIA

- Investigator: Not reported

- AbbVie: Risk factors include pre-existing diabetes mellitus, advanced age and recent hospitalization for cerebrovascular accident.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD CULTURE:** Negative

[redacted] **20[redacted] CHEST X-RAY:** Normal

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
気管支炎	X	X		X
間質性肺疾患	X		X	

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: HYPERTRIGLYCERIDEMIA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 242	74

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
HYDROXYCHLOROQUINE	400 mg	QD	Y-M: 20[redacted]
MEPREDNISONE	4 mg	QD	Y-M: 20[redacted]

METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 243
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 243
FENOFIBRATE	200 mg	QD	Y-M: 20[redacted] / 16	Y-M: 20[redacted] / 243
METAMIZOLE	500 mg	QD	Y-M: 20[redacted] / 191	Y-M: 20[redacted] / 191
METAMIZOLE	500 mg	QD	Y-M: 20[redacted] / 193	Y-M: 20[redacted] / 193
LEVOFLOXACIN	750 mg	QD	Y-M: 20[redacted] / 197	Y-M: 20[redacted] / 203
MEPREDNISONE	40 mg	QD	Y-M: 20[redacted] / 202	Y-M: 20[redacted] / 243
CLARITHROMYCIN	500 mg	BID	Y-M: 20[redacted] / 204	Y-M: 20[redacted] / 214
PIPERACILLIN W/TAZOBACTAM	4.5 g	QID	Y-M: 20[redacted] / 204	Y-M: 20[redacted] / 214
SULTAMICILLIN	375 mg	TID	Y-M: 20[redacted] / 222	Y-M: 20[redacted] / 225
FLUCONAZOLE	200 mg	QD	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 242
LEVOFLOXACIN	750 mg	QD	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 243
MEROPENEM	1 g	TID	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 243
METHYLPREDNISOLONE	1 g	QD	Y-M: 20[redacted] / 231	Y-M: 20[redacted] / 233
CYCLOPHOSPHAMIDE	1 g	QD	Y-M: 20[redacted] / 241	Y-M: 20[redacted] / 241
AMPHOTERICIN B	100 mg	QD	Y-M: 20[redacted] / 242	Y-M: 20[redacted] / 243

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	ACUTE BRONCHITIS
Preferred term	気管支炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 191
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 197): Aspartate Aminotransferase: 102 [9 - 34] U/L; Creatine Kinase: 2997 [26 - 192] U/L; Erythrocytes: 3.5 [4.1 - 5.6] 10^12/L; Hematocrit: 0.33 [0.38 - 0.45] FRACTION OF 1; Hemoglobin: 103 [115 - 140] G/L; Leukocytes: 4.9 [3.8 - 10.7] 10^9/L; Lymphocytes/Leukocytes: 9.2 [15.4 - 48.5] %; [redacted]20[redacted] (RX DAY 202): Creatine Kinase: 2844 [26 - 192] U/L; Hematocrit: 0.29 [0.37 - 0.47] FRACTION OF 1; Hemoglobin: 96 [115 - 140] G/L; [redacted]20[redacted] (RX DAY 211): NPTST036-ANTI DNA: 0 [0 - 20] U/L; NPTST041-ANTI LA: 0 [0 - 10] IU/L; NPTST043-ANTI-RO: 0 [0 - 10] IU/L; NPTST044-ANTI-SM: 0 [0 - 10] U/L; NPTST048-ANTINUCLEAR ANTIBODY: 0 [0 - 80] (DILUTION); NPTST140-COMPLEMENT CH50: 96 [83 - 125] U/L

Microbiology

[redacted]20[redacted] (RX DAY 202): BLOOD NPTST081-BLOOD CULTURE: Negative; URINE NPTST491-URINE CULTURE: Negative; [redacted]20[redacted] (RX DAY 204): OTHER BRONCHOALVEOLAR LAVAGE NPTST070-BAL CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted](RX DAY 191): CHEST X-RAY: BILATERAL LUNG INFILTRATES; [redacted]20[redacted] (RX DAY 202): CHEST CT SCAN: BILATERAL LUNG INFILTRATION

AE Stopped Rx Day	217 (26 DAYS AFTER LAST TREATMENT)
Duration of AE	27 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED

Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Event #2: Serious Adverse Event, Death

Event Description	UNSPECIFIED INTERSTITIAL PNEUMONITIS
Preferred term	間質性肺疾患
AE Onset Date / Rx Day	[redacted]20[redacted] / 225 (34 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 213): NPTST048-ANTINUCLEAR ANTIBODY: NEGATIVE [0 - 80] DILUTION; NPTST138-COMPLEMENT C3: 123 [80 - 160] MG/DL; NPTST139-COMPLEMENT C4: 15.4 [20 - 40] MG/DL; NPTST178-DNA ANTIBODY: NEGATIVE [0 - 5] U/L; NPTST433-SM ANTIBODY: 8.7 [0 - 20] U/L; [redacted]20[redacted] (RX DAY 225): Creatine Kinase: 5537 [26 - 192] U/L; Hemoglobin: 106 [116 - 164] G/L; Leukocytes: 8.9 [3.8 - 10.7] 10^9/L; Lymphocytes: 0.35 [0.91 - 4.28] 10^9/L; Protein: +2 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; [redacted]20[redacted] (RX DAY 227): NPTST361-OXYGEN SATURATION: 95 [95 - 100] %; [redacted]20[redacted] (RX DAY 228): NPTST361-OXYGEN SATURATION: 98 [95 - 100] %; [redacted]20[redacted] (RX DAY 229): NPTST361-OXYGEN SATURATION: 92 [95 - 100] %; [redacted]20[redacted] (RX DAY 230): NPTST361-OXYGEN SATURATION: 93 [95 - 100] %; [redacted]20[redacted] (RX DAY 231): NPTST361-OXYGEN SATURATION: 92 [95 - 100] %; [redacted]20[redacted] (RX DAY 232): NPTST361-OXYGEN SATURATION: 90 [95 - 100] %; [redacted]20[redacted] (RX DAY 233): NPTST361-OXYGEN SATURATION: 85 [95 - 100] %; [redacted]20[redacted] (RX DAY 234): NPTST361-OXYGEN SATURATION: 91 [95 - 100] %; [redacted]20[redacted] (RX DAY 235): NPTST361-OXYGEN SATURATION: 77 [95 - 100] %; [redacted]20[redacted] (RX DAY 236): NPTST361-OXYGEN SATURATION: 94 [95 - 100] %; [redacted]20[redacted] (RX DAY 237): Hematocrit: 0.3 [0.37 - 0.47] FRACTION OF 1; Hemoglobin: 94 [115 - 140] G/L; Leukocytes: 15600000 [4500000 - 9000000] 10^9/L; NPTST097-BUN/CREAT: 0.47 [NOT REPORTED - NOT REPORTED] mg/dL; NPTST361-OXYGEN SATURATION: 92 [95 - 100] %; [redacted]20[redacted] (RX DAY 238): NPTST361-OXYGEN SATURATION: 94 [95 - 100] %; [redacted]20[redacted] (RX DAY 239): NPTST361-OXYGEN SATURATION: 90 [95 - 100] %; [redacted]20[redacted] (RX DAY 241): NPTST361-OXYGEN SATURATION: 88 [95 - 100] %; [redacted]20[redacted] (RX DAY 242): NPTST361-OXYGEN SATURATION: 83 [95 - 100] %

Microbiology

[redacted]20[redacted] (RX DAY 225): BLOOD NPTST087-BLOOD CULTURES: Negative; OTHER BRONCHOALVEOLAR LAVAGE CULTURE NPTST093-BRONCHOALVEOLAR LAVAGE: Negative; SPUTUM NPTST441-SPUTUM CULTURE: Negative; URINE NPTST491-URINE CULTURE: Negative; [redacted]20[redacted] (RX DAY 242): BLOOD NPTST081-BLOOD CULTURE: Negative; OTHER BRONCHOALVEOLAR LAVAGE NPTST094-BRONCHOALVEOLAR LAVAGE CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 225): CHEST CT SCAN: LOWER BILATERAL LUNG INFILTRATES; OXYGEN THERAPY: OXIMETER VALUES AT ADMISSION WAS 86%. OXYGEN THERAPY WAS NECESSARY TO MAINTAIN OXYGEN SATURATION ABOVE 96%; [redacted]20[redacted] (RX DAY 234): CARDIAC ECHO DOPPLER: HEART FUNCTION OF LEFT VENTRICULE PRESERVED. MILD TRICUSPIDEA INSUFFICIENCY. DIASTOLIC DYSFUNCTION GRADE 1; [redacted]20[redacted] (RX DAY 235): SHOULDER MAGNETIC RESONANCE IMAGING: INCREASED MUSCLE EDEMA IN MUSCLES DELTOID, BICEPS AND SUPRASPINATUS (MYOSITIS). LIQUID COLLECTION SUBAPONEUROTIC IN DELTOIDS; [redacted]20[redacted] (RX DAY 242): CHEST CT SCAN: DUE TO A POOR CLINICAL EVOLUTION A NEW CHEST CT SCAN WAS PERFORMED SHOWING AN INCREASE IN BILATERAL LUNG INFILTRATES AS COMPARED TO PREVIOUS CHEST CT SCAN; INTENSIVE CARE UNIT: MECHANICAL RESPIRATORY ASSISTANCE

AE Stopped Rx Day	243 (52 DAYS AFTER LAST TREATMENT)
Duration of AE	19 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED

Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING, RESULTS IN DEATH

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はアルゼンチンの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，致死的な詳細不明の間質性肺臓炎，皮膚筋炎及び急性気管支炎の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，高トリグリセリド血症，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性気管支炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，急性気管支炎は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は詳細不明の間質性肺臓炎及び皮膚筋炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は死亡した。死因は詳細不明の間質性肺臓炎と報告された。剖検は実施されなかった。

20[redacted] 年 [redacted] 月 [redacted] 日，発熱及び痰を伴う咳嗽が出現した。20[redacted] 年 [redacted] 月 [redacted] 日，胸部 X 線検査及び尿培養検査が行われた。被験者はレボフロキサシンを投与され，7 日後に若干改善した。20[redacted] 年 [redacted] 月 [redacted] 日，発熱性症候群が再発し，随伴症状として両下肢の筋力低下，顔面及び胸部の紅斑病変，蕁麻疹並びに紅斑性／青紫色の変色を伴う両眼瞼浮腫が認められた。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院し，抗生物質を投与された。肺炎・感染症専門医による診察が行われた。胸部 CT スキャン検査が行われ，肺浸潤の増悪が認められた。血液培養検査及び気管支肺胞洗浄検査が行われ，結果は陰性であった。肺浸潤は臨床的に進行した。被験者は貧血，白血球減少症及び持続性の高 CPK を発現した。被験者はメチルプレドニゾロンを投与され，い

くらかの効果が認められた。筋力低下はわずかに改善したが，CPK 増加は持続していた。肺浸潤の改善は見られなかった。息切れ，頻呼吸及び低酸素血症が持続した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は治験実施施設を受診し，持続的なインフルエンザ様症状，筋力低下，発熱及び疲労悪化を訴えた。咳嗽及び息切れは悪化した。診察時，肺下葉に断続性ラ音が聴取され，パルスオキシメーター測定値が 86%であった。被験者はその後，市中感染性肺炎のため入院した。胸部 CT スキャン検査で両肺下部の浸潤が認められた。血液培養検査，喀痰培養検査，気管支肺胞洗浄検査（BAL）及び尿培養検査の結果は陰性であったが，CPK が著しく増加していた。被験者は白血球減少症を伴って貧血を呈していた。前回の入院以降，メチルプレドニゾロンの投与が継続されていた。フルコナゾールとともに，いくつかの抗生物質が追加された。

その後の数日間，被験者は，高流量鼻カニューラで酸素飽和度を 96%超に維持された状態で，良好な反応を示していた。発熱は見られなかったが，両肺底部の断続性ラ音が継続的に聴取されており，抗菌薬による治療が継続された。息切れ及び咳嗽が持続し，酸素の投与が必要であった。培養検査結果が陰性であったことから，メチルプレドニゾロンの投与回数が増やされた。メチルプレドニゾロン投与回数の増加後，被験者は安定状態にあったが，依然として酸素の投与が必要であった。20[redacted] 年 [redacted] 月 [redacted] 日，体幹及び上肢の紅斑性蕁麻疹様皮疹並びに顔面紅斑が持続していた。20[redacted] 年 [redacted] 月 [redacted] 日，肺浸潤の進行が認められ，ソル・メドロールの投与が開始された。20[redacted] 年 [redacted] 月 [redacted] 日，心エコー検査が行われ，結果は正常であった。20[redacted] 年 [redacted] 月 [redacted] 日，肩関節 MRI 検査で筋浮腫及び筋炎の悪化が認められた。免疫パネル検査の結果は，ANA，DNA 及び抗 SM が陰性，C3 が正常，C4 が低値であった。新たに行われた臨床検査で，メチルプレドニゾロンの静脈内ボーラス投与にもかかわらず CPK 増加（5500 IU）が持続していることが確認された。そのため，20[redacted] 年 [redacted] 月 [redacted] 日の呼吸器科医による診察に加え，シクロホスファミド 1000 mg の単回ボーラス投与が行われた。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，コントロール不良の息切れ，咳嗽及び飽和度低下のため，ICU に入院した。被験者は機械的換気が必要な状態であった。新たに行われた血液培養検査及び BAL の結果は陰性であった。胸部 CT 検査で肺浸潤の増悪が確認された。治療薬にアムホテリシン B が追加された。被験者は敗血症を伴う重度の呼吸不全に陥り，高用量の強心薬を要した。CPR が行われ，被験者は無事蘇生した。末梢チアノーゼを伴って，末梢血流低下による青藍色状態が認められた。被験者は心停止となり，CPR 処置にも反応を示さなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は死亡した。

治験責任医師によると，死因は進行性両肺浸潤を伴う重度のミオパチーであり，積極的な免疫抑制療法（メチルプレドニゾロン及びシクロホスファミドのボーラス投与）も奏効しなかっ

た。死亡診断書は入手されなかった。死因は，急性呼吸不全に続発した詳細不明の間質性肺臓炎であった。

投与された薬剤は，ソル・メドロール，スルタミシリン，レボフロキサシン，メチルプレドニゾロン，シクロホスファミド，フルコナゾール，アムホテリシン B，メロペネム，フロセミド，dipirone，クラリスロマイシン及びピペラシリン・タゾバクタム合剤であった。

The patient's past medications include:

HYDROXYCHLOROQUINE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Interstitial pneumonitis (10022618) (Interstitial lung disease (10022611)) [v.22.1] [10022618]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

2) Dermatomyositis (10012503) (Dermatomyositis (10012503)) [v.22.1] [10012503]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

3) Acute bronchitis (10000687) (Bronchitis (10006451)) [v.22.1] [10000687]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of UNSPECIFIED INTERSTITIAL PNEUMONITIS

- Investigator: Not applicable

- AbbVie: This is more likely due to the concurrent event of dermatomyositis.

Event of DERMATOMYOSITIS

- Investigator: Not applicable

- AbbVie: The exact etiology of this event remains unknown at this time in the literature. Evidence suggests that subjects with immune disorders such as psoriasis and psoriatic arthritis may be at higher risk of developing inflammatory myopathies such as dermatomyositis.

Event of ACUTE BRONCHITIS

- Investigator: Not Applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ANTINUCLEAR ANTIBODY:** Results: Negative Lower normal range: 0 (dilution) Upper normal range: 80 (dilution)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 102 U/L (normal 9 to 34)

[redacted] **20[redacted] AST:** 102 No units

[redacted] **20[redacted] BAL CULTURE:** Negative

[redacted] **20[redacted] BLOOD CULTURE:** Negative

[redacted] **20[redacted] BLOOD CULTURE:** Negative

[redacted] **20[redacted] BLOOD CULTURE:** Negative

[redacted] **20[redacted] BLOOD CULTURE:** Negative

[redacted] **20[redacted] BLOOD PRESSURE:** 175/102 mmHg

[redacted] 20[redacted] **BLOOD PRESSURE:** 85/50 mmHg

[redacted] 20[redacted] **BLOOD PRESSURE:** 80/40 mmHg

[redacted] 20[redacted] **BLOOD PRESSURE:** 60/40 mmHg

[redacted] 20[redacted] **BODY TEMPURATURE:** 37 Degrees C

[redacted] 20[redacted] **BRONCHOALVEOLAR LAVAGE CULTURE:** Negative

[redacted] 20[redacted] **BRONCHOALVEOLAR LAVAGE CULTURE:** Negative

[redacted] 20[redacted] **BRONCHOALVEOLAR LAVAGE CULTURE:** Negative

[redacted] 20[redacted] **BUN/CREATININE:** 0.47 mg/dL

[redacted] 20[redacted] **CARDIAC ECHO DOPPLER:** Heart function of left ventricular preserved. Mild tricuspid insufficiency. Diastolic dysfunction grade 1.

[redacted] 20[redacted] **CHEST CT SCAN:** Ground glass pattern compromise, bronchiectasis and bronchiectasis with bilateral basilar traction.

[redacted] 20[redacted] **CHEST CT SCAN:** Due to a poor clinical evolution a new chest CT scan was performed showing an increase in bilateral lung infiltrates as compared to previous chest CT scan.

[redacted] 20[redacted] **CHEST X-RAY:** Accentuation of the interstitial frame in both pulmonary bases (bilateral lung infiltrates).

[redacted] 20[redacted] **CHEST X-RAY (SCREENING):** Normal

[redacted] 20[redacted] **CPK:** 2997 No units

[redacted] 20[redacted] **CPK:** 5500 no units

[redacted] 20[redacted] **CREATINE KINASE:** 2997 U/L (normal 26 to 192)

[redacted] 20[redacted] **CREATINE KINASE:** 2844 U/L (normal 26 to 192)

[redacted] 20[redacted] **CREATINE KINASE:** 5537 U/L (normal 26 to 192)

[redacted] 20[redacted] **CT THORAX:** bibasal infiltrated with air bronchogram. Bilateral lung infiltration.

[redacted] 20[redacted] **DNA ANTIBODY:** Results: Negative Lower normal range: 0 U/L Upper normal range: 5 U/L

[redacted] 20[redacted] **HEART RATE:** 139 /min

[redacted] 20[redacted] **HEART RATE:** 130 /min

[redacted] 20[redacted] **HEART RATE:** 130 /min

[redacted] 20[redacted] **HEMATOCRIT:** 33 % (normal 38 to 45)

[redacted] 20[redacted] **HEMATOCRIT:** 29 % (normal 37 to 47)

[redacted] 20[redacted] **HEMATOCRIT:** 30 % (normal 37 to 47)

[redacted] 20[redacted] **HEMOGLOBIN:** 10.3 G/DL (normal 11.5 to 14)

[redacted] 20[redacted] **HEMOGLOBIN:** 9.6 G/DL (normal 11.5 to 14)

[redacted] 20[redacted] **HEMOGLOBIN:** 106 G/L (normal 116 to 164)

[redacted] 20[redacted] **HEMOGLOBIN:** 9.4 G/DL (normal 11.5 to 14)

[redacted] 20[redacted] **IMMUNOLOGIC PANEL:** ANA, DNA, SM, RO, LA AND COMPLEMENT WERE NORMAL

[redacted] 20[redacted] **LEUKOCYTES:** 3500 No units

[redacted] 20[redacted] **LYMPHOCYTES:** 9.2 % (normal 15.4 to 48.5)

[redacted] 20[redacted] **LYMPHOCYTES ABS:** 0.35 10^3/uL (normal 0.91 to 4.28)

[redacted] 20[redacted] **OXYGEN SATURATION:** Oxygen Saturation 90-92% on 3L oxygen.

[redacted] 20[redacted] **OXYGEN SATURATION:** Oxygen saturation 85% on 3L oxygen.

[redacted] 20[redacted] **OXYGEN SATURATION:** Oxygen saturation 77% on 3L oxygen.

[redacted] 20[redacted] **OXYGEN SATURATION:** 56 %

[redacted] 20[redacted] **PULSE OX:** 86 %

[redacted] 20[redacted] **RED BLOOD CELLS:** 3.5 TI/L (normal 1.96 to 7.23)

[redacted] 20[redacted] **RED BLOOD CELLS:** 4.92 10^6/uL (normal 3.8 to 10.7)

[redacted] 20[redacted] **RESPIRATORY RATE:** 38 /min

[redacted] 20[redacted] **SHOULDER MRI:** Increased muscle edema in muscles deltoid, biceps and supraspinatus (myositis). Liquid collection subaponeurotic in deltoids.

[redacted] 20[redacted] **SM ANTIBODY:** Results: Negative Lower normal range: 0 U/L Upper normal range: 5 U/L

[redacted] 20[redacted] **SPUTUM CULTURE:** Negative

[redacted] 20[redacted] **TGO:** 102 no unit

[redacted] 20[redacted] **URINE CULTURE:** Negative

[redacted] 20[redacted] **URINE CULTURE:** Negative

[redacted] 20[redacted] **URINE PROTEIN:** +2

[redacted] **20[redacted] WHITE BLOOD CELLS:** 10.5 10^3/uL (normal 1.96 to 7.23)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 8.03 10^3/uL (normal 1.96 to 7.23)

[redacted] **20[redacted] WHITE BLOOD CELLS**: 15600 10^6/uL (normal 4500 to 9000)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
頭位性回転性めまい	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 15 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: VARICELLA	19[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: POST-MENOPAUSAL	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: PSORIASIS ON PLATE ACTIVE	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY	19[redacted]
SURGERY: CAESAREAN SECTION	19[redacted]
SURGERY: CAESAREAN SECTION	19[redacted]
SURGERY: CHOLECYSTECTOMY	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 170	170
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 171	[redacted]20[redacted] / 392	222
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -224
KETOPROFEN	100 mg	QD	Y-M: 20[redacted] / -224
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -224
DEFLAZACORT	6 mg	QD	Y-M: 20[redacted] / -121
KETOPROFEN	100 mg	BID	Y-M: 20[redacted] / -121
METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20[redacted] / -121

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / -224	NOT REPORTED
DEFLAZACORT	6 mg	QD	Y-M: 20[redacted] / -121	NOT REPORTED
KETOPROFEN	100 mg	BID	Y-M: 20[redacted] / -121	NOT REPORTED
METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20[redacted] / -121	NOT REPORTED
ISONIAZID	100 mg	TID	Y-M: 20[redacted] / 408	NOT REPORTED
PODOPHYLLUM PELTATUM	2 %	QD	Y-M: 20[redacted] / 461	Y-M: 20[redacted] / 472
DIFENIDOL	40 mg	TID	Y-M: 20[redacted] / 562	NOT REPORTED
CIPROFLOXACIN	250 mg	BID	Y-M: 20[redacted] / 562	Y-M: 20[redacted] / 565

Event #2: Serious Adverse Event

Event Description	POSTURAL VERTIGO
Preferred term	頭位性回転性めまい
AE Onset Date / Rx Day	[redacted]20[redacted] / 562
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 562): Glucose: 6.7 [3.9 - 5.8] MMOL/L; Leukocytes: 35 [0 - 4] /HPF

Microbiology

NOT REPORTED

SAE Supplemental Procedure

30OCT2019 (RX DAY 563): CRANEAL CT: NORMAL

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はメキシコの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，体位性回転性めまいの事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，閉経後，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は体位性回転性めまいを発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は極度の回転性めまいのため入院した。被験者はジフェニドールを投与されたが，症状は改善しなかった。また，被験者は尿路感染（非重篤）を併発していることが明らかとなり，シプロフロキサシンを投与された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤はジフェニドールであった。

Causality for UPADACITINIB (Blinded)

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1) Vertigo positional (10047348) (Vertigo positional (10047348)) [v.22.1] [10047348]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of POSTURAL VERTIGO

- Investigator: NOT APPLICABLE

- AbbVie: Risk factors include age and gender. This pathology affects people age 50 and older and is more common in females patients

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CT SCAN:** MIDDLE EAR: RESULTS PENDING

[redacted] **20[redacted] GLUCOSE:** 120 mg/dL (normal 70 to 105)

[redacted] **20[redacted] HEAD CT:** NORMAL

[redacted] **20[redacted] URINE BACTERIA:** abundant

[redacted] **20[redacted] URINE WBC:** 35 cells/field (normal <4)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
腎盂腎炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: TRANSFUSION BY ANEMIA	19[redacted]
CHOLELITHIASIS: CHRONIC CHOLELITHIASIS	20[redacted]
HYPERTENSION: SYSTEMIC HYPERTENSION	20[redacted]
OTHER: DEEP THROMBOSIS OF RIGHT LEG	20[redacted]
OTHER: POSTMENOPAUSE	20[redacted]
OTHER: DEEP THROMBOSIS OF RIGHT LEG	20[redacted]
OTHER: BLEPHAROPTOSIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: BILATERAL SALPINGECTOMY	19[redacted]
SURGERY: CAESAREAN SECTION	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 395	227
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 396		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
CAPTOPRIL	25 mg	QD	Y-M: 20[redacted]
DICLOFENAC	100 mg	BID	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
BETAMETHASONE	5 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / -266
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted] / -266
PARACETAMOL	500 mg	TID	Y-M: 20[redacted] / -266
PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -266

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
CAPTOPRIL	25 mg	QD	Y-M: 20[redacted]	NOT REPORTED
DICLOFENAC	100 mg	BID	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted] / -266	NOT REPORTED
PARACETAMOL	500 mg	TID	Y-M: 20[redacted] / -266	NOT REPORTED
PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -266	NOT REPORTED
HYOSCINE	10 mg	PRN	Y-M: 20[redacted] / 233	Y-M: 20[redacted] / 233
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 234	Y-M: 20[redacted] / 241
RANITIDINE	150 mg	BID	Y-M: 20[redacted] / 235	NOT REPORTED

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description LEFT PYELONEPHRITIS

Preferred term 腎盂腎炎

AE Onset Date / Rx Day [redacted]20[redacted] / 234

Age at AE Onset 5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 234): Chloride: 105 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Creatinine: 0.56 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Erythrocytes: 5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Glucose: 99 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 5.1 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST485-UREA: 37.7 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Neutrophils/Leukocytes: 54.4 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Potassium: 3.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Sodium: 140 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 234): RENAL ULTRASONOGRAM: WAS PERFORMED AN ABDOMINAL ULTRASONOGRAM, USG ON RENAL AREA CONFIRM LEFT PYELONEPHRITIS

AE Stopped Rx Day 241

Duration of AE 8 DAYS

Severity Moderate

Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はメキシコの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左腎盂腎炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，慢性胆石症，全身性高血圧，閉経後，局面型乾癬，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左腎盂腎炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左腎盂腎炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，高脂肪食の摂取後に一過性の右上腹部痛が出現した。痛みは強度 5/10 で，右背部に放射状に拡がった。痛みは安静後かつ butilhioscina 10 mg の経口投与後に軽減した。20[redacted] 年 [redacted] 月 [redacted] 日，排尿困難並びに無力症及び筋無力を伴う痛みの増大（8/10）のため来院した。その他の増悪や随伴症状はなかった。腎臓超音波検査が行われ，左腎盂腎炎が明らかとなった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は腎盂腎炎のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，butilhioscina 及びシプロフロキサシンであった。

Causality for ABT-494 (Blinded)

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1) Pyelonephritis (10037596) (Pyelonephritis (10037596)) [v.22.0] [10037596]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of LEFT PYELONEPHRITIS

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CREATININE:** 0.56 no units

[redacted] **20[redacted] NEUTROPHILS %:** 54.4 %

[redacted] **20[redacted] RENAL ULTRASOUND:** Left pyelonephritis

[redacted] **20[redacted] UREA:** 37.7 no units

[redacted] **20[redacted] URINE RBC:** 5 no unit

[redacted] **20[redacted] URINE WBC:** 5 no unit

[redacted] **20[redacted] WBC:** 5.1 no units

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
急性心筋梗塞	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	MALE	MULTIPLE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: LATENT TUBERCULOSIS	20[redacted]
OTHER: FRACTURE OF THE FIRST TOE RIGHT FOOT	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.5 PACK	30	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 166	166
ADA	40MG	SC	EOW	[redacted]20[redacted] / 167		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
DICLOFENAC	100 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]

METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted] / -326
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -326

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
DICLOFENAC	100 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted] / 132	NOT REPORTED
ATORVASTATIN	80 mg	QD	Y-M: 20[redacted] / 132	NOT REPORTED
CLOPIDOGREL	75 mg	QD	Y-M: 20[redacted] / 132	NOT REPORTED
ENALAPRIL	5 mg	BID	Y-M: 20[redacted] / 132	NOT REPORTED
BUPRENORPHINE	0.3 mg	OTHER: ONE DOSE	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 132
ENOXAPARIN	80 mg	BID	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 136
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 136
ISOSORBIDE MONONITRATE	10 mg	TID	Y-M: 20[redacted] / 136	NOT REPORTED

Event #1: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description ACUTE ANTEROSEPTAL MYOCARDIAL INFARCTION

Preferred term 急性心筋梗塞

AE Onset Date / Rx Day [redacted]20[redacted] / 132

Age at AE Onset 4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 132): Aspartate Aminotransferase: 84 [0 - 38] U/L; Creatine Kinase: 1460 [49 - 397] U/L; Glucose: 6.3 [3.9 - 5.6] MMOL/L; NPTST091-BNP: 51 [0 - 100] NG/L; NPTST125-CK-MB: 80 [0 - 4.3] NG/ML; NPTST142-COPEPTIN: 19.3 [0 - 6.6] PMOL/L; NPTST145-CPK-MB: 98.6 [1 - 24] U/L; NPTST338-MYO: 400 [0 - 107] NG/ML; NPTST459-TNI: 2.41 [0 - 0.4] NG/ML

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 132): ECG: ANTERIOR INFARCTION.; [redacted]20[redacted] (RX DAY 135): ECHOCARDIOGRAM: LEFT VENTRICLE WITH REMODELING OF THE ANTEROSEPTAL WALL, HYPOKINESIA OF THE TIP, AKINESIA OF THE APICAL SEGMENT OF THE ANTEROSEPTAL WALL, HYPOKINESIA OF THE MEDIAL SEGMENT OF THE ANTEROSEPTAL WALL, FEVI 47%, DIASTOLIC DISFUNCTION GRADE I.; [redacted]20[redacted] (RX DAY 153): CARDIAC STRESS TEST: CARDIAC STRESS TEST BRUCE PROTOCOL, SUBMAXIAL FOR CARDIAC FRECUENCY AND NEGATIVE ELECTRICALLY FOR ISCHEMIA. NEGATIVE FOR ARRYTHMIA. ADECUATE PRESOR RESPONSE. ADEQUATE CHRONOTROPIC RESPONSE. WORKLOAD 7.4 METS

AE Stopped Rx Day 136

Duration of AE 5 DAYS

Severity Severe

Relation to Study Drug by Investigator No Reasonable Possibility

Investigator Alternative Etiology LIFESTYLE OF THE PATIENT, OBESITY, HIGH CHOLESTEROL AND TRYGLICERIDE LEVELS, GENETIC INHERITANCE

Discontinued Study Drug Due to the Event NO

SAE Criteria REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はメキシコの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，急性前壁中隔心筋梗塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，潜伏結核，紙巻タバコ喫煙者及び非飲酒者であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性前壁中隔心筋梗塞を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，急性前壁中隔心筋梗塞は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は非重篤と判断される高トリグリセリド血症及び高コレステロール血症を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，通勤途中の午前 8 時頃に急性胸痛が出現した。その他の症状はなかった。水分を摂ったところ，痛みは軽減されたようであった。午前 10 時頃に胸痛が増し（10/10），アドレナリン性症状を伴って耐え難い痛みとなった。被験者は午前 12 時に近くの救急治療室に到着した。狭心症はなかった。被験者は詳細不明の薬剤を投与され，20[redacted] 年 [redacted] 月 [redacted] 日に病棟に移された。同病院で心電図検査が行われたが，虚血は認められなかった。コペプチン検査が行われ，正常値を上回る増加が認められた。被験者は 10 ヵ月前と同様の疼痛のため入院した。入院中，狭心症の症状は見られなかった。心臓科で 20[redacted] 年 [redacted] 月 [redacted] 日にドップラー心エコー検査が指示された。検査所見は，左室の前壁中隔リモデリング，先端部の運動低下，前壁中隔心尖部の無動，前壁中隔内側部の運動低下，FEV1 47%及びグレード 1 の拡張機能障害であった。被験者は，症状が消失した後，20[redacted] 年 [redacted] 月 [redacted] 日に退院した。

投与された薬剤は，アスピリン，エナラプリル，オメプラゾール，ブプレノルフィン，イソソルビド，エノキサパリン及びクロピドグレルであった。

The patient's past medications include:

ISONIAZID for LATENT TUBERCULOSIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Acute antero septal myocardial infarction (10066546) (Acute myocardial infarction (10000891)) [v.22.1] [10066546]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of ACUTE ANTEROSEPTAL MYOCARDIAL INFARCTION

- Investigator: LIFESTYLE OF THE PATIENT, OBESITY, HIGH CHOLESTEROL AND TRYGLICERIDE LEVELS, GENETIC INHERITANCE

- AbbVie: Risk factors include current and long term smoking history of 0.5 ppd for 30 years, obesity (BMI 34.3 at screening), and pre-existing psoriasis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALBUMIN:** 4.00 G/DL (normal 3.50 to 4.80)

[redacted] **20[redacted] ASPARTATE AMINOTRANSFERASE:** 84 IU/L (normal 0 to 38)

[redacted] **20[redacted] BNP:** 51 NG/L (normal 0 to 100)

[redacted] **20[redacted] BODY WEIGHT:** 90 KG

[redacted] **20[redacted] BUN:** 15.14 mg/dL (normal 80.00 to 26.00)

[redacted] **20[redacted] CARDIAC STRESS TEST:** CARDIAC STRESS TEST BRUCE PROTOCOL, SUBMAXIAL FOR CARDIAC FRECUENCY AND NEGATIVE ELECTRICALLY FOR ISCHEMIA. NEGATIVE FOR ARRYTHMIA. ADECUATE PRESOR RESPONSE. ADEQUATE CHRONOTROPIC RESPONSE. WORK LOAD 7.4 METS

[redacted] **20[redacted] CHEST X-RAY:** Screening: Normal

[redacted] 20[redacted] **CHOLESTEROL TOTAL:** 209.57 mg/dL (normal 101.00 to 200.00)

[redacted] 20[redacted] **CK-MB:** 80 NG/ML (normal < 4.3 ng/mL)

[redacted] 20[redacted] **COPEPTIN:** 19.3 pmol/L (normal 0 to 6.6)

[redacted] 20[redacted] **CPK-MB:** 98.6 U/L (normal 1.00 to 24.00)

[redacted] 20[redacted] **CPK-MB:** 168.0 U/L (normal 1.00 to 24.00)

[redacted] 20[redacted] **CREATINE KINASE:** 1460 U/L (normal 49 to 397)

Unknown date D DIMER: <=100 400-600 ng/ml (0-386)

[redacted] 20[redacted] **ECG:** ANTERIOR INFARCTION.

[redacted] 20[redacted] **ECHOCARDIOGRAM:** Left ventricle with remodeling of the anteroseptal wall, hypokinesia of the tip, akinesia of the apical segment of the anteroseptal wall, hypokinesia of the medial segment of the anteroseptal wall, fevi 47%, diastolic disfunction grade I.

[redacted] 20[redacted] **EKG:** Normal

[redacted] 20[redacted] **EKG:** Sinus bradycardia

[redacted] 20[redacted] **EKG:** Atrial fibrillation; Important right axis deviation, lateral Infarction, Possible previous infarction; Abnormal ECG, Unconfirmed diagnosis

[redacted] 20[redacted] **EKG:** Sinus Rhythm Lateral infarction Possible previous infarction Abnormal ECG Unconfirmed Diagnosis

[redacted] 20[redacted] **EKG:** Not reported

[redacted] 20[redacted] **GLUCOSE:** 114 mg/dL (normal 70 to 100)

[redacted] 20[redacted] **HEMATOCRIT:** 53.53 % (normal 38.00 to 47.00)

[redacted] 20[redacted] **LEUKOCYTES:** 11.29 No Unit (normal 5.00 to 10.0)

[redacted] 20[redacted] **MAGNESIUM:** 2.40 mg/dL (normal 1.80 to 2.50)

[redacted] 20[redacted] **MYO:** 400 NG/ML (normal 0 to 107)

[redacted] 20[redacted] **POTASSIUM:** 4.30 MMOL/L (normal 3.60 to 5.10)

[redacted] 20[redacted] **TNI:** 2.41 NG/ML (normal 0 to 0.40)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
異型肺炎	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: DIASTASIS RECTI	NOT REPORTED
DEGENERATIVE DISC DISEASE: LWS PROLAPS	20[redacted]
DIABETES MELLITUS: TYP II	20[redacted]
HYPERLIPIDEMIA: HYPERLIPOPROTEINEMIA	20[redacted]
HYPERTENSION	20[redacted]
OTHER: STRUMA NODODSA STRUMA NODOSA	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: POLYARTHROSIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
BENIGN PROSTATIC HYPERPLASIA	20[redacted]

Prior Procedures	Procedure Year
SURGERY: DISC SURGERY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	35	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 57	57

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted]
PANTOPRAZOLE	50 mg	QD	Y-M: 20[redacted]
RISTFOR	50/1000 mg	QD	Y-M: 20[redacted]
COLECALCIFEROL	20000 OTHER: IE	EVERY 2 WEEKS	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]
LEFLUNOMIDE	10 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	5 mg	QD	Y-M: 20[redacted]
SILODOSIN	UNK mg	QD	Y-M: 20[redacted] / -257
SOLIFENACIN	8 mg	QD	Y-M: 20[redacted] / -257

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]	ONGOING
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted]	ONGOING
PANTOPRAZOLE	50 mg	QD	Y-M: 20[redacted]	ONGOING
RISTFOR	50/1000 mg	QD	Y-M: 20[redacted]	ONGOING
COLECALCIFEROL	20000 OTHER: IE	EVERY 2 WEEKS	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
PREDNISOLONE	5 mg	QD	Y-M: 20[redacted]	ONGOING
SILODOSIN	UNK mg	QD	Y-M: 20[redacted] / -257	ONGOING
SOLIFENACIN	8 mg	QD	Y-M: 20[redacted] / -257	ONGOING
CEFTRIAXONE	2 g	QD	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 61
CLARITHROMYCIN	500 mg	BID	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 62
ENOXAPARIN	0,4 OTHER: IE	QD	Y-M: 20[redacted] / 61	Y-M: 20[redacted] / 63
PIPERACILLIN	4,5 mg	TID	Y-M: 20[redacted] / 61	Y-M: 20[redacted] / 63
JONOSTERIL	1000 mL	QD	Y-M: 20[redacted] / 62	Y-M: 20[redacted] / 62

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	ATYPICAL PNEUMONIA ON BOTH SIDES
Preferred term	異型肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 57
Age at AE Onset	69

Laboratory Testing

[redacted]20[redacted] (RX DAY 57): Hemoglobin: 106 [106 - 132] G/L; [redacted]20[redacted] (RX DAY 63): NPTST154-CRP: 144,9 [0 - NOT REPORTED] mg/L

Microbiology

[redacted]20[redacted] (RX DAY 57): BLOOD NPTST079-BLATT CULTURE AEROB/ANEROB: Negative; [redacted]20[redacted] (RX DAY 59): URINE NPTST301-LEGINONELLA ANTIGEN: Negative

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 57): X RAY THORAX: BASAL INFILTRATION; [redacted]20[redacted] (RX DAY 62): OXYGEN TREATMENT 2LITER O2 /MIN: STABLE; [redacted]20[redacted] (RX DAY 63): CT THORAX: POSSIBLE ATYPICAL PNEUMONIA; ECG: SINUSARTYTMIA

AE Stopped Rx Day	85 (28 DAYS AFTER LAST TREATMENT)
Duration of AE	29 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ENVIRONMENT
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，両側性異型肺炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元喫煙者（1 日 1 箱を 35 年間），2 型糖尿病，高リポ蛋白血症，高血圧，結節性甲状腺腫，乾癬性関節炎，良性前立腺肥大症及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は両側性異型肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，両側性異型肺炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は 8 週時の規定来院で来院し，20[redacted] 年 [redacted] 月 [redacted] 日から夜間の悪寒が続いていることを報告した。被験者は，体温が 39.1℃ あり，発熱の原因を特定するため同日入院した。血液培養検査及び胸郭 X 線検査が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，病巣不明の敗血症の疑いにより，他院に転院となった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は両側性の異型肺炎と診断されて退院した。

退院時サマリーより：被験者はこの 3 年間，免疫抑制療法を受けていた。臨床化学検査で著しい CRP 値増加（58.5 mg/L）が認められた。まず，X 線写真上で見られる両側性の換気不十分に対し，静注用ロセフィン及び klacid の投与が開始された。このような治療の下で依然として微熱があったため，CRP 値が著しく増加し，白血球増加症が認められた。抗生物質による治療を強化する目的で，20[redacted] 年 [redacted] 月 [redacted] 日にピペラシリン・タゾバクタム合剤の投与が開始された。それでも被験者の状態は安定しなかった。低血圧（90/70 mmHg）及び頻脈（110/min）を伴って発熱が何度か再発した。また，被験者より，呼吸時の胸痛がこの 24 時間で増していると報告された。酸素 2L の投与（O2/min，95%）で安静時飽和度 90%であった。胸部手術科での診察後及び CT 画像の確認後，他の医師らは転移や胸膜中皮腫を示唆するような所見を認めず，異型肺炎のみを認めた。

投与された薬剤は，ロセフィン，ピペラシリン，klacid，jonosteril 及びピペラシリン・タゾバクタム合剤であった。

The patient's past medications include:

LEFLUNOMID for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Atypical pneumonia (10003757) (Atypical pneumonia (10003757)) [v.21.1] [10003757]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for ABT-494 (Blinded)

Event of ATYPICAL PNEUMONIA ON BOTH SIDES

- Investigator: Environment

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD CULTURE:** negative

Unknown date BLOOD PRESSURE: . 90/70 mmHG

[redacted] **20[redacted] BODY TEMPERATURE:** 39.1 Degrees C

[redacted] **20[redacted] CHEST X-RAY:** Mild basal ventilation disorder on left side, no pneumonia.

Unknown date CRP: 58.5 MG/L

[redacted] **20[redacted] CT THORAX:** Atypical pneumonia and suspected pleural metastasis with unknown primary tumor in multiple masses, differential diagnosis pleural mesothelioma

[redacted] **20[redacted] ECG:** Sinus rhythm, heart rate100/min, left axis deviation, as far as can be assessed no repolarization disorder. Time intervals in the normal range.

[redacted] **20[redacted] ECHOCARDIOGRAPHY:** Normal-sized cardiac chambers, muscles of normal thickness with marginally limited contractility, mild aortic insufficiency and mild pulmonary insufficiency. Other heart valves show normal morphology and function, no pericardial effusion, no signs of pulmonary hypertension

[redacted] **20[redacted] HEMOGLOBIN:** 6.6 MMOL/L (normal 6.6 to 8.1)

[redacted] **20[redacted] THORAX X-RAY:** BASAL INFILTRATION

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
筋萎縮性側索硬化症	X	X		

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: MYOMA	20[redacted]
DEPRESSION	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
HYPOTHYROIDISM	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: HYSTERECTOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 55	55

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
FLUOXETINE	20 mg	QD	Y-M: 20[redacted]
IBUPROFEN	600 mg	QD	Y-M: 20[redacted]
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]
LEVOTHYROXINE	75 ug	BID	Y-M: 20[redacted]

METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FLUOXETINE	20 mg	QD	Y-M: 20[redacted]	ONGOING
IBUPROFEN	600 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
LEVOTHYROXINE	75 ug	BID	Y-M: 20[redacted]	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description	AMYOTROPHIC LATERAL SCLEROSIS
Preferred term	筋萎縮性側索硬化症
AE Onset Date / Rx Day	[redacted]20[redacted] / 21
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	UNKNOWN ETIOLOGY
Discontinued Study Drug Due to the Event	YES
SAE Criteria	OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はブラジルの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，筋萎縮性側索硬化症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，甲状腺機能低下症，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は筋萎縮性側索硬化症を発現した。

被験者は構語障害及び記憶喪失を発現した。被験者は神経科医の診察を受けた。被験者は治験中止後の情報提供を拒否した。

Causality for ABT-494 (Blinded)

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1) Amyotrophic lateral sclerosis (10002026) (Amyotrophic lateral sclerosis (10002026)) [v.21.0] [10002026]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for ABT-494 (Blinded)

Event of AMYOTROPHIC LATERAL SCLEROSIS

- Investigator: Unknown etiology

- AbbVie: The only established risk factors for ALS are age and family history. It is not a disease of immunodeficiency and no other causative agents are known. The etiology of ALS is unknown. Additionally, development of the event is not consistent with study drug's mechanism of action.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
閉塞性気道障害	X	X		

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
HYPERTENSION	20[redacted]
OTHER: MENOPAUSAL	20[redacted]
HYPOTHYROIDISM	20[redacted]
PNEUMONIA	20[redacted]
DIABETES MELLITUS	20[redacted]
OTHER: DYSLIPIDEMIA	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	18	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 37	37

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
LOSARTAN	50 mg	BID	Y-M: 20[redacted]

LEVOTHYROXINE	180 mg	QD	Y-M: 20[redacted]
GLIBENCLAMIDE	5 mg	BID	Y-M: 20[redacted]
METFORMIN	850 mg	BID	Y-M: 20[redacted]
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted]
PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -331
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -88
METAMIZOLE	500 mg	QID	Y-M: 20[redacted] / -88
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -86

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LOSARTAN	50 mg	BID	Y-M: 20[redacted]	ONGOING
LEVOTHYROXINE	180 mg	QD	Y-M: 20[redacted]	ONGOING
GLIBENCLAMIDE	5 mg	BID	Y-M: 20[redacted]	ONGOING
METFORMIN	850 mg	BID	Y-M: 20[redacted]	ONGOING
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted]	ONGOING
PREDNISONE	5 mg	QD	Y-M: 20[redacted] / -331	ONGOING
METAMIZOLE	500 mg	QID	Y-M: 20[redacted] / -88	ONGOING
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -88	Y-M: 20[redacted] / 37
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -86	Y-M: 20[redacted] / 37
ANTIBIOTICS	UNKNOW OTHER: UNKNOW	OTHER: UNKNOW	Y-M: 20[redacted] / 38	Y-M: 20[redacted] / 57
AMOXICILLIN W/CLAVULANATE POTASSIUM	875 + 125 mg	BID	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 65

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description EXACERBATED OBSTRUCTIVE PULMONARY DISEASE

Preferred term 閉塞性気道障害

AE Onset Date / Rx Day [redacted]20[redacted] / 36

Age at AE Onset 6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 42): Basophils: 17 [0 - 100] 10^9/L; Eosinophils: 153 [100 - 400] 10^9/L; Erythrocytes: 4.1 [3.9 - 5] 10^12/L; Hematocrit: 0.38 [0.35 - 0.45] FRACTION OF 1; Hemoglobin: 129 [120 - 155] G/L; Leukocytes: 17000 [4000 - 10000] 10^9/L; Lymphocytes: 5.1 [1 - 3] 10^9/L; Monocytes: 646 [200 - 800] 10^9/L; Neutrophils: 11.084 [900 - 2.9] 10^9/L; [redacted]20[redacted] (RX DAY 49): Basophils: 17 [0 - 100] 10^9/L; Eosinophils: 188 [100 - 400] 10^9/L; Erythrocytes: 4.3 [3.9 - 5] 10^12/L; Hematocrit: 0.42 [0.35 - 0.45] FRACTION OF 1; Hemoglobin: 139 [120 - 155] G/L; Leukocytes: 17.1 [3.5 - 10.5] 10^9/L; Lymphocytes: 3.659 [1000 - 3000] 10^9/L; Monocytes: 975 [200 - 800] 10^9/L; Neutrophils: 12261 [1700 - 8000] 10^9/L; Platelets: 259000 [150000 - 450000] 10^9/L; [redacted]20[redacted] (RX DAY 53): Basophils: 15 [0 - 100] 10^9/L; Eosinophils: 207 [100 - 400] 10^9/L; Erythrocytes: 4 [3.9 - 5] 10^12/L; Hematocrit: 0.4 [0.35 - 0.45] FRACTION OF 1; Hemoglobin: 132 [120 - 155] G/L; Leukocytes: 14800 [4000 - 10000] 10^9/L; Lymphocytes: 4573 [1000 - 3000] 10^9/L; Monocytes: 607 [200 - 800] 10^9/L; Neutrophils: 9398 [1700 - 8000] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted](RX DAY 41): ECG: NORMAL; [redacted]20[redacted] (RX DAY 42): X-RAY: NO EVIDENCE OF EVOLUTIONARY PLEUROPULMONARY LESION HEART IN THE UPPER LIMITS OF NORMALITY

AE Stopped Rx Day	65 (28 DAYS AFTER LAST TREATMENT)
Duration of AE	30 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はブラジルの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，閉塞性肺疾患増悪の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高血圧，甲状腺機能低下症，元喫煙者（1 日 1 箱を 18 年間），肺炎，糖尿病，乾癬性関節炎及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は閉塞性肺疾患増悪を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，閉塞性肺疾患増悪は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，息切れ及び疲労が出現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は救急科を受診した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。入院中，抗生物質の投与が行われた。菌培養検査の実施有無は報告されなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

この被験者の治験薬は完全に中止された。

投与された薬剤はアモキシシリン・クラブラン酸であった。

Causality for UPADACITINIB (Blinded)

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1) Obstruction lung disease (10029959) (Obstructive airways disorder (10061877)) [v.22.1] [10029959]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of EXACERBATED OBSTRUCTIVE PULMONARY DISEASE

- Investigator: Not applicable

- AbbVie: Risk factor includes past history of 18 years of smoking 1 pack per day.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **BASOPHILS ABS:** 17 X10**3/MM**3 (normal 0 to 100)

[redacted] **ECG:** Normal

[redacted] **EOSINOPHILS ABS:** 207 X10**3/MM**3 (normal 100 to 400)

[redacted] **HEMATOCRIT:** 41.7 % (normal 35.0 to 45.0)

[redacted] **HEMOGLOBIN:** 12.9 G/DL (normal 12.0 to 15.5)

[redacted] **LYMPHOCYTES ABS:** 5100 X10**3/MM**3 (normal 1000 to 3000)

[redacted] **LYMPHOCYTES ABS:** 3659 X10**3/MM**3 (normal 1000 to 3000)

[redacted] **LYMPHOCYTES ABS:** 4573 X10**3/MM**3 (normal 1000 to 3000)

[redacted] **MONOCYTES ABS:** 975 X10**3/MM**3 (normal 200 to 800)

[redacted] **MONOCYTES ABS:** 607 X10**3/MM**3 (normal 200 to 800)

[redacted] **20**[redacted] **NEUTROPHILS ABS:** 12261 X10**3/MM**3 (normal 1700 to 8000)

[redacted] **20**[redacted] **NEUTROPHILS ABS:** 9398 X10**3/MM**3 (normal 1700 to 8000)

[redacted] **20**[redacted] **PLATELET COUNT:** 259000 X10**3/MM**3 (normal 150000 to 450000)

[redacted] **20**[redacted] **RED BLOOD CELLS:** 4.28 10^6/mm3 (normal 3.9 to 5.0)

[redacted] **20**[redacted] **RED BLOOD CELLS:** 3.96 10^6/mm3 (normal 3.9 to 5.0)

[redacted] **20**[redacted] **WHITE BLOOD CELLS:** 17000 X10**3/MCL (normal 4000 to 10000)

[redacted] **20**[redacted] **WHITE BLOOD CELLS:** 17.100 X10**3/MCL (normal 3.5 to 10.5)

[redacted] **20**[redacted] **WHITE BLOOD CELLS:** 14800 X10**3/MCL (normal 4000 to 10000)

[redacted] **20**[redacted] **X-RAY:** no evidence of evolutionary pleuropulmonary lesion; heart was in the upper limits of normality

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
丹毒	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: APPENDICITIS	19[redacted]
DEPRESSION: MILD DEPRESSION	19
OTHER: PLAQUE PSORIASIS	19
HYPERTENSION: SYSTEMIC ARTERIAL HYPERTENSION	19
OBESITY: MORBID OBESITY	19
OTHER: SYPHILIS	19
CEREBRAL VASCULAR ACCIDENT: TRANSIENT ISCHEMIC STROKE	19
OTHER: MENOPAUSE	20
DIABETES MELLITUS: DM TYPE II	20
PSORIATIC ARTHRITIS	20
PERIPHERAL VASCULAR DISEASE-VENOUS: PERIPHERAL VENOUS INSUFFICIENCY	20
OTHER: INCREASED ALCALINE PHOSPHATASE	20
OTHER: POSITIVE ANTI-HCV WITH NEGATIVE HCV RNA	20[redacted]

Prior Procedures	Procedure Year
INCREASED CREATINE PHOSPHOKINASE: NOT APPLICABLE	NOT REPORTED
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: RIGHT WRIST CYST REMOVAL	19
SURGERY: CAESAREAN	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
ATENOLOL	25 mg	BID	Y-M: 19[redacted]
FUROSEMIDE	40 mg	QD	Y-M: 19[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 19[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
INSULIN	15 IU	TID	Y-M: 20[redacted]
TANDRILAX	50 + 300 + 125 + 30 mg	BID	Y-M: 20[redacted] / -59
DIOSMIN	450 mg	QD	Y-M: 20[redacted] / -20

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ATENOLOL	25 mg	BID	Y-M: 19[redacted]	NOT REPORTED
FUROSEMIDE	40 mg	QD	Y-M: 19[redacted]	NOT REPORTED
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 19[redacted]	NOT REPORTED
INSULIN	15 IU	TID	Y-M: 20[redacted]	NOT REPORTED
DIOSMIN	450 mg	QD	Y-M: 20[redacted] / -20	NOT REPORTED
PREGABALIN	50 mg	QD	Y-M: 20[redacted] / 33	NOT REPORTED
CEFALEXIN	500 mg	QID	Y-M: 20[redacted] / 145	Y-M: 20[redacted] / 159
BENZYLPENICILLIN	1.200.000 IU	OTHER: ONCE	Y-M: 20[redacted] / 155	Y-M: 20[redacted] / 155
BENZYLPENICILLIN	1.200.000 IU	OTHER: ONCE	Y-M: 20[redacted] / 162	Y-M: 20[redacted] / 162
METAMIZOLE	500 mg	BID	Y-M: 20[redacted] / 168	Y-M: 20[redacted] / 168
OXACILLIN	UNKNOW OTHER: UNKNOW	OTHER: UNKNOW	Y-M: 20[redacted] / 169	Y-M: 20[redacted] / 179
AMOXICILLIN W/CLAVULANATE POTASSIUM	500 + 125 mg	TID	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 196

Event #3: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	LEFT LEG ERYSIPELAS
Preferred term	丹毒
AE Onset Date / Rx Day	[redacted]20[redacted] / 143
Age at AE Onset	6[redacted]

Laboratory Testing
[redacted]20[redacted] (RX DAY 176): Blood Urea Nitrogen: 5.4 [5.4 - 14.3] MMOL/L; Creatinine: 62 [35 - 124] UMOL/L; NPTST102-C-REACTIVE PROTEIN: 48.77 [0 - 8] MG/L
Microbiology
NOT REPORTED
SAE Supplemental Procedure
NOT REPORTED

AE Stopped Rx Day	195
Duration of AE	53 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はブラジルの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左脚の丹毒の事象を発現した。

Event 3 の臨床経過：

関連する病歴は，局面型乾癬，全身性動脈性高血圧，病的肥満，2 型糖尿病，乾癬性関節炎，末梢静脈不全，HCV 抗体陽性かつ HCV RNA 陰性，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左脚の丹毒を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左脚の浮腫及び温感を発現した。被験者は医師を受診し，抗生物質を処方された。抗生物質の服用中，腹部に乾癬が出現し，関節炎が悪化した。20[redacted] 年 [redacted] 月 [redacted] 日，悪寒を伴う発熱が見られたが，被験者はこれを報告しなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は治験実施施設に連絡し，その後，左脚の浮腫及び温感を伴う発熱のため入院した。丹毒と診断された。被験者より丹毒の改善が報告されたが，疼痛及び浮腫は持続していた。20[redacted] 年

[redacted]月[redacted]日，被験者は退院した。発熱はなく，経口食を摂ることができていた。

投与された薬剤は，dipirone，benzathine penicillin，アモキシシリン・クラブラン酸，oxacilin及びセファレキシンであった。

The patient's past medications include:

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

TORSILAX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Erysipelas (10015145) (Erysipelas (10015145)) [v.22.1] [10015145]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of LEFT LEG ERYSIPELAS

- Investigator: Not applicable

- AbbVie: Event more likely related to pre-existing morbid obesity, diabetes mellitus, and peripheral venous insufficiency.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD UREA NITROGEN:** 15 mg/dL (normal 15 to 40)

[redacted] **20[redacted] C-REACTIVE PROTEIN:** 48.77 MG/L (normal 0.0 to 8.0)

[redacted] **20[redacted] CREATININE:** 0.70 mg/dL (normal 0.40 to 1.40)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
不安	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	FEMALE	BLACK OR AFRICAN AMERICAN

Medical History	Onset Year
OTHER: GENITAL HERPES SIMPLEX	19[redacted]
HYPERTENSION	20[redacted]
OTHER: BIPOLAR MOOD DISORDER	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: HIGH FASTING BLOOD GLUCOSE	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	28	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	FORMER	More than 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 167	167
ADA	40MG	SC	EOW	[redacted]20[redacted] / 168		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
CHLORPROMAZINE	75 mg	QD	Y-M: 20[redacted]
CLONAZEPAM	4MG mg	QD	Y-M: 20[redacted]
LITHIUM	300 mg	TID	Y-M: 20[redacted]
LOSARTAN	50 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	3 mg	QD	Y-M: 20[redacted] / -316
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -160
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -160
MELOXICAM	15 mg	QD	Y-M: 20[redacted] / -40

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
CLONAZEPAM	4MG mg	QD	Y-M: 20[redacted]	NOT REPORTED
LITHIUM	300 mg	TID	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -160	Y-M: 20[redacted] / 147
MELOXICAM	15 mg	QD	Y-M: 20[redacted] / -40	Y-M: 20[redacted] / 147
LOSARTAN	100 mg	QD	Y-M: 20[redacted] / 58	NOT REPORTED
FEMODENE	1 OTHER: TABLET	QD	Y-M: 20[redacted] / 64	NOT REPORTED
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / 87	Y-M: 20[redacted] / 147
CYCLOBENZAPRINE	15 mg	QD	Y-M: 20[redacted] / 113	Y-M: 20[redacted] / 142
HALOPERIDOL	3 mL	OTHER: ONLY DOSE	Y-M: 20[redacted] / 136	Y-M: 20[redacted] / 136
RISPERIDONE	3 mg	OTHER: ONLY DOSE	Y-M: 20[redacted] / 136	Y-M: 20[redacted] / 136

Event #1: Serious Adverse Event

Event Description	ANXIETY CRISIS
Preferred term	不安
AE Onset Date / Rx Day	[redacted]20[redacted] / 136
Age at AE Onset	4[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	137
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by	No Reasonable Possibility

Investigator	
Investigator Alternative Etiology	RELATED TO PRE-EXISTING BIPOLAR DISORDER AND CURRENT PSYCHOSOCIAL PROBLEMS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はブラジルの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，不安発作の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，双極性気分障害，局面型乾癬，乾癬性関節炎，現喫煙者（1 日 1 箱を 28 年間）及び元飲酒者（1 日 4 杯超）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は不安発作を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，不安発作は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は不安発作で入院した。治験責任医師によると，これは既存の双極性障害及び現在の心理社会的問題と関連していた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，リスペリドン及びハロペリドールであった。

The patient's past medications include:

LOSARTAN for HYPERTENSION (20[redacted] - [redacted] [redacted] 20[redacted], Started [redacted] [redacted] 20[redacted])

PREDNISOLONE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

DICLOFENAC SODIUM for PSORIATIC ARTHRITIS ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Anxiety attack (10002856) (Anxiety (10002855)) [v.22.1] [10002856]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of ANXIETY CRISIS

- Investigator: Related to pre-existing bipolar disorder and current psychosocial problems

- AbbVie: event is more likely related to pre-existing bipolar disorder and current psychosocial problems per PI.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
足関節部骨折	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
MIGRAINE HEADACHE	19[redacted]
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: VERTEBRO ALGIC SYNDROME	19[redacted]
PSORIATIC ARTHRITIS	19[redacted]
HYPERTENSION	20[redacted]
PERIPHERAL VASCULAR DISEASE-VENOUS: CHRONIC VENOUS INSUFFICIENCY LOW EXTREMITIES	20[redacted]
EYE DISEASE/DISORDER: SURGERY CATARACTA	20[redacted]
HYPERLIPIDEMIA	20[redacted]
OTHER: OSTEOCHONDROSIS LEFT KNEE	20[redacted]
PERIPHERAL VASCULAR DISEASE-ARTERIAL: STENOSIS ARTERIA ILIACA RIGHT	20[redacted]
OTHER: HEPATHOPATHY	20[redacted]
OTHER: MENOPAUSE	20[redacted]
OTHER: HERPES SIMPLEX	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILECTOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 170	170
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 171		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
IBUPROFEN	400.00 mg	PRN	Y-M: 19[redacted]
TIAPROFENIC ACID	300.00 mg	PRN	Y-M: 19[redacted]
FOLIC ACID	10.00 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	UNKNOWN mg	EVERY WEEK	Y-M: 20[redacted]
DICLOFENAC	75.00 mg	QD	Y-M: 20[redacted]
CAPIVEN	1000.00 mg	QD	Y-M: 20[redacted]
FOLIC ACID	10.00 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15.00 mg	EVERY WEEK	Y-M: 20[redacted]-[redacted]
OMEPRAZOLE	20.00 mg	QD	Y-M: 20[redacted]-[redacted]
CLOPIDOGREL	75.00 mg	QD	Y-M: 20[redacted]-[redacted]
SIMVASTATIN	10.00 mg	QD	Y-M: 20[redacted]-[redacted]
DYNAMAG	1.00 OTHER: TABLET	QD	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
IBUPROFEN	400.00 mg	PRN	Y-M: 19[redacted]	NOT REPORTED
TIAPROFENIC ACID	300.00 mg	PRN	Y-M: 19[redacted]	NOT REPORTED
DICLOFENAC	75.00 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted]-[redacted] / 71
CAPIVEN	1000.00 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	10.00 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15.00 mg	EVERY WEEK	Y-M: 20[redacted]-[redacted]	NOT REPORTED
OMEPRAZOLE	20.00 mg	QD	Y-M: 20[redacted]-[redacted]	NOT REPORTED
CLOPIDOGREL	75.00 mg	QD	Y-M: 20[redacted]-[redacted]	NOT REPORTED
SIMVASTATIN	10.00 mg	QD	Y-M: 20[redacted]-[redacted]	NOT REPORTED
DYNAMAG	1.00 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED
ESCIN	40.00 mg	TID	Y-M: 20[redacted]-[redacted] / 71	Y-M: 20[redacted]-[redacted] / 81

KETOPROFEN	100.00 mg	PRN	Y-M: 20[redacted] / 71	Y-M: 20[redacted] / 81
NIMESULIDE	100.00 mg	PRN	Y-M: 20[redacted] / 71	Y-M: 20[redacted] / 81
PIRITRAMIDE	15.00 mg	PRN	Y-M: 20[redacted] / 71	Y-M: 20[redacted] / 81
BEMIPARIN	3500.00 IU	QD	Y-M: 20[redacted] / 71	Y-M: 20[redacted] / 105
METAMIZOLE	500.00 mg	PRN	Y-M: 20[redacted] / 71	Y-M: 20[redacted] / 107
DICLOFENAC	75.00 mg	QD	Y-M: 20[redacted] / 107	NOT REPORTED
CETIRIZINE	10.00 mg	QD	Y-M: 20[redacted] / 219	Y-M: 20[redacted] / 225
CETIRIZINE	10.00 mg	OTHER: THREE TIMES PER WEEK	Y-M: 20[redacted] / 226	Y-M: 20[redacted] / 239

Event #1: Serious Adverse Event

Event Description	FRACTURE RIGHT ANKLE
Preferred term	足関節部骨折
AE Onset Date / Rx Day	[redacted]20[redacted] / 71
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 71): Hemoglobin: 119 [117 - 160] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 71): X-RAY CHEST: NORMAL; X-RAY RIGHT ANKLE: FRACTURA TRIMALLEOLARIS CRURIS RIGHT; [redacted]20[redacted] (RX DAY 72): SURGERY OSTEOSYNTHESIS: OSTEOSYNTHESIS, SPLINT WITH SCREWS, KIRSHNER WIRES- STABILIZATION FRACTURE; X-RAY ANKLE RIGHT: POSTOPERATIVE CONTROL IMAGE - OSTEOSYNTHESIS

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	'THE PATIENT SLIPPED ON THE STAIRS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はチェコ共和国の 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右足首骨折の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，下肢慢性静脈機能不全，左膝骨端症，右腸骨動脈狭窄，閉経，非喫煙者及び少量の現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右足首骨折を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は階段で滑って転び，脱臼を伴う右足関節部骨折を負った。被験者は疼痛及び右足首の腫脹を発現した。X 線検査で足関節部骨折が確認された。20[redacted] 年 [redacted] 月 [redacted] 日，プレート，ネジ及びキルシュナー鋼線により強化する骨接合術が行われた。術後経過において合併症は認められず，20[redacted] 年 [redacted] 月 [redacted] 日に被験者は退院した。20[redacted] 年 [redacted] 月 [redacted] 日，検査が行われた。創傷は良好に治癒に向かっており，被験者はリハビリテーションを行っていた。

投与された薬剤は，dipidolor，ketonal，aulin，aescin 及び novalgin であった。

Causality for UPADACITINIB (Blinded)

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1) Ankle fracture (10002544) (Ankle fracture (10002544)) [v.22.0] [10002544]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of FRACTURE RIGHT ANKLE

- Investigator: The patient slipped on the stairs.

- AbbVie: Event is more likely related to subject slipping on stairs.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] HEMOGLOBIN:** 119 G/L

[redacted] **20[redacted] HANDS AND FEET X-RAY (SCREENING):** At least 1 erosion on the hands and feet.

[redacted] **20[redacted] RIGHT ANKLE X-RAY:** Fracture trimalleolaris cruris right

[redacted] **20[redacted] X-RAY ANKLE RIGHT:** postoperative control image - osteosynthesis

[redacted] **20[redacted] X-RAY CHEST:** Normal

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
関節脱臼	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	1[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: TRAUMATIC DISLOCATION OF THE LEFT SHOULDER	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
DICLOFENAC	75 mg	QD	Y-M: 20[redacted]
MELOXICAM	15 mg	QD	Y-M: 20[redacted]
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -359
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -359

METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -329
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -329
METHYLPREDNISOLONE	6 mg	QD	Y-M: 20[redacted] / -135
CLOBETASOL	2 OTHER: APPLICATION	EVERY WEEK	Y-M: 20[redacted] / -97

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
METHYLPREDNISOLONE	6 mg	QD	Y-M: 20[redacted] / -135	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	HABITUAL LUXATION OF THE LEFT SHOULDER
Preferred term	関節脱臼
AE Onset Date / Rx Day	[redacted]20[redacted] / 227
Age at AE Onset	1[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	310
Duration of AE	84 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	TRAUMATIC DISLOCATION OF THE LEFT SHOULDER IN 20[redacted]
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はチェコ共和国の 1[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左肩関節の習慣性脱臼の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，左肩関節の外傷性脱臼，局面型乾癬，乾癬性関節炎，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左肩関節の習慣性脱臼を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左肩関節の習慣性脱臼のため入院した。20[redacted] 年 [redacted] 月 [redacted] 日，左肩関節の関節鏡検査が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。術後，創傷は治癒し，治験薬の投与が再開された。

The patient's past medications include:

DICLOFENAC for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

MELOXICAM for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

ACIDUM FOLICUM for PROPHYLAXIS OF MTX TOXICITY ([redacted] 20[redacted] - [redacted] 20[redacted])

TREXAN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

CLOBEX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Subluxation shoulder (10042412) (Joint dislocation (10023204)) [v.22.1] [10042412]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of HABITUAL LUXATION OF THE LEFT SHOULDER

- Investigator: Traumatic dislocation of the left shoulder in 20[redacted].

- AbbVie: Event is more likely related to pre-existing history of traumatic dislocation of the left shoulder.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
発熱	X	X		

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OBESITY	19[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
DIABETES MELLITUS: TYPE 2	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
DEPRESSION: RECURRENT EPISODES	20[redacted]
OTHER: RECURRENT HERPES LABIALIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: OVARI3CTOMY RIGHT SIDE	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	30 PACK	17	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 167	167
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 168	[redacted]20[redacted] / 244	77

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
METFORMIN	1000 mg	BID	Y-M: 20[redacted]
COLECALCIFEROL	20.000 IU	EVERY WEEK	Y-M: 20[redacted]

FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
INSULIN ASPART	58 IU	QD	Y-M: 20[redacted]
INSULIN GLARGINE	40 IU	QD	Y-M: 20[redacted]
CELECOXIB	200 mg	PRN	Y-M: 20[redacted]
DULAGLUTIDE	1.5 mg	QD	Y-M: 20[redacted] / -77
MILNACIPRAN	25 mg	QD	Y-M: 20[redacted] / -77

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
METFORMIN	1000 mg	BID	Y-M: 20[redacted]	NOT REPORTED
COLECALCIFEROL	20.000 IU	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 183
INSULIN GLARGINE	40 IU	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 13
INSULIN ASPART	58 IU	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 85
CELECOXIB	200 mg	PRN	Y-M: 20[redacted]	NOT REPORTED
DULAGLUTIDE	1.5 mg	QD	Y-M: 20[redacted] / -77	NOT REPORTED
MILNACIPRAN	25 mg	QD	Y-M: 20[redacted] / -77	NOT REPORTED
INSULIN GLARGINE	44 umol	QD	Y-M: 20[redacted] / 14	Y-M: 20[redacted] / 85
INSULIN ASPART	44 IU	QD	Y-M: 20[redacted] / 86	NOT REPORTED
INSULIN GLARGINE	20 IU	QD	Y-M: 20[redacted] / 86	NOT REPORTED
METRONIDAZOLE	0.75 %	QD	Y-M: 20[redacted] / 109	Y-M: 20[redacted] / 128
FOSFOMYCIN	3 g	QD	Y-M: 20[redacted] / 142	Y-M: 20[redacted] / 142
AMPHOTERICIN B	10 mg	QID	Y-M: 20[redacted] / 168	Y-M: 20[redacted] / 175
MILNACIPRAN	50 mg	QD	Y-M: 20[redacted] / 183	NOT REPORTED
MEDAZEPAM	10 mg	PRN	Y-M: 20[redacted] / 185	NOT REPORTED
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 185	NOT REPORTED
DIMETINDENE	4 mg	QD	Y-M: 20[redacted] / 186	Y-M: 20[redacted] / 186
PREDNISOLONE	100 mg	QD	Y-M: 20[redacted] / 186	Y-M: 20[redacted] / 186
CETIRIZINE	10 mg	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 197
METHYLPREDNISOLONE	0.1 %	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 197
ACICLOVIR	400 mg	QID	Y-M: 20[redacted] / 241	Y-M: 20[redacted] / 252
FOSFOMYCIN	3 g	OTHER: SINGLE	Y-M: 20[redacted] / 252	Y-M: 20[redacted] / 252

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description	FEVER INTERMITTENT
Preferred term	発熱
AE Onset Date / Rx Day	[redacted]20[redacted] / 36
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 177): NPTST456-TEMPERATURE: 36.8 [36 - 37] C; [redacted]20[redacted] (RX DAY 178): NPTST456-TEMPERATURE: 36.3 [36 - 37] C; [redacted]20[redacted] (RX DAY 179): NPTST456-TEMPERATURE: 36.4 [36 - 37] C; [redacted]20[redacted] (RX DAY 180): NPTST456-TEMPERATURE: 36.6 [36 - 37] C; [redacted]20[redacted] (RX DAY 181): NPTST456-TEMPERATURE: 36.5 [36 - 37] C; [redacted]20[redacted] (RX DAY 182): Alanine Aminotransferase: 53 [36 - 36] U/L; Hematocrit:

0.36 [0.37 - 0.47] FRACTION OF 1; LDL Cholesterol: 4.11 [2.25 - 3.55] MMOL/L; NPTST103-C-REAKTIVES PROTEIN I. S.: 2.6 [NOT REPORTED - 5] mg/L; NPTST191-ERYTHROCYTE: 3.76 [4.2 - 5.4] TPT/L; NPTST218-GAMMA-GT: 1.28 [0.7 - 0.71] UMMOL/(S*L); NPTST456-TEMPERATURE: 36.5 [36 - 37] C; [redacted]20[redacted] (RX DAY 183): NPTST456-TEMPERATURE: 36.6 [36 - 37] C; [redacted]20[redacted] (RX DAY 184): NPTST456-TEMPERATURE: 36.9 [36 - 37] C

Microbiology

[redacted]20[redacted] (RX DAY 178): BLOOD NPTST164-CYTOMEGALY VIRUS PUANTITATIV: Negative; BLOOD NPTST190-EPSTEIN-BARR VIRUS QUALITATIV: Negative; BLOOD NPTST242-HEPATITIS A VIRUS ANTI HAV IGM: Negative; BLOOD NPTST243-HEPATITIS A-VIRUS ANTI-HAV IGG: Negative; BLOOD NPTST253-HEPATITIS B VIRUS ANTI HBC GESA: Negative; BLOOD NPTST254-HEPATITIS B VIRUS ANTI-HBS (A): Not applicable-0.00 IU/L; BLOOD NPTST255-HEPATITIS B VIRUS HBS-ANTIGEN (: Negative; BLOOD NPTST256-HEPATITIS C-VIRUS ANTI-HCV SUC: Negative; BLOOD NPTST257-HEPATITIS E-VIRUS ANTI-HEV IGG: Negative; BLOOD NPTST258-HEPATITIS E-VIRUS ANTI-HEV IGM: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 179): SONOGRAPHY ABDOMEN: HEPATOMEGALY WITH MODERATE-SERVERE FATTY LEVER.NO INTRAABDOMINAL INFECTFOCUS WAS FOUND.; [redacted]20[redacted] (RX DAY 182): CT THORAX, ABDOMEN AND PELVIS: NO EVIDENCE OF INFLAMMATION THORACIC OR ABDOMINAL. NO EVIDENCE OF MALIGNITY LESION EXPANSION THORACIC OR ABDOMINAL.

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Mild
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，間欠熱の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，肥満，局面型乾癬，元喫煙者（1 日 30 箱を 17 年間），乾癬性関節炎，2 型糖尿病，うつ病，口唇ヘルペスの再発及び禁酒であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化され

た皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は間欠熱を発現した。

本事象発現前の 20[redacted] 年 [redacted] 月，被験者は口唇ヘルペスの再発（非重篤）を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は原因不明の発熱を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，発熱は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は尿路感染（非重篤）及び発熱を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，発熱は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は新たに原因不明の発熱を発現したが，同日消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，原因不明の発熱の原因を明らかにするための具体的な診断検査を受けるため入院した。被験者から疲労も報告された。20[redacted] 年 [redacted] 月 [redacted] 日，胸部及び腹部の CT スキャン検査が行われたが，炎症は認められなかった。入院中に行われた血液検査で，関連するウイルス感染の徴候は認められなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

本事象により治験薬の投与が完全に中止された。

Causality for UPADACITINIB (Blinded)

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1) Intermittent fever (10058698) (Pyrexia (10037660)) [v.22.1] [10058698]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of FEVER INTERMITTENT

- Investigator: Not applicable

- AbbVie: Fever is common in the general population as an indicator of acute infectious, inflammatory, or autoimmune disease. Additional risk factors include recent herpes labialis and urinary tract infection.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ALANINE AMINO TRANSFERASE:** 52.8 U/L (normal 36 to 36)

[redacted] 20[redacted] **BODY TEMPERATURE:** 36.8 Degrees C (normal 36 to 37)

[redacted] 20[redacted] **BODY TEMPERATURE:** 36.3 Degrees C (normal 36 to 37)

[redacted] 20[redacted] **BODY TEMPERATURE:** 36.4 Degrees C (normal 36 to 37)

[redacted] 20[redacted] **BODY TEMPERATURE:** 36.5 Degrees C (normal 36 to 37)

[redacted] 20[redacted] **BODY TEMPERATURE:** 36.9 Degrees C (normal 36 to 37)

[redacted] 20[redacted] **CT SCAN THORAX AND ABDOMEN:** No inflammation

[redacted] 20[redacted] **CT THORAX, ABDOMEN AND PELVIS:** No evidence of inflammation thoracic or abdominal. No evidence of malignant lesion expansion thoracic or abdominal.

[redacted] 20[redacted] **CYTOMEGALY VIRUS QUANTITATIVE:** Negative

[redacted] 20[redacted] **EPSTEIN-BARR VIRUS QUALITATIVE:** Negative

[redacted] 20[redacted] **ERYTHROCYTE:** 3.76 TPT/L (normal 4.20 to 5.40)

[redacted] 20[redacted] **GAMMA-GT:** 1.28 UMMOL/L (normal 0.70 to 0.71)

[redacted] 20[redacted] **HEMATOCRIT:** 36 % (normal 37 to 47)

[redacted] 20[redacted] **HEPATITIS A VIRUS ANTI HAV IGM:** Negative

[redacted] 20[redacted] **HEPATITIS A-VIRUS ANTI-HAV IGG:** Negative

[redacted] 20[redacted] **HEPATITIS B VIRUS ANTI HBC GESAMT (A):** Negative

[redacted] 20[redacted] **HEPATITIS B VIRUS ANTI-HBS (A):** 0.00 IU/L

[redacted] 20[redacted] **HEPATITIS B VIRUS HBS-ANTIGEN (A):** Negative

[redacted] 20[redacted] **HEPATITIS C-VIRUS ANTI-HCV SUCHTEST:** Negative

[redacted] 20[redacted] **HEPATITIS E-VIRUS ANTI-HEV IGG:** Negative

[redacted] 20[redacted] **HEPATITIS E-VIRUS ANTI-HEV IGM:** Negative

[redacted] 20[redacted] **LDL CHOLESTEROL:** 4.11 UMMOL/L (normal >2.25)

[redacted] 20[redacted] **SONOGRAPHY ABDOMEN:** Hepatomegaly with moderate-severe fatty liver. No intra abdominal infection focus was found.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
細菌性関節炎	X	X		X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 15 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 335	167

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
PREDNISONE	10 mg	QD	Y-M: 20[redacted]-
ISONIAZID	300 mg	QD	Y-M: 20[redacted]-[redacted] / -18

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 336
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 336
PREDNISONE	10 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 336
TRIAMCINOLONE	40 mg	OTHER: ONCE	Y-M: 20[redacted] / 330	Y-M: 20[redacted] / 330
PROBIOTICS	/ OTHER: /	QD	Y-M: 20[redacted] / 334	NOT REPORTED
ACECLOFENAC	100 mg	QD	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
CEFTRIAXONE	2 g	QD	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
CIPROFLOXACIN	100 mg	BID	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
METHYLPREDNISOLONE	40 mg	QD	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
METRONIDAZOLE	400 mg	TID	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
PANTOPRAZOLE	20 mg	BID	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
PARACETAMOL	500 mg	TID	Y-M: 20[redacted] / 334	Y-M: 20[redacted] / 335
DOXYCYCLINE	1000 mg	BID	Y-M: 20[redacted] / 336	Y-M: 20[redacted] / 349
MELOXICAM	15 mg	QD	Y-M: 20[redacted] / 336	Y-M: 20[redacted] / 349
MEROPENEM	1000 mg	TID	Y-M: 20[redacted] / 336	Y-M: 20[redacted] / 349
BROMAZEPAM	3 mg	QD	Y-M: 20[redacted] / 336	Y-M: 20[redacted] / 350
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 336	Y-M: 20[redacted] / 350
TRAMADOL	50 mg	QD	Y-M: 20[redacted] / 336	Y-M: 20[redacted] / 350
CARBOCISTEINE	10 mg	QD	Y-M: 20[redacted] / 349	Y-M: 20[redacted] / 350
DICLOFENAC	75 mg	PRN	Y-M: 20[redacted] / 350	NOT REPORTED
CEFTRIAXONE	2 g	QD	Y-M: 20[redacted] / 350	Y-M: 20[redacted] / 361
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 350	Y-M: 20[redacted] / 361
NADROPARIN	0.6 mL	QD	Y-M: 20[redacted] / 350	Y-M: 20[redacted] / 361

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	ARTHRITIS PURULENTA OF THE RIGHT GLENOHUMERAL JOINT
Preferred term	細菌性関節炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 329
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 337): Erythrocyte Sedimentation Rate: 46 [1 - 15] MM/H; Leukocytes: 19.1 [3.4 - 9.7] 10^9/L; NPTST100-C REACTIVE PROTEIN: 86.5 [0 - 5] MG/L; Neutrophils: 16.01 [2.1 - 6.5] 10^9/L; [redacted]20[redacted] (RX DAY 343): Erythrocyte Sedimentation Rate: 84 [1 - 15] MM/H; Leukocytes: 10.2 [3.4 - 9.7] 10^9/L; NPTST100-C REACTIVE PROTEIN: 93 [0 - 5] MG/L; NPTST388-PROCALCITONINE: 0.09 [0 - 0.5] NG/ML; Neutrophils: 8.13 [2.1 - 6.5] 10^9/L; Platelets: 522 [158 - 424] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 336): CT SCAN OF THE RIGHT SHOULDER: NARROWING OF THE GLENOHUMERAL JOINT. CYST WITH THE SCLEROTIC BORDERS IN THE HEAD OF THE HUMERUS. EDEMA OF THE DELTOID MUSCLE; VITAL SIGNS: TENSIO ARTERIALIS 130/90. HAERT RATE 80/MIN, TEMPERATURE WAS ELEVATED IN A FEW DAYS, THE HIGHEST WAS 37.8.; [redacted]20[redacted] (RX DAY 337): ARTHROCENTESIS OF THE GLENOHUMERAL JOINT: POLYMORPHONUCLEAR LEUKOCYTES IN A LARGGE NUMBER, BACERIAL EXAMINATION STERILE; [redacted]20[redacted] (RX DAY 338): LUNG RADIOGRAPHY: NORMAL FINDINGS; SHOULDER RADIOGRAPHY: LEASION OF THE ROTTATOR CUFF OF THE LEFT SHOULDER. NARROWING OF THE GLENOHUMERAL JOINTS WITH CYSTS.; [redacted]20[redacted] (RX DAY 346): MRI OG THE RIGHT GLENOHUMERAL

JOINT: GREAT EFFUSION OF THE RIGHT GLENOHUMERAL JOINT WITH REACTIVE LIMPHADENOPATHY IN THE RIGHT AXILA;[redacted]20[redacted] (RX DAY 350): ARTHROSCOPIA OF THE RIGHT GLENOHUMERAL JOINT WUTH DEBRIDEMENT AND LAVAGE OF THE JOINT: IN THE TOTAL ANESTESIA THIS OPERATIVE PROCEDURE WAS PERFORMED AND POSTOPERAVIE COURSE WAS GOOD.

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	MECHANICAL TRAUMA- SUBJET WAS DRIVING TRACTOR FEW DAYS BEFORE ONSET OF AE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はセルビアの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右関節窩上腕関節の化膿性関節炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右関節窩上腕関節の化膿性関節炎を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右肩関節に痛みを感じ，リウマチ専門医から hexatrione の関節内注射を受けたところ，良くなった。20[redacted] 年 [redacted] 月 [redacted] 日，痛みが悪化し，20[redacted] 年 [redacted] 月 [redacted] 日に被験者は近医に入院した。右肩関節に痛みと局所的な「発赤」が見られ，化膿性関節炎が疑われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は他院に転院となった。身体的診察で右肩関節炎が認められた。臨床検査及び診断検査が完了した。被験者は良くなったと感じた。20[redacted] 年 [redacted] 月 [redacted] 日，関節鏡

視下で右関節窩上腕関節のデブリードマン及び洗浄が行われた。周術期経過は良好であった。

本事象により治験薬の投与が完全に中止された。

投与された薬剤は，orvagyl，nolpaza，アセトアミノフェン，aflamil，voxin，archifar，trodon，movalis，panrazol，bromazepam，ciprocinal，longaceph，hexatrione 及び lemod であった。

The patient's past medications include:

ISONIAZIDE for LATENT TUBERCULOSIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Purulent arthritis (10073464) (Arthritis bacterial (10053555)) [v.22.1] [10073464]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of ARTHRITIS PURULENTA OF THE RIGHT GLENOHUMERAL JOINT

- Investigator: MECHANICAL TRAUMA- SUBJET WAS DRIVING TRACTOR FEW DAYS BEFORE ONSET OF AE

- AbbVie: event is more likely related to pre-existing psoriatic arthritis and mechanical trauma as reported by PI. Additional risk factor includes recent intraarticular joint injection.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ARTHROCENTESIS:** Polymorphonuclear leukocytes in a large number, bacterial examination sterile

[redacted] 20[redacted] **CRP:** 134.5 no units

[redacted] **20[redacted] CRP:** 86.5 no units

[redacted] **20[redacted] CRP:** 93 MG/L (normal 0 to 5)

[redacted] **20[redacted] CT SCAN:** Right shoulder: Narrowing of the glenohumeral joint. Cyst with the sclerotic borders in the head of the humerus. Edema of the deltoid muscle

[redacted] **20[redacted] ESR:** 70 no units

[redacted] **20[redacted] ESR:** 46 MM/HR (normal 1 to 15)

[redacted] **20[redacted] ESR:** 84 MM/HR (normal 1 to 15)

[redacted] **20[redacted] GR:** 14.4 no units

[redacted] **20[redacted] GR:** 16.01 no units

[redacted] **20[redacted] LE:** 16.7 no units

[redacted] **20[redacted] LUNG RADIOGRAPHY:** Normal findings

[redacted] **20[redacted] MRI OF THE RIGHT GLENOHUMERAL JOINT:** GREAT EFFUSION OF THE RIGHT GLENOHUMERAL JOINT WITH REACTIVE LIMPHADENOPATHY IN THE RIGHT AXILA

[redacted] **20[redacted] SHOULDER RADIOGRAPHY:** Lesion of the rottator cuff of the left shoulder. Narrowing of the glenohumeral joints with cysts.

[redacted] **20[redacted] VITAL SIGNS:** TENSIO ARTERIALIS 130/90, HAERT RATE 80/MIN, TEMPERATURE WAS ELEVATED IN A FEW DAYS, THE HIGHEST WAS 37.8.

[redacted] **20[redacted] WBC:** 10.21 X10**9/L (normal 3.4 to 9.7)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 19.09 X10**9/L (normal 3.4 to 9.7)

[redacted] **20[redacted] X-RAY:** Screening: erosion on hands and feet

[redacted] **20[redacted] X-RAY:** Screening: Chest, normal

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: POST-MENOPAUSAL	19[redacted]
HYPERTENSION	20[redacted]
DIABETES MELLITUS	20[redacted]
ANGINA	20[redacted]
CARDIAC ARRHYTHMIA: ARRHYTHMIA APSOLUTA	20[redacted]
OTHER: CARPAL TUNNEL	20[redacted]
OTHER: DIABETIC POLYNEUROPATHY	20[redacted]
OTHER: PSORIASIS PLAQUE	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: LATENT TUBERCULOSIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 174	174

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
FELODIPINE	5 mg	QD	Y-M: 20[redacted]
FUROSEMIDE	40 mg	OTHER: EVERY THIRD DAY	Y-M: 20[redacted]
INDAPAMIDE	1.5 mg	QD	Y-M: 20[redacted]
LOSARTAN	50 mg	BID	Y-M: 20[redacted]
METFORMIN	100 mg	TID	Y-M: 20[redacted]
BISOPROLOL	5 mg	BID	Y-M: 20[redacted]
ROSUVASTATIN	5 mg	QD	Y-M: 20[redacted]
VERAPAMIL	0.25 mg	QD	Y-M: 20[redacted]
WARFARIN	5 mg	QD	Y-M: 20[redacted]
INSULIN GLARGINE	54 IU	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -363
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -363
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / -363
INSULIN GLULISINE	32 IU	TID	Y-M: 20[redacted] / -332
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -15

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FELODIPINE	5 mg	QD	Y-M: 20[redacted]	ONGOING
FUROSEMIDE	40 mg	OTHER: EVERY THIRD DAY	Y-M: 20[redacted]	ONGOING
INDAPAMIDE	1.5 mg	QD	Y-M: 20[redacted]	ONGOING
LOSARTAN	50 mg	BID	Y-M: 20[redacted]	ONGOING
METFORMIN	100 mg	TID	Y-M: 20[redacted]	ONGOING
BISOPROLOL	5 mg	BID	Y-M: 20[redacted]	ONGOING
ROSUVASTATIN	5 mg	QD	Y-M: 20[redacted]	ONGOING
VERAPAMIL	0.25 mg	QD	Y-M: 20[redacted]	ONGOING
WARFARIN	5 mg	QD	Y-M: 20[redacted]	ONGOING
INSULIN GLARGINE	54 IU	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -363	ONGOING
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / -363	ONGOING
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -363	Y-M: 20[redacted] / 153
INSULIN GLULISINE	32 IU	TID	Y-M: 20[redacted] / -332	ONGOING
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -15	Y-M: 20[redacted] / 133
CEFEPIME	1000 mg	QD	Y-M: 20[redacted] / 153	Y-M: 20[redacted] / 162
AZITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 153	Y-M: 20[redacted] / 163
THEOPHYLLINE	250 mg	OTHER: TWICE PER DAY	Y-M: 20[redacted] / 153	Y-M: 20[redacted] / 166

VANCOMYCIN	1000 mg	QD	Y-M: 20[redacted] / 158	Y-M: 20[redacted] / 162

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	BRONCHOPNEUMONIA
Preferred term	肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 153
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 153): Alanine Aminotransferase: 59 [0 - 45] U/L; Albumin: 45 [53 - 128] G/L; Aspartate Aminotransferase: 36 [0 - 37] U/L; Bicarbonate: 37 [22 - 26] MMOL/L; Blood Urea Nitrogen: 9.1 [1.7 - 8.3] MMOL/L; Calcium: 1.09 [1.06 - 1.33] MMOL/L; Creatinine: 88 [53 - 106] UMOL/L; Erythrocytes: 4.8 [4.3 - 5.7] 10^12/L; Glucose: 8.6 [3.9 - 6.4] MMOL/L; Hematocrit: 0.49 [0.42 - 0.53] FRACTION OF 1; Hemoglobin: 165 [138 - 175] G/L; Leukocytes: 17.5 [3.4 - 9.7] 10^9/L; NPTST100-C REACTIVE PROTEIN: 20.8 [0 - 5] MG/L; NPTST360-OXYGEN BLOOD SATURATION: 53.6 [88 - 98] %; NPTST363-P02: 32.7 [65 - 100] MMHG; NPTST368-PC02: 77.9 [35 - 45] MMHG; Neutrophils/Leukocytes: 92.5 [44 - 72] %; Platelets: 433 [155 - 424] 10^9/L; Potassium: 4.6 [3.5 - 5.1] MMOL/L; Prothrombin Intl. Normalized Ratio: 2.07 [2 - 4] RATIO; Sodium: 138 [136 - 146] MMOL/L; pH: 7.292 [7.35 - 7.45] UNIT NOT REPORTED

Microbiology

[redacted]20[redacted] (RX DAY 158): OTHER ASPIRATE FROM MECHANIC VENTILATION TUBE NPTST066-BACTERIAL CULTURE: Negative-BACTERIAL CULTURES WERE STERILE. NO SPECIFIC BACTERIA WAS IDENTIFIED.

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 153): CONVENTIONAL RADIOGRAPHY OF LUNGS.: ON BOTH SIDE OF THE LUNGS, IN THE MIDDLE AND LOWER PARTS ARE PRESENT SIGNS OF PNEUMONIA.; SPIROMETRY: FVC 1.92 L - 97.3% FEV 1 1.37 L - 75.4% FEV 1/FVC 71.12% TIFFNAUO INDEX 91.5% MEF50 32.4%; [redacted]20[redacted] (RX DAY 156): MECHANIC VENTILATION: PATIENT HAS BEEN ON VENTILATION SUPPORT FOR FEW HOURS. PROCEDURE IS REPEATED FOR SEVERAL TIMES, BUT ITS HAS BEEN STOPPED BECAUSE PATIENT WAS NON-COOPERATIVE.

AE Stopped Rx Day	162
Duration of AE	10 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DIABETES DISEASE.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, PERSIST OR SIGNIF DISABILITY/INCAPACITY, OTHER MEDICALLY IMPORTANT SERIOUS EVENT, LIFE THREATENING

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はセルビアの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，気管支肺炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高血圧，糖尿病，アンギナ，絶対性不整脈，乾癬性関節炎，潜伏結核，非喫煙者及び非飲酒者であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は気管支肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，気管支肺炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は咳嗽，息詰まり及び疲労で入院した。身体的診察時，両肺の肺尖部及び下部で喘鳴及び断続性ラ音が聴取された。入院後，酸素，抗生物質及び気管支拡張薬が投与された。20[redacted] 年 [redacted] 月 [redacted] 日，機械的換気が開始された。被験者が非協力的であったため，機械的換気は中止された（日付不明）。治療開始から数日後，被験者に改善が見られ，20[redacted] 年 [redacted] 月 [redacted] 日に被験者は退院した。

投与された薬剤は，hemomycin，cefim，バンコマイシン及び durofilin であった。

Causality for UPADACITINIB (Blinded)

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1) Bronchopneumonia (10006469) (Pneumonia (10035664)) [v.22.1] [10006469]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of BRONCHOPNEUMONIA

- Investigator: Diabetes disease.

- AbbVie: Risk factors include advanced age with the incidence in the 70-75 age range nearly triple that of the 50-55 age range and pre-existing diabetes which further increases risk by another factor of up to 1.75.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 59 U/L (normal 0 to 45)

[redacted] **20[redacted] ALBUMIN:** 45 G/L (normal 53 to 128)

[redacted] **20[redacted] ASPARTATE AMINO TRANSFERASE:** 36 U/L (normal 0 to 37)

[redacted] **20[redacted] ASPIRATE FROM MECHANIC VENTILATION TUBE:** (Negative) Bacterial cultures were sterile. No specific bacteria was identified

Unknown date BACTERIAL CULTURE: Remains sterile.

[redacted] **20[redacted] BICARBONATE:** 36.8 MMOL/L (normal 22 to 26)

[redacted] **20[redacted] BLOOD PH:** 7.292 no unit (normal 7.35 to 7.45)

[redacted] **20[redacted] BLOOD UREA NITROGEN:** 9.1 MMOL/L (normal 1.7 to 8.3)

[redacted] **20[redacted] C REACTIVE PROTEIN:** 20.8 MG/L (normal 0 to 5)

[redacted] **20[redacted] CALCIUM:** 1.09 MMOL/L (normal 1.06 to 1.33)

[redacted] **20[redacted] CHEST X-RAY (SCREENING):** Normal

[redacted] **20[redacted] CREATININE:** 88.1 umol/L (normal 53 to 106)

[redacted] **20[redacted] GLUCOSE:** 8.6 MMOL/L (normal 3.89 to 6.38)

[redacted] **20[redacted] HEMATOCRIT:** 48.7 % (normal 41.5 to 53)

[redacted] **20[redacted] HEMOGLOBIN:** 165 G/L (normal 138 to 175)

[redacted] **20[redacted] INTERNATIONAL NORMALIZED RATIO:** 2.07 Ratio (normal 2 to 4)

[redacted] **20[redacted] NEUTROPHILS %:** 92.5 % (normal 44 to 72)

[redacted] **20[redacted] OXYGEN SATURATION:** 53.6 % (normal 88 to 98)

[redacted] **20[redacted] PCO2:** 77.9 mmHg (normal 35 to 45)

[redacted] **20[redacted] PLATELET COUNT:** 433 X10**9/L (normal 155 to 424)

[redacted] **20[redacted] PO2:** 32.7 mmHg (normal 65 to 100)

[redacted] **20[redacted] POTASSIUM:** 4.6 MMOL/L (normal 3.5 to 5.1)

[redacted] **20[redacted] RED BLOOD CELLS:** 4.81 X10**12/L (normal 4.34 to 5.72)

[redacted] **20[redacted] SODIUM:** 138 MMOL/L (normal 136 to 146)

[redacted] **20[redacted] SPIROMETRY:** FVC 1.92 L - 97.3% FEV 1 1.37 L - 75.4% FEV 1/FVC 71.12% TIFFNAUO INDEX 91.5% MEF50 32.4%

[redacted] **20[redacted] WHITE BLOOD CELLS:** 17.5 X10**9/L (normal 3.4 to 9.7)

[redacted] **20[redacted] X RAY:** On both sides of the lungs, in the middle and lower parts are present signs of pneumonia.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
穿孔性胃潰瘍	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: DEEP VEIN THROMBOSIS OF LEFT LOWER LEG	19[redacted]
OTHER: MENOPAUSE	19[redacted]
OTHER: VOCAL CORDS POLYPS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
DRUG ALLERGIES/REACTIONS: BARALGIN (METAMIZOLE-SODIUM)	20[redacted]
OTHER: GONARTHROSIS	20[redacted]
TUBERCULOSIS: LATENT TB	20[redacted]

Prior Procedures	Procedure Year
SURGERY: BENIGN BREAST LUMPS	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 170	170
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 171	[redacted]20[redacted] / 322	152

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
MELOXICAM	15 mg	PRN	Y-M: 20[redacted]
METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -14

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 290
MELOXICAM	15 mg	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / 290
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 290
ISONIAZID	300 mg	QD	Y-M: 20[redacted] / -14	Y-M: 20[redacted] / 290
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 298	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Gastrointestinal Perforations

Event Description	GASTRIC ULCER PERFORATION.
Preferred term	穿孔性胃潰瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 289
Age at AE Onset	7[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 290): EXPLORATORY LAPAROSCOPY WITH SANATION OF PEPTIC ULCER PERFORATION AND OMENTOPLASTY.: COMPLETION RESOLUTION OF PERFORATION.

AE Stopped Rx Day	309
Duration of AE	21 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	MORE LIKELY CAUSE IS CONCOMITANT THERAPY - NON STEROID ANTI INFLAMMATORY DRUGS AND METHOTREXATE USAGE.
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はセルビアの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，穿孔性胃潰瘍の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬及び乾癬性関節炎であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は穿孔性胃潰瘍を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，穿孔性胃潰瘍は消失した。

重度の上腹部痛が出現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性腹症の臨床像により救急治療室に入院した。診察，臨床検査及び画像検査後に穿孔性胃潰瘍が疑われた。20[redacted] 年 [redacted] 月 [redacted] 日，探索的な腹腔鏡検査が行われ，検査の結果，穿孔性消化性潰瘍及び大網形成が疑われた。穿孔は完全に消失した。20[redacted] 年 [redacted] 月 [redacted] 日，症状が完全に消失し，被験者は退院した。

投与された薬剤は controloc であった。

The patient's past medications include:

BARALGIN for UNKNOWN INDICATION (20[redacted] - 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Gastric ulcer perforation (10017835) (Gastric ulcer perforation (10017835)) [v.22.1] [10017835]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of GASTRIC ULCER PERFORATION

- Investigator: More likely cause is concomitant therapy – non steroid anti inflammatory drugs and methotrexate usage.

- AbbVie: Risk factors include advanced age and concomitant therapy with meloxicam.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
腸管ポリープ	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
OSTEOARTHRITIS: OA OF KNEES	20[redacted]
CONGESTIVE HEART FAILURE	20[redacted]
HYPERTENSION	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OSTEOARTHRITIS: OA OF SPINE	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): STEATOSIS	20[redacted]
OTHER: RIGHT KIDNEY CYST	20[redacted]

Prior Procedures	Procedure Year
SURGERY: RIGHT KNEE MENISC RESECTION	20[redacted]
SURGERY: LEFT KNEE ARTROSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
HYZAAR	100/25 mg	QD	Y-M: 20[redacted]
PIROXICAM	20 mg	QD	Y-M: 20[redacted]
BI PREDONIUM	5/1.25 mg	QD	Y-M: 20[redacted]
BISOPROLOL FUMARATE W/PERINDOPRIL ARGININE	10/5 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -109
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted] / -109
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -76

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
HYZAAR	100/25 mg	QD	Y-M: 20[redacted]	ONGOING
PIROXICAM	20 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -109	ONGOING
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted] / -109	ONGOING
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -76	ONGOING
BETAXOLOL	10 mg	QD	Y-M: 20[redacted] / 17	ONGOING

Event #1: Serious Adverse Event

Event Description	INTESTINAL POLYPUS
Preferred term	腸管ポリープ
AE Onset Date / Rx Day	[redacted]20[redacted] / 113
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 108): NPTST195-FAECAL TEST FOR LATENT BLEEDING: POSITIV [NOT REPORTED - NOT REPORTED] NO UNITS

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 124): COLONOSCOPY WITH POLYPECTOMY: POLYPECTOMY WAS DONE

AE Stopped Rx Day	125
Duration of AE	13 DAYS
Severity	Mild
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	NO OTHER CAUSES
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はリトアニアの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，腸管ポリープの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，うっ血性心不全，高血圧，乾癬性関節炎，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は腸管ポリープを発現した。20[redacted] 年 [redacted] 月 [redacted] 日，腸管ポリープは消失した。

被験者は，潜在性出血の可能性があったため，検査の予約を入れた。便検査の結果は陽性で，結腸内視鏡検査が予定された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は結腸内視鏡検査及びポリープ切除のため入院した。結腸内視鏡検査時に腸ポリープが見つかった。ポリープ切除術が行われ（病理検査は未実施），腸ポリープは消失した。被験者に症状はなく，ポリープは予定されていた検査で発見された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

Causality for UPADACITINIB (Blinded)

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1) Intestinal polyp (10048616) (Intestinal polyp (10048616)) [v.22.1] [10048616]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of INTESTINAL POLYPUS

- Investigator: No other causes

- AbbVie: Intestinal polyps found on colonoscopy are common in the general population. In one study of European individuals aged 55-64 of average risk, screening colonoscopy showed polyps in 48%. Obesity (BMI 34.1 at screening) is an additional risk factor.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **COLONOSCOPY WITH POLYPECTOMY:** POLYPECTOMY WAS DONE

September 2019 FAECAL TEST: Positive

[redacted] **FECAL TEST FOR LATENT BLEEDING:** Positive

[redacted] **WEIGHT (SCREENING):** 108.0 KG

[redacted] **WEIGHT (WEEK 16):** 108.0 KG

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
リンパ組織過形成	X	X		
肺線維症	X	X		

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
CHOLECYSTITIS	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): STEATOHEPATOSIS	20[redacted]
OBESITY	20[redacted]
OTHER: CURVE NASAL SEPTUM	20[redacted]
OTHER: DYSLIPIDEMIA	20[redacted]
OTHER: GOITER	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: CHRONIC TONSILLITIS	20[redacted]
PEPTIC ULCER DISEASE: DUODENAL ULCER	20[redacted]
PEPTIC ULCER DISEASE: STOMACH ULCER	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 PACK	3[redacted]	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 6	6

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -203
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -203
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -203

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -203	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -203	Y-M: 20[redacted] / 6
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -203	Y-M: 20[redacted] / 9
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 6	ONGOING
DIPHENHYDRAMINE	1 mL	PRN	Y-M: 20[redacted] / 6	Y-M: 20[redacted] / 10
METAMIZOLE	2 mL	PRN	Y-M: 20[redacted] / 6	Y-M: 20[redacted] / 10
REOSORBILACT	200 mL	QD	Y-M: 20[redacted] / 6	Y-M: 20[redacted] / 10
BISMUTH	120 mg	QID	Y-M: 20[redacted] / 10	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / 10	ONGOING
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted] / 10	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description LIMITED PNEUMOPHIBROSIS OF THE LOWER LOBE OF THE RIGHT LUNG. HYPERPLASIA OF MEDIASTINAL LYMPH NODES

Preferred term リンパ組織過形成

AE Onset Date / Rx Day [redacted]20[redacted] / 6

Age at AE Onset 5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 6): Erythrocytes: 4.8 [4 - 6.2] 10^12/L; Hematocrit: 0.45 [0.4 - 0.5] FRACTION OF 1; Hemoglobin: 158 [135 - 160] G/L; Leukocytes: 5.4 [4 - 10] 10^9/L; Lymphocytes: 1.5 [1 - 5] 10^9/L; Lymphocytes/Leukocytes: 27 [25 - 40] %; Monocytes: 0.4 [0.1 - 1] 10^9/L; Monocytes/Leukocytes: 7.5 [2 - 10] %; NPTST316-MCH: 32.8 [27 - 33] PG; NPTST317-MCHC: 348 [320 - 390] G/L; NPTST318-MCV: 94.4 [82 - 98] FL; NPTST333-MPV: 7.3 [6 - 13] FL; NPTST372-PCT: 0.1 [0.2 - 0.5] (CL/L); NPTST373-PDW: 13.8 [6 - 10] %; NPTST380-PLCR: 9.1 [12 - 42] %; NPTST416-RDWC: 12.1 [8 - 12] %; NPTST417-RDWS: 47.1 [37 - 46] FL; Neutrophils: 3.5 [2 - 8] 10^9/L; Neutrophils/Leukocytes: 65.5 [30 - 70] %; Platelets: 131 [150 - 400] 10^9/L; [redacted]20[redacted] (RX DAY 7): Alanine Aminotransferase: 35 [0 - 41] U/L; Albumin: 64.8 [52 - 65] %; Aspartate Aminotransferase: 45 [0 - 37] U/L; Bilirubin: 7 [0 - 19] UMOL/L; Cholesterol: 4.2 [0 - 5.2] MMOL/L; Creatinine: 106 [NOT REPORTED - 106] umol/L; Glucose: 5.2 [4.1 - 5.9] MMOL/L; HDL Cholesterol: 0.89 [1.89 - NOT REPORTED] mmol/L; LDL Cholesterol: 3.3 [NOT REPORTED - 2.26] mmol/L; NPTST026-ALPHA1-GLOBULINE: 4.8 [2.5 - 5] %; NPTST027-ALPHA2-GLOBULINE: 11.3 [7 - 13] %; NPTST031-AMYLASE: 50 [NOT REPORTED - 100] U/L; NPTST074-BETAGLOBULINE: 10 [8 - 14] %; NPTST213-GAMA GLUTAMIL TRANSFERASE: 27 [11 - 61] U/L; NPTST219-GAMMAGLOBULINE: 9.1 [12 - 22] %; NPTST398-PROTHROMBIN TIME: 12.8 [13 - 18] SEC; NPTST404-PTI: 102 [78 - 142] %; NPTST485-UREA: 5.9 [3.2 - 8.1] MMOL/L; Protein: 60 [65 - 85] G/L; Prothrombin Intl. Normalized Ratio: 0.97 [0.8 - 1.2] RATIO; Triglycerides: 1.04 [0 - 2.28] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 6): ECHOCARDIOGRAPHY: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; ELECTROCARDIOGRAPHY: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; ULTRASOUND EXAMINATION OF THE ABDOMINAL CAVITY: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; [redacted]20[redacted] (RX DAY 7): COMPUTED TOMOGRAPHY OF THE CHEST: CANCER OF THE RIGHT LUNG; X-RAY OF THE CHEST ORGANS:

CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; [redacted]20[redacted] (RX DAY 9): BRONCHOSCOPY WITH BIOPSY: PATHOLOGICAL CHANGES IN THE TRACHEA AND BRONCHI ARE NOT DETECTED; [redacted]20[redacted] (RX DAY 10): FIBROGASTRODUODENOSCOPY: EROSIVE-HEMORRHAGIC GASTROPATHY EROSION OF THE DEFORMED BULB OF THE DUODENUM; [redacted]20[redacted] (RX DAY 24): BIOPSY OF THE LYMPH NODES: NO SIGNS OF MALIGNANCY

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	SMOCKING
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description	LIMITED PNEUMOPHIBROSIS OF THE LOWER LOBE OF THE RIGHT LUNG. HYPERPLASIA OF MEDIASTINAL LYMPH NODES
Preferred term	肺線維症
AE Onset Date / Rx Day	[redacted]20[redacted] / 6
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 6): Erythrocytes: 4.8 [4 - 6.2] 10^12/L; Hematocrit: 0.45 [0.4 - 0.5] FRACTION OF 1; Hemoglobin: 158 [135 - 160] G/L; Leukocytes: 5.4 [4 - 10] 10^9/L; Lymphocytes: 1.5 [1 - 5] 10^9/L; Lymphocytes/Leukocytes: 27 [25 - 40] %; Monocytes: 0.4 [0.1 - 1] 10^9/L; Monocytes/Leukocytes: 7.5 [2 - 10] %; NPTST316-MCH: 32.8 [27 - 33] PG; NPTST317-MCHC: 348 [320 - 390] G/L; NPTST318-MCV: 94.4 [82 - 98] FL; NPTST333-MPV: 7.3 [6 - 13] FL; NPTST372-PCT: 0.1 [0.2 - 0.5] (CL/L); NPTST373-PDW: 13.8 [6 - 10] %; NPTST380-PLCR: 9.1 [12 - 42] %; NPTST416-RDWC: 12.1 [8 - 12] %; NPTST417-RDWS: 47.1 [37 - 46] FL; Neutrophils: 3.5 [2 - 8] 10^9/L; Neutrophils/Leukocytes: 65.5 [30 - 70] %; Platelets: 131 [150 - 400] 10^9/L; [redacted]20[redacted] (RX DAY 7): Alanine Aminotransferase: 35 [0 - 41] U/L; Albumin: 64.8 [52 - 65] %; Aspartate Aminotransferase: 45 [0 - 37] U/L; Bilirubin: 7 [0 - 19] UMOL/L; Cholesterol: 4.2 [0 - 5.2] MMOL/L; Creatinine: 106 [NOT REPORTED - 106] umol/L; Glucose: 5.2 [4.1 - 5.9] MMOL/L; HDL Cholesterol: 0.89 [1.89 - NOT REPORTED] mmol/L; LDL Cholesterol: 3.3 [NOT REPORTED - 2.26] mmol/L; NPTST026-ALPHA1-GLOBULINE: 4.8 [2.5 - 5] %; NPTST027-ALPHA2-GLOBULINE: 11.3 [7 - 13] %; NPTST031-AMYLASE: 50 [NOT REPORTED - 100] U/L; NPTST074-BETAGLOBULINE: 10 [8 - 14] %; NPTST213-GAMA GLUTAMIL TRANSFERASE: 27 [11 - 61] U/L; NPTST219-GAMMAGLOBULINE: 9.1 [12 - 22] %; NPTST398-PROTHROMBIN TIME: 12.8 [13 - 18] SEC; NPTST404-PTI: 102 [78 - 142] %; NPTST485-UREA: 5.9 [3.2 - 8.1] MMOL/L; Protein: 60 [65 - 85] G/L; Prothrombin Intl. Normalized Ratio: 0.97 [0.8 - 1.2] RATIO; Triglycerides: 1.04 [0 - 2.28] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 6): ECHOCARDIOGRAPHY: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; ELECTROCARDIOGRAPHY: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; ULTRASOUND EXAMINATION OF THE ABDOMINAL CAVITY: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; [redacted]20[redacted] (RX DAY 7): COMPUTED TOMOGRAPHY OF THE CHEST: CANCER OF THE RIGHT LUNG; X-RAY OF THE CHEST ORGANS: CLINICALLY SIGNIFICANT PATHOLOGICAL CHANGES WERE NOT DETECTED; [redacted]20[redacted] (RX DAY 9): BRONCHOSCOPY WITH BIOPSY: PATHOLOGICAL CHANGES IN THE TRACHEA AND BRONCHI ARE NOT DETECTED; [redacted]20[redacted] (RX DAY 10): FIBROGASTRODUODENOSCOPY: EROSIVE-HEMORRHAGIC GASTROPATHY EROSION OF THE DEFORMED BULB OF THE DUODENUM; [redacted]20[redacted] (RX DAY 24): BIOPSY OF THE LYMPH NODES: NO SIGNS OF MALIGNANCY

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility

Investigator Alternative Etiology	SMOCKING
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，軽微な右肺下葉線維症及び縦隔リンパ節過形成の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，局面型乾癬，肥満，乾癬性関節炎，現喫煙者（1 日 1 箱を 35 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の投与は 20[redacted] 年 [redacted] 月 [redacted] 日のみであった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は軽微な右肺下葉線維症及び縦隔リンパ節過形成を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は発熱を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は担当医から規定外来院を指示された。身体的診察時，発熱，腹痛及び脱力が認められた。同日，被験者は入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。本事象により治験薬の投与は完全に中止された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は専門のがんセンターに入院した。被験者は，縦隔リンパ節過形成を伴う軽微な右肺下葉線維症と診断された。悪性疾患の徴候は認められなかった。被験者の状態は改善した。

投与された薬剤は，analgine，reosorbilact 及び dimedroli であった。

Causality for ABT-494 (Blinded)

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1) Fibrosis pulmonary (10016660) (Pulmonary fibrosis (10037383)) [v.22.0] [10016660]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

2) Lymphoid tissue hyperplasia (10051808) (Lymphoid tissue hyperplasia (10051808)) [v.22.0] [10051808]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for ABT-494 (Blinded)

Event of LIMITED PNEUMOPHIBROSIS OF THE LOWER LOBE OF THE RIGHT LUNG. HYPERPLASIA OF MEDIASTINAL LYMPH NODES

- Investigator: Smoking

- AbbVie: Weak temporal relationship with only one week of study drug exposure. Additional risk factor includes significant long term and current tobacco history of 1 pack per day for past 35 years.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ABDOMINAL ULTRASOUND:** Clinically significant pathological changes were not detected

[redacted] **BRONCHOCOPY WITH BIOPSY:** PATHOLOGICAL CHANGES IN THE TRACHEA AND BRONCHI ARE NOT DETECTED

[redacted] **CHEST X-RAY:** Clinically significant pathological changes were not detectetd

[redacted] **CT:** CANCER OF THE RIGHT LUNG

[redacted] **20[redacted] ECHO:** clinically significant pathological changes were not detected

[redacted] **20[redacted] EKG:** Clinically significant pathological changes were not detected

[redacted] **20[redacted] FIBROGASTRODUODENOSCOPY:** Erosive-hemorrhagic gastropathy erosion of the deformed bulb of the duodenum

[redacted] **20[redacted] HEMOGLOBIN:** 158 G/L (normal 135 to 160)

[redacted] **20[redacted] INR:** 0.97 international normalized ratio (normal 0.8 to 1.2)

[redacted] **20[redacted] LDL CHOLESTEROL:** 3.3 MMOL/L (normal <2.26)

[redacted] **20[redacted] LYMPH NODE BIOPSY:** No signs of malignancy

[redacted] **20[redacted] LYMPHOCYTES %:** 27 % (normal 25 to 40)

[redacted] **20[redacted] LYMPHOCYTES ABS:** 1.5 X10**9/L (normal 1 to 5)

[redacted] **20[redacted] MONOCYTES %:** 7.5 % (normal 2 to 10)

[redacted] **20[redacted] MONOCYTES ABS:** 0.4 X10**9/L (normal 0.1 to 1)

[redacted] **20[redacted] NEUTROPHILS %:** 65.5 % (normal 30 to 70)

[redacted] **20[redacted] NEUTROPHILS ABS:** 3.5 X10**9/L (normal 2 to 8)

[redacted] **20[redacted] RDWC:** 12.1 % (normal 8 to 12)

[redacted] **20[redacted] RED BLOOD CELLS:** 4.81 X10**12/L (normal 4 to 6.2)

[redacted] **20[redacted] SCREENING CHEST X-RAY:** Normal

[redacted] **20[redacted] SCREENING EKG:** Normal

[redacted] **20[redacted] TRIGLYCERIDES:** 1.04 MMOL/L (normal 0 to 2.28)

[redacted] **20[redacted] UREA:** 5.9 MMOL/L (normal 3.2 to 8.1)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 5.4 X10**9/L (normal 4 to 10)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
線維嚢胞性乳腺疾患	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
EYE DISEASE/DISORDER: MYOPIA OF BOTH EYES	20[redacted]
KIDNEY DISORDER: CHRONIC PYELONEPHRITIS	20[redacted]
OTHER: GASTRITIS	20[redacted]
EYE DISEASE/DISORDER: RETINAL ANGIOPATHY	20[redacted]
OTHER: GOITER	20[redacted]
EYE DISEASE/DISORDER: PSEUDOPHAKIA OF RIGHT EYE	20[redacted]
EYE DISEASE/DISORDER: COMPLICATED MATURE LEFT EYE CATARACT	20[redacted]
HEPATITIS: CHRONIC HEPATITIS	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE	20[redacted]
OTHER: AXIAL HERNIA OF THE ESOPHAGUS OF THE DIAPHRAGM	20[redacted]
EYE DISEASE/DISORDER: DRY EYE SYNDROME OF BOTH EYES	20[redacted]
OTHER: VAGINAL PROLAPSE	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY	20[redacted]
SURGERY: CHOLECYSTECTOMY	20[redacted]
SURGERY: PHACOEMULSIFICATION OF RIGHT CATARACT WITH IOL IMPLANT	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FEMODENE	1 OTHER: TABL.	OTHER: WITHIN 21 DAYS 1 TABLET 1 TIME PER DAY, A BREAK OF 7 DAYS	Y-M: 20[redacted] / -189
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -189
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -189
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -189

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -189	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -189	Y-M: 20[redacted] / 105
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / -189	Y-M: 20[redacted] / 113
FEMODENE	1 OTHER: TABL.	OTHER: WITHIN 21 DAYS 1 TABLET 1 TIME PER DAY, A BREAK OF 7 DAYS	Y-M: 20[redacted] / -189	Y-M: 20[redacted] / 148
ATORVASTATIN	10 mg	QD	Y-M: 20[redacted] / 33	NOT REPORTED
GYNO TARDYFERON	1 OTHER: TABLET	QD	Y-M: 20[redacted] / 65	Y-M: 20[redacted] / 172
OXYMETAZOLINE	1 DF	BID	Y-M: 20[redacted] / 105	Y-M: 20[redacted] / 113
BORIC ACID	1 gtt	TID	Y-M: 20[redacted] / 105	Y-M: 20[redacted] / 115
CEFUROXIME	500 mg	BID	Y-M: 20[redacted] / 105	Y-M: 20[redacted] / 115
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted] / 114	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / 115	ONGOING
LEVOFLOXACIN	500 mg	QD	Y-M: 20[redacted] / 128	Y-M: 20[redacted] / 135

Event #1: Serious Adverse Event

Event Description	FIBROCYSTIC MASTOPATHY OF THE LEFT BREAST
Preferred term	線維嚢胞性乳腺疾患
AE Onset Date / Rx Day	[redacted]20[redacted] / 122
Age at AE Onset	4[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (RX DAY 122): ULTRASOUND EXAMINATION OF THE MAMMARY GLANDS: IT WAS DETECTED A NEOPLASM IN THE LEFT BREAST WITH A (D 0.5 CM); [redacted]20[redacted] (RX DAY 128): HISTOLOGICAL ANALYSIS: FIBROCYSTIC MASTOPATHY WITH SECTIONS OF DUCTAL EPITHELIAL HYPERPLASIA, SCLEROSING ADENOSIS, AND FORMATION OF INTRA-DUCTAL PAPILLOMA. MALIGNANCY NOT FOUND.; LEFT BREAST' NEOPLASM SURGERY REMOVING: COMPLETE REMOVAL OF NEOPLASM	
AE Stopped Rx Day	129
Duration of AE	8 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左乳房の線維嚢胞性乳腺疾患の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，乾癬性関節炎，胆嚢切除，腟脱，非喫煙者及び現飲酒者（2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左乳房の線維嚢胞性乳腺疾患を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左乳房の線維嚢胞性乳腺疾患は消失した。

予防的な乳腺超音波検査で，直径 0.5 cm の左乳房新生物が見つかった。被験者は腫瘍科医の診察を受けた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院し，左乳房新生物切除術を受けた。新生物は完全に切除された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。20[redacted] 年 [redacted] 月 [redacted] 日，組織学的検査の結果が得られ，乳管上皮過形成，硬化性腺症及び乳管内乳頭腫形成を伴う線維嚢胞性乳腺疾患であったことが確認された。悪性疾患は認められなかった。

Causality for UPADACITINIB (Blinded)

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1) Fibrocystic breast (10016620) (Fibrocystic breast disease (10016621)) [v.22.1] [10016620]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of FIBROCYSTIC MASTOPATHY OF THE LEFT BREAST

- Investigator: Not applicable

- AbbVie: Common in the general population; more than half of women experience fibrocystic breast changes at some point in their lives

Relevant Laboratory & Other Diagnostic Tests

[redacted] [redacted] **20[redacted] BREAST ULTRASOUND:** Neoplasm in the left breast with a (D 0.5 cm)

[redacted] [redacted] **20[redacted] HISTOLOGICAL ANALYSIS:** FIBROCYSTIC MASTOPATHY WITH SECTIONS OF DUCTAL EPITHELIAL HYPERPLASIA, SCLEROSING ADENOSIS, AND FORMATION OF INTRA-DUCTAL PAPILLOMA. MALIGNANCY NOT FOUND.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺炎	X			X
子宮平滑筋腫	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: UTERINE FIBROIDS	20[redacted]
CHOLELITHIASIS	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): NONALCOHOLIC FATTY LIVER DISEASE	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.5 PACK	20	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 170		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]

HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
DROSPIRENONE W/ETHINYLESTRADIOL	1 OTHER: TABLET	OTHER: 21 DAYS A MONTH	Y-M: 20[redacted]
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / -118
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -118
LIVER THERAPY	400 mg	BID	Y-M: 20[redacted] / -34

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
DROSPIRENONE W/ETHINYLESTRADIOL	1 OTHER: TABLET	OTHER: 21 DAYS A MONTH	Y-M: 20[redacted]	Y-M: 20[redacted] / 223
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted] / 118	- NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / 118	- NOT REPORTED
LIVER THERAPY	400 mg	BID	Y-M: 20[redacted] / 34	- Y-M: 20[redacted] / -3
AMBROXOL	1 OTHER: TABLET	TID	Y-M: 20[redacted] / 10	Y-M: 20[redacted] / 16
AMINOPHYLLINE	2.4% - 5.0 mL	QD	Y-M: 20[redacted] / 10	Y-M: 20[redacted] / 16
CLARITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 10	Y-M: 20[redacted] / 16
SPEKTRAMOX	1000 mg	BID	Y-M: 20[redacted] / 10	Y-M: 20[redacted] / 16
DICLOFENAC	100 mg	QD	Y-M: 20[redacted] / 114	NOT REPORTED
ARGININE GLUTAMATE	75 mg	TID	Y-M: 20[redacted] / 176	Y-M: 20[redacted] / 196
ROSUVASTATIN	5 mg	QD	Y-M: 20[redacted] / 198	NOT REPORTED
IRON	1 OTHER: TABLET	BID	Y-M: 20[redacted] / 202	NOT REPORTED
CEFTRIAXONE	1,0 g	BID	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 229
METRONIDAZOLE	500 mg	BID	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 229
SODIUM CHLORIDE	200,0 mL	BID	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 229
DIPHENHYDRAMINE	1.0 mL	QD	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 231
HEPARIN	5000 OTHER: UNITS	QID	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 231
KETOROLAC	1,0 mL	QD	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 231
FLUCONAZOLE	100,0 mL	QD	Y-M: 20[redacted] / 225	Y-M: 20[redacted] / 257
MAGNYL	75 mg	QD	Y-M: 20[redacted] / 232	Y-M: 20[redacted] / 245

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	PNEUMONIA
Preferred term	肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 6
Age at AE Onset	4[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 10): CHEST X-RAY: LEFT-SIDED PNEUMONIA; [redacted]20[redacted] (RX DAY 16): CHEST X-RAY: NO INFILTRATIVE CHANGES IN THE LUNGS

AE Stopped Rx Day	16
Duration of AE	11 DAYS
Severity	Mild
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	WORSENING UTERINE FIBROIDS
Preferred term	子宮平滑筋腫
AE Onset Date / Rx Day	[redacted]20[redacted] / 223
Age at AE Onset	4[redacted]

Laboratory Testing
[redacted]20[redacted] (RX DAY 224): Hemoglobin: 105 [117 - 160] G/L; [redacted]20[redacted] (RX DAY 227): Hemoglobin: 90 [117 - 160] G/L; Protein: 0.014 [NOT REPORTED - NOT REPORTED] g/L

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 224): PELVIC ULTRASOUND: UTERINE LEIOMYOMA. ENDOMETRIAL HYPERPLASIA; [redacted]20[redacted] (RX DAY 225): LAPAROTOMY. SUBTOTAL HYSTERECTOMY WITH LEFT APPENDAGES.: N/A; [redacted]20[redacted] (RX DAY 267): HISTOLOGICAL EXAMINATION SURGICALLY REMOVED TISSUE: UTERINE LEIOMYOMA, CHRONIC SALPINGOOPHORITIS. OVARIAN WHITE BODY CYST

AE Stopped Rx Day	232
Duration of AE	10 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INFORMATION WILL BE PROVIDED AFTER DISCHARGE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，肺炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，胆石症，非アルコール性脂肪性肝疾患，現喫煙者（1 日 0.5 箱を 20 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，肺炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，脱力，咳嗽及び体温上昇（37°C）が出現した。20[redacted] 年 [redacted] 月 [redacted] 日，地域のクリニックで被験者は胸部 X 線検査後に肺炎と診断された。同日，被験者は入院した。身体的診察時，肺聴診で激しい呼吸音，喘鳴及び呼吸の減弱が聴取された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，アンブロキソール，amoxiclav，fromilid uno 及び euphilline であった。

Causality for ABT-494 (Blinded)

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1) Pneumonia (10035664) (Pneumonia (10035664)) [v.21.1] [10035664]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): Reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of PNEUMONIA

- Investigator: NOT APPLICABLE

- AbbVie: NOT APPLICABLE

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BODY TEMPERATURE:** 37 Degrees C

[redacted] **20[redacted] CHEST X-RAY:** left-sided pneumonia

[redacted] **20[redacted] CHEST X-RAY:** no infiltrative changes in the lungs

[redacted] **20[redacted] CHEST X-RAY:** Screening Chest X-ray: normal

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 4[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，子宮類線維症悪化の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，子宮類線維症，非アルコール性脂肪性肝疾患，現喫煙者（1 日 0.5 箱を 20 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は子宮類線維症悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，子宮類線維症悪化は消失した。

9 月の初めに予定どおり月経が認められた。20[redacted] 年 [redacted] 月 [redacted] 日，担当の婦人科医が子宮内出血に気づいた。その後，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。20[redacted] 年 [redacted] 月 [redacted] 日，開腹手術が行われた。左付属器及び子宮亜全摘術が行われた。術後期間中に合併症は認められなかった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，dimedrol，cardiomagnyl，セフトリアキソン，生理食塩液，フルコナゾール，メトロニダゾール及び ketolong であった。

Causality for UPADACITINIB (Blinded)

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1) Uterine fibroids aggravated (10048417) (Uterine leiomyoma (10046798)) [v.22.1] [10048417]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING UTERINE FIBROIDS

- Investigator: Not reported.

- AbbVie: Event is more likely related to pre-existing history of uterine fibroids.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] HEMOGLOBIN:** 105 G/L

[redacted] **20[redacted] HEMOGLOBIN:** 90 G/L

[redacted] **20[redacted] HISTOLOGY:** Ecamination of surgically removed tissue: Uterine leiomyoma, chronic salpingoophoritis. Ovarian white body cyst

[redacted] **20[redacted] PELVIC ULTRASOUND:** Uterine leiomyoma. Endometrial hyperplasia

[redacted] **20[redacted] URINE PROTEIN:** 0.014 G/L

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
皮膚炎	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: LEUKOPENIA	20[redacted]
OTHER: LYMPHOPENIA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 13	13

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
DICLOFENAC	100 mg	QD	Y-M: 20[redacted] / -138
SULFASALAZINE	3 g	QD	Y-M: 20[redacted] / -138

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
SULFASALAZINE	3 g	QD	Y-M: 20[redacted] / -138	Y-M: 20[redacted] / 15
DICLOFENAC	100 mg	QD	Y-M: 20[redacted] / -138	Y-M: 20[redacted] / 16
CETIRIZINE	10 mg	QD	Y-M: 20[redacted] / 11	Y-M: 20[redacted] / 16
SILICON DIOXIDE	2 g	BID	Y-M: 20[redacted] / 11	Y-M: 20[redacted] / 16
OXIGLUTATIONE	1 mL	QD	Y-M: 20[redacted] / 15	Y-M: 20[redacted] / 29

Event #2: Serious Adverse Event

Event Description	DERMATITIS WORSENING
Preferred term	皮膚炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 15 (14 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	23 (22 DAYS AFTER LAST TREATMENT)
Duration of AE	9 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，皮膚炎悪化の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，白血球減少症，リンパ球減少症，非喫煙者及び少量の現飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は皮膚炎悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，皮膚炎悪化は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は皮膚炎（非重篤）と診断され，20[redacted] 年 [redacted] 月 [redacted] 日，治験薬の投与が完全に中止された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は症状の悪化で入院した。顔面，体幹及び四肢のそう痒性皮疹が出現した。このそう痒性皮疹については，生検や培養検査は行われておらず，感染も来していなかったことが確認された。20[redacted] 年 [redacted] 月 [redacted] 日，症状が消失し，被験者は退院した。

投与された薬剤は，glutoxim，セチリジン及び atoxil であった。

Causality for UPADACITINIB (Blinded)

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1) Dermatitis NOS aggravated (10012479) (Dermatitis (10012431)) [v.22.1] [10012479]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of DERMATITIS WORSENING

- Investigator: Not Applicable.

- AbbVie: EVENT IS MORE LIKELY RELATED TO PRE-EXISTING PLAQUE PSORIASIS.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20**[redacted] **ERYTHROCYTE SEDIMENTATION RATE:** 16 MM/HR

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
ラクナ脳卒中	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIAIS	19[redacted]
PSORIATIC ARTHRITIS	19[redacted]
DEPRESSION	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 175	175
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 176	[redacted]20[redacted] / 267	92

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
PARACETAMOL	1000 mg	OTHER: SOS	Y-M: 19[redacted]
NAPROXEN	500 mg	QD	Y-M: 20[redacted]
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]

SERTRALINE	25 mg	QD	Y-M: 20[redacted]
METHOTREXATE	25 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted]
COLESTYRAMINE	2 g	TID	Y-M: 20[redacted] / -46

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
PARACETAMOL	1000 mg	OTHER: SOS	Y-M: 19[redacted]	NOT REPORTED
NAPROXEN	500 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
SERTRALINE	25 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
DESLORATADINE	5 mg	BID	Y-M: 20[redacted] / 81	NOT REPORTED
DOXYCYCLINE	100 mg	BID	Y-M: 20[redacted] / 81	Y-M: 20[redacted] / 85
VALACICLOVIR	1000 mg	TID	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 105
ACETYLSALICYLIC ACID	500 mg	OTHER: ONCE	Y-M: 20[redacted] / 268	Y-M: 20[redacted] / 268
PANTOPRAZOLE	40 mg	PRN	Y-M: 20[redacted] / 268	Y-M: 20[redacted] / 270
CAPTOPRIL	25 mg	QD	Y-M: 20[redacted] / 268	Y-M: 20[redacted] / 275
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 268	Y-M: 20[redacted] / 276
ROSUVASTATIN	10 mg	QD	Y-M: 20[redacted] / 269	Y-M: 20[redacted] / 270
ROSUVASTATIN	20 mg	QD	Y-M: 20[redacted] / 271	Y-M: 20[redacted] / 275
ALPRAZOLAM	0.25 mg	QD	Y-M: 20[redacted] / 271	Y-M: 20[redacted] / 276
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted] / 276	NOT REPORTED
EZETIMIBE W/ROSUVASTATIN ZINC	30 mg	QD	Y-M: 20[redacted] / 276	NOT REPORTED

Event #2: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Adjudicated Cardiovascular Events

Event Description LACUNAR CEREBRAL VASCULAR ACCIDENT

Preferred term ラクナ脳卒中

AE Onset Date / Rx Day [redacted]20[redacted] / 268 (1 DAY AFTER LAST TREATMENT)

Age at AE Onset 6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 268): Alanine Aminotransferase: 70 [10 - 45] U/L; NPTST215-GAMMA GLUTAMIL TRANSFERASE: 152 [55 - 55] U/L; [redacted]20[redacted] (RX DAY 270): Alanine Aminotransferase: 61 [10 - 45] U/L; Cholesterol: 8.64 [5.17 - 5.17] MMOL/L; NPTST216-GAMMA GLUTAMIL TRANSPEPTIDASE: 124 [55 - 55] IU/L; NPTST298-LACTIC DEHYDROGENASE: 290 [125 - 220] IU/L; Triglycerides: 2.36 [0.42 - 1.7] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 268): POLYGONO ANGIOGRAPHY WILLIA BY TAC: ENDOLUMIAL THROMBOSIS OF THE POSTERIOR BRAIN ARTERY; [redacted]20[redacted] (RX DAY 270): CRANIOENCEPHALIC NMR: ACUTE ISCHEMIC INJURIES OF THE LEFT POSTERIOR CEREBRAL ARTERY

AE Stopped Rx Day NOT REPORTED

Duration of AE NOT REPORTED

Severity Severe

Relation to Study Drug by Investigator Reasonable Possibility

Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポルトガルの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，ラクナ脳血管発作の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，うつ病，非喫煙者，現飲酒者（1 日 2 杯未満）及び高血圧であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はラクナ脳血管発作を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，緩慢，錯乱状態及び高血圧を伴う右半身錯感覚の症状のため入院した。被験者によれば，右半身の感覚低下が持続していたが，視覚変化や言語障害はなかった。時間・場所の見当識は正常で，顔面非対称及び瞳孔不同もなく，瞳孔反応良好であった。筋力は健全で，対称的であった。主な病因は虚血性脳卒中であった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。本事象により治験薬の投与が完全に中止された。

退院時サマリーより：

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は覚醒時に右上肢から肘及び右下肢にかけての錯感覚並びに錯乱を自覚した。被験者は，右半身の筋力低下，右頬のしびれ感，会話障害及び言語混乱を呈していた。被験者の妻より，被験者に，歩行障害（右脚を引きずる）や，右腕に抱えていた物を落とすといった変化が見られたと報告されたが，これらの変化は一過性であった。また，短時間の軽度の構語障害も見られた。神経学的診察所見は，右半身錯感覚あり，運動機能障害なし，片側感覚鈍麻なし，片側感覚鈍麻なし，軽度の構語障害ありであった。最終診断は，誤って定義された急性脳血管疾患（CVA）であった。20[redacted] 年 [redacted] 月 [redacted] 日，診断名が不完全 CVA に変更され

た。被験者によれば，上肢の感覚低下が持続していたが，錯感覚は改善した。脳波検査の結果はまだ出ておらず，報告されなかった。

投与された薬剤は，acetylsalicylic acid，アルプラゾラム及びエノキサパリンであった。

The patient's past medications include:

LEFLUNOMIDE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

---

1) Lacunar stroke (10076994) (Lacunar stroke (10076994)) [v.22.1] [10076994]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of LACUNAR CEREBRAL VASCULAR ACCIDENT

- Investigator: Not applicable

- AbbVie: Risk factors include subject's age, pre-existing psoriasis and obesity (BMI- 39.4).

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALANINE AMINOTRANSFERASE:** 70 U/L (normal 10 to 45)

[redacted] **20[redacted] ALANINE AMINOTRANSFERASE:** 61 U/L (normal 10 to 45)

[redacted] **20[redacted] BLOOD PRESSURE:** 183/112mmHg

[redacted] **20[redacted] BLOOD SUGAR:** 125 mg/dL

[redacted] **20[redacted] BMI:** 39.4 no unit

[redacted] **20[redacted] BP:** 183/122 mmHg

[redacted] **20[redacted] CHOLESTEROL:** 334 mg/dL (normal <200)

[redacted] **20[redacted] CRANIOENCEPHALIC NMR:** Acute ischemic injuries of the left posterior cerebral artery

[redacted] **20[redacted] GAMMA GLUTAMIL TRANSFERASE:** 152 U/L (normal <55)

[redacted] **20[redacted] GAMMA GLUTAMIL TRANSPEPTIDASE:** 124 IU/L (normal <55)

[redacted] **20[redacted] HEAD CT WITH CERVICAL AND HEAD ANGIO-CT:** There are no signs of expansive lesions or intra or extra-axial haemorrhages, nor evident changes in parenchymal density, with or without groove erasure, suggesting acute ischaemic injury constituted ASPECTS 10. No obvious spontaneous hyperdensities of arterial structures identified, especially major trunks, suggesting endoluminal thrombosis. No midline deviations and no conflict in the occipital foramen. Ventriculo-cisternal system not inadequate. In the study performed after iodinated contrast and bolus (angio-CT) the contrast filling was less than desirable, which makes interpretation difficult.There appears to be a filling defect with contrast in P1-P2 of the left PCA, with no evidence of fetal emergence of this artery, so endoluminal thrombosis is admitted at this level. No other contrast-filling defects suggestive of endoluminal thrombosis are evident, or appreciable irregularities of contrast filling of the main cerebral and cervical arterial trunks. No other clinically relevant aspects at this time

[redacted] **20[redacted] HR:** 107 /min

[redacted] **20[redacted] LACTIC DEHYDROGENASE:** 290 IU/L (normal 125 to 220)

[redacted] **20[redacted] POLYGONO ANGIOGRAPHY WILLA BY TAC:** Endoluminal thrombosis of the posterior brain artery

[redacted] **20[redacted] TRIGLYCERIDES:** 209 mg/kg (normal 37 to 150)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
虫垂炎	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
PERIPHERAL VASCULAR DISEASE-VENOUS: VARICOSE	19[redacted]
OTHER: POST-MENOPAUSAL	20[redacted]
OTHER: PLAQUE PSORIASIS. MULTIPLE ERYTHEMATOUS DESQUAMATIVE LESIONS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: CYSTOCELE	20[redacted]
OTHER: BLOCK A-V GRADE 1	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]

HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20
BETADERMIC	UNK OTHER: UNK	OTHER: UNK	Y-M: 20
KETOCONAZOLE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20
IBUPROFEN	400 mg	TID	Y-M: 20
BETAMETHASONE	0.1 %	BID	Y-M: 20
UREA	10 %	BID	Y-M: 20

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20	NOT REPORTED
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20	NOT REPORTED
IBUPROFEN	400 mg	TID	Y-M: 20	NOT REPORTED
CEFALEXIN	500 mg	QID	Y-M: 20 - / 81	Y-M: 20 - / 88
METRONIDAZOLE	500 mg	TID	Y-M: 20 - / 81	Y-M: 20 - / 88
PARACETAMOL	500 mg	TID	Y-M: 20 - / 81	Y-M: 20 - / 88

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	ACUTE APPENDICITIS
Preferred term	虫垂炎
AE Onset Date / Rx Day	20 / 78
Age at AE Onset	6
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	81
Duration of AE	4 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated:
Program Source Code:

Investigator No.:

Subject Number:

Protocol Number: M15-572

治験責任医師からの報告。本被験者はコロンビアの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，急性虫垂炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，閉経後，乾癬性関節炎，膀胱瘤，非喫煙者及び少量の現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性虫垂炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，急性虫垂炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，12 時間持続している腹痛で入院した。被験者は急性虫垂炎と診断された。被験者は，抗生物質による治療を要しただけで，合併症もなく適切な状態で退院した。

投与された薬剤は，アセトアミノフェン，セファレキシン及びメトロニダゾールであった。

The patient's past medications include:

BETAMETHASONE for PSORIATIC ARTHRITIS (20[redacted] - [redacted] [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Acute appendicitis (10000677) (Appendicitis (10003011)) [v.22.0] [10000677]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of ACUTE APPENDICITIS

- Investigator: Not Applicable

- AbbVie: Event is common in the general population.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺塞栓症	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
HYPOTHYROIDISM	19[redacted]
DEPRESSION	20[redacted]
OTHER: LATTENT TUBERCULOSIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: STREPTOCOCCAL EYE INFECTION	20[redacted]
OTHER: COMMON COLD	20[redacted]

Prior Procedures	Procedure Year
SURGERY: PHILONYDAL CYST	19[redacted]
SURGERY: CALIFICATION ROTATING CUFF	19[redacted]
SURGERY: HYSTERECTOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	43	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	UNKNOWN			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 138	138

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
LEVOTHYROXINE	100 ug	OTHER: MON-SAT	Y-M: 19[redacted]
VENLAFAXINE	150 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
ISONIAZID	300 mg	QD	Y-M: 20[redacted]
TOBRAMYCIN	0.3 %	PRN	Y-M: 20[redacted] / -241

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LEVOTHYROXINE	100 ug	OTHER: MON-SAT	Y-M: 19[redacted]	ONGOING
VENLAFAXINE	150 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
TOBRAMYCIN	0.3 %	PRN	Y-M: 20[redacted] / -241	ONGOING
RIVAROXABAN	20 mg	QD	Y-M: 20[redacted] / 140	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Adjudicated Cardiovascular Events

Event Description PULMONARY EMBOLISM

Preferred term 肺塞栓症

AE Onset Date / Rx Day [redacted]20[redacted] / 138

Age at AE Onset 5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 138): NPTST398-PROTHROMBIN TIME: 110 [70 - 120] %; NPTST475-TROPONIN T: 6 [5 - 13] PG; Prothrombin Intl. Normalized Ratio: 1 [0.9 - 1.3] RATIO; [redacted]20[redacted] (RX DAY 139): NPTST012-ACTIVATED PARTIAL THROMBOPLASTI: 108.9 [25 - 37] SEC; NPTST012-ACTIVATED PARTIAL THROMBOPLASTI: 40.9 [25 - 37] SEC; [redacted]20[redacted] (RX DAY 140): NPTST012-ACTIVATED PARTIAL THROMBOPLASTI: 39.4 [25 - 37] SEC; NPTST377-PHROTROMBIN TIME: 90 [70 - 120] %; Prothrombin Intl. Normalized Ratio: 1.1 [0.9 - 1.3] RATIO; [redacted]20[redacted] (RX DAY 141): Alanine Aminotransferase: 24 [7 - 30] U/L; Alkaline Phosphatase: 40 [30 - 100] U/L; Aspartate Aminotransferase: 30 [9 - 25] U/L; NPTST220-GAMMAGLUTAMYLTRANSPEPTIDASE: 44 [0 - 40] U/L; [redacted]20[redacted] (RX DAY 143): NPTST387-PROCALCITONIN: 0.2 [0 - 0.09] NG/ML; [redacted]20[redacted] (RX DAY 144): Alanine Aminotransferase: 76 [7 - 30] U/L; Alkaline Phosphatase: 73 [30 - 100] U/L; Alkaline Phosphatase: 73 [30 - 100] U/L; Aspartate Aminotransferase: 59 [9 - 25] U/L; NPTST220-GAMMAGLUTAMYLTRANSPEPTIDASE: 138 [0 - 40] U/L; [redacted]20[redacted] (RX DAY 146): Alanine Aminotransferase: 83 [7 - 30] U/L; Alkaline Phosphatase: 103 [30 - 100] U/L; Aspartate Aminotransferase: 59 [9 - 25] U/L; NPTST220-GAMMAGLUTAMYLTRANSPEPTIDASE: 219 [0 - 40] U/L

Microbiology

[redacted]20[redacted] (RX DAY 141): BLOOD NPTST239-HEMO CULTURE: Negative-SECOND SAMPLE; BLOOD NPTST239-HEMO CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 139): ANGIO CTA OF CHEST: SIGNS OF PULMONARY THROMBOEMBOLISM WITH COMMITMENT OF LOBAR BRANCH IN LOWER LOBLE RIGHT AND SUBSEGMENTARY SEGMENTARY BRANCHES BOTH LOWER LOBULES WITHOUT EVIDENCE OF FLEBOTROMBOSIS IN DEEP VENOUS SYSTEM AT LEVEL FEMOROPOPLITEO OR ILEO-FEMORAL; [redacted]20[redacted] (RX DAY 140): BRAIN MRI AND ANGIO MRI INTRACRANEAN AND CERVICAL: NO SIGNIFICANT FINDINGS

AE Stopped Rx Day NOT REPORTED

Duration of AE NOT REPORTED

Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はチリの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，肺塞栓症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，潜伏結核，乾癬性関節炎及び元喫煙者（1 日 1 箱を 43 年間）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺塞栓症を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は 2 日間に及ぶ進行性の呼吸困難及び右腸骨窩の腹痛（発熱なし）のため入院した。右肺下葉に肺血栓塞栓症が見つかった。D ダイマー測定は行われず，画像診断により塞栓症と確定された。入院中，頭痛が出現したが，脳 MRI 検査及び神経学的診察により脳血栓症の可能性は除外された。また，発熱性症候群も見られ，これは血栓塞栓症に起因するものであった。凝血異常に対する検査が行われた（IgM 抗 B2GP1 抗体価：34.41）。遺伝子検査で異常は認められなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。治験薬の投与が完全に中止された。

投与された薬剤は，ヘパリン及びイグザレルトであった。

The patient's past medications include:

IZONIACIDA for LATENT TUBERCULOSIS (20[redacted] - 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Pulmonary embolism (10037377) (Pulmonary embolism (10037377)) [v.22.1] [10037377]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of PULMONARY EMBOLISM

- Investigator: Not applicable

- AbbVie: Risk factors include pre-existing psoriasis and age over 40 years old. Systematic review and meta-analysis of observational studies have shown statistically significant increased VTE risk among patients with psoriasis and patients older than 40 years old are at higher risk of VTE and that risk doubles with each subsequent decade.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] A MRI CHOLANGIOPANCREATOGRAPHY:** Ruled out choledocolithiasis.

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 24 U/L (normal 7 to 30)

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 76 U/L (normal 7 to 30)

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 83 U/L (normal 7 to 30)

[redacted] **20[redacted] ALKALINE PHOSPHATASE:** 40 U/L (normal 30 to 100)

[redacted] **20[redacted] ALKALINE PHOSPHATASE:** 73 U/L (normal 30 to 100)

[redacted] **20[redacted] ALKALINE PHOSPHATASE:** 73 U/L (normal 30 to 100)

[redacted] **20[redacted] ALKALINE PHOSPHATASE:** 103 U/L (normal 30 to 100)

[redacted] **20[redacted] ANGIO MRI INTRACRANEAN AND CERVICAL:** NO SIGNIFICANT FINDINGS

[redacted] 20[redacted] **ANGIO MRI INTRACRANEAN AND CERVICAL:** NO SIGNIFICANT FINDINGS

[redacted] 20[redacted] **APTT:** 40.9 SEC (normal 25 to 37)

[redacted] 20[redacted] **APTT:** 108.9 SEC (normal 25 to 37)

[redacted] 20[redacted] **APTT:** 39.4 SEC (normal 25 to 37)

[redacted] 20[redacted] **ASPARTATE AMINO TRANSFERASE:** 30 U/L (normal 9 to 25)

[redacted] 20[redacted] **ASPARTATE AMINO TRANSFERASE:** 59 U/L (normal 9 to 25)

[redacted] 20[redacted] **ASPARTATE AMINO TRANSFERASE:** 59 U/L (normal 9 to 25)

[redacted] 20[redacted] **BODY WEIGHT:** 54.5 KG

[redacted] 20[redacted] **CHEST XRAY:** normal

[redacted] 20[redacted] **COLONOSCOPY:** No lesions.

[redacted] 20[redacted] **CT ANGIOGRAPHY:** SIGNS OF PULMONARY THROMBOEMBOLISM WITH COMMITMENT OF LOBAR BRANCH IN LOWER LOBE RIGHT AND SUBSEGMENTARY SEGMENTARY BRANCHES BOTH LOWER LOBULES WITHOUT EVIDENCE OF PHLEBOTHROMBOSIS IN DEEP VENOUS SYSTEM AT LEVEL FEMOROPOPLITEO OR ILEO-FEMORAL.

[redacted] 20[redacted] **ECHOCARDIOGRAM:** Negative

[redacted] 20[redacted] **GAMMAGLUTAMYLTRANSPEPTIDASE:** 44 U/L (normal 0 to 40)

[redacted] 20[redacted] **GAMMAGLUTAMYLTRANSPEPTIDASE:** 138 U/L (normal 0 to 40)

[redacted] 20[redacted] **GAMMAGLUTAMYLTRANSPEPTIDASE:** 219 U/L (normal 0 to 40)

[redacted] 20[redacted] **GENETIC TESTING:** Negative

[redacted] 20[redacted] **HEMO CULTURE:** Negative Second sample: Negative

[redacted] 20[redacted] **IGM ANTI-B2GP1:** 34.41 No Unit

[redacted] 20[redacted] **INR:** 1.0 Ratio

[redacted] 20[redacted] **INR:** 1.1 Ratio

[redacted] 20[redacted] **LIVER TESTS:** Mixed infiltrative cholestatic pattern.

[redacted] 20[redacted] **MRI OF BRAIN:** NO SIGNIFICANT FINDINGS

[redacted] 20[redacted] **PROCALCITONIN:** 0.20 NG/ML (normal 0.00 to 0.09)

[redacted] 20[redacted] **PROTHROMBIN TIME:** 110 % (normal 70 to 120)

[redacted] **20[redacted] PROTHROMBIN TIME:** 90 % (normal 70 to 120)

[redacted] **20[redacted] TROPONIN:** 6 PG (normal 5 to 13)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
膿疱性乾癬	X	X		

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: OSTEOCHONDROSIS INTERVERTEBRAL	20[redacted]
OTHER: HYPERMETROPIA OU	20[redacted]
OTHER: NODULAR GOITER	20[redacted]
HYPERTENSION: ARTHERIAL HYPERTENSION	20[redacted]
OTHER: DYSLIPIDEMIA	20[redacted]
OTHER: HYPERTENSIAL CARDIOMYOPATHY	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.3 PACK	30	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 196	28

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
NEBIVOLOL	5 mg	QD	Y-M: 20[redacted]
VALSARTAN	80 mg	QD	Y-M: 20[redacted]
MELOXICAM	15 mg	QD	Y-M: 20[redacted] / -250

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 261
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 261
NEBIVOLOL	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
VALSARTAN	80 mg	QD	Y-M: 20[redacted]	NOT REPORTED
MELOXICAM	15 mg	QD	Y-M: 20[redacted] / -250	NOT REPORTED
QUIFENADINE	25 mg	QD	Y-M: 20[redacted] / 189	Y-M: 20[redacted] / 194
CLOBETASOL	0.05 %	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 203
DEXAMETHASONE	0.005 %	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 203
PREDNISOLONE	30 mg	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 203
SALICYLIC ACID	3 %	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 203
ZINC	22 %	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 203
EL-4	0.9%-1000ML/ 3G OTHER: %-ML/ G	OTHER: ONCE	Y-M: 20[redacted] / 197	Y-M: 20[redacted] / 203

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description	DISSEMINATED PUSTULAR PSORIASIS
Preferred term	膿疱性乾癬
AE Onset Date / Rx Day	[redacted]20[redacted] / 196 (1 DAY AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
NOT REPORTED	
AE Stopped Rx Day	203 (8 DAYS AFTER LAST TREATMENT)
Duration of AE	8 DAYS
Severity	Severe

Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	IMMUNOSUPPRESSION
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はリトアニアの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，播種性膿疱性乾癬の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，現紙巻タバコ喫煙者（1 日 0.3 箱を 30 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は播種性膿疱性乾癬を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，播種性膿疱性乾癬は消失した。

治験責任医師によると，被験者は本事象発現前に非重篤の事象である慢性扁桃炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，皮膚の状態（小水疱様皮疹）が悪化したため入院した。被験者は播種性膿疱性乾癬と診断された。投与された薬剤は，グルココルチコイドであった。皮疹は改善したが，原因は依然として不明であった。本事象により治験薬の投与は中止された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，デキサメタゾン，プレドニゾロン，acidum salicylicum，亜鉛及びクロベタゾールであった。

Causality for UPADACITINIB (Blinded)

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1) Pustular psoriasis (10037575) (Pustular psoriasis (10037575)) [v.22.0] [10037575]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of DISSEMINATED PUSTULAR PSORIASIS

- Investigator: immunosupression

- AbbVie: Event is more likely related to pre-existing history of plaque psoriasis.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
心房細動	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PSORIASIS VULGARIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 391	223
ADA	40MG	SC	EOW	[redacted]20[redacted] / 392		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
ETORICOXIB	90 mg	QD	Y-M: 20[redacted]-
SULFASALAZINE	2.0 g	BID	Y-M: 20[redacted]- / -184

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ETORICOXIB	90 mg	QD	Y-M: 20[redacted]	NOT REPORTED
VINPOCETINE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted] / 3	Y-M: 20[redacted] / 37
AMIODARONE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 37
BEMIPARIN	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 37
MELDONIUM	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 37
PIRACETAM	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 37
POTASSIUM	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 37

Event #1: Serious Adverse Event

Event Description	ATRIAL FIBRILLATION PAROXYSMIC
Preferred term	心房細動
AE Onset Date / Rx Day	[redacted]20[redacted] / 34
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 35): Cholesterol: 5.39 [0 - 5.2] MMOL/L; HDL Cholesterol: 1.51 [1.45 - 10] MMOL/L; LDL Cholesterol: 3,19 [0 - 3.37] mmol/L; NPTST312-MAGNESIUM: 0.9 [0.66 - 1.07] MMOL/L; Potassium: 4.8 [3.5 - 5.3] MMOL/L; Sodium: 141 [134 - 148] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 34): ECG: ATRIAL FIBRILLATION TACHYARYTHMIC; ECHOCARDIOGRAPHY: MITRAL VALVE FIBROSIS

AE Stopped Rx Day	37
Duration of AE	4 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はリトアニアの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，発作性心房細動の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，尋常性乾癬，乾癬性関節炎，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は発作性心房細動を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，発作性心房細動は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，動悸，失神寸前の状態及び胸骨後方の圧迫感のため入院した。心電図検査が行われ，心房細動の頻脈波形が認められた。診察時，両肺の断続性ラ音は聴取されなかった。心エコー検査で左心室壁肥厚を伴う右房拡大が認められた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は規定来院のため来院した。被験者の状態は良好で，発作性心房細動は再発していなかった。

投与された薬剤は，塩化カリウム，ピラセタム，meldonium，zibor，vinpocetine 及びアミオダロン塩酸塩であった。

The patient's past medications include:

SULFASALAZIN for PSORIATIC ARTHRITIS ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Paroxysmal atrial fibrillation (10034039) (Atrial fibrillation (10003658)) [v.21.1] [10034039]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of ATRIAL FIBRILLATION PAROXYSMIC

- Investigator: Not applicable

- AbbVie: Event's etiology is not consistent with study drug's mechanism of action

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD PRESSURE:** 110/70 mmHg

[redacted] **20[redacted] BLOOD PRESSURE:** 100/60 mmHg

[redacted] **20[redacted] BLOOD PRESSURE:** 130/70 mmHg

[redacted] **20[redacted] CHOLESTEROL:** 5.39 MMOL/L (normal 0.0 to 5.2)

[redacted] **20[redacted] ECG:** Normal.

[redacted] **20[redacted] ECG:** ATRIAL FIBRILLATION TACHYARRHYTHMIC

[redacted] **20[redacted] ECHOCARDIOGRAPHY:** Fibrosis of MV, right atrial enlargement, tricuspid regurgitation, left ventricular wall thickness, function of LV is good.

[redacted] **20[redacted] HDL CHOLESTEROL:** 1.51 MMOL/L (normal 1.45 to 10)

[redacted] **20[redacted] HEART RATE:** 120 BPM

[redacted] **20[redacted] HEART RATE:** 110 BPM

[redacted] **20[redacted] HEART RATE:** 60 BPM

[redacted] **20[redacted] HGB:** 154 G/L (normal 130 to 170)

[redacted] **20[redacted] HGB:** 157 G/L (normal 130 to 170)

[redacted] **20[redacted] LDL CHOLESTEROL:** 3.19 MMOL/L (normal 0.0 to 3.37)

[redacted] **20[redacted] MAGNESIUM:** 0.75 MMOL/L (normal 0.66 to 1.07)

[redacted] **20[redacted] MAGNESIUM:** 0.9 MMOL/L (normal 0.66 to 1.07)

[redacted] **20[redacted] POTASSIUM:** 4.01 MMOL/L (normal 3.5 to 5.3)

[redacted] **20[redacted] POTASSIUM:** 4.76 MMOL/L (normal 3.5 to 5.3)

[redacted] **20[redacted] SERUM GLUCOSE:** 7 MMOL/L (normal 4.7 to 6.5)

[redacted] **20[redacted] SODIUM:** 139.2 MMOL/L (normal 134 to 148)

[redacted] **20[redacted] SODIUM:** 141.2 MMOL/L (normal 134 to 148)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
蜂巣炎	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	4[redacted]	MALE	AMERICAN INDIAN OR ALASKA NATIVE

Medical History	Onset Year
DIABETES MELLITUS	19[redacted]
OTHER: PLAQUE PSORIASIS LEFT ELBOW AND STOMACH	19[redacted]
OTHER: HYPOGLYCAEMIC SEIZURES BETWEEN 19[redacted] AND 20[redacted]. NOW CONTROLLED BY INSULIN PUMP	19[redacted]
SLEEP APNEA: MILD SLEEP APNEA	19[redacted]
OTHER: PITYRIASIS VERSICOLOUR BILATERAL LOWER LEGS	19[redacted]
OTHER: ERECTILE DYSFUNCTION	20[redacted]
EYE DISEASE/DISORDER: PROLIFERATIVE RETINOPATHY TREATED WITH LASER THERAPY. NOW STABLE	20[redacted]
EYE DISEASE/DISORDER: CHRONIC OCULAR HERPES SIMPLEX. ONE BOUT PER YEAR	20[redacted]
OTHER: RIGHT INDEX FLEXOR TENOSYNOVITIS	20[redacted]
KIDNEY DISORDER: KIDNEY STONE	20[redacted]
PERIPHERAL NERVE DISORDER: MILD BILATERAL CARPAL TUNNEL	20[redacted]
OSTEOARTHRITIS: RIGHT KNEE	20[redacted]
ASTHMA: MILD EXERCISE INDUCED ASTHMA	20[redacted]
OTHER: HAYFEVER	20[redacted]
HYPOTHYROIDISM	20[redacted]
OTHER: TINEA PEDIS	20[redacted]
OTHER: BILATERAL PLANTAR FACIITIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY, UVULECTOMY, SEPTOPLASTY AND CAUTERY OF TURBINATES	20[redacted]
SURGERY: RIGHT SHOULDER ARTHROSCOPY, BICEP TENDINOSIS AND ACROMIO-CLAVICULAR RESECTION	20[redacted]
SURGERY: REPAIR R KNEE MENISCAL TEAR	20[redacted]
SURGERY: REPAIR L KNEE MENISCAL TEAR	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			

CIGARS	NEVER
E-CIGARETTES	NEVER
PIPES	NEVER

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BETAMETHASONE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
SILDENAFIL	100 mg	PRN	Y-M: 20[redacted]
INSULIN LISPRO	100 OTHER: UNITS	OTHER: VIA INSULIN PUMP	Y-M: 20[redacted]
PARACETAMOL	1 g	PRN	Y-M: 20[redacted]
LORATADINE	10 mg	QD	Y-M: 20[redacted]
MICONAZOLE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
BETAMETHASONE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
CLOBETASOL	1 OTHER: APPLICATION	BID	Y-M: 20[redacted]
MAGNESIUM	800 mg	QD	Y-M: 20[redacted]
CELECOXIB	100 mg	PRN	Y-M: 20[redacted] / -265
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -232
LEVOTHYROXINE	50 OTHER: MCG	QD	Y-M: 20[redacted] / -232
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted] / -232
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / -218
DICLOFENAC	100 mg	PRN	Y-M: 20[redacted] / -166

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
SILDENAFIL	100 mg	PRN	Y-M: 20[redacted]	NOT REPORTED

INSULIN LISPRO	100 OTHER: UNITS	OTHER: VIA INSULIN PUMP	Y-M: 20[redacted]	NOT REPORTED
PARACETAMOL	1 g	PRN	Y-M: 20[redacted]	NOT REPORTED
LORATADINE	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
MICONAZOLE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]	NOT REPORTED
MAGNESIUM	800 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / 232	NOT REPORTED
LEVOTHYROXINE	50 OTHER: MCG	QD	Y-M: 20[redacted] / 232	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted] / 218	NOT REPORTED
DICLOFENAC	100 mg	PRN	Y-M: 20[redacted] / 166	NOT REPORTED
CALCIPOTRIOL	1 OTHER: APPLICTION	PRN	Y-M: 20[redacted] / 1	NOT REPORTED
AMITRIPTYLINE	10 mg	PRN	Y-M: 20[redacted] / 13	NOT REPORTED
CALCIPOTRIOL	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted] / 14	NOT REPORTED
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 141	NOT REPORTED
FLUCLOXACILLIN	500 mg	QID	Y-M: 20[redacted] / 197	Y-M: 20[redacted] / 204
FLUCLOXACILLIN	500 mg	QID	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 218
FLUCLOXACILLIN	1 g	QID	Y-M: 20[redacted] / 224	Y-M: 20[redacted] / 227
FLUCLOXACILLIN	500 mg	QID	Y-M: 20[redacted] / 227	Y-M: 20[redacted] / 232

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	CELLULITIS RIGHT LOWER LEG
Preferred term	蜂巣炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 224
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 224): Glucose: 15.8 [3 - 11] MMOL/L; Leukocytes: 6.9 [4 - 11] 10^9/L; [redacted]20[redacted] (RX DAY 227): Leukocytes: 8.2 [4 - 11] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 226): X-RAY OF RIGHT TIBIA AND FIBULA: NO EVIDENCE OF OSTEOMYELITIS, NO FRACTURE DETECTED AND JOINT ALIGNMENT NORMAL.

AE Stopped Rx Day	232
Duration of AE	9 DAYS
Severity	Severe

Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はニュージーランドの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右下肢蜂巣炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，糖尿病，両側下腿の癜風，変形性関節症（右膝），手術（右膝半月板断裂修復術），甲状腺機能低下症，乾癬性関節炎，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右下肢蜂巣炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，右下肢蜂巣炎は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右下肢蜂巣炎（非重篤な事象）を発現した。抗生物質の経口投与が開始された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者の状態が悪化し，被験者はさらなる治療のため入院した。入院時，被験者から歩行時の圧痛が報告された。抗生物質の静脈内投与が開始された。感染症は著しく改善した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，flucloxacillin 及びプロベネシドであった。

The patient's past medications include:

CLOBETASOL PROPINATE for PSORIASIS ([redacted] [redacted] 20[redacted] - [redacted] 20[redacted])

CELEXCOXIB for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Cellulitis of leg (10007912) (Cellulitis (10007882)) [v.22.0] [10007912]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of CELLULITIS RIGHT LOWER LEG

- Investigator: Not applicable

- AbbVie: Event is more likely related to pre-existing diabetes mellitus and obesity.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] GLUCOSE:** 15.8 MMOL/L (normal 3.0 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 6.9 X10**9/L (normal 4.0 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 8.17 X10**9/L (normal 4.0 to 11.0)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
ウイルス感染	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
HYPERTENSION	20[redacted]
OTHER: MENOPAUSA	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	2	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 167	167
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 168	[redacted]20[redacted] / 389	222
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 390		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
PERINDOPRIL	5 mg	QD	Y-M: 20[redacted]

CARVEDILOL	6.25 mg	QD	Y-M: 20
BETADERMIC	0.5 g	QD	Y-M: 20 -
DICLOFENAC	50 mg	QD	Y-M: 20 - / -355
PREDNISOLONE	10 mg	QD	Y-M: 20 - / -325
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20 - / -170
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20 - / -170
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20 - / -134

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
PERINDOPRIL	5 mg	QD	Y-M: 20	NOT REPORTED
CARVEDILOL	6.25 mg	QD	Y-M: 20	NOT REPORTED
DICLOFENAC	50 mg	QD	Y-M: 20 - / -355	Y-M: 20 - / 475
FOLIC ACID	10 mg	EVERY WEEK	Y-M: 20 - / -170	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20 - / -134	Y-M: 20 - / 475
CEFTRIAXONE	1 g	QD	Y-M: 20 - / 372	Y-M: 20 - / 373
CEFUROXIME	500 mg	BID	Y-M: 20 - / 373	Y-M: 20 - / 377

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	VIRAL INFECTION
Preferred term	ウイルス感染
AE Onset Date / Rx Day	20 / 370
Age at AE Onset	6

Laboratory Testing

20 (RX DAY 372): Blood Urea Nitrogen: 8 [2 - 8.9] MMOL/L; Creatinine: 93 [44 - 80] UMOL/L; Leukocytes: 19.9 [4.4 - 11.3] 10^9/L; Lymphocytes/Leukocytes: 6.7 [18.3 - 45.7] %; NPTST154-CRP: 162.3 [0 - 5] MG/L; NPTST222-GFR (GLOMERULAR FILTRATION RATE: 56 [90 - 90] ML/MIN/F; Neutrophils: 17.5 [2.1 - 7.5] 10^9/L; Neutrophils/Leukocytes: 88.2 [42.9 - 74.3] %; 20 (RX DAY 373): Blood Urea Nitrogen: 7.9 [2 - 8.9] MMOL/L; Creatinine: 82 [44 - 80] UMOL/L; Leukocytes: 12.1 [4.4 - 11.3] 10^9/L; Lymphocytes/Leukocytes: 11.3 [18.3 - 45.7] %; NPTST154-CRP: 134.4 [0 - 5] MG/L; NPTST226-GLOMERULAR FILTRATION RATE: 65 [90 - 90] ML/MIN/F; Neutrophils: 9.66 [2.1 - 7.5] 10^9/L; Neutrophils/Leukocytes: 80.1 [42.9 - 74.3] %

Microbiology

NOT REPORTED

SAE Supplemental Procedure

20 (RX DAY 372): ABDOMINAL ULTRASOUND: LIVER IS TEMPERATELY BIGGER THAN NORMAL. OTHER ORGANS ARE NORMAL.; CRANIAL CT: FRESH INFARCTION OR BLEEDING IS NOT SHOWN. TEMPERATE CEREBRAL ATROPHY.; LUMBAR PUNCTURE: NEGATIVE RESULT; X-RAY OF THE LUNGS: THE AIR CONTENT OF THE PULMONARY DECREASED.

AE Stopped Rx Day	373
Duration of AE	4 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	VIRUS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はハンガリーの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，ウイルス感染の事象を発現した。

Event 1 の臨床経過：
関連する病歴は，元喫煙者（1 日 1 箱を 2 年間），高血圧，閉経，局面型乾癬，乾癬性関節炎及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はウイルス感染を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，ウイルス感染は消失した。

入院 4 日前，20[redacted] 年 [redacted] 月 [redacted] 日，浮動性めまいが出現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は嘔吐，下痢及び頭痛を伴う 38.2°C の発熱を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は失神し，入院した。失神，嘔吐及び下痢が出現したのは 1 回だけであった。抗生物質が投与され，診断検査が行われた。薬物治療後，発熱は治まり，頭痛は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，zinnat 及びロセフィンであった。

The patient's past medications include:

PREDNISOLON for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Viral infection (10047461) (Viral infection (10047461)) [v.22.1] [10047461]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for ABT-494 (Blinded)

Event of VIRAL INFECTION

- Investigator: VIRUS

- AbbVie: Event is common in the general population.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** LIVER IS TEMPERATELY BIGGER THAN NORMAL. OTHER ORGANS ARE NORMAL.

[redacted] **20[redacted] BLOOD UREA NITROGEN:** 8.0 MMOL/L (normal 2.00 to 8.9)

[redacted] **20[redacted] BLOOD UREA NITROGEN:** 7.9 MMOL/L (normal 2.00 to 8.9)

[redacted] **20[redacted] CHEST X-RAY:** Normal (screening)

[redacted] **20[redacted] CRANIAL CT:** Fresh infarction or bleeding not shown. Temperate cerebral atrophy

[redacted] **20[redacted] CREATININE:** 93 MCMOL/L (normal 44 to 80)

[redacted] **20[redacted] CREATININE:** 82 MCMOL/L (normal 44 to 80)

[redacted] **20[redacted] CRP:** 162.3 MG/L (normal 0.00 to 5.00)

[redacted] **20[redacted] CRP:** 124.4 MG/L (normal 0.00 to 5.00)

[redacted] **20[redacted] EKG:** Normal (screening)

[redacted] **20[redacted] GFR:** 56 mil/min/F (normal >90)

[redacted] **20[redacted] GFR:** 65 mil/min/F (normal >90)

[redacted] **20[redacted] LUMBAR PUNCTURE:** NEGATIVE

Unknown date TEMPERATURE: 38.2 Degrees C

[redacted] **20[redacted] WHITE BLOOD CELLS:** 19.9 X10**9/L (normal 4.40 to 11.30)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 12.1 X10**9/L (normal 4.40 to 11.30)

[redacted] **20[redacted] X-RAY LUNGS:** PULMONARY AIR CONTENT DECREASED

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
心筋梗塞	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: NEURODERMITIS	19[redacted]
OTHER: VITILIGO	19[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: PSORIASIS VULGARIS	20[redacted]
HYPERTENSION	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	20	20[redacted]
CIGARS	UNKNOWN			
E-CIGARETTES	UNKNOWN			
PIPES	UNKNOWN			

Alcohol Use	Status	Number/Day
ALCOHOL	FORMER	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 392	224
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
METHOTREXATE	25 mg	OTHER: PER MONTH	Y-M: 20[redacted]
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]
LERCANIDIPINE	5 mg	QD	Y-M: 20[redacted]
EMOLLIENTS AND PROTECTIVES	0.10 mg	QD	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
LERCANIDIPINE	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
AMBROXOL	15 mg	BID	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
AMIODARONE	150 mg	OTHER: FOUR DAYS	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
EPTIFIBATIDE	2 mg	OTHER: ONCE	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
FAMOTIDINE	20 mg	OTHER: 5 TIMES	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
FUROSEMIDE	10 mg	TID	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
HEPARIN	5ML mL	OTHER: FIVE TIMES FOR THIS PERIOD	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
IOHEXOL	350 mg	OTHER: 2 TIMES	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
LIDOCAINE	20 mg	OTHER: 2 AMP	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
METHYLPREDNISOLONE	40 mg	OTHER: 2 TIMES	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
NADROPARIN	0.6 mL	OTHER: 6 TIMES	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260
TRIMETAZIDINE	35 mg	OTHER: 15 PERIOD TABLES	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 260

Event #1: Serious Adverse Event, Event of Interest - Adjudicated Cardiovascular Events

Event Description	MYOCARDIAL INFARCTION
Preferred term	心筋梗塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 256
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 256): Alanine Aminotransferase: 123.1 [NOT REPORTED - NOT REPORTED] U/L; Alanine Aminotransferase: 87.2 [NOT REPORTED - 41] U/L; Alanine Aminotransferase: 80.4 [NOT REPORTED - 41] U/L; Alanine Aminotransferase: 67.1 [NOT REPORTED - 41] U/L; Albumin: 42,0 [35 - 53] g/L; Aspartate Aminotransferase: 208.3 [NOT REPORTED - 37] U/L; Aspartate Aminotransferase: 44.2 [NOT REPORTED - 37] U/L; Aspartate

Aminotransferase: 178.3 [NOT REPORTED - 37] U/L; Aspartate Aminotransferase: 211.2 [NOT REPORTED - 31] U/L; Bilirubin: 8,8 [NOT REPORTED - 17] umol/L; Cholesterol: 6,92 [NOT REPORTED - 5] mmol/L; Creatinine: 91 [80 - 127] UMOL/L; Creatinine: 69 [80 - 115] UMOL/L; Creatinine: 76 [80 - 127] UMOL/L; Erythrocytes: 4,05 [4.5 - 5.8] 10^12/L; Glucose: 7.2 [2.8 - 5.6] MMOL/L; HDL Cholesterol: 1,48 [NOT REPORTED - 0.9] mmol/L; Hematocrit: 0,395 [0.4 - 0.54] L/L; Hemoglobin: 145,0 [135 - 180] g/L; LDL Cholesterol: 4,34 [NOT REPORTED - NOT REPORTED] mmol/L; Leukocytes: 5.9 [3.5 - 10.5] 10^9/L; Lymphocytes: 1,8 [0.8 - 4.2] UNIT NOT REPORTED; Lymphocytes/Leukocytes: 29,9 [22.2 - 44] %; NPTST005-?ROPONIN: 0.029 [0.04 - NOT REPORTED] ng/mL; NPTST051-APPT: 41.6 [25 - 43] SEC; NPTST053-APTT: 96.7 [NOT REPORTED - NOT REPORTED] %; NPTST053-APTT: 58.3 [NOT REPORTED - NOT REPORTED] %; NPTST053-APTT: 79,1 [NOT REPORTED - NOT REPORTED] %; NPTST053-APTT: 72.7 [NOT REPORTED - NOT REPORTED] %; NPTST053-APTT: 100.1 [NOT REPORTED - NOT REPORTED] %; NPTST053-APTT: 61.5 [NOT REPORTED - NOT REPORTED] %; NPTST053-APTT: 83.7 [25 - 43] SEC; NPTST053-APTT: 35,7 [NOT REPORTED - NOT REPORTED] sec; NPTST053-APTT: 29 [25 - 43] SEC; NPTST059-AVERAGE HEMOGLOBIN CONCENTRATIO: 35,8 [26 - 33] pg; NPTST060-AVERAGE VOLUME OF PLATELETS: 9,3 [NOT REPORTED - NOT REPORTED] fL; NPTST075-BILIRUBIN DIRECT: 1,9 [0.8 - 8.5] umol/L; NPTST146-CREATINE PHOSPHOKINASE - MB SER: 18.1 [NOT REPORTED - 25] U/L; NPTST147-CREATINE PHOSPHOKINASE - SERUM: 273 [24 - 195] IU/L; NPTST148-CREATINE PHOSPHOKINASE MB SERUM: 43.3 [NOT REPORTED - 25] U/L; NPTST148-CREATINE PHOSPHOKINASE MB SERUM: 165.8 [NOT REPORTED - 25] U/L; NPTST149-CREATINE PHOSPHOKINASE SERUM: 570 [24 - 195] U/L; NPTST149-CREATINE PHOSPHOKINASE SERUM: 300 [24 - 195] U/L; NPTST149-CREATINE PHOSPHOKINASE SERUM: 1980 [24 - 195] U/L; NPTST151-CREATININE PHOSPHOKINASE - SERU: 1375 [24 - 195] U/L; NPTST152-CREATININE PHOSPHOKINASE MB SER: 86.5 [NOT REPORTED - 25] U/L; NPTST152-CREATININE PHOSPHOKINASE MB SER: 16.4 [NOT REPORTED - 25] U/L; NPTST154-CRP: 0.6 [NOT REPORTED - 6] mg/dL; NPTST192-ERYTHROCYTE DEVIATION: 14,9 [NOT REPORTED - NOT REPORTED] %; NPTST203-FIBRINOGEN F-I: 2.57 [2 - 4] G/L; NPTST231-GRANULOCYTES: 59,4 [51 - 67] %; NPTST232-GRANULOCYTES(GRAN): 3.5 [2 - 7.9] UNIT NOT REPORTED; NPTST282-INCREASED AVERAGE VOLUME OF ERY: 97.6 [82 - 92] FL; NPTST283-INCREASED MEAN HEMOGLOBIN CONCE: 367,0 [280 - 360] g/L; NPTST300-LDH: 400 [225 - 450] U/L; NPTST323-MEDIUM CELLS: 10,7 [1.9 - 12] %; NPTST324-MEDIUM CELLS(MID): 0.6 [0.2 - 1.2] UNIT NOT REPORTED; NPTST398-PROTHROMBIN TIME: 96.3 [70 - 120] %; NPTST398-PROTHROMBIN TIME: 12.3 [11 - 15] SEC; NPTST400-PROTROMBINE TIME: 92,9 [70 - 120] %; NPTST400-PROTROMBINE TIME: 12,6 [11 - 15] sec; NPTST446-STANDARD DEVIATION OF ERYTHROCY: 53,2 [NOT REPORTED - NOT REPORTED] %; NPTST471-TROPONIN - IMUNOCHROMATOLOGIC: 5.236 [NOT REPORTED - NOT REPORTED] ng/mL; NPTST474-TROPONIN IMMUNOCHROMATOLOGY: 19,566 [NOT REPORTED - NOT REPORTED] mmol/L; NPTST474-TROPONIN IMMUNOCHROMATOLOGY: 16.177 [NOT REPORTED - NOT REPORTED] mmol/L; NPTST476-TROPONIN- IMMUNOCHROMATOLOGICAL: 10,343 [NOT REPORTED - NOT REPORTED] ng/mL; NPTST485-UREA: 4,9 [1.7 - 8.3] mmol/L; Platelets: 157,0 [140 - 440] 10^9/L; Potassium: 3,5 [3.5 - 5.6] mmol/L; Potassium: 3.7 [135 - 155] MMOL/L; Potassium: 4,4 [3.5 - 5.6] mmol/L; Potassium: 4,2 [3.5 - 5.6] mmol/L; Protein: 65,5 [60 - 85] g/L; Prothrombin Intl. Normalized Ratio: 1.03 [0.9 - 1.3] UNIT NOT REPORTED; Prothrombin Intl. Normalized Ratio: 1.06 [0.9 - 1.3] RATIO; Sodium: 139,0 [135 - 155] mmol/L; Sodium: 137,0 [135 - 155] mmol/L; Sodium: 139 [135 - 155] MMOL/L; Sodium: 137 [4 - 6] MMOL/L; Triglycerides: 2,42 [0.6 - 2.2] mmol/L; Urate: 5 [202 - 416] UMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 256): ECHOCG: MV- VISIBLY INTACT; VE- 1.85; VA- 0.7; ?/?- ;DTE- 200; IVR- ; EM- : AM- :E/EM- :S- ; LA - 21 ; EDD 50 MM; EDV 117 ML; EF 42 %; IVS 13 MM; ESD 39 MM; ESV 68 ML; CF %; LVPW 11 MM; EKG: AT ADMISSION: SINUS RHYTHM, NORMOFREQUENT HEART RATE, WITH ST-ELEVATION WITH V1-V3 R III, AVF WITH Q-DENT.; SKAG PCI: LM-B LAD- CALCIUM IN THE PROXIMAL VESSEL SEGMENT AND PROLONGED SUBTAL OCCLUSION IN THE OSTIOPROXIMAL SEGMENT.70% STENOSIS IN MEDIUM, LARGE PD1C PROLONGED OSTIOPROXIMAL SIGNIFICANT STENOSIS, TIMI 2 BLOOD FLOW IN THE LAD. CX-60% STENOSIS OF OM1 AND 40% PLAQUE OF DISTAL CX PCA NON-DOMINANT WITH A CONTINUOUS 90% STENOSIS IN THE MIDDLE SEGMENT TYPE OF CORONARY CIRCULATION; STENTING: 2 STANDS IN THE MIDDLE SEGMENT DES CORFLEX ISAR - 3.0/32MM/14ATM, CORONARY CIRCULATION TYPE: LEFT; [redacted]20[redacted] (RX DAY 260): ECG: . AT DISCHARGE: SINUS RHYTHM, NORMOFREQUENT HEART RATE ON Q -DENT IN II,III, AVF AND MILD ST-ELEVATION OF UP TO 2 MM IN V1-V3 AS A FROZEN IMAGE

AE Stopped Rx Day	260
Duration of AE	5 DAYS

Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	SUBJECT HAS SMOKING HX AND HYPERTENSION.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はブルガリアの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，心筋梗塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 1 箱を 20 年間），乾癬性関節炎，尋常性乾癬，高血圧及び元飲酒者（1 日 2～4 杯）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は心筋梗塞を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，心筋梗塞は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日の朝，被験者は常用している高血圧に対する心血管系薬剤を服用した。すると，血圧が上昇し，胸部及び左腕に重度の痛みが出現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院し，心筋梗塞（MI）と診断された。ステント留置が行われ，心血管系薬剤に変更が加えられた。被験者は状態が改善し，20[redacted] 年 [redacted] 月 [redacted] 日に退院した。

医療記録より：

最終診断名は，虚血性心疾患，ST 上昇を伴う急性広範囲前壁心筋梗塞，血管 2 本の血管疾患，LAD に対する ICS × 2（DES）を用いた PTCA，CHF を伴う高血圧性疾患，脂質異常症，乾癬であった。

被験者は，午前中に左腕に放射状に拡がる重度の永続的な左胸痛のため，心臓専門のクリニックに入院した。自宅で動脈圧を測定したところ高値で，被験者は renovia 10 mg 及び concor を服用した。痛みが持続したため，被験者は医療機関を受診し，心電図検査で急性心筋梗塞の徴候が認められたため救急入院科に入院した。被験者は救急 SCAG に移された。

身体的診察において，両側肺胞呼吸音，肺底部で小さな calipered 湿性ラ音，肺尖部で全収縮期雑音が聴取された。強度は 2/6，左腋窩に拡がっており，雑音は聴取されなかった。診察したその他の系統はすべて正常範囲内であった。

本症の経過：被験者は，ST 上昇型心筋梗塞（下壁）の臨床的所見及び心電図所見に伴い，心筋壊死を示す酵素及び左室収縮機能障害が認められたため入院した。緊急の侵襲的評価が行われ，血管 3 本について，Syntax スコア 33 の冠動脈疾患の客観的所見が得られた。治療として，ICS × 1（DES）を用いた LAD の PTCA が行われた。24 時間ホルター心電図モニタリングが行われ，心室カプレット及び 30 秒未満の短時間の心室性頻脈が認められた。被験者は，RCA の PTCA を受けるため，35 日後に再入院することとなった。被験者は，危険因子コントロール及び心臓専門医による経過観察を受けることとなった。被験者には高い心血管リスクがあった。医学的検査や行われた治療による合併症はなかった。医療委員会での症例検討後，LAD の PTCA が行われることとなった。被験者は全般的健康状態が改善し，退院した。HDR（衛生管理と食事療法）及び在宅治療に関する推奨事項が伝えられた。

投与された薬剤は，acetylsalicylic acid，ヘパリン，zofenopril，エプレレノン，metoprolol succinate，トラセミド，ambrex，フロセミド，integrilin，fraxiparine，quamatel，メチルプレドニゾロン，preductal，trimetazidine dihydrochloride，チカグレロル及び cordarone であった。

The patient's past medications include:

METHOTREXATE for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

COLfor PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Myocardial infarction (10028596) (Myocardial infarction (10028596)) [v.22.1] [10028596]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of MYOCARDIAL INFARCTION

- Investigator: Subject has smoking history and hypertension.

- AbbVie: Event is more likely related to pre-existing history of hypertension, psoriasis, and obesity (BMI 35.8).

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALANINE AMINOTRANSFERASE:** 67.1 IU/L

[redacted] **20[redacted] ALANINE AMINOTRANSFERASE:** 87.2 MMOL/L

[redacted] **20[redacted] ALANINE AMINOTRANSFERASE:** 80.4 MMOL/L

[redacted] **20[redacted] ALANINE AMINOTRANSFERASE:** 123.1 MMOL/L

[redacted] **20[redacted] ALBUMIN:** 42.0 G/L

[redacted] **20[redacted] ANTI HIV 1/2 RAPID TEST:** Negative

[redacted] **20[redacted] ANTI-HCV:** Negative

[redacted] **20[redacted] APTT:** 29.0 SEC

[redacted] **20[redacted] APTT:** 83.7 SEC

[redacted] **20[redacted] APTT:** 41.6 %

[redacted] **20[redacted] APTT:** 72.7 %

[redacted] **20[redacted] APTT:** 79.1 %

[redacted] **20[redacted] APTT:** 58.3 %

[redacted] **20[redacted] APTT:** 100.1 %

[redacted] **20[redacted] APTT:** 96.7 %

[redacted] **20[redacted] APTT:** 61.5 %

[redacted] **20[redacted] ASPARTATE AMINOTRANSFERASE:** 44.2 IU/L

[redacted] **20[redacted] ASPARTATE AMINOTRANSFERASE:** 208.3 MMOL/L

[redacted] **20[redacted] ASPARTATE AMINOTRANSFERASE:** 178.3 MMOL/L

[redacted] **20[redacted] BILIRUBIN:** 1.9 MCMOL/L

[redacted] **20[redacted] BILIRUBIN:** 8.8 MCMOL/L

[redacted] **20[redacted] BLOOD PRESSURE:** 145/90 mmHg

[redacted] **20[redacted] BLOOD PRESSURE:** 120/84 mmHg

[redacted] **20[redacted] BLOOD PRESSURE:** 140/90 mmHg

[redacted] **20[redacted] CHOLESTEROL:** 6.92 MMOL/L

[redacted] **20[redacted] CHOLESTEROL:** 6.92 MCMOL/L

[redacted] **20[redacted] CREATINE KINASE:** 300.0 IU/L

[redacted] **20[redacted] CREATINE KINASE:** 1980.0 U/L

[redacted] **20[redacted] CREATINE KINASE:** 165.8 U/L

[redacted] **20[redacted] CREATINE KINASE:** 1375.0 U/L

[redacted] **20[redacted] CREATINE KINASE:** 86.5 U/L

[redacted] **20[redacted]CREATINE KINASE:** 570.0 IU/L

[redacted] **20[redacted] CREATINE KINASE:** 43.3 U/L

[redacted] **20[redacted] CREATINE PHOSPHOKINASE:** 273.0 IU/L

[redacted] **20[redacted] CREATINE PHOSPHOKINASE - MB:** 16.4 IU/L

[redacted] **20[redacted] CREATINE PHOSPHOKINASE - MB:** 18.1 mU/L

[redacted] **20[redacted] CREATININE:** 91.0 MCMOL/L

[redacted] **20[redacted] CREATININE:** 69.0 UMOL/KG/24

[redacted] **20[redacted] CREATININE, SERUM:** 76.0 MCMOL/L

[redacted] **20[redacted] CRP:** 0.6 mg/dL

[redacted] **20[redacted] ECG:** Abnormal rhythm, not clinically significant

[redacted] **20[redacted] ECG:** At admission: sinus rhythm, normofrequent heart rate, with st-elevation with V1-V3 r III, AVF with Q-dent. At discharge: sinus rhythm, normofrequent heart rate on Q -dent in II,III, AVF and mild ST-elevation of up to 2 mm in V1-V3 as a frozen image

[redacted] **20[redacted] ECG:** Chamber and tamicardia kits of short-PAMA under 30 seconds.

[redacted] **20[redacted] ECG:** SINUS RHYTHM, NORMOFREQUENT HEART RATE ON Q -DENT IN II,III, AVF AND MILD ST-ELEVATION OF UP TO 2 MM IN V1-V3 AS A FROZEN IMAGE

Unknown date ECHO: MV- visibly intact; VE- 1.85; VA- 0.7; E/ ;DTE- 200; IVR- ; Em- : Am- :E/Em- :S- ; LA - 21; EDD 50 mm; EDV 117 mL; EF 42 %; IVS 13 mm; ESD 39 mm; ESV 68 ml; CF %; LVPW 11 mm. Kinetics - hypokinesia -akinesia; Ao root - ;Ao valve- non-dilated ; Aorta- ;Tr. Valve - inconspicuous; RA - 25: RV non-dilated; Pulmonal artery- inconspicuous; Inferior Caval vein- inconspicuous; Pericardium - inconspicuous. Conclusion: 1. Dilated atria; 2. Suppressed left ventricular systolic function. 3. Segmental kinetic impairment

[redacted] **20[redacted] ECHOCARDIOGRAM:** MV- VISIBLY INTACT; VE- 1.85; VA- 0.7; E/A- ;DTE- 200; IVR- ; EM- : AM- :E/EM- :S- ; LA - 21 ; EDD 50 MM; EDV 117 ML; EF 42 %; IVS 13 MM; ESD 39 MM; ESV 68 ML; CF %; LVPW 11 MM

[redacted] **20[redacted] FIBRINOGEN:** 2.57 MMOL/L

[redacted] **20[redacted] GLUCOSE:** 7.16 MMOL/L

[redacted] **20[redacted] GLUCOSE:** 7.16 MMOL/L

[redacted] **20[redacted] GRANULOCYTES:** 3.5 MMOL/L

[redacted] **20[redacted] GRANULOCYTES %:** 59.4 %

[redacted] **20[redacted] HBSAG:** Insufficient volume of serum; repeat was negative

[redacted] **20[redacted] HDL:** 1.48 MMOL/L

[redacted] **20[redacted] HEART RATE:** /min

[redacted] **20[redacted] HEMATOCRIT:** 39.5 %

[redacted] **20[redacted] HEMOGLOBIN:** 145.0 G/L

[redacted] **20[redacted] HEMOGLOBIN:** 35.8 PG

[redacted] **20[redacted] INR:** 1.03 %

[redacted] **20[redacted] INR:** 1.06 %

[redacted] **20[redacted] LDH:** 400.0 U/L

[redacted] **20[redacted] LYMPHOCYTES %:** 29.9 %

[redacted] **20[redacted] MCHC:** 367.0 G/L

[redacted] **20[redacted] MID CELLS:** 0.6 MMOL/L

[redacted] **20[redacted] MID CELLS %:** 10.7 %

[redacted] **20[redacted] MPV:** 9.3 FL

[redacted] **20[redacted] PLATELETS:** 157.0 X10**9/L

[redacted] **20[redacted] POTASSIUM:** 3.5 MMOL/L

[redacted] **20[redacted] POTASSIUM:** 4.4 MMOL/L

[redacted] **20[redacted] POTASSIUM:** 4.2 MMOL/L (normal 3.5 to 5.6)

[redacted] **20[redacted] PROTHROMBIN TIME:** 12.3 SEC

[redacted] **20[redacted] PROTHROMBIN TIME:** 96.3 %

[redacted] **20[redacted] PROTHROMBIN TIME:** 12.6 SEC

[redacted] **20[redacted] PROTHROMBIN TIME:** 92.9 %

[redacted] **20[redacted] RDW-CV:** 14.9 %

[redacted] **20[redacted] RDW-SD:** 53.2 %

[redacted] **20[redacted] RED BLOOD CELLS:** 4.05 U/L

[redacted] **20[redacted] SCAG PCI:** LM – inconspicuous LAD – calcium in the proximal segment of the vessel and elongated subtotal occlusion in the ostial-proximal segment, 70% stenosis in the middle segment, a large RD1 with an elted ostial-proximal significant stenosis, TIMI II blood flow in the LAD Cx-60% OM1 stenosis and a 40% plaque in the distal Cx RCA - non-dominant, with an elongated 90% stenosis in the middle segment Type of coronary circulation: left type

[redacted] **20[redacted] SODIUM:** 137 MMOL/L

[redacted] **20[redacted] SODIUM:** 137.0 MMOL/L (normal 135 to 155)

[redacted] **20[redacted] TOTAL PROTEIN:** 65.5 G/L

[redacted] **20[redacted] TRIGLYCERIDES:** 2.42 MMOL/L

[redacted] **20[redacted] TROPONIN - IMMUNOCHROMATOLOGICAL:** 0.029 MMOL/L

[redacted] **20[redacted] TROPONIN - IMMUNOCHROMATOLOGICAL:** 19.566 MMOL/L

[redacted] **20[redacted] TROPONIN - IMMUNOCHROMATOLOGICAL:** 10.343 NG/ML

[redacted] **20[redacted] TROPONIN - IMMUNOCHROMATOLOGICAL:** 5.236 NG/ML

[redacted] **20[redacted] TROPONIN -IMMUNOCHROMATOLOGICAL:** 16.177 MMOL/L

[redacted] **20[redacted] UREA:** 4.9 MMOL/L

[redacted] **20[redacted] UREA:** 5.0 mg/dL

[redacted] **20[redacted] WASS:** Negative

[redacted] **20[redacted] WHITE BLOOD CELLS:** 5.9 X10**9/L

[redacted] **20[redacted] WHITE BLOOD CELLS:** 1.8 %

[redacted] **20[redacted] TROPONIN:** 0.029 MMOL/L

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺炎	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	7[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: PSORIASIS VULGARIS	20[redacted]
DIABETES MELLITUS: TYPE 2	20
HYPERTENSION	20
OTHER: JOINT PAIN, KNEE ARTHROSIS	20
OTHER: PSORIASIS ARTHROPATHY	20
PSORIATIC ARTHRITIS	20
PERIPHERAL VASCULAR DISEASE-VENOUS: VARICOSE VEINS LOWER LEGS	20
OTHER: SPONDYLOSIS, SPONDYLARTHROSIS, POLYDISCOPATHY	20
LIVER DISEASE (EXCLUDING HEPATITIS): HEPATOMEGALY WITH DIFFUSE LIVER LAESIO	20
OTHER: ENLARGED THYROID, NON-TOXIC	20
OTHER: SINGLE NODULE ON THE LEFT LOBE OF THYROID	20
PERIPHERAL VASCULAR DISEASE-ARTERIAL: MODERATE ARTHEROSCLEROSIS	20
OTHER: FASCIA PALMARIS FIBROMATOSISA (DUPUYTREN)	20
OTHER: MODERATE CARDIOMEGALY	20
OTHER: SLIGHTLY ENLARGED PROSTATE	20
OTHER: LUMBOISCHIALGIA	20
LIVER DISEASE (EXCLUDING HEPATITIS): LIVER FIBROSIS, LIVER STEATOSIS	20
OTHER: CARDIAC: DILATED LEFT VENTRICLE	20
OTHER: VITAMIN B-12 DEFICIENCY	20

Prior Procedures	Procedure Year
SURGERY: CHOLECYSTECTOMY	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted] / 1	[redacted] / 171	171
ABT-494	30 MG	ORAL	QD	[redacted] / 172	[redacted] / 367	196

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
ALLOPURINOL	300 mg	QD	Y-M: 20[redacted]
DICLOFENAC	75 mg	QD	Y-M: 20[redacted]
DOXAZOSIN	2 mg	BID	Y-M: 20[redacted]
METFORMIN	1000 mg	BID	Y-M: 20[redacted]
VALSARTAN	160 mg	QD	Y-M: 20[redacted]
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	7.5 mg	EVERY WEEK	Y-M: 20[redacted]
BETADERMIC	0.5MG BETAMETAZON + 30MG SALICYLIC ACID PER 1GM mg	PRN	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
CARVEDILOL	25 mg	BID	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]
COLECALCIFEROL	3000 IU	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted]
GLICLAZIDE	60 mg	QD	Y-M: 20[redacted]
INDAPAMIDE	1.5 mg	QD	Y-M: 20[redacted]
HERBAL NOS W/MINERALS NOS	300 mg	QD	Y-M: 20[redacted]
MAGNESIUM W/VITAMIN B6	250 mg	QD	Y-M: 20[redacted]
SILYBUM MARIANUM	300 mg	QD	Y-M: 20[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted] / -280
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -63

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ALLOPURINOL	300 mg	QD	Y-M: 20[redacted]	ONGOING
DICLOFENAC	75 mg	QD	Y-M: 20[redacted]	ONGOING
DOXAZOSIN	2 mg	BID	Y-M: 20[redacted]	ONGOING
VALSARTAN	160 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] 01	ONGOING
CARVEDILOL	25 mg	BID	Y-M: 20[redacted]	ONGOING
COLECALCIFEROL	3000 IU	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted]	ONGOING

GLICLAZIDE	60 mg	QD	Y-M: 20[redacted]	ONGOING
INDAPAMIDE	1.5 mg	QD	Y-M: 20[redacted]	ONGOING
HERBAL NOS W/MINERALS NOS	300 mg	QD	Y-M: 20[redacted]	ONGOING
MAGNESIUM W/VITAMIN B6	250 mg	QD	Y-M: 20[redacted]	ONGOING
SILYBUM MARIANUM	300 mg	QD	Y-M: 20[redacted]	ONGOING
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted] - [redacted] / -280	ONGOING
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] - [redacted] / -63	Y-M: 20[redacted] - [redacted] / 367
NEUROBION	1 OTHER: TABLET	BID	Y-M: 20[redacted] - [redacted] / 86	ONGOING
RISTFOR	50/1000 mg	BID	Y-M: 20[redacted] - [redacted] / 103	ONGOING
LEVOFLOXACIN	500 mg	QD	Y-M: 20[redacted] - [redacted] / 240	Y-M: 20[redacted] - [redacted] / 247
CLARITHROMYCIN	500 mg	BID	Y-M: 20[redacted] - [redacted] / 251	Y-M: 20[redacted] - [redacted] / 260
PARACETAMOL	500 mg	BID	Y-M: 20[redacted] - [redacted] / 251	Y-M: 20[redacted] - [redacted] / 260
ANTIBIOTICS	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] - [redacted] / 261	Y-M: 20[redacted] - [redacted] / 266
METAMIZOLE	500 mg	QD	Y-M: 20[redacted] - [redacted] / 348	Y-M: 20[redacted] - [redacted] / 366
CLINDAMYCIN	300 mg	TID	Y-M: 20[redacted] - [redacted] / 360	Y-M: 20[redacted] - [redacted] / 365
GLYCERINE BORAX	FOR EXTERNAL USE ON ORAL MUCOSA OTHER: FOR EXTERNAL USE ON ORAL MUCOSA	OTHER: UNKNOWN	Y-M: 20[redacted] - [redacted] / 360	Y-M: 20[redacted] - [redacted] / 391
METHOTREXATE	15 mg	EVERY 2 WEEKS	Y-M: 20[redacted] - [redacted] / 381	Y-M: 20[redacted] - [redacted] / 381

Event #2: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	WORSENING OF PNEUMONIA
Preferred term	肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 260
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 261): Alkaline Phosphatase: 81 [NOT REPORTED - NOT REPORTED] U/L; Basophils: 0 [0 - 0.22] 10^9/L; Basophils/Leukocytes: 0 [0 - 2] %; Bilirubin: 21 [3 - 19] UMOL/L; Blood Urea Nitrogen: 6.9 [2.9 - 8.2] MMOL/L; Creatinine: 81 [71 - 115] UMOL/L; Eosinophils: 0 [0 - 0.43] 10^9/L; Eosinophils/Leukocytes: 1 [1 - 4] %; Erythrocytes: 2.8 [3.8 - 5.8] 10^12/L; Glucose: 5.4 [4.6 - 6.4] MMOL/L; Hematocrit: 0.27 [0.37 - 0.51] FRACTION OF 1; Hemoglobin: 93 [126 - 174] G/L; Leukocytes: 8.6 [NOT REPORTED - NOT REPORTED] G/L; Lymphocytes/Leukocytes: 10 [20 - 44] %; Monocytes/Leukocytes: 7 [2 - 9] %; NPTST154-CRP: 188.40 [NOT REPORTED - NOT REPORTED] mg/L; NPTST182-EGFR: 86.46 [NOT REPORTED - NOT REPORTED] ML/MIN; NPTST224-GGT: 125 [NOT REPORTED - NOT REPORTED] U/L; NPTST228-GOT: 51 [NOT REPORTED - NOT REPORTED] U/L; NPTST229-GPT: 29 [NOT REPORTED - NOT REPORTED] U/L; NPTST295-L-NE%: 83 [NOT REPORTED - NOT REPORTED] %; NPTST308-LYM: 0.8 [NOT REPORTED - NOT REPORTED] g/L; NPTST315-MCC: 34.4 [NOT REPORTED - NOT REPORTED] g/dL; NPTST316-MCH: 33.7 [NOT REPORTED - NOT REPORTED] pg; NPTST318-MCV: 98 [NOT REPORTED - NOT REPORTED] fL; NPTST330-MON: 0.6 [NOT REPORTED - NOT REPORTED] g/L; NPTST340-NEU: 7.1 [NOT REPORTED - NOT REPORTED] g/L; NPTST391-PROT: 65.00 [NOT REPORTED - NOT REPORTED] %; NPTST414-RDW: 17.5 [NOT REPORTED - NOT REPORTED] %; Platelets: 286 [150 - 400] 10^9/L;

Potassium: 4 [3.5 - 4.5] MMOL/L; Prothrombin Intl. Normalized Ratio: 1.34 [0.8 - 1.1] RATIO; Sodium: 137 [136 - 145] MMOL/L; [redacted]20[redacted] (RX DAY 264): NPTST154-CRP: 95.58 [NOT REPORTED - NOT REPORTED] mg/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 260): CHEST X-RAY: INFILTRATION LEFT LUNG BASE; [redacted]20[redacted] (RX DAY 262): CT CHEST ANGIOGRAM: CT ANGIOGRAM RULED OUT THROMBOEMBOLISM IN THE CHEST; CT OF CHEST AND ABDOMEN: PULMONARY INFILTRATION TO BILATERAL LUNGS; PLEURAL FLUID ON BOTH SIDES CAN BE SEEN

AE Stopped Rx Day	267
Duration of AE	8 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	LOW IMMUNE RESPONSE, DIABETES
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はハンガリーの 7[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，肺炎の悪化の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，2 型糖尿病，高血圧，乾癬性関節症，乾癬性関節炎，左甲状腺葉の単一小結節，中等度の心拡大，肝線維症，脂肪肝，心臓系（左室拡張），非飲酒者及び非喫煙者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺炎の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，肺炎の悪化は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺炎（非重篤な事象）を発現した。この肺炎の事象により治験薬の投与が中止された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は疲労，呼吸困難，貧血，体重減少，咳嗽及び発熱の症状で入院した。胸部 X 線検査で肺底部の浸潤，胸部 CT スキャン検査で両側胸水を伴う肺浸潤が認められた。被験者は詳細不明の抗生物質を投与され，炎症パラメータは改善した。咳嗽は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺機能良好で退院した。

The patient's past medications include:

DIPROSALIC for PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted])

LEVOFLOXACIN for PNEUMONIA ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Pneumonia aggravated (10048382) (Pneumonia (10035664)) [v.22.1] [10048382]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING OF PNEUMONIA

- Investigator: LOW IMMUNE RESPONSE, DIABETES

- AbbVie: Risk factors include pre-existing diabetes type 2 and advanced age.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ALKALINE PHOSPHATASE:** 81 U/L

[redacted] 20[redacted] **BASOPHILS:** 0 %

[redacted] 20[redacted] **BASOPHILS ABS:** 0.0 G/L

[redacted] 20[redacted] **BILIRUBIN:** 20.80 umol/L

[redacted] **20[redacted] CHEST X-RAY:** Abnormal, calcified granulomas present, pleural scarring absent, pleural thickening present, findings indicative of previous TB infection, Enlarged heart, widened hilus, calcified granulomas in perihilar region.

[redacted] **20[redacted] CHEST X-RAY:** Infiltration of the lung base

[redacted] **20[redacted] BLOOD UREA NITROGEN:** 6.9 MMOL/L

[redacted] **20[redacted] CREATININE:** 81 umol/L

[redacted] **20[redacted] CRP:** 188.4 MG/L

[redacted] **20[redacted] CRP:** 95.58 MG/L

[redacted] **20[redacted] CT CHEST:** PULMONARY INFILTRATION TO BILATERAL LUNGS; PLEURAL FLUID ON BOTH SIDES CAN BE SEEN

[redacted] **20[redacted] CT CHEST ANGIOGRAM:** CT ANGIOGRAM RULED OUT THROMBOEMBOLISM IN THE CHEST

[redacted] **20[redacted] GLUCOSE:** 5.4 MMOL/L

[redacted] **20[redacted] EGFR:** 86.46 ML/Min

[redacted] **20[redacted] EOSINOPHILS:** 1 %

[redacted] **20[redacted] EOSINOPHILS ABS:** 0.0 G/L

[redacted] **20[redacted] GGT:** 125 U/L

[redacted] **20[redacted] GOT:** 51 U/L

[redacted] **20[redacted] GPT:** 29 U/L

[redacted] **20[redacted] HEMATOCRIT:** 0.27 G/DL

[redacted] **20[redacted] HEMOGLOBIN:** 9.3 G/DL

[redacted] **20[redacted] INR:** 1.34 %

[redacted] **20[redacted] LYMPHOCYTES:** 0.8 G/L

[redacted] **20[redacted] LYMPHOCYTES:** 10 %

[redacted] **20[redacted] MCC:** 34.4 G/DL

[redacted] **20[redacted] MCH:** 33.7 PG

[redacted] **20[redacted] MCV:** 98 FL

[redacted] **20[redacted] MONOCYTES:** 0.6 G/L

[redacted] **20[redacted] MONOCYTES:** 7 %

[redacted] **20[redacted] NEUTROPHILS:** 7.1 G/L

[redacted] **20[redacted] NEUTROPHILS:** 83 %

[redacted] **20[redacted] PLATELET COUNT:** 286 G/L

[redacted] **20[redacted] POTASSIUM:** 4.0 MMOL/L

[redacted] **20[redacted] PROTHROMBIN:** 65.0 %

[redacted] **20[redacted] RBC:** 2.76 T/L

[redacted] **20[redacted] RDW:** 17.5 %

[redacted] **20[redacted] SODIUM:** 137 MMOL/L

[redacted] **20[redacted] TEMPERATURE:** Elevated

[redacted] **20[redacted] WBC:** 8.6 G/L

[redacted] **20[redacted] WEIGHT:** 97 KG

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
糖尿病性ニューロパチー	X			
貧血	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	7[redacted]	MALE	WHITE

Medical History	Onset Year
DIABETES MELLITUS: TYPE 2	19[redacted]
HYPERTENSION	19[redacted]
OTHER: PSORIASIS VULGARIS	19[redacted]
OTHER: COXARTHROSIS, LEFT	20[redacted]
OTHER: DIABETIC POLYNEUROPATHY	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: LUMBOISCHIALGIA	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): STEATOSIS HEPATIS	20[redacted]
OTHER: RENAL CYSTS, BILATERAL	20[redacted]
OTHER: CAROTID ATHEROSCLEROSIS	20[redacted]
OTHER: CEREBRAL ATROPHY, MODERATE	20[redacted]
OTHER: HEARTBURN	20[redacted]
OTHER: MILD SCLEROSIS OF NUCLEUS LENTIFORMIS	20[redacted]
OTHER: CERVICAL DISC DEGENERATION	20[redacted]
OTHER: FREQUENT HEADACHES	20[redacted]

Prior Procedures	Procedure Year
SURGERY: CHOLECYSTECTOMY	19[redacted]
SURGERY: TOTAL JOINT REPLACEMENT, RIGHT HIP	20[redacted]
SURGERY: LUMBAR SPINE SURGERY FOR HERNIATED DISC, OSTEOSYNTHESIS WITH PLATES L3-4	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169	[redacted]20[redacted] / 392	224
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	3 mg	OTHER: TWICE A WEEK	Y-M: 20[redacted]
METHOTREXATE	7.5 mg	EVERY WEEK	Y-M: 20[redacted]
THIOCTIC ACID	600 mg	QD	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
ENALAPRIL	20 mg	QD	Y-M: 20[redacted]
HUMAN MIXTARD	30 IU	TID	Y-M: 20[redacted]
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]
RILMENIDINE	1 mg	QD	Y-M: 20[redacted]
VASERETIC	20/12.5 mg	QD	Y-M: 20[redacted]
METHOTREXATE	22.5 mg	EVERY WEEK	Y-M: 20[redacted] / -232

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	3 mg	OTHER: TWICE A WEEK	Y-M: 20[redacted]	NOT REPORTED
THIOCTIC ACID	600 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ENALAPRIL	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
HUMAN MIXTARD	30 IU	TID	Y-M: 20[redacted]	NOT REPORTED
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
RILMENIDINE	1 mg	QD	Y-M: 20[redacted]	NOT REPORTED
VASERETIC	20/12.5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	22.5 mg	EVERY WEEK	Y-M: 20[redacted] / -232	Y-M: 20[redacted] / 483
FUCICORT	20MG FUSIDIC ACID AND 1MG BETAMETHASONE PER GRAM mg	QD	Y-M: 20[redacted] / 2	NOT REPORTED
FUCIDIN H	20MG FUSIDIC ACID, 10MG HYDROCORTISONE mg	QD	Y-M: 20[redacted] / 2	NOT REPORTED

SODIUM LAURYL SULFATE	100 g	QD	Y-M: 20[redacted]- [redacted] / 2	NOT REPORTED
UNSPECIFIED HERBAL	100 g	QD	Y-M: 20[redacted]- [redacted] / 2	NOT REPORTED
UREA	200G CARB-REFRIG CARBAMIDI, 6.0G AQ. DEST.GTA34G CREMOR REF g	QD	Y-M: 20[redacted]- [redacted] / 2	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	WORSENING OF DIABETIC POLYNEUROPATHY
Preferred term	糖尿病性ニューロパチー
AE Onset Date / Rx Day	[redacted]20[redacted] / 457
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 458): Hemoglobin: 96 [126 - 174] G/L; Leukocytes: 5300 [4.5 - 11] 10^9/L; Lymphocytes: 0.48 [0.96 - 4.75] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 459): PELVIC X-RAY: TOTAL JOINT REPLACEMENT OF THE RIGHT HIP WITHOUT ANY SIGNS OF DISLOCATION. THE HEAD OF ACETABULUM IS SCLEROTIC ON THE LEFT SIDE.

AE Stopped Rx Day	470
Duration of AE	14 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DIABETIC POLYNEUROPATHY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event, Event of Interest - Anemia

Event Description	ANEMIA
Preferred term	貧血
AE Onset Date / Rx Day	[redacted]20[redacted] / 458
Age at AE Onset	7[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

NOT REPORTED

AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	POSSIBLY DUE TO METHOTREXAT TREATMENT
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はハンガリーの 7[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，糖尿病性多発ニューロパチーの悪化及び貧血の悪化の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，2 型糖尿病，高血圧，関節全置換術（右股関節），L3～4 の椎間板ヘルニアに対する腰椎手術及びプレート骨接合術，糖尿病性多発ニューロパチー，変形性股関節症（左），乾癬性関節炎，腰椎坐骨神経痛，軽度のレンズ核硬化，頚部椎間板変性症，非喫煙者及び禁酒であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は糖尿病性多発ニューロパチーの悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は貧血の悪化を発現した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は歩行困難（悪化，非重篤）を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，糖尿病性多発ニューロパチーの悪化及び急性貧血により，リハビリテーション科に入院した。被験者は腰痛及び右股関節痛を呈しており，そのために歩行困難となっていた。被験者は貧血の外観を呈し，ヘモグロビンが低値であった。被験者は入院中に複雑なリハビリテーション療法を受けた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

事象に関連する危険因子：肥満，変形性膝関節症，関節全置換術（右股関節），椎間板ヘルニアに対する腰椎手術，頚部椎間板変性症，腰椎坐骨神経痛。20[redacted] 年 [redacted] 月 [redacted] 日，糖尿病性多発ニューロパチーの悪化は消失した。

The patient's past medications include:

EBETREXAT for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

---

1) Diabetic polyneuropathy (10012685) (Diabetic neuropathy (10012680)) [v.22.1] [10012685]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

2) Anemia aggravated (10054309) (Anaemia (10002034)) [v.22.1] [10054309]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING OF DIABETIC POLYNEUROPATHY

- Investigator: Worsening of diabetic polyneuropathy.

- AbbVie: Risk factors include pre-existing diabetic polyneuropathy, cervical disc degeneration, multiple orthopedic surgeries and psoriatic arthritis.

Event of WORSENING OF ANEMIA

- Investigator: Possibly due to Methotrexate treatment.

- AbbVie: Risk factors include subject's advanced age, pre-existing diabetes mellitus and psoriasis arthritis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] HEMATOCRIT:** 32 % (normal 37 to 51)

[redacted] **20[redacted] HEMATOCRIT:** 31 % (normal 37 to 51)

[redacted] **20[redacted] HEMOGLOBIN:** 106 G/L (normal 125 to 170)

[redacted] **20[redacted] HEMOGLOBIN:** 96 G/L

[redacted] **20[redacted] HEMOGLOBIN:** 104 G/L (normal 125 to 170)

[redacted] **20[redacted] LYMPHOCYTES:** 0.77 X10**3/MCL (normal 0.80 to 3.00)

[redacted] **20[redacted] LYMPHOCYTES:** 0.75 X10**3/MCL (normal 0.80 to 3.00)

[redacted] **20[redacted] LYMPHOCYTES ABS:** 0.48 G/L

[redacted] **20[redacted] PELVIC X-RAY:** Total joint replacement of the right hip without any signs of dislocation. The head of acetabulum is sclerotic on the left side.

[redacted] **20[redacted] RBC:** 3.2 X10**6/MCL (normal 4.0 to 5.8)

[redacted] **20[redacted] RBC:** 3.2 X10**6/MCL (normal 4.0 to 5.8)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 5300 G/L

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
上肢骨折	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	7[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PARESIS PERIF. FAC. L.D.	19[redacted]
OTHER: RIGHT WRIST FRACTURE	19[redacted]
OTHER: PSORIASIS VULGARIS	19[redacted]
OSTEOPOROSIS	19[redacted]
OTHER: MENOPAUSE	20[redacted]
OTHER: CERVICAL SPONDYLARTHROSIS	20[redacted]
OTHER: IRRITABLE BOWEL SYNDROME	20[redacted]
OTHER: NODI HAEMORRHOIDALES	20[redacted]
OTHER: URINARY INCONTINENCE	20[redacted]
HEARING DISORDER: OTOSCLEROSIS, RIGHT	20[redacted]
HEARING DISORDER: TINNITUS	20[redacted]
OTHER: FRACTURE OF LEFT RADIUS	20[redacted]
OTHER: COMMOTIO CEREBRI	20[redacted]
OTHER: CONTUSIO THORACIS	20[redacted]
OTHER: FRACTURE RIGHT CLAVICLE	20[redacted]
OTHER: IRREGULAR HEARTBEAT	20[redacted]
OTHER: HYPERCHOLESTERINEMIA	20[redacted]
OTHER: INSUFF. VERTEBROBASILARIS	20[redacted]
OTHER: SUDECK ATROPHY	20[redacted]
OTHER: COXA VALGA	20[redacted]
OTHER: COXARTHROSIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: ANTRUM-GASTRITIS	20[redacted]
OTHER: DUODENO-GASTRICUS REFLUX	20[redacted]
OTHER: HEBERDEN-BOUCHARD ARTHROSIS	20[redacted]
OTHER: HERNIATED DISCS C6-7	20[redacted]
OTHER: LUMBOISCHIALGIA	20[redacted]
PERIPHERAL VASCULAR DISEASE-VENOUS: VARICOSITAS CRURIS	20[redacted]
EYE DISEASE/DISORDER: MACULAR DEGENERATION	20[redacted]
OTHER: SPONDYLOSIS UNIVERSALIS	20[redacted]
HYPOTHYROIDISM	20[redacted]
OTHER: VASCULAR ENCEPHALOPATHY	20[redacted]

OTHER: ATHEROSCLEROSIS	20[redacted]
OTHER: CEPHALALGIA CHR.	20[redacted]
OTHER: PERIARTHRITIS HUMEROSCAPULARIS, LEFT	20[redacted]
OTHER: CERV. DISCOPATHY	20[redacted]
OTHER: ANAL FISSURE	20[redacted]
OTHER: EXOSTOSIS CALCANEI, BILATERAL	20[redacted]
OTHER: HALLUX VALGUS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: CESAREAN SECTION	19[redacted]
SURGERY: CESAREAN SECTION	19[redacted]
SURGERY: OSTEOSYNTHESIS FOR LEFT COLLI FEMORIS FRACTURE	19[redacted]
SURGERY: REMOVAL OF HARDWARE LEFT FEMUR	19[redacted]
SURGERY: CHOLECYSTECTOMY	20[redacted]
SURGERY: RIGHT STAPEDECTOMY	20[redacted]
SURGERY: LEFT CATARACT SURGERY	20[redacted]
SURGERY: RIGHT CATARACT SURGERY	20[redacted]
SURGERY: OSTEOSYNTHESIS FOR LEFT OLECRANON FRACTURE	20[redacted]
SURGERY: REMOVAL OF K-WIRE LEFT ULNA	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	0.5 PACK	14	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169	[redacted]20[redacted] / 392	224
ADA	40MG	SC	EOW	[redacted]20[redacted] / 393		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]
PIRACETAM	1200 mg	BID	Y-M: 20[redacted]
CALCIUM	200 mg	BID	Y-M: 20[redacted]

NEBIVOLOL	5 mg	QD	Y-M: 20[redacted]
VINPOCETINE	10 mg	TID	Y-M: 20[redacted]
FOLIC ACID	5 mg	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted]
LEVOTHYROXINE	75 OTHER: MCG	QD	Y-M: 20[redacted]
METHOTREXATE	7.5 mg	EVERY WEEK	Y-M: 20[redacted]
PINAVERIUM	50 mg	BID	Y-M: 20[redacted]
ATORVASTATIN	10 mg	QD	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
COLECALCIFEROL	1000 IU	QD	Y-M: 20[redacted]
SOLIFENACIN	5 mg	QD	Y-M: 20[redacted]
IRON	320 mg	BID	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
PERINDOPRIL	4 mg	QD	Y-M: 20[redacted]
TROPHICARD	1 OTHER: TABLET	TID	Y-M: 20[redacted] / -196

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
PIRACETAM	1200 mg	BID	Y-M: 20[redacted]	NOT REPORTED
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 415
CALCIUM	200 mg	BID	Y-M: 20[redacted]	NOT REPORTED
NEBIVOLOL	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
VINPOCETINE	10 mg	TID	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted]	NOT REPORTED
LEVOTHYROXINE	75 OTHER: MCG	QD	Y-M: 20[redacted]	NOT REPORTED
PINAVERIUM	50 mg	BID	Y-M: 20[redacted]	NOT REPORTED
ATORVASTATIN	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
COLECALCIFEROL	1000 IU	QD	Y-M: 20[redacted]	NOT REPORTED
SOLIFENACIN	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
IRON	320 mg	BID	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
PERINDOPRIL	4 mg	QD	Y-M: 20[redacted]	NOT REPORTED
TROPHICARD	1 OTHER: TABLET	TID	Y-M: 20[redacted] / -196	NOT REPORTED
ALOE VERA	1 OTHER: APPLICATION	BID	Y-M: 20[redacted] / 304	NOT REPORTED
SULFADIAZINE	1 OTHER:	BID	Y-M: 20[redacted] /	NOT

	APPLICATION		305	REPORTED
NADROPARIN	0.4 OTHER: ML	QD	Y-M: 20[redacted]- / 419	Y-M: 20[redacted]- / 421
ALPRAZOLAM	0.5 mg	QD	Y-M: 20[redacted]- / 422	Y-M: 20[redacted]- / 422
ENOXAPARIN	0.4 OTHER: ML	QD	Y-M: 20[redacted]- / 422	Y-M: 20[redacted]- / 436

Event #1: Serious Adverse Event

Event Description	RIGHT LOWER ARM FRACTURE
Preferred term	上肢骨折
AE Onset Date / Rx Day	[redacted]20[redacted] / 416 (23 DAYS AFTER LAST TREATMENT)
Age at AE Onset	7[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 417): RIGHT ARM X-RAY: FRACTURA DIAPHYSIS ULNAE RIGHT ARM; [redacted]20[redacted] (RX DAY 419): CHEST X-RAY: NORMAL; [redacted]20[redacted] (RX DAY 422): SURGERY OF THE ARM: WOUND IS HEALED, ARM MOVEMENT IS SLIGHTLY LIMITED.

AE Stopped Rx Day	468 (75 DAYS AFTER LAST TREATMENT)
Duration of AE	53 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PATIENT FELL DURING CLIMBING.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はハンガリーの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右前腕骨折の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，右手首関節骨折，元喫煙者（1 日 0.5 箱を 14 年間），尋常性乾癬，左大腿頚部骨折に対する骨接合術，骨粗鬆症，閉経，左橈骨骨折，右鎖骨骨折，甲状腺機能低下症及び現飲酒者（1 日 2 杯未満）であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右前腕骨折を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，右前腕骨折は消失した。

被験者はハイキングをしていて転倒した（日付未報告）。被験者は痛みと腫れを来し，動きが制限された。被験者は当初，手術を拒否していたため，ギプス装着のみが行われた。その後，被験者は他院を受診し，入院した。右尺骨の ORIF が 20[redacted] 年 [redacted] 月 [redacted] 日に行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。最終治療日は 20[redacted] 年 [redacted] 月 [redacted] 日で，依然として動作制限が見られたため，理学療法が勧められた。

Causality for UPADACITINIB (Blinded)

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1) Arm fracture (10049127) (Upper limb fracture (10061394)) [v.22.1] [10049127]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of RIGHT LOWER ARM FRACTURE

- Investigator: patient fell during climbing

- AbbVie: Event is more likely related to trauma sustained from a fall during hiking. History of osteoporosis and advanced age are additional risk factors.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CHEST X-RAY:** Normal

[redacted] **20[redacted] RIGHT ARM X-RAY:** Fractura diaphysis ulnae right arm

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺炎	X	X		X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
HEPATITIS: INFECTIOUS HEPATITIS A	19[redacted]
HYPERTENSION	19
OTHER: POST-MENOPAUSAL	19
OTHER: PSORIASIS VULGARIS	19
OSTEOPOROSIS	20
DRUG ALLERGIES/REACTIONS: RANITIDIN ALLERGY	20
PSORIATIC ARTHRITIS	20
DIABETES MELLITUS: TYPE II	20
OTHER: OSTEOPENIA	20
OTHER: CHRONIC ISCHEMIC HEART DISEASE	20
OTHER: MICROCALCIPHICATION OF LEFT MAMMAE	20
PNEUMONIA	20
PERIPHERAL VASCULAR DISEASE-ARTERIAL: MULTIPLEY STENOSIS ON AFS	20
OTHER: LEFT WRIST FRACTURE	20
OTHER: UROINFECTION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: METAL FASTENING DUE TO WRIST FRACTURE	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.5 PACK	46	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 12	12

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
METOPROLOL	50 mg	BID	Y-M: 19[redacted]
HYDROCORTISONE	1 mg	PRN	Y-M: 20[redacted]
MOMETASONE	1.00 mg	PRN	Y-M: 20[redacted]
COLECALCIFEROL	30,000 IU	OTHER: MONTHLY TWO TIMES	Y-M: 20[redacted]
FOLIC ACID	6 mg	EVERY WEEK	Y-M: 20[redacted]
LERCANIDIPINE	10 mg	OTHER: TWICE A DAY HALF TABLET	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
KOMBIGLYZE	2.5/1000 mg	BID	Y-M: 20[redacted]
CILOSTAZOL	100 mg	BID	Y-M: 20[redacted]
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted] / -191
FUROSEMIDE	40 mg	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted] / -132
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted] / -132
POTASSIUM	600 mg	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted] / -132
OFLOXACIN	20 mg	BID	Y-M: 20[redacted] / -19

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
METOPROLOL	50 mg	BID	Y-M: 19[redacted]	ONGOING
HYDROCORTISONE	1 mg	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / -15
MOMETASONE	1.00 mg	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / -15
COLECALCIFEROL	30,000 IU	OTHER: MONTHLY TWO TIMES	Y-M: 20[redacted]	ONGOING
FOLIC ACID	6 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING
LERCANIDIPINE	10 mg	OTHER: TWICE A DAY HALF TABLET	Y-M: 20[redacted]	ONGOING
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]	ONGOING

KOMBIGLYZE	2.5/1000 mg	BID	Y-M: 20[redacted]	ONGOING
CILOSTAZOL	100 mg	BID	Y-M: 20[redacted]	ONGOING
FUROSEMIDE	40 mg	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted]- / -132	ONGOING
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted]- / -132	ONGOING
POTASSIUM	600 mg	OTHER: THREE TIMES A WEEK	Y-M: 20[redacted]- / -132	ONGOING
OFLOXACIN	20 mg	BID	Y-M: 20[redacted]- / -19	Y-M: 20[redacted]- / -14
AMBROXOL	30 mg	TID	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
BUTAMIRATE	50 mg	BID	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
CEFTRIAXONE	1 g	QD	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
ENOXAPARIN	6000 IU	QD	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
METHYLPREDNISOLONE	WE DO NOT HAVE INFORMATION ABOUT DOSE OTHER: WE DO NOT HAVE INFORMATION ABOUT DOSE	OTHER: WE DO NOT HAVE INFORMATION ABOUT FREQUENCY	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
METOCLOPRAMIDE	10 mg	QD	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
SODIUM CHLORIDE	500 mL	QD	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
SPEKTRAMOX	875/125 mg	QD	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28
THEOPHYLLINE	250 mg	BID	Y-M: 20[redacted]- / 13	Y-M: 20[redacted]- / 28

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	PNEUMONIA
Preferred term	肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 12

Age at AE Onset 6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY -17): Sodium: 140 [136 - 145] MMOL/L; [redacted]20[redacted] (RX DAY 14): Albumin: 32 [32 - 46] G/L; Alkaline Phosphatase: 79 [NOT REPORTED - NOT REPORTED] U/L; Basophils: 0.02 [0 - 0.22] 10^9/L; Basophils/Leukocytes: 0.1 [0 - 2] %; Bilirubin: 8 [3 - 19] UMOL/L; Blood Urea Nitrogen: 24.8 [2.9 - 8.2] MMOL/L; Calcium: 2.24 [2.2 - 2.55] MMOL/L; Creatine Kinase: 122 [NOT REPORTED - NOT REPORTED] U/L; Eosinophils: 0 [0 - 0.43] 10^9/L; Eosinophils/Leukocytes: 0 [1 - 4] %; Erythrocyte Sedimentation Rate: 74 [0 - 30] MM/H; Erythrocytes: 3.5 [3.8 - 5.3] 10^12/L; Glucose: 7.1 [4.6 - 6.4] MMOL/L; Hematocrit: 0.34 [0.35 - 0.47] FRACTION OF 1; Hemoglobin: 120 [117 - 160] G/L; Leukocytes: 20.6 [4.5 - 11] 10^9/L; Lymphocytes: 0.95 [0.96 - 4.75] 10^9/L; Lymphocytes/Leukocytes: 4.6 [20 - 44] %; Monocytes: 0.53 [0.1 - 0.97] 10^9/L; Monocytes/Leukocytes: 2.6 [2 - 9] %; NPTST171-DDIMER: 5.0 [NOT REPORTED - NOT REPORTED] MIKROGRAM/ML; NPTST175-DIBI: 5.7 [NOT REPORTED - NOT REPORTED] MIKROMOL/L; NPTST221-GFR: 40 [NOT REPORTED - NOT REPORTED] ML/S/1.73M2; NPTST228-GOT: 31 [NOT REPORTED - NOT REPORTED] U/L; NPTST229-GPT: 14 [NOT REPORTED - NOT REPORTED] U/L; NPTST267-HSCRP: 423.7 [NOT REPORTED - NOT REPORTED] mg/L; NPTST300-LDH: 480 [NOT REPORTED - NOT REPORTED] U/L; NPTST316-MCH: 34.4 [NOT REPORTED - NOT REPORTED] PG; NPTST317-MCHC: 357.0 [NOT REPORTED - NOT REPORTED] g/L; NPTST318-MCV: 96.3 [NOT REPORTED - NOT REPORTED] fL; NPTST396-PROTHROMBIN: 80.6 [NOT REPORTED - NOT REPORTED] %; Neutrophils: 19.14 [2.4 - 7.56] 10^9/L; Neutrophils/Leukocytes: 92.7 [50 - 70] %; Potassium: 3.4 [3.4 - 4.4] MMOL/L; Protein: 58 [62 - 81] G/L; Prothrombin Intl. Normalized Ratio: 1.13 [0.8 - 1.1] RATIO; [redacted]20[redacted] (RX DAY 15): Blood Urea Nitrogen: 19.1 [2.9 - 8.2] MMOL/L; Creatinine: 96 [53 - 106] UMOL/L; NPTST182-EGFR: 54 [NOT REPORTED - NOT REPORTED] ML/SEC/1.73M2; Sodium: 138 [136 - 145] MMOL/L; [redacted]20[redacted] (RX DAY 17): Blood Urea Nitrogen: 6.8 [2.9 - 8.2] MMOL/L; Creatinine: 60 [53 - 106] UMOL/L; NPTST182-EGFR: 90 [NOT REPORTED - NOT REPORTED] ML/SEC/1.73M2; Potassium: 4.1 [3.4 - 4.4] MMOL/L; Sodium: 140 [136 - 145] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 13): POSTERO-ANTERIOR CHEST X-RAY: LEFT LOWER-MEDIAL LOBE AND LEFT UPPER MEDIASTINUM INFILTRATIVE SHADOW; [redacted]20[redacted] (RX DAY 20): COMPUTERTOMOGRAPHY OF CHEST: PNEUMONIA IS LIKELY OR CENTRAL PULMONARY TUMOR; [redacted]20[redacted] (RX DAY 23): BRONCHOSCOPY: THROAT, TRACHEA, ON BOTH SIDES OF THE FOREARMABLE BRONCHIAL SYSTEM IS FREE, THERE WAS NO SIGN INDICATING A TUMOR; [redacted]20[redacted] (RX DAY 27): POSTERO-ANTERIOR CHEST X-RAY: INFILTRATION WAS ABSORBED

AE Stopped Rx Day	28 (16 DAYS AFTER LAST TREATMENT)
Duration of AE	17 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THE WEAKNESS OF IMMUNE SYSTEM DUE TO DIABETES, ARTHRITIS PSORIATICA MAY HAVE CAUSED THIS EVENT
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はハンガリーの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，肺炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高血圧，乾癬性関節炎，2 型糖尿病，慢性虚血性心疾患，肺炎，末梢血管疾患（動脈），現喫煙者（1 日 0.5 箱を 46 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は肺炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，肺炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日から 3 日間，被験者は，高熱，咳嗽，「ひどく溺れた」ような感覚，脱力，咳嗽，窒息及び極度の低血圧を呈していた。被験者はかかりつけの一般開業医を受診し，左側肺に小児呼吸が認められた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。診断検査が行われ，被験者は急性呼吸不全を伴う左胸膜肺炎と診断された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，ロセフィン，euphylong，metypred，クレキサン，sinecod，augmentin duo，アンブロキソール及び cerucal であった。

The patient's past medications include:

ELOCOM for PSORIASIS (20[redacted] - [redacted] [redacted] 20[redacted])

LOCOID CRELO for PSORIASIS (20[redacted] - [redacted] [redacted] 20[redacted])

TARIVID for URINARY TRACT INFECTIONS ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Pneumonia (10035664) (Pneumonia (10035664)) [v.22.1] [10035664]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of PNEUMONIA

- Investigator: The weakness of immune system due to diabetes, arthritis psoriatica may have caused this event.

- AbbVie: Risk factors include extensive past and current tobacco history of 0.5 packs per day for 46 years, previous history of pneumonia, and pre-existing diabetes mellitus.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BRONCHOSCOPY:** Throat, trachea, on both sides of the forearmable bronchial system is free, there was no sign indicating a tumor

[redacted] **20[redacted] BUN:** 24.8 MMOL/L

[redacted] **20[redacted] BUN:** 6.8 MMOL/L

[redacted] **20[redacted] CHEST X-RAY:** Normal

[redacted] **20[redacted] COMPUTERTOMOGRAPHY OF CHEST:** Pneumonia is likely or central pulmonary tumor

[redacted] **20[redacted] D-DIMER:** 5.0 MCMOL/L

[redacted] **20[redacted] LYMPHOCYTES %:** 4.6 %

[redacted] **20[redacted] LYMPHOCYTES ABS:** 0.95 G/L

[redacted] **20[redacted] NEUTROPHILS %:** 92.7 %

[redacted] **20[redacted] NEUTROPHILS ABS:** 19.14 G/L

[redacted] **20[redacted] POSTERO-ANTERIOR CHEST X-RAY:** Left lower-medial lobe and left upper mediastinum infiltrative shadow

[redacted] **20[redacted] POSTERO-ANTERIOR CHEST X-RAY:** Infiltration was absorbed

[redacted] **20[redacted] POTASSIUM:** 3.38 MMOL/L

[redacted] **20[redacted] POTASSIUM:** 4.12 MMOL/L

[redacted] **20[redacted] PRT:** 80.6 %

[redacted] **20[redacted] WBC:** 20.64 G/L

被験者番号 [redacted] (Investigator[redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
喉頭炎	X			X

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
ASTHMA: ASTHMA BRONCHIALE	19[redacted]
DEGENERATIVE DISC DISEASE: LUMBAL DISCUS HERNIA	20[redacted]
HYPERTENSION	20[redacted]
OTHER: PSOT-MENOPAUSAL	20[redacted]
OTHER: HOARSENESS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: LATENT TB	20[redacted]

Prior Procedures	Procedure Year
SURGERY: SECTIO CESAREA	19[redacted]
SURGERY: SURGERY DUE TO HERNIA UMBILICALIS	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 166	166
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 167	[redacted]20[redacted] / 398	232
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 399		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
GLYCERYL TRINITRATE	8 OTHER: MG/MICROGRAMM	PRN	Y-M: 20[redacted]
HYZAAR	25 mg	QD	Y-M: 20[redacted]
THEOPHYLLINE	300 mg	QD	Y-M: 20[redacted]
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]
CETIRIZINE	10 mg	PRN	Y-M: 20[redacted]
FOLIC ACID	5 mg	OTHER: WEEKLY 4 TABLETTS	Y-M: 20[redacted] / -279
METHOTREXATE	2.5 mg	OTHER: WEEKLY 6 TABLETTS	Y-M: 20[redacted] / -279
BUDESONIDE W/FORMOTEROL FUMARATE	4.5/1600 OTHER: MICROGRAMM/GRAMM	PRN	Y-M: 20[redacted] / -248
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -241
ETORICOXIB	60 mg	PRN	Y-M: 20[redacted] / -180
ISONIAZID	100 mg	TID	Y-M: 20[redacted] / -65

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
GLYCERYL TRINITRATE	8 OTHER: MG/MICROGRAMM	PRN	Y-M: 20[redacted]	NOT REPORTED
HYZAAR	25 mg	QD	Y-M: 20[redacted]	NOT REPORTED
THEOPHYLLINE	300 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ACETYLSALICYLIC ACID	100 mg	QD	Y-M: 20[redacted]	NOT REPORTED
CETIRIZINE	10 mg	PRN	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	5 mg	OTHER: WEEKLY 4 TABLETTS	Y-M: 20[redacted] / -279	NOT REPORTED
BUDESONIDE W/FORMOTEROL FUMARATE	4.5/1600 OTHER: MICROGRAMM/GRAMM	PRN	Y-M: 20[redacted] / -248	NOT REPORTED
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -241	NOT REPORTED
ETORICOXIB	60 mg	PRN	Y-M: 20[redacted] / -180	NOT REPORTED
ISONIAZID	100 mg	TID	Y-M: 20[redacted] / -65	Y-M: 20[redacted] / 199

Event #1: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	CHRONIC LARYNGITIS
Preferred term	喉頭炎

AE Onset Date / Rx Day	[redacted]20[redacted] / 51
Age at AE Onset	5[redacted]
Laboratory Testing	
[redacted]20[redacted] (RX DAY 51): Basophils/Leukocytes: 0.748 [NOT REPORTED - 2.5] %; Eosinophils/Leukocytes: 0.458 [NOT REPORTED - 6] %; Erythrocytes: 4.5 [4 - 6] 10^12/L; Hematocrit: 0.39 [0.35 - 0.47] FRACTION OF 1; Hemoglobin: 130 [120 - 160] G/L; Leukocytes: 8.5 [4 - 10] 10^9/L; Lymphocytes/Leukocytes: 17.15 [20 - 40] %; Monocytes/Leukocytes: 7.202 [NOT REPORTED - 12] %; NPTST316-MCH: 26.88 [26 - 34] PG; NPTST317-MCHC: 355.6 [310 - 360] G/L; NPTST318-MCV: 80.09 [80 - 100] FL; NPTST455-TCT: 331.6 [150 - 450] G/L; Neutrophils/Leukocytes: 74.44 [40 - 70] %	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (RX DAY 51): LARYNGOSCOPY: CHRONIC MUCOUS INFLAMMATION.; OESOPHAGOSCOPY: CHRONIC MUCOUS INFLAMMATION.	
AE Stopped Rx Day	52
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	BECAUSE OF RETURNING HOARSENESS THAT HAS EXISTED FOR YEARS LARYNGOSCOPY AND OESOPHAGOSCOPY WAS PERFORMED.THE RESULT IS CHRONIC MUCOUS INFLAMMATION.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はハンガリーの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，慢性喉頭炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，気管支喘息，嗄声，局面型乾癬，乾癬性関節炎，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は慢性喉頭炎を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，慢性喉頭炎は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は長年に及ぶ嗄声の再発により入院した。喉頭鏡検査及び食道鏡検査が行われた。これらの検査で慢性粘液炎症が明らかとなった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

Causality for ABT-494 (Blinded)

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1) Chronic laryngitis (10008940) (Laryngitis (10023874)) [v.22.1] [10008940]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of CHRONIC LARYNGITIS

- Investigator: Because of returning hoarseness that has existed for years laryngoscopy and oesophagoscopy was performed. The result is chronic mucous inflammation.

- AbbVie: The investigator reports returning hoarseness for years. Event was likely pre-existing.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CHEST X-RAY:** Normal

[redacted] **20[redacted] HEMATOCRIT:** 0.388 L/L (normal 0.35 to 0.470)

[redacted] **20[redacted] HEMOGLOBIN:** 130.2 G/L (normal 120 to 160)

[redacted] **20[redacted] LARYNGOSCOPY:** Chronic mucous inflammation

[redacted] 20[redacted] **NEUTROPHILS %:** 74.440 % (normal 40 to 70)

[redacted] 20[redacted] **OESOPHAGOSCOPY:** Chronic mucous inflammation

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 8.536 G/L (normal 4 to 10)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
脊椎すべり症	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: EROSIVE GASTRITIS	19[redacted]
OSTEOARTHRITIS: SPINE OSTEOARTHRITIS	19[redacted]
OTHER: IRRITABLE BOWEL SYNDROME	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: NEUTRAL NODULAR GOITER	20[redacted]
OTHER: POLYARTHROSIS	20[redacted]
PERIPHERAL VASCULAR DISEASE-VENOUS: LOWER EXTREMITIES CHRONIC VENOUS INSUFFICIENCY	20[redacted]
OTHER: MYASTHENIA	20[redacted]
DRUG ALLERGIES/REACTIONS: PARACETAMOL ALLERGY	20[redacted]
DRUG ALLERGIES/REACTIONS: TRAMAL ALLERGY	20[redacted]
OTHER: POSTMENOPAUSAL PERIOD OF LIFE	20[redacted]
EYE DISEASE/DISORDER: GLAUCOMA	20[redacted]
OTHER: METATARSUS IDIOPATHIC FRACTURE	20[redacted]
OBESITY	20[redacted]

Prior Procedures	Procedure Year
SURGERY: L-S INTERVERTEBRAL DISK REMOVAL	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 165	165
ADA	40MG	SC	EOW	[redacted]20[redacted] / 166		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
MODURETIC	FIXED COMBINATION OTHER: FIXED COMBINATION	QD	Y-M: 20[redacted]
POTASSIUM	610 mg	QD	Y-M: 20[redacted]
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
MELOXICAM	15 mg	OTHER: ONCE A DAY FOUR TIMES A WEEK	Y-M: 20[redacted]
PYRIDOSTIGMINE	60 mg	QD	Y-M: 20[redacted]
OLFEN	75 mg	OTHER: ONCE A DAY THREE TIMES A WEEK	Y-M: 20[redacted]
DEFLAZACORT	6 mg	QD	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
MODURETIC	FIXED COMBINATION OTHER: FIXED COMBINATION	QD	Y-M: 20[redacted]	NOT REPORTED
POTASSIUM	610 mg	QD	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
MELOXICAM	15 mg	OTHER: ONCE A DAY FOUR TIMES A WEEK	Y-M: 20[redacted]	NOT REPORTED
PYRIDOSTIGMINE	60 mg	QD	Y-M: 20[redacted]	NOT REPORTED
DEFLAZACORT	6 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ZOLPIDEM	5 mg	QD	Y-M: 20[redacted]-[redacted] / 15	NOT REPORTED
LAMIVUDINE	100 mg	QD	Y-M: 20[redacted]-[redacted] / 56	NOT REPORTED
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]-[redacted] / 58	NOT REPORTED

MYDOCALM	150 mg	BID	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 132 196
BUPRENORPHINE	70 OTHER: UG/H	OTHER: ONCE EVERY THREE DAYS	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 157 202
SACCHAROMYCES BOULARDII	1 OTHER: CAPSULE	QD	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 180 187
SPIRAMYCIN	3000000 OTHER: UNITS	BID	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 180 187
CEFAZOLIN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
DEXAMETHASONE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
DEXKETOPROFEN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
ESTAZOLAM	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
I.V. SOLUTIONS	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
LIDOCAINE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
METAMIZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
MIDAZOLAM	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
MORPHINE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
PANTOPRAZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
PARACETAMOL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 189 195
ANESTHETICS, GENERAL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 190 190
PANADEINE CO	1 OTHER: TABLET	QD	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 191 204
TIZANIDINE	6 mg	QD	Y-M: 20[redacted]- Y-M: 20[redacted] / [redacted] / 191 204

Event #1: Serious Adverse Event

Event Description	VERTEBRAE L/S SPONDYLOLISTHESIS EXACERBATION
Preferred term	脊椎すべり症
AE Onset Date / Rx Day	[redacted]20[redacted] / 189
Age at AE Onset	5[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 190): L4-L5 DISCECTOMY WITH INTERVERTEBRAL STABILIZATION OF L4-L5: SURGERY WITHOUT COMPLICATIONS, IN GOOD CONDITION.

AE Stopped Rx Day	196
Duration of AE	8 DAYS

Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	VERTEBRAE L5/S1 SLIPPAGE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左側脊椎すべり症の増悪の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，変形性脊椎症，乾癬性関節炎，高血圧，下肢慢性静脈機能不全，腰仙椎間板切除術，閉経後，特発性中足骨骨折，非喫煙者，現飲酒者（1 日 2 杯未満）及び肥満であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted]日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左側脊椎すべり症の増悪を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左側脊椎すべり症の増悪は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左側脊椎すべり症の手術のため入院した。被験者は，腰仙部の動作制限，腰仙部痛及び右側 Lasegue 徴候を呈していた。被験者は 20[redacted] 年 [redacted] 月 [redacted] 日より左側脊椎すべり症を有していた。入院中，20[redacted] 年 [redacted] 月 [redacted] 日，L4～L5 の椎間板切除術及び椎間固定術が行われた。合併症は見られなかった。被験者は術後にリハビリテーションを受け，4 週間は座位を避けるよう指示された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は合併症もなく良好な状態で退院した。

投与された薬剤は，biofazolin，pyralginum，アセトアミノフェン，pantopraz，dexaven，dexak，モルヒネ，sirdalud，efferalgan codeine，エスタゾラム，ドルミカム，lignocaina，及び輸液であった。

Causality for UPADACITINIB (Blinded)

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1) Spondylolisthesis (10063550) (Spondylolisthesis (10063550)) [v.22.0] [10063550]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of VERTEBRAE L/S SPONDYLOLISTHESIS EXACERBATION

- Investigator: VERTEBRAE L5/S1 SLIPPAGE

- AbbVie: Risk factors include pre-existing spine osteoarthritis, psoriatic arthritis and history of lumbosacral intervertebral disk removal (20[redacted]).

Relevant Laboratory & Other Diagnostic Tests

Unknown date LABATORY TESTING: Normal

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
白内障	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: POSTMENOPAUSAL PERIOD OF LIFE	20[redacted]
EYE DISEASE/DISORDER: CATARACT	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OSTEOARTHRITIS: THORACIC AND LUMBOSACRAL SPINE	20[redacted]
OSTEOARTHRITIS: CERVICAL SPINE	20[redacted]
OTHER: OSTEOPANIEA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	UNKNOWN			
E-CIGARETTES	UNKNOWN			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 112	112

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]

HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20
HYDROXYCHLOROQUINE	200 mg	QD	Y-M: 20
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20
MELOXICAM	15 mg	QD	Y-M: 20
CALCIUM	500 mg	BID	Y-M: 20 -
COLECALCIFEROL	4000 IU	QD	Y-M: 20 -

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20	ONGOING
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20	ONGOING
MELOXICAM	15 mg	QD	Y-M: 20	ONGOING
CALCIUM	500 mg	BID	Y-M: 20 -	ONGOING
COLECALCIFEROL	4000 IU	QD	Y-M: 20 -	ONGOING
DICLOFENAC	1 OTHER: DROP	QID	Y-M: 20 - / 19	ONGOING
MOXIFLOXACIN	1 OTHER: DROP	QID	Y-M: 20 - / 19	ONGOING
ALL OTHER THERAPEUTIC PRODUCTS	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
CEFUROXIME	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
DEXAMETHASONE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
FENTANYL	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
MIDAZOLAM	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
PARACETAMOL	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
PROXYMETACAINE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20 - / 19	Y-M: 20 - / 19
TOBRADEX	1 OTHER: DROP	QID	Y-M: 20 - / 19	Y-M: 20 - / 23

Event #1: Serious Adverse Event

Event Description LEFT EYE CATARACT

Preferred term 白内障

AE Onset Date / Rx Day 20 / 19

Age at AE Onset 5

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

20 (RX DAY 19): LEFT EYE CATARACT SURGERY: NOT APPLICABLE

AE Stopped Rx Day 19

Duration of AE 1 DAY

Severity Severe

Relation to Study Drug by Investigator No Reasonable Possibility

Investigator Alternative Etiology	MEDICAL HISTORY - CATARACT SINCE 20[redacted].
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 5[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，左眼白内障の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，局面型乾癬，白内障，乾癬性関節炎，非喫煙者及び非飲酒者であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は左眼白内障を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，左眼白内障は消失した。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，予定されていた白内障手術のため入院した。同日，手術が行われた。治験責任医師によると，合併症は見られなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，アセトアミノフェン，biofuroksym，dexaven，tobradex，dicloabak，vigamox，aprokam 及び輸液であった。

The patient's past medications include:

PLAQUENIL for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Left cataract (10024103) (Cataract (10007739)) [v.22.1] [10024103]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of LEFT EYE CATARACT

- Investigator: Medical history- cataract since 20[redacted]

- AbbVie: EVENT IS MORE LIKELY RELATED TO PRE-EXISTING CATARACT SINCE 20[redacted].

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
変形性関節症	X			

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	7[redacted]	FEMALE	WHITE

Medical History	Onset Year
EYE DISEASE/DISORDER: NO VISION- LEFT EYE	19[redacted]
HYPERLIPIDEMIA: HYPERCHOLESTEROLEMIA	19[redacted]
OTHER: TOXOPLASMOSIS	19[redacted]
OTHER: SPONDYLOSIS	19[redacted]
OTHER: POST-MENOPAUSAL	19[redacted]
PERIPHERAL VASCULAR DISEASE-VENOUS: VARICOSE VEINS OF THE LOWER LIMBS	20[redacted]
DEPRESSION: DEPRESSIVE DISORDERS	20[redacted]
OTHER: NAIL PSORIASIS	20[redacted]
OTHER: GONARTHROSIS	20[redacted]
OTHER: FRACTURE OF LEFT WRIST	20[redacted]
EYE DISEASE/DISORDER: FARSIGHT	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
SLEEP APNEA	20[redacted]
OTHER: DIZINESS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: FRACTURE OF COLLARBONE	20[redacted]
ANGINA	20[redacted]
CARDIAC ARRHYTHMIA: SUPRAVENTRICULAR ARRHYTHMIAS	20[redacted]
OTHER: SUSPICION OF IRRITABLE BOWEL SYNDROME	20[redacted]
OTHER: ENTHESOPATHIES	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: LEFT KNEE ARTHROPLASTY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted] / 1	[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: [redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: [redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: [redacted]
DYNAMAG	1 OTHER: TABLET	BID	Y-M: [redacted]
ROSUVASTATIN	15 mg	QD	Y-M: [redacted]
CALCIUM DOBESILATE	500 mg	QD	Y-M: [redacted]
ACETYLSALICYLIC ACID	75 mg	QD	Y-M: [redacted]
OMEGA-3 FATTY ACIDS	1 OTHER: TABLET	QD	Y-M: [redacted]
POTASSIUM	600 mg	EVERY 2 WEEKS	Y-M: [redacted]
COLECALCIFEROL	30 OTHER: DROPS	EVERY WEEK	Y-M: [redacted]
FOLIC ACID	15 mg	EVERY WEEK	Y-M: [redacted]
NAPROXEN	500 mg	BID	Y-M: [redacted]
PANTOPRAZOLE	20 mg	BID	Y-M: [redacted]
PROPAFENONE	150 mg	BID	Y-M: [redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: [redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: [redacted]
EPLERENONE	25 mg	QD	Y-M: [redacted] / -343
MEBEVERINE	200 mg	BID	Y-M: [redacted] / -343
PRITORPLUS	1 OTHER: TABLET	QD	Y-M: [redacted] / -343
TRAMADOL	100 mg	OTHER: QD IN THE MORNING	Y-M: [redacted] / -343
TRAMADOL	150 mg	OTHER: HS	Y-M: [redacted] / -343

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
DYNAMAG	1 OTHER: TABLET	BID	Y-M: [redacted]	NOT REPORTED
ROSUVASTATIN	15 mg	QD	Y-M: [redacted]	NOT REPORTED
CALCIUM DOBESILATE	500 mg	QD	Y-M: [redacted]	NOT REPORTED

ACETYLSALICYLIC ACID	75 mg	QD	Y-M: 20[redacted]	NOT REPORTED
OMEGA-3 FATTY ACIDS	1 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED
POTASSIUM	600 mg	EVERY 2 WEEKS	Y-M: 20[redacted]	NOT REPORTED
COLECALCIFEROL	30 OTHER: DROPS	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
NAPROXEN	500 mg	BID	Y-M: 20[redacted]	NOT REPORTED
PANTOPRAZOLE	20 mg	BID	Y-M: 20[redacted]	NOT REPORTED
PROPAFENONE	150 mg	BID	Y-M: 20[redacted]	NOT REPORTED
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
EPLERENONE	25 mg	QD	Y-M: 20[redacted] / -343	NOT REPORTED
MEBEVERINE	200 mg	BID	Y-M: 20[redacted] / -343	NOT REPORTED
PRITORPLUS	1 OTHER: TABLET	QD	Y-M: 20[redacted] / -343	NOT REPORTED
TRAMADOL	100 mg	OTHER: QD IN THE MORNING	Y-M: 20[redacted] / -343	NOT REPORTED
TRAMADOL	150 mg	OTHER: HS	Y-M: 20[redacted] / -343	NOT REPORTED
FOLIC ACID W/PYRIDOXINE HYDROCHLORI	1 OTHER: TABLET	QD	Y-M: 20[redacted] / 55	NOT REPORTED
BUPIVACAINE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
CEFUROXIME	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
ELECTROLYTE SOLUTIONS	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
ENOXAPARIN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
EPINEPHRINE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
ESTAZOLAM	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
GLUCOSE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
IRON	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
KETOPROFEN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
LIDOCAINE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282
MAGNESIUM CHLORIDE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 275	Y-M: 20[redacted] / 282

METAMIZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
MIDAZOLAM	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
OXYCODONE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
PANTOPRAZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
PARACETAMOL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
POTASSIUM	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
SODIUM ACETATE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
SODIUM CHLORIDE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
TRAMADOL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /
TRANEXAMIC ACID	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 275	/ Y-M: 20[redacted] 282 /

Event #1: Serious Adverse Event

Event Description	GONARTHROSIS OF THE RIGHT KNEE
Preferred term	変形性関節症
AE Onset Date / Rx Day	[redacted] / 275
Age at AE Onset	7[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted] (RX DAY 276): ARTHROPLASTY OF THE RIGHT KNEE: CEMENT ENDOPROSTHESIS (AESCULAP AS COLUMBUS T3 CEMENTED CEMEX SYSTEM GENTA FAST 40 MG)+(F4R CEMENTED CR INSERT T3/T3 +10 MM DD CR PE

AE Stopped Rx Day	282
Duration of AE	8 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING OF GONARTHROSIS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右膝の変形性膝関節症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高コレステロール血症，脊椎症，閉経後，変形性膝関節症，左膝関節形成，局面型乾癬，腱付着部症，乾癬性関節炎，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右膝の変形性膝関節症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，右膝の変形性膝関節症は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は変形性膝関節症の悪化（非重篤な事象）を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右膝関節形成術を受けるため整形外科病棟に入院した。手術は予定どおり進み，術中合併症及び術後合併症は見られなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は安定状態で退院した。

投与された薬剤は，塩化ナトリウム，トラネキサム酸，ブピバカイン，トラマドール，ferrum，アセトアミノフェン，ケトプロフェン，オキシコドン，magnesium chloride，塩化カリウム，sodium acetate，セフロキシム及び metamizole であった。

The patient's past medications include:

HYALURONIC ACID for DETERIORATION OF GONARTHROSIS ([redacted] 20[redacted] - [redacted] 20[redacted])

ORTHOVISC for DETERIORATION OF GONARTHROSIS ([redacted] 20[redacted] - [redacted] 20[redacted])

BIOLEVOX for DETERIORATION OF GONARTHROSIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Gonarthrosis (10048794) (Osteoarthritis (10031161)) [v.22.1] [10048794]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of GONARTHROSIS OF THE RIGHT KNEE

- Investigator: Worsening of gonarthrosis

- AbbVie: Event more likely related to pre-existing history of gonarthrosis, left knee arthroplasty, psoriatic arthritis, and advanced age.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
急性腎障害	X			X

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: MALARIA	19[redacted]
EYE DISEASE/DISORDER: FORESIGHT	19[redacted]
EYE DISEASE/DISORDER: MYOPIA	19[redacted]
OBESITY	20[redacted]
OTHER: ALLERGY TO ARTEMISIA	20[redacted]
OTHER: CAT ALLERGY	20[redacted]
OTHER: TRAUMATIC LOSS OF EARLOBE	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: SPONDYILOSIS	20[redacted]
KIDNEY DISORDER: ACQUIRED KIDNEY CYST	20[redacted]
OTHER: UNSPECIFIED SYSTEMIC CELLULITIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: HYPERCHOLESTEROLEMIA	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
DESLORATADINE	5 mg	QD	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
HYZAAR	50 mg	QD	Y-M: 20[redacted]
ACECLOFENAC	100 mg	BID	Y-M: 20[redacted]
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
METHYLPREDNISOLONE	6 mg	QD	Y-M: 20[redacted]
CHLOROQUINE	250 mg	BID	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
SULFASALAZINE	500 mg	BID	Y-M: 20[redacted]
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted] / -30

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
DESLORATADINE	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
METHYLPREDNISOLONE	6 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 124
ACECLOFENAC	100 mg	BID	Y-M: 20[redacted]	Y-M: 20[redacted] / 155
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 178
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted] / -30	Y-M: 20[redacted] / 167
HYZAAR	100+25 mg	OTHER: 0.5 TABLET PER DAY	Y-M: 20[redacted] / 53	ONGOING
POTASSIUM	600 mg	QD	Y-M: 20[redacted] / 53	Y-M: 20[redacted] / 155
METOPROLOL	47.5 mg	QD	Y-M: 20[redacted] / 53	Y-M: 20[redacted] / 167
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 121	Y-M: 20[redacted] / 143
METHYLPREDNISOLONE	4 mg	QD	Y-M: 20[redacted] / 125	Y-M: 20[redacted] / 178
DEXAMETHASONE	1 OTHER: APPLICATION	OTHER: FIVE TIMES PER DAY	Y-M: 20[redacted] / 128	Y-M: 20[redacted] / 142
OFLOXACIN	1 OTHER: APPLICATION	OTHER: FIVE TIMES PER DAY	Y-M: 20[redacted] / 128	Y-M: 20[redacted] / 142
TROPICAMIDE	1 OTHER: APPLICATION	BID	Y-M: 20[redacted] / 128	Y-M: 20[redacted] / 142
DEXAMETHASONE	1 OTHER: APPLICATION	TID	Y-M: 20[redacted] / 143	Y-M: 20[redacted] / 145
DEXAMETHASONE	1 OTHER: APPLICATION	BID	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 148

DEXAMETHASONE	1 OTHER: APPLICATION	QD	Y-M: 20[redacted] 149	/ Y-M: 20[redacted] 151
FUROSEMIDE	40 mg	BID	Y-M: 20[redacted] 155	/ Y-M: 20[redacted] 167
ULTRACET	75/650 mg	TID	Y-M: 20[redacted] 155	/ Y-M: 20[redacted] 167
MAGNESIUM SULFATE	UNKNOWN OTHER: UNKNOW	OTHER: UNKNOWN	Y-M: 20[redacted] 161	/ Y-M: 20[redacted] 161
SODIUM CHLORIDE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] 161	/ Y-M: 20[redacted] 161
ATORVASTATIN	10 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
ATORVASTATIN	20 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
DIMETICONE	40 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
ESTAZOLAM	2 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
FUROSEMIDE	40 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
HYDROXYZINE	25 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
IBUPROFEN	2.5 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
METOPROLOL	25 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
METOPROLOL	4 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
METOPROLOL	50 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
PANTOPRAZOLE	20 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
POTASSIUM	0.61 g	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
ULTRACET	75+650 mg	OTHER: UNKNOWN	Y-M: 20[redacted] 168	/ Y-M: 20[redacted] 178
METHYLPREDNISOLONE	16 mg	BID	Y-M: 20[redacted] 170	/ Y-M: 20[redacted] 172
METHYLPREDNISOLONE	16 mg	QD	Y-M: 20[redacted] 173	/ Y-M: 20[redacted] 176

Event #2: Serious Adverse Event, Event of Interest - Renal Dysfunction

Event Description	ACUTE KIDNEY FAILURE
Preferred term	急性腎障害
AE Onset Date / Rx Day	[redacted]20[redacted] / 153
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 153): Creatinine: 208 [40 - 119] UMOL/L; Erythrocytes: 3.2 [4.5 - 6.4] 10^12/L; Hematocrit: 0.32 [0.39 - 0.54] UNIT NOT REPORTED; Hemoglobin: 106 [127 - 181] G/L; NPTST318-MCV: 100 [79 - 96] FL; NPTST486-UREA NITR: 10.7 [1.4 - 8.6] MMOL/L; Potassium: 5.6 [3.5 - 5.2] MMOL/L; Urate: 638 [149 - 494] UMOL/L; [redacted]20[redacted] (RX DAY 168): Basophils/Leukocytes: 1.1 [0 - 1] %; Creatinine: 129 [50 - 115] UMOL/L; Eosinophils/Leukocytes: 1.1 [0 - 5] %; Erythrocyte Sedimentation Rate: 96 [0 - 20] MM/H; Erythrocytes: 3.3 [4 - 5] 10^12/L; Hematocrit: 0.31 [0.36 - 0.47]

FRACTION OF 1; Hemoglobin: 105 [120 - 161] G/L; Leukocytes: 12.3 [4 - 10] 10^9/L; Lymphocytes/Leukocytes: 13.4 [20 - 45] %; Monocytes/Leukocytes: 7.7 [3 - 8] %; NPTST100-C REACTIVE PROTEIN: 75 [0 - 5] MG/L; NPTST221-GFR: 54 [80 - 150] ML/MIN; Neutrophils/Leukocytes: 74 [50 - 70] %; Platelets: 495 [130 - 390] 10^9/L; Urate: 838 [155 - 428] UMOL/L; [redacted]20[redacted] (RX DAY 178): Creatinine: 123 [50 - 115] UMOL/L; Hemoglobin: 105 [120 - 161] G/L; NPTST221-GFR: 57 [80 - 150] ML/MIN; Platelets: 400 [130 - 390] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 169): ABDOMINAL ULTRASOUND: NORMAL; CHEST X RAY: NORMAL CHEST RADIOGRAPH. DEGENERATIVE CHANGES IN THE THORACIC SPINE; [redacted]20[redacted] (RX DAY 171): DOPPLER ULTRASOUND IMAGING OF THE CAROTID AND VERTEBRAL ARTERIES: NORMAL; HOLTER ECG: NORMAL; HOLTER RR: NORMAL; [redacted]20[redacted](RX DAY 177): GASTRODUODENOSCOPY: GASTRITIS, STOMACH POLYP; [redacted]20[redacted] (RX DAY 178): ECG: SINUS RHYTHM 75/MIN; ECHOCARDIOGRAPHY: LEFT VENTRICULAR HYPERTROPHY WITH DIASTOLIC DYSFUNCTION

AE Stopped Rx Day	178
Duration of AE	26 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THIS EVENT IS PROBABLY ASSOCIATED WITH THE NSAID DRUGS AND EVENT: WORSENING OF PSORIATIC ARTHRITIS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 5[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，急性腎不全の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，肥満，高血圧，脊椎症，後天性腎嚢胞，乾癬性関節炎，高コレステロール血症，非喫煙者及び現飲酒者（2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性腎不全を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，急性腎不全は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，臨床検査値が臨床的に問題ありと判断され，被験者は腎不全（非重篤）及び乾癬性関節炎の悪化（非重篤）を来した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は再度臨床検査を受けるため，規定外来院した。被験者は病院に紹介された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は，metypred，metocard zk，toramide，硫酸マグネシウム，塩化ナトリウム，フロセミド及び doreta であった。

The patient's past medications include:

METYPRED for PSORIATIC ARTHRITIS (20[redacted] - [redacted] 20[redacted])

ARECHIN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

METHOTREXAT for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

SALAZOPYRIN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality forUPADACITINIB (Blinded)

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1) Acute kidney failure (10000821) (Acute kidney injury (10069339)) [v.22.1] [10000821]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of ACUTE KIDNEY FAILURE

- Investigator: This event was probably associated with NSAID drug and event: worsening of psoriatic arthritis

- AbbVie: Risk factors include pre-existing hypertension and long term use of NSAID biofenac.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ABDOMINAL ULTRASOUND:** Normal.

[redacted] **BASOPHILS %:** 1.1 % (normal 0 to 1)

[redacted] **C REACTIVE PROTEIN:** 75 MG/L (normal 0 to 5)

[redacted] **CHEST XRAY:** Normal chest radiograph. Degenerative changes in the thoracic spine.

[redacted] **CREATININE:** 89 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 85 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 91 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 79 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 90 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 87 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 97 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 191 umol/L (normal 40 to 119)

[redacted] **CREATININE:** 208 UMOL/L (normal 40 to 119)

[redacted] **CREATININE:** 129 UMOL/L (normal 50 to 115)

[redacted] **CREATININE:** 123 MMOL/L (normal 50 to 115)

[redacted] **CREATININE:** 106 umol/L (normal 40 to 119)

[redacted] **DOPPLER ULTRASOUND IMAGING OF THE CAROTID AND VERTEBRAL ARTERIES:** Normal.

[redacted] **ECG:** Not reported.

[redacted] **ECHOCARDIOGRAPHY:** Not reported.

[redacted] **EOSINOPHILS %:** 1.1 % (normal 0 to 5)

[redacted] **ERYTHROCYTE SEDIMENTATION RATE:** 132 mm/h

[redacted][redacted] 20[redacted] **ERYTHROCYTE SEDIMENTATION RATE:** 96 mm/h

[redacted][redacted] 20[redacted] **GASTRODUODENOSCOPY:** Not reported.

[redacted][redacted] 20[redacted] **GFR:** 54 ML/Min (normal 80 to 150)

[redacted][redacted] 20[redacted] **GFR:** 57 ML/Min (normal 80 to 150)

[redacted][redacted] 20[redacted] **HEMATOCRIT:** 0.32 no units (normal 0.39 to 0.54)

[redacted][redacted] 20[redacted] **HEMATOCRIT:** 0.31 L/L (normal 0.36 to 0.47)

[redacted][redacted] 20[redacted] **HEMOGLOBIN:** 106 G/L (normal 127 to 181)

[redacted][redacted] 20[redacted] **HEMOGLOBIN:** 6.50 MMOL/L (normal 7.45 to 10.0)

[redacted][redacted] 20[redacted] **HEMOGLOBIN:** 6.5 MMOL/L (normal 7.45 to 10)

[redacted][redacted] 20[redacted] **HOLTER ECG:** Not reported.

[redacted][redacted] 20[redacted] **HOLTER RR:** Not reported.

[redacted][redacted] 20[redacted] **LYMPHOCYTES %:** 13.4 % (normal 20 to 45)

[redacted][redacted] 20[redacted] **MCV:** 100 FL (normal 79 to 96)

[redacted][redacted] 20[redacted] **MONOCYTES %:** 7.7 % (normal 3 to 8)

[redacted][redacted] 20[redacted] **NEUTROPHILS %:** 74 %

[redacted][redacted] 20[redacted] **PLATELET COUNT:** 495 X10**9/L (normal 130 to 390)

[redacted][redacted] 20[redacted] **PLATELET COUNT:** 400.00 X10**9/L (normal 130 to 390)

[redacted][redacted] 20[redacted] **POTASSIUM:** 5.6 MMOL/L (normal 3.5 to 5.2)

[redacted][redacted] 20[redacted] **RED BLOOD CELLS:** 3.2 TI/L (normal 4.5 to 6.4)

[redacted][redacted] 20[redacted] **RED BLOOD CELLS:** 3.25 X10**12/L (normal 4.0 to 5.0)

[redacted][redacted] 20[redacted] **UREA:** 10.7 MMOL/L (normal 1.4 to 8.6)

[redacted][redacted] 20[redacted] **URIC ACID:** 638 UMOL/L (normal 149 to 494)

[redacted][redacted] 20[redacted] **URIC ACID:** 838 UMOL/L (normal 155 to 428)

[redacted][redacted] 20[redacted] **WHITE BLOOD CELLS:** 12.29 X10**9/L (normal 4 to 10)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
慢性閉塞性肺疾患	X			
ブドウ球菌性菌血症	X	X		X
うっ血性心不全	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	7[redacted]	FEMALE	WHITE

Medical History	Onset Year
HYPERTENSION	19[redacted]
OSTEOARTHRITIS: SPONDYLOSIS	19[redacted]
OBESITY	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: DIZZINESS	20[redacted]
DIABETES MELLITUS: TYPE 2	20[redacted]
OTHER: INSOMNIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
CORONARY ARTERY DISEASE: N/A	20[redacted]
HYPERLIPIDEMIA: MIXED HYPERLIPIDEMIA	20[redacted]
OTHER: HEART FAILURE (NYHA II)	20[redacted]
OTHER: HYPERTROPHIC CARDIOMYOPATHY WITH NARROWING OF THE OUTFLOW PATH	20[redacted]
MYOCARDIAL INFARCTION	20[redacted]
MYOCARDIAL INFARCTION	20[redacted]
EMPHYSEMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE	20[redacted]
OTHER: FRACTURE OF THE RIGHT ULNA	20[redacted]
OSTEOPOROSIS	20[redacted]
EYE DISEASE/DISORDER: CATARACT SURGERY OF THE RIGHT EYE	20[redacted]
OTHER: LATENT TB	20[redacted]

Prior Procedures	Procedure Year
Heart Failure Adverse Event: DIALYSIS	NOT REPORTED
Heart Failure Adverse Event: HEMOFILTRATION	NOT REPORTED
Heart Failure Adverse Event: INTRO-AORTIC-BALLON PLACEMENT	NOT REPORTED
Heart Failure Adverse Event: ULTRAFILTRATION	NOT REPORTED
Heart Failure Adverse Event: VENTRICULAR ASSIST DEVICE INSERTION	NOT REPORTED

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.5 PACK	5[redacted]	

CIGARS	UNKNOWN
E-CIGARETTES	NEVER
PIPES	NEVER

Alcohol Use	Status	Number/Day
ALCOHOL	FORMER	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted] / 1	[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted] / 169	[redacted] / 217	49

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted]
METFORMIN	500 mg	BID	Y-M: 20[redacted]
METHOTREXATE	20 mg	EVERY WEEK	Y-M: 20[redacted]
ACETYLSALICYLIC ACID	75 mg	QD	Y-M: 20[redacted]
ATORVASTATIN	40 mg	QD	Y-M: 20[redacted]
METOPROLOL	50 mg	QD	Y-M: 20[redacted]
RAMIPRIL	5 mg	QD	Y-M: 20[redacted]
TORASEMIDE	5 mg	QD	Y-M: 20[redacted]
BUDESONIDE	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted]
IPRATROPIUM	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
SEBULEX	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
DITHRANOL	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
EMOLLIENTS AND PROTECTIVES	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
SEBULEX	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
UREA	1 OTHER: APPLICATION	QD	Y-M: 20[redacted] / -138
ISONIAZID	1 OTHER: TABLET	TID	Y-M: 20[redacted] / -21

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
METFORMIN	500 mg	BID	Y-M: 20[redacted]	ONGOING
ACETYLSALICYLIC ACID	75 mg	QD	Y-M: 20[redacted]	ONGOING
ATORVASTATIN	40 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 36
METOPROLOL	50 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 36
TORASEMIDE	5 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 36
RAMIPRIL	5 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 234
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 23
BUDESONIDE	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 36
IPRATROPIUM	1 OTHER: APPLICATION	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 234
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]	Y-M: 20[redacted] / 22
ISONIAZID	1 OTHER: TABLET	TID	Y-M: 20[redacted] / -21	Y-M: 20[redacted] / 33
AKRITOIN	100 mg	QID	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 7
AKRITOIN	100 mg	TID	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 11
AZITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 20	Y-M: 20[redacted] / 22
GANCICLOVIR	1 OTHER: DOSE	QD	Y-M: 20[redacted] / 27	Y-M: 20[redacted] / 30
BETAHISTINE	16 mg	BID	Y-M: 20[redacted] / 36	ONGOING
DYNAMAG	470 mg	QD	Y-M: 20[redacted] / 36	ONGOING
EPLERENONE	25 mg	QD	Y-M: 20[redacted] / 36	ONGOING
FUROSEMIDE	40 mg	QD	Y-M: 20[redacted] / 36	ONGOING
POTASSIUM	391 mg	BID	Y-M: 20[redacted] / 36	ONGOING
BEKFORM	100/6 ug	BID	Y-M: 20[redacted] / 36	Y-M: 20[redacted] / 234
BISOPROLOL	2.5 mg	QD	Y-M: 20[redacted] / 36	Y-M: 20[redacted] / 234
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 36	Y-M: 20[redacted] / 234
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / 50	Y-M: 20[redacted] / 219
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / 52	ONGOING

ISONIAZID	100 mg	TID	Y-M: 20[redacted] / 142	ONGOING
PARACETAMOL	500 mg	QD	Y-M: 20[redacted] / 163	ONGOING
OLODATEROL HYDROCHLORIDE W/TIOTROPI	1 OTHER: APPLICATION	BID	Y-M: 20[redacted] / 204	ONGOING
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 205	Y-M: 20[redacted] / 209
FLUCONAZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 219	Y-M: 20[redacted] / 234
GENTAMICIN	UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 219	Y-M: 20[redacted] / 234
NYSTATIN	UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 219	Y-M: 20[redacted] / 234
VANCOMYCIN	UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 219	Y-M: 20[redacted] / 234

Event #1: Serious Adverse Event

Event Description	EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE
Preferred term	慢性閉塞性肺疾患
AE Onset Date / Rx Day	[redacted]20[redacted] / 34
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 34): Erythrocytes: 3.6 [3.9 - 5.2] 10^12/L; Leukocytes: 8.9 [4 - 10] 10^9/L; NPTST262-HIGH-SENSITIVITY CARDIAC TROPON: 21 [0 - 16] NG/L; Platelets: 118 [160 - 370] 10^9/L; [redacted]20[redacted] (RX DAY 35): NPTST154-CRP: 3,8 [0 - 5] mg/L; NPTST262-HIGH-SENSITIVITY CARDIAC TROPON: 21 [0 - 16] NG/L; [redacted]20[redacted] (RX DAY 36): Erythrocytes: 3.5 [3.9 - 5.2] 10^12/L; Leukocytes: 5.3 [4 - 10] 10^9/L; NPTST154-CRP: 4,4 [0 - 5] mg/L; Platelets: 119 [160 - 370] 10^9/L; [redacted]20[redacted] (RX DAY 37): NPTST262-HIGH-SENSITIVITY CARDIAC TROPON: 19 [0 - 16] NG/L; NPTST482-TUBERCULOSIS: NEGATIVE [NOT REPORTED - NOT REPORTED] NOT APPLICABLE; [redacted]20[redacted] (RX DAY 38): Leukocytes: PLENTIFUL [0 - 8] IN FIELD OF VIEW

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 35): X-RAY OF THE CHEST: NO NEW PARENCHYMAL DENSITY, ATHEROSCLEROTIC AORTA, EFFICIENT PULMONARY CIRCULATION, MAIN SIZE OF HEART: NORMAL, PHRENIC DOME AND COSTODIAPHRAGMATIC RECESS: NORMAL.; [redacted]20[redacted] (RX DAY 38): ECHO: LOW TRICUSPID REGURGITATION, MILD STENOSIS OF MITRAL VALVE, LARGE LEFT VENTRICULAR HYPERTROPHY; [redacted]20[redacted] (RX DAY 41): HOLTER ECG MONITOR: NO ATRIAL FIBRILLATION/FLUTTER; SINUS RHYTHM, AVERAGE RATE OF RHYTHM 69/MIN, MINIMUM 49/MIN., MAXIMUM 98/MIN.; 40 INDIVIDUAL ADDITIONAL VENTRICULAR BEATS WERE RECORDED, INCLUDING ONE PAIR.55 ADDITIONAL SUPRAVENTRICULAR BEATS WERE RECORDED, INCLUDING CONDUCTION ABERRATION; [redacted]20[redacted] (RX DAY 44): DOPPLER ULTRASONOGRAPHY OF CAROTID ARTERIES: STENOSES UP TO 40% (RIGHT ICA AND ECA), 50% (LEFT ICA), 45% (LEFT ECA)

AE Stopped Rx Day	45
Duration of AE	12 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	EXACERBATION OF EXISTING CONDITION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Serious Infections

Event Description	BACTEREMIA STAPHYLOCOCCUS EPIDERMIDIS
Preferred term	ブドウ球菌性菌血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 218 (1 DAY AFTER LAST TREATMENT)
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 218): Lymphocytes/Leukocytes: 8 [19 - 53] %; Neutrophils/Leukocytes: 81 [34 - 71] %; Platelets: 103 [160 - 370] 10^9/L; [redacted]20[redacted] (RX DAY 223): Platelets: 78 [160 - 370] 10^9/L; [redacted]20[redacted] (RX DAY 226): Platelets: 64 [160 - 370] 10^9/L; [redacted]20[redacted] (RX DAY 227): Platelets: 88 [160 - 370] 10^9/L; [redacted]20[redacted] (RX DAY 230): Platelets: 126 [160 - 370] 10^9/L

Microbiology

[redacted]20[redacted] (RX DAY 222): BLOOD NPTST081-BLOOD CULTURE: Positive-STAPHYLOCOCCUS EPIDERMIDIS

SAE Supplemental Procedure

NOT REPORTED

AE Stopped Rx Day	234 (17 DAYS AFTER LAST TREATMENT)
Duration of AE	17 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	CONGESTIVE HEART FAILURE-WORSENING
Preferred term	うっ血性心不全
AE Onset Date / Rx Day	[redacted]20[redacted] / 220 (3 DAYS AFTER LAST TREATMENT)
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 218): Blood: 1194.0 [0 - 500] ng/mL; Creatinine: 1,18 [0.5 - 1] mg/dL; NPTST470-TROPONIN: 60 [0 - 16] NG/L; Sodium: 133 [137 - 145] MMOL/L; [redacted]20[redacted] (RX DAY 226): NPTST102-C-REACTIVE PROTEIN: 34.2 [0 - 5] MG/L; NPTST201-FERRITIN: 597.2 [4.6 - 204] NG/ML; Platelets: 64 [160 - 370] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 218): CHEST COMPUTED TOMOGRAPHY: SUSPICION OF THE RIGHT ADRENAL GLAND'S TUMOUR; [redacted]20[redacted] (RX DAY 220): ECHOCARDIOGRAPHY: NOT CLINICALLY SIGNIFICANT; [redacted]20[redacted] (RX DAY 223): AMBULATORY BLOOD PRESSURE: SYS 118 MMHG DIA 63 MMHG; HOLTER MONITOR: NOT CLINICALLY SIGNIFICANT; [redacted]20[redacted] (RX DAY 227): ABDOMINAL ULTRASOUND: THE LIVER WAS NOT ENLARGED, BODY AND HEAD OF PANCREAS NOT ENLARGED, THE SPLEEN NOT ENLARGED, BOTH KIDNEYS OF CONTINUOUS ECHO STRUCTURE. IN THE PROJECTION OF RIGHT SUPRARENAL AREA THERE WAS A TISSUE REFLECTION AREA VISIBLE WITH SMALL CALCIFICATIONS - FOR FURTHER DIAGNOSIS. ALONG THE LARGE INTESTINE - DESCENDING AND SIGMOID COLON THERE ARE DIVERTICULA VISIBLE OF DIFFERENT SIZE WITHOUT ULTRASONOGRAPHIC SIGNS OF INFLAMMATION.

AE Stopped Rx Day	234 (17 DAYS AFTER LAST TREATMENT)
Duration of AE	15 DAYS
Severity	Severe

Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	UPPER RESPIRATORY INFECTION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，慢性閉塞性肺疾患の増悪の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高血圧，肥満，2 型糖尿病，乾癬性関節炎，心不全（NYHA II 度），流出路狭窄を伴う肥大型心筋症，混合型高脂血症，心筋梗塞，右側肺炎及び COPD の増悪による入院，肺気腫（慢性閉塞性肺疾患），現喫煙者（1 日 0.5 箱を 51 年間）及び元飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は，20[redacted] 年 [redacted] 月 [redacted] 日と報告された。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は慢性閉塞性肺疾患の増悪を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，慢性閉塞性肺疾患の増悪は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は尿路感染（非重篤），20[redacted] 年 [redacted] 月 [redacted] 日，気道感染（非重篤），20[redacted] 年 [redacted] 月 [redacted] 日，気道感染の悪化（非重篤）及び 20[redacted] 年 [redacted] 月 [redacted] 日，右眼の角膜の炎症（非重篤）を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は急性胸痛のため救急治療室を受診し，心筋梗塞の疑いのため同病院に入院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は冠動脈治療室に移され，COPD 増悪と診断された。詳細不明のネブライザー治療後，被験者の状態は改善した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，polvertic，fortex，フロセミド，nonpres 及び bisocard であった。

The patient's past medications include:

FURAGINUM for URINARY TRACT INFECTION ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for ABT-494 (Blinded)

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1) Chronic obstructive pulmonary disease exacerbation (10077773) (Chronic obstructive pulmonary disease (10009033)) [v.21.1] [10077773]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- Investigator: Exacerbation of existing condition.

- AbbVie: Event is more likely related to pre-existing chronic obstructive pulmonary disease and current smoking status of 1/2 PPD for 51 years.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CHEST X-RAY:** normal

[redacted] **20[redacted] CHEST X-RAY:** No new parenchymal density, atherosclerotic aorta, efficient pulmonary circulation, main size of heart: normal, phrenic dome and costodiaphragmatic recess: normal

[redacted] **20[redacted] CRP:** 3.8 MG/L (normal 0 to 5)

[redacted] **20[redacted] CRP:** 4.4 MG/L (normal 0 to 5)

[redacted] 20[redacted] **DOPPLER ULTRASONOGRAPHY OF CAROTID ARTERIES:** Stenosis up to 40% (right ICA and ECA), 50% (left ICA), 45% (left ECA)

[redacted] 20[redacted] **ECHO:** Low tricuspid regurgitation, mild stenosis of mitral valve, large left ventricular hypertrophy

[redacted] 20[redacted] **HIGH SENSITIVITY CARDIAC TROPONIN:** 21 ng/L (normal <16)

[redacted] 20[redacted] **HOLTER ECG MONITOR:** NO ATRIAL FIBRILLATION/FLUTTER; SINUS RHYTHM, AVERAGE RATE OF RHYTHM 69/MIN, MINIMUM 49/MIN., MAXIMUM 98/MIN.; 40 individual additional ventricular beats were recorded, including one pair.55 additional supraventricular beats were recorded, including conduction aberration

[redacted] 20[redacted] **PLATELET COUNT:** 118 10^3/uL (normal 160 to 370)

[redacted] 20[redacted] **PLATELET COUNT:** 119 10^3/uL (normal 160 to 370)

[redacted] 20[redacted] **QUANTIFERON TEST:** positive

[redacted] 20[redacted] **RED BLOOD CELLS:** 3.649 10^6/uL (normal 3.9 to 5.2)

[redacted] 20[redacted] **RED BLOOD CELLS:** 3.518 10^6/uL (normal 3.9 to 5.2)

[redacted] 20[redacted] **SPUTUM (TUBERCULOSIS):** Negative

[redacted] 20[redacted] **TROPONIN:** 21 ng/L (normal 0 to 16)

[redacted] 20[redacted] **TROPONIN:** 19 no units (normal 0 to 16)

[redacted] 20[redacted] **URINE:** White blood cells (plentiful)

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 8.9 10^3/uL (normal 4 to 10)

[redacted] 20[redacted] **WHITE BLOOD CELLS:** 5.3 10^3/uL (normal 4.0 to 10.0)
Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，表皮ブドウ球菌の菌血症及びうっ血性心不全の悪化の事象を発現した。

Event 2 及び 3 の臨床経過：

関連する病歴は，高血圧，肥満，局面型乾癬，2 型糖尿病，乾癬性関節炎，冠動脈疾患，心不全，肥大型心筋症，混合型高脂血症，心筋梗塞 2 回，肺気腫／慢性閉塞性肺疾患，潜伏結核，

現喫煙者（1 日 0.5 箱を 51 年間）及び元飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は表皮ブドウ球菌の菌血症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者はうっ血性心不全の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，表皮ブドウ球菌の菌血症及びうっ血性心不全の悪化は消失した。

本事象発現前，20[redacted] 年 [redacted] 月，被験者は貧血（非重篤）及び尿路感染（非重篤）を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，呼吸困難，嚥下障害を伴う咽喉痛，発熱及び体重減少（5 kg）といった症状が現れた。詳細不明の抗生物質による治療が行われた。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，1 週間に及ぶ労作性疲労増加，息切れ，咳嗽，咽喉痛，嚥下障害及び発熱のため，病院を受診した。外来で抗生物質（詳細不明）による治療が行われた。また，被験者はこの 10 年間，激しい浮動性めまい（特に歩行時）及び平衡障害を呈していた。CT スキャン検査で播種性肺小結節変化が認められた。ここ最近では炎症性気道変化は見られていなかった。

身体的診察で肺循環貯留や下肢浮腫は認められなかった。口腔カンジダ症（咽頭スミア検査）が明らかとなり，抗真菌薬による治療が開始された。入院期間を通して，低血圧及び起立時不安定が認められた（血圧は 70/50 mmHg に低下）。

入院 2 日目，戦慄及び気分の落ち込みを伴う単発性の発熱（最高 39.5°C），炎症マーカー増加並びに循環代償不全が認められた。血液培養検査で表皮ブドウ球菌 MRCNS（メチシリン耐性株），咽頭スミア検査で黄色ブドウ球菌，尿培養検査で大腸菌が検出された。それぞれに対する抗菌薬が投与された。

入院中，被験者は以下の非重篤な事象を発現した—右副腎部の小石灰化，両肺の微小結節病変（播種性），口腔カンジダ症，慢性腎臓病，起立性低血圧，低ナトリウム血症，うっ血性心不全の悪化，胸骨後甲状腺腫，鼻中隔の両側痂皮，慢性萎縮性胃炎，大腸憩室，胆嚢結石症。また，血小板減少症（非重篤）とその進行による血小板減少症の悪化（非重篤）も発現した。その後のメトトレキサートの投与は一時中止となり，血小板数を改善する目的で抗生物質が変更された。この変更後，被験者の状態は改善した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院し，心臓専門医，胃専門医及び呼吸器専門医による経過観察を受けることとなった。

この被験者の治験参加は完全に中止された。

投与された薬剤は，フルコナゾール，ゲンタマイシン，バンコマイシン及びナイスタチンであった。

The patient's past medications include:

DIUVER for HEART FAILURE ([redacted])

BUDESONIDE for COPD (20[redacted])

AZYCYNA for RESPIRATORY TRACT INFECTION ([redacted])

MILURIT for HYPERURICEMIA ([redacted])

DICLOBERL RETARD for LUMBAR DISCOPATHY ([redacted])

MYDOCALM FORTE for LUMBAR DISCOPATHY ([redacted])

SKUDEXA for LUMBAR DISCOPATHY ([redacted])

DICLAC for LUMBAR DISCOPATHY ([redacted])

MILGAMMAN for LUMBAR DISCOPATHY ([redacted])

Causality for UPADACITINIB (Blinded)

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1) Staphylococcal bacteremia (10054637) (Staphylococcal bacteraemia (10051017)) [v.22.1] [10054637]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causalityas per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

2) Congestive cardiac failure aggravated (10048565) (Cardiac failure congestive (10007559)) [v.22.1] [10048565]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of BACTEREMIA STAPHYLOCOCCUS EPIDERMIDIS

- Investigator: Not applicable.

- AbbVie: S. epidermidis is a biofilm-producing commensal organism found ubiquitously on human skin and mucous membranes as well as on animals and in the environment. It is most commonly associated with contaminated specimens. Particularly in this patient who had an unremarkable echocardiogram, no indwelling catheters or medical devices, and the urine culture was positive for E. coli.

Event of CONGESTIVE HEART FAILURE-WORSENING

- Investigator: Upper respiratory infection.

- AbbVie: More likely related to pre-existing history of heart failure and underlying risk factors of hypertension, coronary artery disease, diabetes and smoking.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** Diagnostic ultrasound of abdomen and retroperitoneum. In ultrasound the liver was not enlarged, parenchyma with slightly higher echogenicity, small degree of liver steatosis, there were no focal lesions. Gallbladder with thin walls, partially filled with dense bile with two deposits – 10 mm and 7 mm. Common bile duct in the hilum of the liver, intrahepatic bile duct not dilated. Pancreas is visible, body and head of pancreas are not enlarged. Pancreas is hyperechogenic, homogeneou with no signs of acute or chronic pancreatitis. The spleen is not enlarged. Both kidneys are of continuous echo structure, with no signs of large deposits, without urinary obstruction. Right kidney has 10.5–11 cm in width, with visible parenchymal cysts size 10x6 mm and diameter 11 mm. Left kidney has 10.5–11 cm in width, with visible cysts diameter 9 mm with calcified capsule or 4–5 mm; linear fibrosis in parenchyma in dorsal part of the kidney, probably post-inflammatory lesions. The bladder is poorly filled. There is no free fluid visible in the peritoneal cavity. Abdominal aorta is partially visible, where visible – not dilated. In the projection do right suprarenal area there was a tissue reflection area visible with small calcifications size 20x12x17 mm – the image suggests right adrenal for further diagnosis including CT. Along the large intestine – descending and sigmoid colon there are diverticula visible of different size without ultrasonographic signs of inflamm[redacted] 20[redacted] ALT: 36 U/L (normal 0 to 55)

[redacted] **20[redacted] AMBULATORY BOOD PRESSURE:** 118/63 mmHg

[redacted] **20[redacted] APTT:** 41.4 SEC (normal 22.0 to 39.0)

[redacted] **20[redacted] BLOOD CULTURE:** Positive -staphylococcus epidermis

[redacted] **20[redacted] BLOOD CULTURE:** positive for staphylococcus epidermidis (MRCNS – methicillin-resistant strain MLSB – strain shows induced resistance for macrolides, lincosamides and streptogramins.)

[redacted] **20[redacted] BLOOD PRESSURE:** 138/83 mmHg

[redacted] **20[redacted] BMI:** 29.6 kg/m2

[redacted] **20[redacted] BODY TEMPERATURE:** 39.5 Degrees C

[redacted] **20[redacted] CHEST CT:** Suspicion of right adrenal gland's tumor.

[redacted] **20[redacted] CHEST X-RAY:** Data from referral: dyspnoea, NS. Pulmonary parenchyma available for assessment with no recent densities. Pulmonary circulation compensated. Cardiac silhouette enlarged, aortic atherosclerosis. Regular convexity of diaphragm domes, free costodiaphragmatic recess. Tracheal stenosis at Th2-Th3 level.

[redacted] **20[redacted] CREATININE:** 1.18 mg/dL (normal 0.50 to 1.00)

[redacted] **20[redacted] CRP:** 12.50L (normal <5.00)

[redacted] **20[redacted] CRP:** 37.50 MG/L (normal <5.00)

[redacted] **20[redacted] CRP:** 47.60 MG/L (normal <5.00)

[redacted] **20[redacted] CRP:** 3.90 MG/L (normal <5.00)

[redacted] **20[redacted] CULTURE:** pharyngeal smear: positive for candida albicans - numerous colony count, candida glabrata - single colony count

[redacted] **20[redacted] CULTURE:** pharyngeal smear: Staphylococcus aureus (MSSA - Methicillin-sensitive strain) Colony count: quite numerous

[redacted] **20[redacted] D-DIMER:** 1194.0 NG/ML (normal 0.0 to 500.0)

[redacted] **20[redacted] ECHOCARDIOGRAPHY:** RVOT Diam 2.63 cm IVSd 2.01 cm LVIDd 4.60 cm LVPWd 1.69 cm LVd Mass Ind (ASE) 224.73 g/m2 LA Diam 4.77 cm Ao asc 3.55 cm PA 2.63 cm Ao sinus 3.51 cm LAAd A4C 28.92 cm2 I LAEDV MOD A4C 99.70 ml LAVI 56.65 ml/m2 Significant enlargement of the right atrium, LAA –29 cm2, LAVI 56 ml/m2, other heart cavities are normal. Large left ventricular myocardial hypertrophy involves the whole muscle. SAM is present, signs of left ventricular outflow tract obstruction, max gradient up to 160 mmHg – gradient is not typical for dynamic obstruction, problem with reliable assessment resulting from coexistence of mitral valve calcifications and mitral regurgitation. Trileaflet aortic valve with no calcifications, with no signs of valvular defect. Calcification in the posterior part of mitral annulus including the petal; Degenerative changes in mitral valve, sign of mild stenosis only, mean gradient 5 mmHg; Small tricuspid insufficiency. Trigeminal reverse gradient 36 mmHg. TAPSE 22 mm. With no impaired contractility of left ventricle muscle wall. EF >65%. With no signs of liquid in pericardial sac.

[redacted] **20[redacted] ESOPHAGOGASTRODUODENOSCOPY:** WITH BIOPSY: Diagnosis Chronic atrophic gastritis.

[redacted] **20[redacted] FERRITIN:** 597.2 NG/ML (normal 4.6 to 204.0)

[redacted] **20[redacted] GLUCOSE:** 107 mg/dL (normal 70 to 105)

[redacted] **20[redacted] HEMATOCRIT:** 29.4 % (normal 34.0 to 45.0)

[redacted] **20[redacted] HEMATOCRIT:** 31.1 % (normal 34.0 to 45.0)

[redacted] **20[redacted] HEMATOCRIT:** 31.1 % (normal 34.0 to 45.0)

[redacted] **20[redacted] HEMATOCRIT:** 28.5 % (normal 34.0 to 45.0)

[redacted] **20[redacted] HEMOGLOBIN:** 11.6 G/DL (normal 11.2 to 15.7)

[redacted] **20[redacted] HEMOGLOBIN:** 10.1 G/DL (normal 11.2 to 15.7)

[redacted] **20[redacted] HEMOGLOBIN:** 10.4 G/DL (normal 11.2 to 15.7)

[redacted] **20[redacted] HEMOGLOBIN:** 9.6 G/DL (normal 11.2 to 15.7)

[redacted] **20[redacted] HOLTER:** Results not clinically significant.

[redacted] **20[redacted] INR:** 1.41 NO UNIT (normal 0.80 to 1.20)

[redacted] **20[redacted] LDL:** 40.0 mg/dL (normal 0.0 to 130.0)

[redacted] **20[redacted] LYMPHOCYTES:** 8.0 % (normal 19.0 to 53.0)

[redacted] **20[redacted] MCH:** 39.4 PG (normal 26.0 to 32.0)

[redacted] **20[redacted] MCHC:** 39.5 G/DL (normal 32.0 to 37.0)

[redacted] **20[redacted] MCV:** 99.7 FL (normal 79.0 to 95.0)

[redacted] **20[redacted] MPV:** 8.13 FL (normal 9.4 to 12.6)

[redacted] **20[redacted] NEUTROPHILS:** 81.0 % (normal 34.0 to 71.0)

[redacted] **20[redacted] NEUTROPHILS:** 7.38 X10**3/MCL (normal 1.6 to 6.1)

[redacted] **20[redacted] NEUTROPHILS:** 67.6 % (normal 34.0 to 71.0)

[redacted] **20[redacted] PLATELET COUNT:** 103 X10**3/MCL (normal 160 to 370)

[redacted] **20[redacted] PLATELET COUNT:** 78 X10**3/MCL (normal 160 to 370)

[redacted] **20[redacted] PLATELET COUNT:** 126 X10**3/MCL (normal 160 to 370)

[redacted] 20[redacted] **PLATELET COUNT:** 153 X10**3/MCL (normal 160 to 370)

[redacted] 20[redacted] **POTASSIUM:** 4.8 MMOL/L (normal 3.5 to 5.1)

[redacted] 20[redacted] **POTASSIUM:** 4.9 MMOL/L (normal 3.5 to 5.1)

[redacted] 20[redacted] **POTASSIUM:** 4.3 MMOL/L (normal 3.5 to 5.1)

[redacted] 20[redacted] **PT:** 16.2 SEC (normal 9.0 to 12.6)

[redacted] 20[redacted] **RBC:** 2.94 X10**6/MCL (normal 3.90 to 5.20)

[redacted] 20[redacted] **RDW:** 13.9 % (normal 11.6 to 14.4)

[redacted] 20[redacted] **SCREENING CHEST X-RAY:** Normal

[redacted] 20[redacted] **SCREENING WEIGHT:** 80.7 KG

[redacted] 20[redacted] **SODIUM:** 133 MMOL/L (normal 137 to 145)

[redacted] 20[redacted] **TRIGLYCERIDES:** 204 mg/dL (normal <170)

[redacted] 20[redacted] **TROPONIN:** 61 ng/L (normal <16)

[redacted] 20[redacted] **ULTRASOUND:** THYROID AND PARATHYROID GLANDS: Thyroid is of normal location, bilobed, significantly enlarged, with no signs of increased vascularity, with heterogeneous echogenicity, with areas of cystic degeneration. Lower poles of both lobes are located substernally. In the right lobe no clearly demarcated noduleswere shown. In the left lobe there is isoechogenic nodule with small cysts and peripheral vascularity of size 27x19 mm. Approximate size of lobes: R: 49x27x72mm (49ml). L: 40x29x69mm (41ml). Thyroid isthmus of thickness up to 9 mm.

[redacted] 20[redacted] **ULTRASOUND:** THYROID: Complex diagnostic ultrasound of neck Thyroid is entirely enlarged and heterogeneous, lower poles of the lobes are below clavicles level. Approximate size of lobes: R – 42 x 41 x ? mm, L – 50 x 45 x ? mm. In both lobes there are isoechogenic nodules and cystic degenerations. There were no enlarged / suspicious lymph nodes shown in the neck, parotid and submaxillary glands are not enlarged of homogeneous parenchyma, with no signs of inflammatory state, saliva retention nor concrements. Larynx of normal structure and motility.

[redacted] 20[redacted] **URIC ACID:** 6.5 mg/dL (normal 2.6 to 6.0)

[redacted] 20[redacted] **URINE CULTURE:** Escherichia coli Colony count: 100 000/ml

[redacted] 20[redacted] **WBC:** 9.12 X10**3/MCL (normal 4.0 to 10.0)

[redacted] 20[redacted] WB3.9 X10**3/MCL (normal 4.0 to 10.0)

[redacted] 20[redacted] **WBC:** 11.0 X10**3/MCL (normal 4.0 to 10.0)

[redacted] 20[redacted] **WBC:** 8.9 X10**3/MCL (normal 4.0 to 10.0)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
子宮脱	X			
眼瞼下垂	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
HYPERTENSION	19[redacted]
OTHER: PLAQUE PSORIASIS	19[redacted]
OTHER: POSTMENOPAUSAL	20[redacted]
HYPERLIPIDEMIA	20[redacted]
OTHER: GASTRITIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: HELICOBACTER PYLORI INFECTION	20[redacted]
OTHER: SHINGLES	20[redacted]
EYE DISEASE/DISORDER: CATARACT OF THE LEFT EYE	20[redacted]
EYE DISEASE/DISORDER: CATARACT OF THE RIGHT EYE	20[redacted]
EYE DISEASE/DISORDER: TRAUMATIC DAMAGE TO THE RETINA OF THE RIGHT EYE	20[redacted]
OTHER: PROLAPSE OF THE UTERUS	20[redacted]
OTHER: OVERWEIGHT	20[redacted]
EYE DISEASE/DISORDER: DROOPING EYELIDS	20[redacted]
OTHER: AFTER INTRODUCTION OF BILATERAL SACROSPINOUS COLPOSUSPENSION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: PLASTIC SURGERY OF THE ANTERIOR WALL OF THE VAGINA WITH AMPUTATION OF THE CERVIX OF STURMDORF	20[redacted]
SURGERY: TONSILLECTOMY	20[redacted]
SURGERY: PARTIAL REMOVAL OF THE REPRODUCTIVE ORGANS(UTERUS)	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 169	169
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 170		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]
INDAPAMIDE	1 g	QD	Y-M: 20[redacted]
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]
RAMIPRIL	10 mg	QD	Y-M: 20[redacted]
ATORVASTATIN	10 mg	QD	Y-M: 20[redacted]
HYALURONATE SODIUM W/TREHALOSE	1 OTHER: DROP	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted]
COLECALCIFEROL	2000 OTHER: UNITS	QD	Y-M: 20[redacted]
CICLOSPORIN	150 mg	QD	Y-M: 20[redacted]
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted]
MELOXICAM	7.5 mg	QD	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
INDAPAMIDE	1 g	QD	Y-M: 20[redacted]	NOT REPORTED
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
RAMIPRIL	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ATORVASTATIN	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
HYALURONATE SODIUM W/TREHALOSE	1 OTHER: DROP	QD	Y-M: 20[redacted]	NOT REPORTED
COLECALCIFEROL	2000 OTHER: UNITS	QD	Y-M: 20[redacted]	NOT REPORTED
MELOXICAM	7.5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
DOXYCYCLINE	100 mg	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 106
PROBIOTICS	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 106
ESTRIOL	1 OTHER: GLOBULE	QD	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 124
AKRITOIN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 154	Y-M: 20[redacted] / 166

ENOXAPARIN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 154	Y-M: 20[redacted]-[redacted] / 166
GLYCEROL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 154	Y-M: 20[redacted]-[redacted] / 166
KETOPROFEN	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 154	Y-M: 20[redacted]-[redacted] / 166
METAMIZOLE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 154	Y-M: 20[redacted]-[redacted] / 166
POTASSIUM	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 154	Y-M: 20[redacted]-[redacted] / 166
SODIUM CHLORIDE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 154	Y-M: 20[redacted]-[redacted] / 166
ANESTHETICS	UNKNOWN OTHER: UNKNOWN	QD	Y-M: 20[redacted]-[redacted] / 159	Y-M: 20[redacted]-[redacted] / 159
PARACETAMOL	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 159	Y-M: 20[redacted]-[redacted] / 166
IVERMECTIN	1 OTHER: UNIT	QD	Y-M: 20[redacted]-[redacted] / 169	NOT REPORTED
POTASSIUM	391 mg	QD	Y-M: 20[redacted]-[redacted] / 169	NOT REPORTED
OFLOXACIN	1 gtt	TID	Y-M: 20[redacted]-[redacted] / 209	ONGOING

Event #1: Serious Adverse Event

Event Description	WORSENING OF PROLAPSE OF THE UTERUS
Preferred term	子宮脱
AE Onset Date / Rx Day	[redacted]20[redacted] / 110
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 110): TRANSVAGINAL ULTRASOUND: RESULT IN NORMAL RANGE; UTERUS ULTRASOUND: IN NORMAL RANGE; VAGINAL COLPOSCOPY: IN NORMAL RANGE

AE Stopped Rx Day	110
Duration of AE	1 DAY
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	UNKNOWN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	WORSENING OF PROLAPSE OF THE UTERUS
Preferred term	子宮脱
AE Onset Date / Rx Day	[redacted]20[redacted] / 154
Age at AE Onset	6[redacted]

Laboratory Testing
[redacted]20[redacted] (RX DAY 158): Potassium: 3.6 [3.6 - 5.6] MMOL/L; [redacted]20[redacted] (RX DAY 161): Erythrocytes: 30-50 [NOT REPORTED - NOT REPORTED] IN THE FIELD OF VIEW

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 154): TRANSVAGINAL ULTRASOUND: NOT CLINICALLY SIGNIFICANT; [redacted]20[redacted] (RX DAY 158): BLOOD EXAMINATION: HYPOCALCEMIA; [redacted]20[redacted] (RX DAY 159): HANGING THE UTERUS TO THE FASCIA: NORMAL; PLASTIC SURGERY OF THE BACK WALL OF THE VAGINA AND CROTCH, LAPAROTOMY: NORMAL; [redacted]20[redacted] (RX DAY 160): BLOOD EXAMINATION: NORMAL; [redacted]20[redacted] (RX DAY 166): BLOOD EXAMINATION: ERYTHROCYTES-CLINICALLY SIGNIFICANT RELATED WITH SURGERY (30-50 WPW)

AE Stopped Rx Day	166
Duration of AE	13 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	[redacted]20[redacted] FOLLOW UP- OTHER ETIOLOGY-AFTER BIRTH OF CHILDREN [redacted]20[redacted]: OTHER SUSPECTED CAUSES ARE UNKNOWN- NO INFORMATION ON DISCHARGED SUMMARY REPORT OTHER SUSPECTED CAUSES ARE UNKNOWN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	DROOPING EYELIDS
Preferred term	眼瞼下垂
AE Onset Date / Rx Day	[redacted]20[redacted] / 209
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 209): PLASTIC SURGERY OF THE EYELIDS: FINISHED

AE Stopped Rx Day	209
Duration of AE	1 DAY
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DUE TO AGE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，20[redacted] 年 [redacted] 月 [redacted] 日及び 20[redacted] 年 [redacted] 月 [redacted] 日に子宮脱の悪化の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，虫垂切除，腟前壁形成手術＋STURMDORF 縫合を用いる子宮頚部切断術，閉経後，乾癬性関節炎，子宮脱出症，両側仙棘腟断端固定術後状態，生殖器（子宮）部分切除術，非喫煙者，現飲酒者（1 日 2 杯未満）及び過体重であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は子宮脱の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，子宮脱の悪化は消失した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は子宮脱出症の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，子宮脱の悪化は消失した。

子宮脱は既存の病態であったが，被験者は本治験に組み入れられるまで手術を予定していなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は（治験中に）予定されていた子宮内膜切除術のため入院したが，手術の日程が変更され，超音波検査及び結腸内視鏡検査後に ovestin を処方されて同日退院した。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，既存の子宮及び腟の脱出症のため再入院した。婦人科診察並びに超音波検査や臨床検査などの検査後，20[redacted] 年 [redacted] 月 [redacted] 日に，子宮を筋膜に結紮する開腹手術と，腟後壁及び股間の形成手術が行われた。術後合併症は見られなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は，ovestin，生理食塩液，ketonal，クレキサン，kalipoz，furagin，アセトアミノフェン，glycerine suppository 及び pyralgin であった。

Causality for UPADACITINIB (Blinded)

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1) Uterine prolapse (10046814) (Uterine prolapse (10046814)) [v.22.1] [10046814]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

2) Uterine prolapse (10046814) (Uterine prolapse (10046814)) [v.22.1] [10046814]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction recurred

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING OF PROLAPSE OF THE UTERUS

- Investigator: After birth of children. Other suspected causes are unknown - no information on discharged summary report.

- AbbVie: Event is more likely related to pre-existing uterine prolapse. Advanced age and obesity are additional risk factors.

Event of WORSENING OF PROLAPSE OF THE UTERUS

- Investigator: Unknown

- AbbVie: Event is more likely related to pre-existing uterine prolapse. Advanced age and obesity are additional risk factors.

Relevant Laboratory & Other Diagnostic Tests

Unknown date COLPOSCOPY: in normal range

[redacted] **20[redacted] POTASSIUM:** 3.61 MMOL/L (normal 3.60 to 5.60)

[redacted] 20[redacted] RED BLOOD CELLS (URINE): 30-50 in field of view

[redacted] 20[redacted] TRANSVAGINAL ULTRASOUND: Result in normal range

[redacted] 20[redacted] TRANSVAGINAL ULTRASOUND: Not clinically significant.

[redacted] 20[redacted] ULTRASOUND: uterus: in normal range
Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，眼瞼下垂の事象を発現した。

Event 3 の臨床経過：

関連する病歴は，右眼白内障，右眼網膜の外傷性損傷及び眼瞼反射であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は眼瞼下垂を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，眼瞼下垂は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は眼瞼下垂のため病院の眼科に入院し，同日，眼瞼形成手術が行われた。被験者は手術当日に退院した。

投与された薬剤は floxal であった。

The patient's past medications include:

SULFASALAZINE for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

METHOTREXATE for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted], 20[redacted] - [redacted] [redacted] 20[redacted])

NEORAL for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Eyelid ptosis (10015995) (Eyelid ptosis (10015995)) [v.22.1] [10015995]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of DROOPING EYELIDS

- Investigator: Due to age.

- AbbVie: Etiology of the event is not consistent with the study drug's mechanism of action. Advanced age and history of trauma to the right eye are additional risk factors.

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
乾癬性関節症	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	3[redacted]	MALE	WHITE

Medical History	Onset Year
KIDNEY DISORDER: KIDNEY STONES	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
METHOTREXATE	12.5 mg	EVERY WEEK	Y-M: 20[redacted] / -282
ETORICOXIB	60 mg	QD	Y-M: 20[redacted] / -159
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / -159

METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20[redacted] / -159
SILIBININ	70 mg	QD	Y-M: 20[redacted] / -159

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
ETORICOXIB	60 mg	QD	Y-M: 20[redacted] / -159	NOT REPORTED
FOLIC ACID	15 mg	EVERY WEEK	Y-M: 20[redacted] / -159	NOT REPORTED
METHOTREXATE	17.5 mg	EVERY WEEK	Y-M: 20[redacted] / -159	NOT REPORTED
SILIBININ	70 mg	QD	Y-M: 20[redacted] / -159	NOT REPORTED
TIMONACIC	100 mg	QD	Y-M: 20[redacted] / 113	NOT REPORTED

Event #2: Serious Adverse Event

Event Description	HOSPITALIZATION DUE TO PSORIATIC ARTHRITIS ACTIVITY ASSESSMENT
Preferred term	乾癬性関節症
AE Onset Date / Rx Day	[redacted]20[redacted] / 174
Age at AE Onset	3[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 174): BLOOD EXAMINATION: NOT CLINICALLY SIGNIFICANT; [redacted]20[redacted] (RX DAY 175): BLOOD EXAMINATION: NOT CLINICALLY SIGNIFICANT; [redacted]20[redacted] (RX DAY 178): ABDOMINAL ULTRASOUND: FATTY LIVER

AE Stopped Rx Day	180
Duration of AE	7 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PSORIATIC ARTHRITIS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はポーランドの 3[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，乾癬性関節炎活動性評価のための入院の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，局面型乾癬，乾癬性関節炎，非喫煙者，禁酒及び乾癬性皮膚炎の家族歴（両親）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は乾癬性関節炎活動性評価のための入院を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，乾癬性関節炎活動性評価のための入院は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，乾癬性皮膚炎の徴候・症状のため，リウマチ病棟に入院した。この入院は本治験参加中に予定された。被験者は，乾癬性関節炎に対する生物学的製剤が適応と判断された。治験参加中であったため，それ以上の処置は行われなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

Causality for UPADACITINIB (Blinded)

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1) Psoriatic arthritis (10037160) (Psoriatic arthropathy (10037162)) [v.22.1] [10037160]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternate Etiology for UPADACITINIB (Blinded)

Event of HOSPITALIZATION DUE TO PSORIATIC ARTHRITIS ACTIVITY ASSESSMENT

- Investigator:

- AbbVie: Outcome only; Reported event more likely related to pre-existing Psoriatic arthritis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** Fatty liver

[redacted] **20[redacted] BLOOD EXAMINATION:** Not clinically significant

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
胆石症	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 30 mg QD	63	MALE	WHITE

Medical History	Onset Year
OTHER: PECTUS EXCAVATUM	19[redacted]
OTHER: STRAIN LEFT THUMB	19[redacted]
OTHER: PSORIASIS VULGARIS	19[redacted]
HYPERTENSION	19[redacted]
OTHER: TEAR OF MENISCUS LEFT KNEE	19[redacted]
OTHER: AXIALE HIATAL HERNIA	20[redacted]
OTHER: DIVERTICULOSIS OF THE COLON	20[redacted]
OTHER: EROSIVVE GASTRITIS	20[redacted]
OTHER: LIVER CYST (BENIGNE)	20[redacted]
OTHER: POLYP IN GALL BLADDER (BENIGNE)	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: VITAMIN D DEFICIENCY	20[redacted]
OTHER: DISCUS PROLAPSE LOWER BACK	20[redacted]
OTHER: CHOLEZYSTOLITHIASIS	20[redacted]
OTHER: LIVER ENZYME ELEVATION	20[redacted]
OTHER: MIGRATION OF GALLSTONE	20[redacted]

Prior Procedures	Procedure Year
SURGERY: OPERATION OF TEAR OF MENISCUS LEFT	19[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	0.1 PACK	33	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted] / 1	[redacted] / 167	167
ABT-494	30 MG	ORAL	QD	[redacted] / 168		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
HEPATITIS B IMMUNIZATION	NOT REPORTED	NOT REPORTED	Y-M: [redacted]
DEXAMETHASONE	UNKOWN OTHER: UNKOWN	PRN	Y-M: [redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: [redacted]
PREDNISOLONE	15 mg	QD	Y-M: [redacted]
PREDNISOLONE	10 mg	QD	Y-M: [redacted]
METHOTREXATE	22.5 mg	EVERY WEEK	Y-M: [redacted]
LEFLUNOMIDE	20 mg	QD	Y-M: [redacted]
PREDNISOLONE	5 mg	QD	Y-M: [redacted]
COLECALCIFEROL	20000 IU	EVERY 2 WEEKS	Y-M: [redacted]
LEFLUNOMIDE	15 mg	QD	Y-M: [redacted]
LEFLUNOMIDE	10 mg	QD	Y-M: [redacted]
LEFLUNOMIDE	5 mg	QD	Y-M: [redacted] / -306
METHOTREXATE	15 mg	EVERY WEEK	Y-M: [redacted] / -197
LEFLUNOMIDE	10 mg	QD	Y-M: [redacted] / -126
METAMIZOLE	500 mg	QD	Y-M: [redacted] / -36

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
COLECALCIFEROL	20000 IU	EVERY 2 WEEKS	Y-M: [redacted]	NOT REPORTED
METAMIZOLE	500 mg	QD	Y-M: [redacted] / -36	NOT REPORTED

Event #1: Serious Adverse Event

Event Description WORSENING OF CHOLECYSTOLITHIASIS
Preferred term 胆石症
AE Onset Date / Rx Day [redacted] / 35
Age at AE Onset [redacted]
Laboratory Testing
[redacted] (RX DAY 36): Aspartate Aminotransferase: 40 [0 - 50] U/L; NPTST224-GGT: 41 [0 - 60] U/L
Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted] (RX DAY 35): CHOLECYSTECTOMY: OPERATION PERFORMED WITHOUT ANY COMPLICATIONS
AE Stopped Rx Day 37
Duration of AE 3 DAYS
Severity Moderate

Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	KNOWN MEDICAL HISTORY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 6[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，胆嚢結石症の悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，尋常性乾癬，高血圧，結腸憩室症，びらん性胃炎，肝嚢胞（良性），胆嚢ポリープ（良性），乾癬性関節炎，胆石症，肝酵素増加，脱落胆石，現喫煙者（1 日 0.1 箱を 33 年間）及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は胆嚢結石症の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，胆嚢結石症の悪化は消失した。

被験者は，トランスアミナーゼ増加の症状を伴う既知の胆石のため，20[redacted] 年 [redacted] 月 [redacted] 日に入院した。被験者はこの事象を 20[redacted] 年 [redacted] 月に発現していた。20[redacted] 年 [redacted] 月 [redacted] 日，胆嚢結石症やトランスアミナーゼ増加の事象が再度発現するのを防ぐため，待機的腹腔鏡下胆嚢切除術が行われた。合併症はなく，被験者は良好な状態で 20[redacted] 年 [redacted] 月 [redacted] 日に退院した。

The patient's past medications include:

MTX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

PREDNISOLON for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

LEFLUNOMID for PSORIATIC ARTHRITIS ([redacted])

Causality for ABT-494 (Blinded)

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1) Cholecystolithiasis (10049890) (Cholelithiasis (10008629)) [v.21.1] [10049890]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABT-494 (Blinded)

Event of WORSENING OF CHOLECYSTOLITHIASIS

- Investigator: Known medical history

- AbbVie: Event more likely related to pre-existing history of gallstones

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ASPARTATE AMINOTRANSFERASE:** 40 U/L (normal 0 to 50)

[redacted] **GGT:** 41 U/L (normal 0 to 60)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
椎間板突出	X			
十二指腸潰瘍	X			
正色素性正球性貧血	X			X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	7[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: SPINAL DISC HERNIATION	19[redacted]
PERIPHERAL VASCULAR DISEASE-VENOUS: VARICOSIS	19[redacted]
OSTEOARTHRITIS: TRAPEZIOMETACARPAL OSTEOARTHRITIS	19[redacted]
HEPATITIS: HEPATITIS C INFECTION	20[redacted]
OSTEOARTHRITIS: OSTEOARTHRITIS OF THE RIGHT KNEE	20[redacted]
OTHER: INTERMITTEND HYPERCHOLISTEROLEMIA	20[redacted]
ASTHMA	20[redacted]
OTHER: POSTMENOPAUSAL	20[redacted]
OTHER: OPERATION OF TRAPEZIOMETACARPAL OSTEOARTHRITIS (ARTHROPLASTY)	20[redacted]
OTHER: OPERATION OF PANSINUSITIS	20[redacted]
OTHER: SINUSITIS	20[redacted]
OTHER: PSORIASIS VULGARIS	20[redacted]
OTHER: VITAMIN D DEFICIENCY	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: OPERATION OF SPINAL DISC HERNIATION	19[redacted]
SURGERY: OPERATION OF VARICOSIS	20[redacted]
SURGERY: IMPLEMENTATION OF TOTAL ENDOPROTHESIS OF THE RIGHT KNEE	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	0.5 PACK	36	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ADA	40MG	SC	EOW	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
DEXAMETHASONE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
DICLOFENAC	75 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
COLECALCIFEROL	20000 IU	EVERY WEEK	Y-M: 20[redacted]
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -44
DICLOFENAC	75 mg	EVERY WEEK	Y-M: 20[redacted] / -22

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
COLECALCIFEROL	20000 IU	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
DICLOFENAC	75 mg	EVERY WEEK	Y-M: 20[redacted] / -22	NOT REPORTED
TRIAMCINOLONE	40 mg	EVERY WEEK	Y-M: 20[redacted] / 215	Y-M: 20[redacted] / 243
BREO ELLIPTA	1 OTHER: STROKE	QD	Y-M: 20[redacted] / 252	NOT REPORTED
MOMETASONE	0.05 mg	QD	Y-M: 20[redacted] / 252	NOT REPORTED
DALTEPARIN	2500 IU	QD	Y-M: 20[redacted] / 267	Y-M: 20[redacted] / 271
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 267	Y-M: 20[redacted] / 272
IBUPROFEN	600 mg	TID	Y-M: 20[redacted] / 267	Y-M: 20[redacted] / 302
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 302	Y-M: 20[redacted] / 323
PROCHLORPERAZINE	500 OTHER: MG/ML	QID	Y-M: 20[redacted] / 304	NOT REPORTED
CYANOCOBALAMIN	1 mg	QD	Y-M: 20[redacted] / 306	NOT REPORTED
IRON	100 mg	QD	Y-M: 20[redacted] / 306	NOT REPORTED
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 324	Y-M: 20[redacted] / 338
RED BLOOD CELLS	250 mL	OTHER: 2 DOSES	Y-M: 20[redacted] / 342	Y-M: 20[redacted] / 342

Event #1: Serious Adverse Event

Event Description WORSENING OF CERVICAL DISCUS PROLAPS C7/C8
Preferred term 椎間板突出
AE Onset Date / Rx Day [redacted]20[redacted] / 267
Age at AE Onset 7[redacted]
Laboratory Testing
NOT REPORTED
Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 267): VENTRAL DECOMPRESSION: WITHOUT COMPLICATION

AE Stopped Rx Day	271
Duration of AE	5 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PROGRESSION OF A UNDERLYING DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	DUODENAL ULCER (FORREST II A)
Preferred term	十二指腸潰瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 302 (7 DAYS AFTER LAST TREATMENT)
Age at AE Onset	7[redacted]

Laboratory Testing
[redacted]20[redacted] (RX DAY 302): Erythrocytes: 1.8 [4.1 - 5.1] 10^12/L; Hematocrit: 0.16 [0.36 - 0.48] FRACTION OF 1; Hemoglobin: 56 [120 - 160] G/L; NPTST278-IMMATURE RETICULOCYTE: 47.5 [1.1 - 15.9] %; NPTST424-RETICULOCYTES: 0.15 [0.03 - 0.11] /PL; [redacted]20[redacted] (RX DAY 306): Erythrocytes: 2.6 [4.1 - 5.1] 10^12/L; Hematocrit: 0.24 [0.36 - 0.48] FRACTION OF 1; Hemoglobin: 79 [121 - 160] G/L

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 302): ECG: WITHOUT COMPLICATIONS; ENDOSCOPY: ULCUS DUODENI (FORREST II A)

AE Stopped Rx Day	306 (11 DAYS AFTER LAST TREATMENT)
Duration of AE	5 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	BIG DOSES OF IBUPROFEN DUE TO SURGERY ON [redacted]-[redacted]-20[redacted] (SEE AE#3), BUT WITHOUT GASTRIC PROTECTION(DUE TO PATIENT)
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event, Event of Interest - Anemia

Event Description	NORMOCHROMIC-NORMOCYTIC ANEMIA
Preferred term	正色素性正球性貧血
AE Onset Date / Rx Day	[redacted]20[redacted] / 342 (47 DAYS AFTER LAST TREATMENT)
Age at AE Onset	7[redacted]

Laboratory Testing
[redacted]20[redacted] (RX DAY 342): Hemoglobin: 61 [120 - 160] G/L; NPTST279-IMMATURE RETICULOCYTES: 39.8 [1.1 - 15.9] %; NPTST423-RETICULOCYTE: 0.12 [0.03 - 0.11] /PL; [redacted]20[redacted] (RX DAY 343): Hemoglobin: 72 [120 - 160] G/L; [redacted]20[redacted] (RX DAY 344): Hemoglobin: 72 [120 - 160] G/L

Microbiology
NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 342): BLOOD TRANSFUSION: NO COMPLICATION; [redacted]20[redacted] (RX DAY 343): ESOPHAGOGASTRODUODENOSCOPY: NO COMPLICATION; [redacted]20[redacted] (RX DAY 345): COLONOSCOPY: NO COMPLICATION

AE Stopped Rx Day	345 (50 DAYS AFTER LAST TREATMENT)
Duration of AE	4 DAYS
Severity	Severe
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，C7/C8 頚椎円板脱出症の悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，脊椎椎間板ヘルニア，菱形中手骨変形性関節症，元喫煙者（1 日 0.5 箱を 36 年間），右膝の変形性関節症，ビタミン D 欠乏，乾癬性関節炎及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は C7/C8 頚椎円板脱出症の悪化を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，C7/C8 頚椎円板脱出症の悪化は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日，被験者は非重篤な事象の C7/C8 頚椎円板脱出症を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，C7/C8 頚椎円板脱出症の悪化による両腕の脱力のため入院した。同日，腹側減圧術が行われた。合併症は見られなかった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は，イブプロフェン，フラグミン及びトリアムシノロンであった。

The patient's past medications include:

DEXAMETHASON for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted])

PREDNISOLON OINTMENT for PSORIASIS ([redacted] 20[redacted] - 20[redacted])

MTX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Prolapsed cervical disc (10036847) (Intervertebral disc protrusion (10050296)) [v.22.0] [10036847]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of WORSENING OF CERVICAL DISCUS PROLAPS C7/C8

- Investigator: Progression of an underlying disease

- AbbVie: Event is more likely related to pre-existing spinal disc herniation and psoriatic arthritis.

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，十二指腸潰瘍（Forrest 分類 IIa）の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 0.5 箱を 36 年間），喘息，尋常性乾癬，乾癬性関節炎及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は十二指腸潰瘍（Forrest 分類 IIa）を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，十二指腸潰瘍（Forrest 分類 IIa）は消失した。

本事象発現前，20[redacted] 年 [redacted] 月 [redacted] 日に被験者は頚椎手術を受けており（AER # 19P-062-2921290-00 として受領済み），被験者本人の判断で，胃保護薬を使用せずにイブプロフェンを大量に使用していた。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は胃腸出血のため入院した。十二指腸潰瘍（Forrest 分類 IIa）と確定診断された。院内にて，臨床検査といくつかの医学的処置が行われた。非ステロイド性抗炎症薬は一時中止された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

本事象に関連する危険因子は，pantoprazole 非使用下でのイブプロフェン摂取であった。

被験者は過去に本事象を発現していなかった。

投与された薬剤は pantoprazole であった。

The patient's past medications include:

DEXAMETHASON for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted])

PREDNISOLON for PRIASIS ([redacted] 20[redacted] - 20[redacted])

MTX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

TRIAMCINOLON for CERVICAL DISCUS PROLAPSE ([redacted] 20[redacted] - [redacted] 20[redacted])

FRAGMIN for WORSENING OF CERVICAL DISCUS PROLAPS C7/C8 ([redacted] 20[redacted] - [redacted] 20[redacted])

PANTOPRAZOLE for PROPHYLAXIS and ULCUS DUODENI (FORREST II A) ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Duodenal ulcer (10013836) (Duodenal ulcer (10013836)) [v.22.0] [10013836]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of DUODENAL ULCER (FORREST II A)

- Investigator: Big doses of Ibuprofen due to surgery on [redacted] 20[redacted], but without gastric protection (due to patient).

- AbbVie: Event is more likely related to recent use of ibuprofen following spinal surgery and long term use of diclofenac.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ECG:** WITHOUT COMPLICATIONS

[redacted] 20[redacted] **ENDOSCOPY:** ULCUS DUODENI (FORREST II A)

[redacted] 20[redacted] **HEMATOCRIT:** 0.16 L/L (normal 0.36 to 0.48)

[redacted] 20[redacted] **HEMATOCRIT:** 0.24 L/L (normal 0.36 to 0.48)

[redacted] 20[redacted] **HEMOGLOBIN:** 5.6 G/DL (normal 12.0 to 16.0)

[redacted] 20[redacted] **HEMOGLOBIN:** 7.9 G/DL (normal 12.0 to 16.0)

[redacted] 20[redacted] **IMMATURE RETICULOCYTE:** 47.5 % (normal 1.1 to 15.9)

[redacted] 20[redacted] **RBC:** 1.8 /PL (normal 4.1 to 5.1)

[redacted] 20[redacted] **RBC:** 2.6 /PL (normal 4.1 to 5.1)

[redacted] 20[redacted] **RETICULOCYTES:** 0.149 /PL (normal 0.025 to 0.105)
Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，正色素性正球性貧血の事象を発現した。

Event 3 の臨床経過：

関連する病歴は，元喫煙者（1 日 0.5 箱を 36 年間），間欠性高コレステロール血症，喘息，閉経後，尋常性乾癬，ビタミン D 欠乏，乾癬性関節炎及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は正色素性正球性貧血を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，正色素性正球性貧血は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は入院した。胃腸出血が認められた。輸血が行われた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は赤血球であった。

The patient's past medications include:

DEXAMETHASON for PSORIATIC ARTHRITIS (20[redacted] - 20[redacted])

DICLOFENAC for PSORIATIC ARTHRITIS (20[redacted] - [redacted] 20[redacted])

PREDNISOLON OINTMENT for PSORIASIS ([redacted] 20[redacted] - 20[redacted])

MTX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Normochromic normocytic anemia (10054485) (Normochromic normocytic anaemia (10029783)) [v.22.1] [10054485]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: No rechallenge was done, recurrence is not applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of NORMOCHROMIC NORMOCYTIC ANEMIA

- Investigator: Not applicable

- AbbVie: Event more likely related to the gastrointestinal bleeding found on endoscopy. Risk factor for gastrointestinal bleeding includes concomitant diclofenac use.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **COLONOSCOPY:** No complication

[redacted] **ESOPHAGOGASTRODUODENOSCOPY:** No complication

[redacted] **HEMOGLOBIN:** 6.1 G/DL (normal 12.0 to 16.0)

[redacted] **HEMOGLOBIN:** 7.2 G/DL (normal 12.0 to 16.0)

[redacted] **HEMOGLOBIN:** 7.2 G/DL (normal 12.0 to 16.0)

[redacted] **IMMATURE RETICULOCYTES:** 39.8 % (normal 1.1 to 15.9)

[redacted] **RETICULOCYTE:** 0.115 % (normal 0.025 to 0.105)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
接触皮膚炎	X			
睡眠時無呼吸症候群	X			
びらん性胃炎	X			
胃十二指腸出血	X			
胃食道逆流性疾患	X			

Treatment Group	Age at Study Start	Sex	Race
UPA 15 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: POSTMENOPAUSAL STATUS	NOT REPORTED
OTHER: APPENDICITIS	19[redacted]
OTHER: TOSILLITIS	19[redacted]
HYPOTHYROIDISM	20[redacted]
OTHER: GRAVES' DISEASE	20[redacted]
OTHER: DOUBLE GASTRIC ULCER	20[redacted]
OTHER: INCONTINENCE	20[redacted]
OTHER: PSORIASIS CAPITIS	20[redacted]
OTHER: HYPERKERATOSIS	20[redacted]
DRUG ALLERGIES/REACTIONS: ALLERGY DUE TO CIPROFLOXACIN	20[redacted]
DRUG ALLERGIES/REACTIONS: ALLERGY DUE TO NITROFURANTOIN	20[redacted]
OTHER: URTIKARIA FACTITIA	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
OTHER: LUMBAR SPINAL DISC HERNIATION (3/4, 4/5)	20[redacted]
OTHER: SPONDYLARTHROSIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: ATRIAL FIBRILLATION	20[redacted]
OTHER: HYPERCHOLESTEROLEMIA	20[redacted]
OTHER: CARPAL TUNNEL SYNDROME(RIGHT)	20[redacted]
DRUG ALLERGIES/REACTIONS: ALLERGY DUE TO AZITHROMYCIN	20[redacted]
OTHER: ARTERIOSCLEROSIS OF EXTRACRANIAL VESSELS WITHOUT STENOSIS	20[redacted]
OTHER: CARPAL TUNNEL SYNDROME(LEFT)	20[redacted]
EMPHYSEMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE	20[redacted]
DEPRESSION	20[redacted]
OTHER: IRRITABLE BOWEL SYNDROME	20[redacted]
OTHER: FRACTURE OF TOE (ON THE LEFT SIDE, V)	20[redacted]
ASTHMA	20[redacted]
SLEEP APNEA	20[redacted]
OTHER: HYPERTRIGLYCERIDEMIA	20[redacted]

OTHER: AXIAL HIATAL HERNIA	20[redacted]
OTHER: MENISCOPATHY	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: STERILIZATION	19[redacted]
SURGERY: TONSILLECTOMY	19[redacted]
SURGERY: THYROIDECTOMY	20[redacted]
SURGERY: ARTHROSCOPY (RIGHT KNEE)	20[redacted]
SURGERY: PROLAPSE SURGERY OF UTERUS DUE TO INCONTINENCE	20[redacted]
SURGERY: INCONTINENCE SURGERY (TENSION-FREE VAGINAL TAPE OF URETER)	20[redacted]
SURGERY: INCONTINENCE SURGERY (TENSION-FREE VAGINAL TAPE OF URETER)	20[redacted]
SURGERY: COLOSCOPY	20[redacted]
SURGERY: SURGERY DUE TO CARPAL TUNNEL SYNDROME (RIGHT)	20[redacted]
SURGERY: GASTROSCOPY	20[redacted]
SURGERY: SURGERY DUE TO CARPAL TUNNEL SYNDROME(LEFT)	20[redacted]
SURGERY: COLOSCOPY	20[redacted]
SURGERY: GASTROSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	45	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
LEVOTHYROXINE	137,5 ug	QD	Y-M: 20[redacted]
PANTOPRAZOLE	20 mg	BID	Y-M: 20[redacted]
BETAMETHASONE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
CLOBETASOL	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
CLOBETASOL	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
CALCIPOTRIOL	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]

ALL OTHER NON-THERAPEUTIC PRODUCTS	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
CLOBETASOL	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
OTHER DERMATOLOGICALS	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
PREDNISOLONE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
EMOLLIENTS AND PROTECTIVES	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
BETAMETHASONE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
OTHER DERMATOLOGICALS	UNK OTHER: UNK	OTHER: 2 TIMES PER WEEK	Y-M: 20[redacted]
OTHER DERMATOLOGICALS	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
FESOTERODINE	8 mg	QD	Y-M: 20[redacted]
OTHER DERMATOLOGICALS	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
NEBIVOLOL	2.5 mg	BID	Y-M: 20[redacted]
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted]
METHOTREXATE	UNK OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted]
RIVAROXABAN	20 mg	QD	Y-M: 20[redacted]
COLECALCIFEROL	20.000 IU	EVERY WEEK	Y-M: 20[redacted]
DUOVENT	1 OTHER: INHALATION	TID	Y-M: 20[redacted]
METAMIZOLE	40 OTHER: DROPS	QID	Y-M: 20[redacted]
ESCITALOPRAM	20 mg	QD	Y-M: 20[redacted]
TRIMIPRAMINE	6 OTHER: DROPS	QD	Y-M: 20[redacted] / -209
PREDNISOLONE	20 mg	QD	Y-M: 20[redacted] / -44
PREDNISOLONE	10 mg	QD	Y-M: 20[redacted] / -42
PREDNISOLONE	5 mg	QD	Y-M: 20[redacted] / -40
NEBIVOLOL	2.5 mg	QD	Y-M: 20[redacted] / -24

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
LEVOTHYROXINE	137,5 ug	QD	Y-M: 20[redacted]	NOT REPORTED
PANTOPRAZOLE	20 mg	BID	Y-M: 20[redacted]	Y-M: 20[redacted] / 140
SIMVASTATIN	40 mg	QD	Y-M: 20[redacted]	NOT REPORTED
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
RIVAROXABAN	20 mg	QD	Y-M: 20[redacted]	NOT REPORTED
COLECALCIFEROL	20.000 IU	EVERY WEEK	Y-M: 20[redacted]	NOT REPORTED
DUOVENT	1 OTHER: INHALATION	TID	Y-M: 20[redacted]	NOT REPORTED
METAMIZOLE	40 OTHER: DROPS	QID	Y-M: 20[redacted]	NOT REPORTED
TRIMIPRAMINE	6 OTHER: DROPS	QD	Y-M: 20[redacted] / -209	Y-M: 20[redacted] / 165
NEBIVOLOL	2.5 mg	QD	Y-M: 20[redacted] / -24	NOT REPORTED
FORMOTEROL	12 ug	QD	Y-M: 20[redacted] / 12	NOT REPORTED
DULOXETINE	30.00 mg	QD	Y-M: 20[redacted] / 24	NOT REPORTED
MIRABEGRON	50 mg	QD	Y-M: 20[redacted] / 26	NOT REPORTED
FLUTICASONE	12 ug	TID	Y-M: 20[redacted] / 96	NOT REPORTED
SALMETEROL	12 ug	TID	Y-M: 20[redacted] / 96	NOT REPORTED
CELESTAMINE	30 mL	OTHER: ONCE	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 132
DIMETINDENE	10 mL	QD	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 132

DESLORATADINE	5 mg	PRN	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 133
HYDROCORTISONE	0.5 %	BID	Y-M: 20[redacted] / 132	Y-M: 20[redacted] / 136
IBEROGAST	20 OTHER: DROPS	TID	Y-M: 20[redacted] / 140	Y-M: 20[redacted] / 165
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 141	Y-M: 20[redacted] / 165
MAALOX	10 mL	PRN	Y-M: 20[redacted] / 157	Y-M: 20[redacted] / 166
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 166	NOT REPORTED
TRIMIPRAMINE	10 OTHER: DROPS	QD	Y-M: 20[redacted] / 166	NOT REPORTED
FORMOTEROL	12 ug	BID	Y-M: 20[redacted] / 166	Y-M: 20[redacted] / 167

Event #1: Serious Adverse Event

Event Description	CONTACT ALLERGY DUE TO SLEEP APNEA MASK
Preferred term	接触皮膚炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 132
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED
Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 132): PROVOCATION TESTING WITH SLEEP MASK: INCOMPATIBILITY OF THE MASK

AE Stopped Rx Day	133
Duration of AE	2 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ALLERGIC REACTION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	CONTACT ALLERGY DUE TO SLEEP APNEA MASK
Preferred term	睡眠時無呼吸症候群
AE Onset Date / Rx Day	[redacted]20[redacted] / 132
Age at AE Onset	6[redacted]

Laboratory Testing
NOT REPORTED
Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted]20[redacted] (RX DAY 132): PROVOCATION TESTING WITH SLEEP MASK: INCOMPATIBILITY OF THE MASK

AE Stopped Rx Day	133
Duration of AE	2 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ALLERGIC REACTION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY AND DISTAL EROSIVE REFLUX DISEASE
Preferred term	びらん性胃炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 166
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 166): Erythrocyte Sedimentation Rate: 3.7 [3.8 - 5.2] MM/H; NPTST121-CELLULAR HEMOGLOBIN: 33.3 [28 - 32] PG; NPTST321-MEAN CORPUSCULAR VOLUME: 101 [82 - 98] FL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 166): ABDOMINAL SONOGRAPHY: STEATOSIS HEPATIS; ESOPHAGOGASTRODUODENOSCOPY: DISTAL EROSIVE REFLUX DISEASE WITH SUSPECTED BARRETT'S ESOPHAGUS, HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY

AE Stopped Rx Day	167
Duration of AE	2 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #4: Serious Adverse Event

Event Description	HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY AND DISTAL EROSIVE REFLUX DISEASE
Preferred term	胃十二指腸出血
AE Onset Date / Rx Day	[redacted]20[redacted] / 166
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 166): Erythrocyte Sedimentation Rate: 3.7 [3.8 - 5.2] MM/H; NPTST121-CELLULAR HEMOGLOBIN: 33.3 [28 - 32] PG; NPTST321-MEAN CORPUSCULAR VOLUME: 101 [82 - 98] FL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 166): ABDOMINAL SONOGRAPHY: STEATOSIS HEPATIS; ESOPHAGOGASTRODUODENOSCOPY: DISTAL EROSIVE REFLUX DISEASE WITH SUSPECTED BARRETT'S ESOPHAGUS, HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY

AE Stopped Rx Day	167
Duration of AE	2 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #5: Serious Adverse Event

Event Description	HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY AND DISTAL EROSIVE REFLUX DISEASE
Preferred term	胃食道逆流性疾患
AE Onset Date / Rx Day	[redacted]20[redacted] / 166
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 166): Erythrocyte Sedimentation Rate: 3.7 [3.8 - 5.2] MM/H; NPTST121-CELLULAR HEMOGLOBIN: 33.3 [28 - 32] PG; NPTST321-MEAN CORPUSCULAR VOLUME: 101 [82 - 98] FL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 166): ABDOMINAL SONOGRAPHY: STEATOSIS HEPATIS; ESOPHAGOGASTRODUODENOSCOPY: DISTAL EROSIVE REFLUX DISEASE WITH SUSPECTED BARRETT'S ESOPHAGUS, HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY

AE Stopped Rx Day	167
Duration of AE	2 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，睡眠時無呼吸治療マスクによる接触性アレルギーの事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，元喫煙者（1 日 1 箱を 45 年間），乾癬性白癬，過角化，シプロフロキサシンによるアレルギー，人工蕁麻疹，乾癬性関節炎及びアジスロマイシンによるアレルギーであった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は睡眠時無呼吸治療マスクによる接触性アレルギーを発現した。20[redacted] 年 [redacted] 月 [redacted] 日，睡眠時無呼吸治療マスクによる接触性アレルギーは消失した。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。報告によれば，本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

本事象発現前，20[redacted] 年 [redacted] 月，被験者は顔面のアレルギー反応（非重篤）を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，睡眠時無呼吸治療マスクによる接触性アレルギーのため入院した（予定されていた入院）。来院時，被験者は腫脹を呈していた。睡眠時マスクを用いた誘発試験などの診断検査が行われ，マスクの不適合が明らかとなった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は良好な状態で退院した。

投与された薬剤は，ficortril as，fenistil，セレスタミン及び aerius であった。

The patient's past medications include:

BETAGALEN LOTION for PSORIASIS ([redacted])

KARISON CRINALE (SOLUTION) for PSORIASIS ([redacted])

PSORCUTAN BETA SALVE for PSORIASIS ([redacted])

CLOBETASOL 100(HEAD CREAM) for PSORIASIS ([redacted])

DYSHIDROSIS SALVE 60 for PSORIASIS ([redacted])

PREDNISOLON for PSORIASIS ([redacted])

HEAD SALVE V.P.100 for PSORIASIS ([redacted])

HEAD ECZEMA SOLUTION 100 for PSORIASIS ([redacted])

HEAD SALVE UP100 for PSORIASIS ([redacted])

MTX for PSORIATIC ARTHRITIS ([redacted])

PREDNISOLON for PSORIATIC ARTHRITIS and ALLERGIC REACTION ([redacted])

CETIRIZIN for ALLERGIC REACTION ([redacted])

Causality for UPADACITINIB (Blinded)

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1) Allergic contact dermatitis (10056265) (Dermatitis contact (10012442)) [v.22.1] [10056265]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

2) Sleep apnea (10040975) (Sleep apnoea syndrome (10040979)) [v.22.1] [10040975]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of CONTACT ALLERGY DUE TO SLEEP APNEA MASK

- Investigator: Allergic Reaction

- AbbVie: Event related to the treatment for pre-existing sleep apnea.

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はドイツの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，出血性びらん性胃十二指腸症及び遠位部びらん性逆流症の事象を発現した。

Event 3～5 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 1 箱を 45 年間），胃潰瘍（2 か所），乾癬性関節炎，高コレステロール血症，高トリグリセリド血症，軸性裂孔ヘルニア及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化され

た皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は出血性びらん性胃十二指腸症及び遠位部びらん性逆流症を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，出血性びらん性胃十二指腸症及び遠位部びらん性逆流症は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は腹痛，悪心，胸やけ及び酸逆流などの不明確な腸上部症状で入院した。診断のため臨床検査及び画像検査が行われ，被験者は，出血性びらん性胃十二指腸症及び遠位部びらん性逆流症（バレット食道の疑いあり）と診断された。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は退院した。

投与された薬剤は pantoprazole であった。

The patient's past medications include:

PANTOPRAZOLE for GASTRIC PROTECTION (20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

MTX for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

PREDNISOLON for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

MEAVERIN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

AZITHROMYCIN for UNKNOWN INDICATION

Causality for UPADACITINIB (Blinded)

---

1) Erosive gastroduodenitis (10067514) (Gastritis erosive (10017865)) [v.22.1] [10067514]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

2) Gastroduodenal hemorrhage (10053769) (Gastroduodenal haemorrhage (10053768)) [v.22.1] [10053769]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

3) Reflux esophagitis (10038262) (Gastrooesophageal reflux disease (10017885)) [v.22.1] [10038262]

Causality as per reporter (Drug/Vaccine): Reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Not Applicable

Alternative Etiology for UPADACITINIB (Blinded)

Event of HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY AND DISTAL EROSIVE REFLUX DISEASE

- Investigator: Not applicable

- AbbVie: Risk factors include pre-existing history of gastric ulcer and hiatal hernia and concomitant long term use of Xarelto (an oral novel anticoagulant).

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ERYTHROCYTE SEDIMENTATION RATE:** 3.7 PL (normal 3.8 to 5.2)

[redacted] **20[redacted] ABDOMINAL SONOGRAPHY:** STEATOSIS HEPATIS

[redacted] **20[redacted] CELLULAR HEMOGLOBIN:** 33.3 PG (normal 28 to 32)

[redacted] **20[redacted] ESOPHAGOGASTRODUODENOSCOPY:** DISTAL EROSIVE REFLUX DISEASE WITH SUSPECTED BARRETT'S ESOPHAGUS, HAEMORRHAGIC EROSIVE GASTRODUODENOPATHY

[redacted] **20[redacted] MEAN CORPUSCULAR VOLUME:** 101 FL (normal 82 to 98)

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
血管浮腫	X			

Treatment Group	Age at Study Start	Sex	Race
Placebo to UPA 15 mg QD	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: PSORIASIS	19[redacted]
PSORIATIC ARTHRITIS	19
OTHER: GENERAL PLAQUE PSORIASIS	19
OTHER: MENOPAUSE	20
DRUG ALLERGIES/REACTIONS: DRUG ALLERGY ON LEPHNO(LEPHLUNOMID)	20
OTHER: CHRONIC BRONCHITIS	20
DRUG ALLERGIES/REACTIONS: DRUG ALLERGY ON DICLOFENAC AND LAEVOMYCETIN	20
OTHER: GASTRIC ULCER	20
CHOLECYSTITIS: CHRONIC CHOLECYSTITIS	20
OTHER: CRYSTALLURIA	20
PANCREATITIS: CHRONIC PANCREATITIS	20
DRUG ALLERGIES/REACTIONS: DRUG ALLERGY ON METHOTREXAT	20
EYE DISEASE/DISORDER: PHACOSCLEROSIS	20
HYPERTENSION: HYPERTENSION II	20
OTHER: DISCIRCULATORY ENCEPHALOPATHY IN VERTEBRAL-BASILAR AREA	20
DEGENERATIVE DISC DISEASE: OSTEOCHONDROSIS OF SACROLUMBAR SPINE	20
DEGENERATIVE DISC DISEASE: OSTEOCHONDROSIS OF THORACIC SPINE	20
DRUG ALLERGIES/REACTIONS: DRUG ALLERGY ON VITAMIN B GROUP	20
CONGESTIVE HEART FAILURE: HEART FAILURE	20
OTHER: BILATERAL SACROILIITIS	20
DRUG ALLERGIES/REACTIONS: DRUG ALLERGY ON SULFASALAZINE	20
OTHER: NODULAR GOITER	20
PEPTIC ULCER DISEASE: PEPTIC ULCER	20
OTHER: VARICOSE VEIN DISEASE OF LOWER EXTREMITIES	20
OTHER: ANAL POLYP	20
OTHER: HAEMORRHOID	20
OTHER: LEFT OVARIAN CYST ACCORDING ULTRASOUND INVESTIGATION	20
CORONARY ARTERY DISEASE	20
OTHER: DIFFUSE CARDIOSCLEROSIS	20
OTHER: BOTH OVARIAN CYST ACCORDING ULTRASOUND INVESTIGATION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: RIGHT-SIDE HERNIA EXCISION	20[redacted]
SURGERY: RIGHT SIDE VENECTOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
PLACEBO		ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 168	168
ABT-494	15 MG	ORAL	QD	[redacted]20[redacted] / 169		

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 19[redacted]
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted]
METHOTREXATE	10 mg	EVERY WEEK	Y-M: 20[redacted]
SULFASALAZINE	1 g	BID	Y-M: 20[redacted]
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]
MELOXICAM	15 mg	PRN	Y-M: 20[redacted] / -351
SIMVASTATIN	20 mg	QD	Y-M: 20[redacted] / -241
CLOPIDOGREL	75 mg	QD	Y-M: 20[redacted] / -240
LOSARTAN	50 mg	QD	Y-M: 20[redacted] / -148
GLUTARGIN	1 OTHER: TABLET	BID	Y-M: 20[redacted] / -28

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
MELOXICAM	15 mg	PRN	Y-M: 20[redacted] / -351	NOT REPORTED
SIMVASTATIN	20 mg	QD	Y-M: 20[redacted] / -241	NOT REPORTED
CLOPIDOGREL	75 mg	QD	Y-M: 20[redacted] / -240	NOT REPORTED
LOSARTAN	50 mg	QD	Y-M: 20[redacted] / -148	NOT REPORTED
HEXETIDINE	15 mL	BID	Y-M: 20[redacted] / 63	NOT REPORTED

PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 120	NOT REPORTED
CLOTRIMAZOLE	500 mg	QD	Y-M: 20[redacted] / 178	Y-M: 20[redacted] / 178
DEXAMETHASONE	8 mg	QD	Y-M: 20[redacted] / 179	Y-M: 20[redacted] / 179
CALCIUM CHLORIDE	5 mL	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
CHLOROPYRAMINE	1 mL	BID	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
DEXAMETHASONE	8 mg	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
FUROSEMIDE	2 mL	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
HEPARIN	5000 IU	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
INOSINE	5 mL	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
POLYMETHYLSILOXANE	1 OTHER: CAPSULE	BID	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
REOSORBILACT	400 mL	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
SODIUM THIOSULFATE	5 mL	QD	Y-M: 20[redacted] / 180	Y-M: 20[redacted] / 182
METRONIDAZOLE	100 mL	QD	Y-M: 20[redacted] / 181	Y-M: 20[redacted] / 181

Event #1: Serious Adverse Event

Event Description	QUINKE'S EDEMA
Preferred term	血管浮腫
AE Onset Date / Rx Day	[redacted]20[redacted] / 179
Age at AE Onset	61

Laboratory Testing

[redacted]20[redacted] (RX DAY -3107): Hemoglobin: 155 [NOT REPORTED - NOT REPORTED] g/L; [redacted]20[redacted] (RX DAY 181): Eosinophils/Leukocytes: 1 [1 - 4] %; Erythrocyte Sedimentation Rate: 4 [0 - 30] MM/H; Erythrocytes: 0 [NOT REPORTED - NOT REPORTED] NO UNIT; Erythrocytes: 4.6 [3.8 - 5.3] 10^12/L; Glucose: 4.8 [4.6 - 6.4] MMOL/L; Leukocytes: 2-3 [NOT REPORTED - NOT REPORTED] NO UNIT; Lymphocytes/Leukocytes: 30 [20 - 44] %; Monocytes/Leukocytes: 5 [2 - 9] %; NPTST030-AMOUNT OF URINE: 60 [NOT REPORTED - NOT REPORTED] mL; NPTST188-EPITHELIAL CELLS IN URINE: INSIGNIFICANT [NOT REPORTED - NOT REPORTED] NO UNIT; NPTST429-SEGMENTED NEUTROPHILS: 61 [NOT REPORTED - NOT REPORTED] %; NPTST490-URINE COLOR: LIGHTYELLOW [NOT REPORTED - NOT REPORTED] COLOR; NPTST494-URINE SALTS: URATES [NOT REPORTED - NOT REPORTED] NO UNIT; NPTST495-URINE TRANSPARENCY: TRANSPARENT [NOT REPORTED - NOT REPORTED] NO UNIT; Neutrophils Band Form/Leukocytes: 3 [2 - 6] %; Specific Gravity: 1011 [NOT REPORTED - NOT REPORTED] NO UNIT; pH: ACIDIC [NOT REPORTED - NOT REPORTED] PH

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 179): ECG: SINUS RHYTHM, REGULAR, HEART RATE 91 BEATS PER MIN. THE ELECTRONIC AXIS OF THE HEART IN A NORMAL POSITION

AE Stopped Rx Day	182
Duration of AE	4 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ALLERGIC REACTION BECAUSE OF MEDICATION KLOFAN(CLOTRIMAZOL)
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 6[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，クインケ浮腫の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，乾癬，乾癬性関節炎，全身局面型乾癬，lephno（lephlunomid）に対する薬物アレルギー，ジクロフェナク及び laevomycetin に対する薬物アレルギー，慢性胆嚢炎，慢性膵炎，メトトレキサートに対する薬物アレルギー，ビタミン B 群に対する薬物アレルギー，sulfasalazine に対する薬物アレルギー，冠動脈疾患，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はクインケ浮腫を発現した。20[redacted] 年 [redacted] 月 [redacted] 日，クインケ浮腫は消失した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は予定どおり婦人科医を受診し，klofan（クロトリマゾール）による泌尿生殖器感染治療のため入院した。この薬剤の使用後，呼吸困難及び顔面腫脹が出現した。被験者は直ちに救急車を呼び，入院した。救急隊員の診断はアナフィラキシーショックであった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は，アレルギー反応の症状もなく，問題ない状態で退院した。

被験者は過去に複数の薬物アレルギーを起こしていたが，食物アレルギーやスズメバチアレルギーはなかった。被験者は過去に本事象を発現していなかった。治験責任医師によると，危険因子は薬物アレルギーであった。

投与された薬剤は，natrii thiosulfas，riboxine，ラシックス，塩化カルシウム，cetrine，enterosgel，suprastin，デキサメタゾン及び reosorbilact であった。

The patient's past medications include:

METOTREXAT for PSORIATIC ARTHRITIS (19[redacted] - 19[redacted], 20[redacted] - 20[redacted])

LEFLUNOMID for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

SULFASALASIN for PSORIATIC ARTHRITIS ([redacted] 20[redacted] - [redacted] 20[redacted])

GLUTARGIN for PSORIASIS ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Quincke's edema (10037734) (Angioedema (10002424)) [v.22.1] [10037734]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for UPADACITINIB (Blinded)

Event of QUINCKE'S EDEMA

- Investigator: Allergic reaction because of medication Klofan (Clotrimazol).

- AbbVie: Event is more likely related to newly started medication Klofan as per PI.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **AMOUNT OF URINE:** 60 ML

[redacted] 20[redacted] **BANDS %:** 3 %

[redacted] 20[redacted] **ECG:** Sinus rhythm, regular, heart rate 91 beats per min. The electronic axis of the heart in a normal position.

[redacted] 20[redacted] **EOSINOPHILS %:** 1 %

[redacted] 20[redacted] **EPITHELIAL CELLS IN URINE:** Insignificant

[redacted] 20[redacted] **ERYTHROCYTE SEDIMENTATION RATE:** 4 MM/HR

[redacted] **20[redacted] GLUCOSE:** 4.8 MMOL/L

[redacted] **20[redacted] HEMOGLOBIN:** 155 G/L

[redacted] **20[redacted] LYMPHOCYTES %:** 30 %

[redacted] **20[redacted] MONOCYTES %:** 5 %

[redacted] **20[redacted] RED BLOOD CELLS:** 4.6 X10**12/L

[redacted] **20[redacted] RED BLOOD CELLS URINE:** 0

[redacted] **20[redacted] SEGMENTED NEUTROPHILS:** 61 %

[redacted] **20[redacted] URINE COLOR:** Light yellow

[redacted] **20[redacted] URINE PH:** Acidic

[redacted] **20[redacted] URINE SALTS:** Urates

[redacted] **20[redacted] URINE SPECIFIC GRAVITY:** 1011 no units

[redacted] **20[redacted] URINE TRANSPARENCY:** Transparent

[redacted] **20[redacted] WHITE BLOOD CELLS URINE:** 2-3

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
遠隔転移を伴う結腸癌	X	X		X

Treatment Group	Age at Study Start	Sex	Race
ADA 40 mg EOW	7[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: MENOPAUSE	20[redacted]
CORONARY ARTERY DISEASE	20[redacted]
HYPERTENSION	20[redacted]
OSTEOARTHRITIS: POLYOSTEOARTHRITIS OF HANDS	20[redacted]
OTHER: ATHEROSCLEROTIC CARDIOSCLEROSIS	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
OTHER: CHRONIC CEREBROVASCULAR INSUFFICIENCY	20[redacted]
OTHER: HEART FAILURE II	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
EYE DISEASE/DISORDER: CATARACT	20[redacted]
EYE DISEASE/DISORDER: RETINAL ANGIOPATHY	20[redacted]
OTHER: NODULAR GOITER	20[redacted]
CHOLECYSTITIS: CHRONIC CHOLECYSTITIS	20[redacted]
PANCREATITIS: CHRONIC PANCREATITIS	20[redacted]
OTHER: GALLSTONE DISEASE	20[redacted]
OTHER: UMBILICAL HERNIA	20[redacted]
OTHER: OSTEOCHONDROSIS OF THORACIC SPINE	20[redacted]
KIDNEY DISORDER: RIGHT KIDNEY CYST(ACCORDING ULTRASOUND INVESTIGATION)	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE	20[redacted]
OTHER: AUTOIMMUNE THYROIDITIS	20[redacted]
OTHER: CHRONIC EROSIVE GASTRODUODENITIS	20[redacted]
OTHER: CHRONIC LARYNGITIS	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ADA	40MG	SC	EOW	[redacted]20[redacted] / 1	[redacted]20[redacted] / 13	13

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
LEFLUNOMIDE	20 mg	QD	Y-M: 20[redacted]
LEFLUNOMIDE	10 mg	QD	Y-M: 20[redacted]
VASERETIC	10 mg	QD	Y-M: 20[redacted]
MELOXICAM	15 mg	PRN	Y-M: 20[redacted]
LEFLUNOMIDE	10 mg	OTHER: EVERY OTHER DAY	Y-M: 20[redacted]

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
VASERETIC	10 mg	QD	Y-M: 20[redacted]	ONGOING
MELOXICAM	15 mg	PRN	Y-M: 20[redacted]	ONGOING
LEFLUNOMIDE	10 mg	OTHER: EVERY OTHER DAY	Y-M: 20[redacted]	ONGOING
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 15	ONGOING
CEFTRIAXONE	1 g	BID	Y-M: 20[redacted] / 15	Y-M: 20[redacted] / 21
DEXKETOPROFEN	1 OTHER: AMPULE	BID	Y-M: 20[redacted] / 15	Y-M: 20[redacted] / 21
LACTULOSE	20 mL	BID	Y-M: 20[redacted] / 22	Y-M: 20[redacted] / 45
CAPECITABINE	3 g	QD	Y-M: 20[redacted] / 45	ONGOING

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Possible Malignancy, Event of Interest - Malignancy, Event of Interest - Malignancy excluding NMSC

Event Description CECUM CANCER WITH METASTASIS IN RIGHT HEPATIC LOBE.
Preferred term 遠隔転移を伴う結腸癌
AE Onset Date / Rx Day [redacted]20[redacted] / 6 (5 DAYS AFTER LAST TREATMENT)
Age at AE Onset 7[redacted]
Laboratory Testing
[redacted]20[redacted] (RX DAY 14): Erythrocytes: 3.9 [3.8 - 5.2] 10^12/L; Hemoglobin: 106 [117 - 161] G/L; Leukocytes: 8.7 [4.5 - 11] 10^9/L; Leukocytes: 0-1 [NOT REPORTED - NOT REPORTED] PER VISION FIELD; NPTST133-COAGULOGRAM: 1.2 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST133-

COAGULOGRAM: 83 [NOT REPORTED - NOT REPORTED] %; NPTST133-COAGULOGRAM: 5.59 [NOT REPORTED - NOT REPORTED] g/L; NPTST133-COAGULOGRAM: 13.8 [NOT REPORTED - NOT REPORTED] sec; NPTST359-OXALATE: ELEMENT [NOT REPORTED - NOT REPORTED] PER VISION FIELD; NPTST367-PAVEMENT EPITHELIUM: 1 [NOT REPORTED - NOT REPORTED] PER VISION FIELD; Platelets: 314 [150 - 400] 10^9/L; Specific Gravity: 1017 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; pH: 5.0 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; [redacted]20[redacted] (RX DAY 21): Alanine Aminotransferase: 13.8 [NOT REPORTED - NOT REPORTED] U/L; Bilirubin: 13 [3 - 19] UMOL/L; Creatinine: 98 [53 - 106] UMOL/L; Glucose: 5.3 [4.6 - 6.4] MMOL/L; NPTST485-UREA: 5.21 [NOT REPORTED - NOT REPORTED] mmol/L; [redacted]20[redacted] (RX DAY 24): Protein: 68 [62 - 81] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 6): COLONOSCOPY: DOLICHOSIGMOID, DIVERTICULUM OF INTESTINAL TRACT SIGMOID; ESOPHAGOGASTRODUODENOSCOPY: GASTRIC POLYP; ULTRASOUND INVESTIGATION OF ILEA AREA: CECUM TUMOR; [redacted]20[redacted] (RX DAY 7): CHEST CT: NO PATHOLOGICAL FINDINGS; CT OF ABDOMEN: CECUM CANCER WITH METASTASIS IN RIGHT HEPATIC LOBE, RIGHT HEPATIC LOBE CYST; SMALL PELVIS CT: NO PATHOLOGICAL FINDINGS; [redacted]20[redacted] (RX DAY 14): ECG: LEFT ANTERIOR HEMIBLOCK; ULTRASOUND INVESTIGATION OF ABDOMINAL CAVITY ORGANS: CHRONIC CALCULOUS CHOLECYSTITIS(SEE MH), LIVER METASTASIS; ULTRASOUND INVESTIGATION OF KIDNEY: NO NEW CHANGES; [redacted]20[redacted] (RX DAY 15): SURGERY: LAPAROSCOPIC RIGHT SIDE HEMICOLECTOMY, PLASTIC REPAIR OF UMBILICAL HERNIA; THE PATOHISTOLOGY WAS PERFORMED ON [redacted] 20[redacted] OF CECUM TUMOR: MODERATELY DIFFERENTIATED ADENOCARCINOMA TYPE G2

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PATIENT DOES NOT HAVE ANY NEW SYMPTOMS, RISK FACTORS ARE ABSENT, PATIENT THOUGHT THAT IT REFERS TO GALLSTONE DISEASE. THE CAUSE OF CECUM CANCER IS UNKNOWN.
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 7[redacted] 歳女性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，右肝葉転移を伴う盲腸癌の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，高血圧，乾癬性関節炎，慢性胆嚢炎，慢性膵炎，慢性びらん性胃十二指腸炎，胃食道逆流性疾患，非喫煙者及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は右肝葉転移を伴う盲腸癌を発現した。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は腹痛のため外来診療科を受診した。超音波検査が行われ，被験者は盲腸腫瘍と診断された。20[redacted] 年 [redacted] 月 [redacted] 日，確定診断のためさらなる評価が行われた。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者は盲腸癌切除術のため入院した。診断のための臨床検査が行われたが，臨床的に問題となる変化は見られなかった。20[redacted] 年 [redacted] 月 [redacted] 日，腹腔鏡下右側半結腸切除術及び臍ヘルニア形成修復術が行われた。合併症は見られなかった。同日，病理組織診断が行われ，結果は中分化型腺癌であった。この腫瘍の病期分類は T3N2M1 であった。被験者の状態は改善し，被験者は 20[redacted] 年 [redacted] 月 [redacted] 日に退院した。本事象により治験薬の投与が完全に中止された。

投与された薬剤は，nolpaza，dufalac，dexalgin，ゼローダ（カペシタビン）及びセフトリアキソンであった。

Causality for UPADACITINIB (Blinded)

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1) Colon cancer metastatic (10055114) (Colon cancer metastatic (10055114)) [v.22.0] [10055114]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of CECUM CANCER WITH METASTASIS IN RIGHT HEPATIC LOBE

- Investigator: Unknown causes (patient does not have any new symptoms, risk factors are absent, patient thought that it refers to gallstone disease). The cause of cecum cancer is unknown.

- AbbVie: Weak temporal association with less than a week of study drug exposure prior to diagnosis of reported malignancy

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** Cecum tumor

[redacted] **20[redacted] ALANINE AMINO TRANSFERASE:** 13.8 U/L

[redacted] **20[redacted] BLOOD UREA:** 5.21 MMOL/L

[redacted] **20[redacted] COAGULOGRAM:** 13.8 SEC

[redacted] **20[redacted] COLONOSCOPY:** DOLICHOSIGMOID, DIVERTICULUM OF INTESTINAL TRACT SIGMOID

[redacted] **20[redacted] CT CHEST:** NO PATHOLOGICAL FINDINGS

[redacted] **20[redacted] CT OF ABDOMEN:** CECUM CANCER WITH METASTASIS IN RIGHT HEPATIC LOBE, RIGHT HEPATIC LOBE CYST

[redacted] **20[redacted] CT SMALL PELVIS:** NO PATHOLOGICAL FINDINGS

[redacted] **20[redacted] ECG:** LEFT ANTERIOR HEMIBLOCK

[redacted] **20[redacted] ESOPHAGOGASTRODUODENOSCOPY:** GASTRIC POLYP

[redacted] **20[redacted] GENERAL BILIRUBIN:** 12.8 umol/L

[redacted] **20[redacted] HEMOGLOBIN:** 106 G/L

[redacted] **20[redacted] PATHOHISTOLOGY:** Moderately differentiated adenocarcinoma type G2

[redacted] **20[redacted] PLATELET:** 314 X10**9/L

[redacted] **20[redacted] PROTEIN:** 68.0 G/L

[redacted] **20[redacted] RED BLOOD CELLS:** 3.92 X10**12/L

[redacted] **20[redacted] ULTRASOUND:** investigation of ilea area. chronic calculous cholecystitis (see medical history) , liver metastasis

[redacted] **20[redacted] ULTRASOUND INVESTIGATION OF ABDOMINAL CAVITY ORGANS:**CHRONIC CALCULOUS CHOLECYSTITIS(SEE MH), HEPAR METASTASIS

[redacted] **20[redacted] ULTRASOUND INVESTIGATION OF ABDOMINAL CAVITY ORGANS AND KIDNEY:** CHRONIC CALCULOUS CHOLECYSTITIS

[redacted] **20[redacted] ULTRASOUND INVESTIGATION OF KIDNEY:** NO NEW CHANGES

[redacted] **20[redacted] URINE OXALATE:** element per vision field

[redacted] **20[redacted] URINE PH:** 5.0 no units

[redacted] **20[redacted] URINE SPECIFIC GRAVITY:** 1017 no units

[redacted] **20[redacted] URINE WBC:** 0-1 per vision field

[redacted] **20[redacted] WHITE BLOOD CELLS:** 8.7 X10**9/L

被験者番号 [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
肺腺癌	X	X		X

Treatment Group	Age at Study Start	Sex	Race
UPA 30 mg QD	4[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: CHRONIC ETHMOIDITIS	19[redacted]
OTHER: CHRONIC SINUSITIS	19[redacted]
PEPTIC ULCER DISEASE: NO ACTIVE	20[redacted]
HYPERTENSION	20[redacted]
OTHER: PLAQUE PSORIASIS	20[redacted]
PSORIATIC ARTHRITIS	20[redacted]
ANEMIA: ACTIVE, AUTOIMMUNE ORIGIN	20[redacted]

Prior Procedures	Procedure Year
Not reported.	

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	1 PACK	14	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
ABT-494	30 MG	ORAL	QD	[redacted]20[redacted] / 1	[redacted]20[redacted] / 159	159

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]
PARACETAMOL	500 mg	QD	Y-M: 20[redacted]

FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -281
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -281

Other Medications - Medications taken within 30 days prior to each narrative event until AE stopped or end of study

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / RX Day	Stop Year-Month / RX Day
BISOPROLOL	5 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 181
PARACETAMOL	500 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	5 mg	EVERY WEEK	Y-M: 20[redacted] / -281	Y-M: 20[redacted] / 181
METHOTREXATE	15 mg	EVERY WEEK	Y-M: 20[redacted] / -281	Y-M: 20[redacted] / 181
IRON	1 OTHER: TABLET	BID	Y-M: 20[redacted] / 61	ONGOING
IRON	1200 mg	OTHER: TAKES EVERY OTHER DAY	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 158

Event #1: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Event of Interest - Possible Malignancy, Event of Interest - Malignancy, Event of Interest - Malignancy excluding NMSC

Event Description	ADENOCARCINOMA G-3 BRONCHUS
Preferred term	肺腺癌
AE Onset Date / Rx Day	[redacted]20[redacted] / 160 (1 DAY AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (RX DAY 159): Hemoglobin: 93 [130 - 160] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (RX DAY 162): ECG: NORMAL WITH MINOR CHANGES IN MYOCARDIUM. PARTIAL RIGHT BUNDLE BRANCH BLOCK; SPIROMETRY: SLIGHT IRREGULAR BREATH; [redacted]20[redacted] (RX DAY 163): FIBROGASTRODUODENOSCOPY: ERYTHEMATOUS GASTRODUODENOPATHY; [redacted]20[redacted] (RX DAY 166): BRONCHOSCOPY: SEGMENT OF THE RIGHT BRONCHUS (ELEMENTS OF LOW-GRADE ADENOCARCINOMA ARE PRESENT IN BRONCHOSCOPY MATERIAL).; [redacted]20[redacted] (RX DAY 167): CYTOLOGY: ELEMENTS OF SQUAMOUS CELL CARCINOMA; [redacted]20[redacted] (RX DAY 168): HISTOLOGY: ELEMENTS OF LOW-DIFFERENTIATED CARCINOMA; [redacted]20[redacted] (RX DAY 176): PATHOLOGICAL EXAMINATION: ADENOCARCINOMA G-3 BRONCHUS

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	SMOKER
Discontinued Study Drug Due to the Event	YES
SAE Criteria	OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M15-572

治験責任医師からの報告。本被験者はウクライナの 4[redacted] 歳男性であり，ABT-494（ウパダシチニブ）の治験で盲検化された治験薬が投与され，グレード 3 の気管支腺癌の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，慢性篩骨洞炎，慢性副鼻腔炎，元喫煙者（1 日 1 箱を 14 年間），高血圧，局面型乾癬，乾癬性関節炎，活動性自己免疫疾患による貧血及び非飲酒者であった。

本治験において，被験者は，盲検性維持のため，盲検化された経口製剤の連日投与と盲検化された皮下注製剤の 2 週ごとの投与を受ける予定である。本事象発現前において，盲検化された皮下注製剤の最終投与は 20[redacted] 年 [redacted] 月 [redacted] 日であった。

20[redacted] 年 [redacted] 月 [redacted] 日，被験者はグレード 3 の気管支腺癌を発現した。

本事象発現前の 20[redacted] 年 [redacted] 月，被験者はグレード 2 の鉄欠乏性貧血（非重篤）と診断された。

全身脱力が出現した。鉄分サプリメントによる貧血治療の効果は認められなかった。20[redacted] 年 [redacted] 月 [redacted] 日，肺 CT スキャン検査で中心型右肺癌が明らかとなった。本事象の臨床経過において，腫瘍科医，胸部外科医及び血液専門医による診察が行われた。本事象により治験薬の投与が完全に中止された。

The patient's past medications include:

VENOFER for IRON-DEFICIENCY ANEMIA ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for UPADACITINIB (Blinded)

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1) Adenocarcinoma lung (10001160) (Lung adenocarcinoma (10025031)) [v.22.1] [10001160]

Causality as per reporter (Drug/Vaccine): No reasonable possibility

Causality as per Mfr. (Drug/Vaccine): No reasonable possibility

Dechallenge: No

Alternative Etiology for UPADACITINIB (Blinded)

Event of ADENOCARCINOMA G-3 BRONCHUS

- Investigator: Smoker

- AbbVie: Weak temporal association, with only 5 months of study drug exposure prior to onset of the event. Additional risk factor includes subject's prior smoking history.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BRONCHOSCOPY:** SEGMENT OF THE RIGHT BRONCHUS

[redacted] **20[redacted] CHEST X-RAY, SCREENING:** normal

[redacted] **20[redacted] CT WITH CONTRAST CHEST:** Central cancer of the right lung.

[redacted] **20[redacted] CYTOLOGY:** ELEMENTS OF SQUAMOUS CELL CARCINOMA

[redacted] **20[redacted] ECG:** NORMAL WITH MINOR CHANGES IN MYOCARDIUM. PARTIAL RIGHT BUNDLE BRANCH BLOCK.

[redacted] **20[redacted] FIBROGASTRODUODENOSCOPY:** ERYTHEMATOUS GASTRODUODENOPATHY

[redacted] **20[redacted] HEMOGLOBIN:** 93 G/L (normal 130 to 160)

[redacted] **20[redacted] HISTOLOGY:** ELEMENTS OF LOW-DIFFERENTIATED CARCINOMA

[redacted] **20[redacted] PATHOLOGY:** ADENOCARCINOMA G-3 BRONCHUS