Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL SERIES 2 VIEW WITH PA CHEST:** CHEST CLEAR. MILD FECAL LOADING NOTED IN THE LARGE BOWEL. FEW SMALL AIR-FLUID LEVELS ARE SEEN IN THE RIGHT LOWER QUADRANT. NO OBVIOUS BOWEL LOOP DILATION NOTED.MULTIPLE METALLIC CLIPS IN THE RIGHT UPPER QUADRANT INDICATE PRIOR CHOLECYSTECTOMY. NO SUSPICIOUS INTRA-ABDOMINAL CALCIFICATIONS OR FREE AIR UNDER THE DIAPHRAGM NOTED. REGIONAL OSSEOUS STRUCTURES SHOW NO AGGRESSIVE LESIONS

[redacted] 20[redacted] BODY WEIGHT: (Screening) 8[redacted] KG

[redacted] **20[redacted] CT ABDOMEN AND PELVIS:** POST SURGICAL CHANGES OF RECENT LAPROSCOPIC ILEOCOLIC RESCETION. NO ABSTRUCTING RENAL, URETERIC OR BLADDER CALCULUS. THERE IS A NONOBSTRUCTING 0.4CM LEFT LOWER POLE CALCULUS WHICH IS UNCHANGED FROM PRIOR EXAM. NO HYDROURETERONEPHROSIS OR PERINEPHRIC STRANDING. NO SPECIFIC ETIOLOGY FOR THE PATIENTS FLANK PAIN/ VOIDING DYSFUNCTIONS IDENTIFIED.

[redacted] **20[redacted] CT ABDOMEN AND PELVIS AUGMENTED:** CHANGES OF TERMINAL ILEITIS WITH STRICTURING INVOLVING A LENGTH OF APPROXIMATELY 6CM. THERE IS RESULTANT SMALL BOWEL OBSTRUCTION SEEN IN THE ILEAL LOOPS AS DESCRIBED ABOVE

Subject [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
クローン病	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV / P2:RZB 360 mg SC	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: NAUSEA	19[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: ABDOMINAL PAIN	20[redacted]
OTHER: HEARTBURN	20[redacted]
OTHER: JOINT PAIN	20[redacted]
OTHER: WHIPLASH	20[redacted]
OTHER: ENDOMETRIOSIS	20[redacted]
OTHER: ECZEMA - GENITAL AREA	20[redacted]
OTHER: URINARY INCONTINENCE	20[redacted]
OTHER: INSOMNIA	20[redacted]
OTHER: PIMPLE TO EYE	20[redacted]

Prior Procedures	Procedure Year
SURGERY: PERCUTANEOUS NEPHROLITHOTOMY - KIDNEY STONES	20[redacted]
SURGERY: PERCUTANEOUS NEPHROLITHOTOMY- KIDNEY STONES	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 55	55
Risankizumab	360 mg	SC	Every 8 Weeks	[redacted]20[redacted] / 83	[redacted]20[redacted] / 139	57

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
PREDNISONE	Not reported.	Not reported.	Y-M: 20[redacted]
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
PARACETAMOL	1 OTHER: PILL	PRN	Y-M: 20[redacted]
MICONAZOLE	UNK %	PRN	Y-M: 20[redacted]
DIENOGEST	2 mg	QD	Y-M: 20[redacted]
BUDESONIDE	Not reported.	Not reported.	Y-M: 20[redacted]
COLYTE	4 L	OTHER: ONCE	Y-M: 20[redacted]
PROPOFOL	300 mg	OTHER: ONCE	Y-M: 20[redacted]
COLYTE	4 L	OTHER: ONCE	Y-M: 20[redacted]
PROPOFOL	280 mg	OTHER: ONCE	Y-M: 20[redacted]
GLYCEROL	1 OTHER: SUPPOSITORY	PRN	Y-M: 20[redacted]
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]
ADALIMUMAB	Not reported.	Not reported.	Y-M: 20[redacted]
ONDANSETRON	8 mg	PRN	Y-M: 20[redacted] / -246
DEXLANSOPRAZOLE	60 mg	QD	Y-M: 20[redacted] / -219
MACROGOL 3350	1 OTHER: SACHET	PRN	Y-M: 20[redacted] / -205
MELATONIN	1 OTHER: TAB	PRN	Y-M: 20[redacted] / -80
COLYTE	4 L	OTHER: ONCE	Y-M: 20[redacted] / -31
PROPOFOL	230 mg	OTHER: ONCE	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
PARACETAMOL	1 OTHER: PILL	PRN	Y-M: 20[redacted]	ONGOING
MICONAZOLE	UNK %	PRN	Y-M: 20[redacted]	ONGOING
DIENOGEST	2 mg	QD	Y-M: 20[redacted]	ONGOING
ONDANSETRON	8 mg	PRN	Y-M: 20[redacted] / -246	ONGOING
DEXLANSOPRAZOLE	60 mg	QD	Y-M: 20[redacted] / -219	Y-M: 20[redacted] / 55
MACROGOL 3350	1 OTHER: SACHET	PRN	Y-M: 20[redacted] / -205	Y-M: 20[redacted] / 143
MELATONIN	1 OTHER: TAB	PRN	Y-M: 20[redacted] / -80	ONGOING
COLESTIPOL	1 g	QD	Y-M: 20[redacted] / 7	ONGOING

DIMENHYDRINATE	25-50 mg	PRN	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 11
MORPHINE	2-5 mg	PRN	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 11
OMEPRAZOLE	20 mg	BID	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 11
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 11
PARACETAMOL W/TRAMADOL	37.5/325 (1-2) OTHER: TABS	PRN	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 11
ARNICA MONTANA	1 OTHER: DOSE	PRN	Y-M: 20[redacted] / 48	ONGOING
DILTIAZEM	1 OTHER: DOSE	BID	Y-M: 20[redacted] / 55	ONGOING
LANSOPRAZOLE	30 mg	BID	Y-M: 20[redacted] / 55	ONGOING
COLYTE	4 L	OTHER: ONCE	Y-M: 20[redacted] / 77	Y-M: 20[redacted] / 78
PROPOFOL	300 mg	OTHER: ONCE	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
HYOSCINE	20 mg	QD	Y-M: 20[redacted] / 83	Y-M: 20[redacted] / 95
PINAVERIUM	50 mg	TID	Y-M: 20[redacted] / 95	ONGOING

Event #1: Serious Adverse Event

Event Description	WORSENING CROHN'S
Preferred term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 7
Age at AE Onset	3[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -19): CT ABDOMEN/ PELVIS WITH CONTRAST: THERE ARE DILATED LOOPS OF JEJUNUM IN THE LEFT UPPER QUADRANT MEASURING UP TO APPROXIMATELY 3.5 CM IN DIAMETER. ACCOUNTING FOR THE CONVENTIONAL, NON-ENTEROGRAPHIC TECHNIQUE, THERE MAY BE SOME MURAL THICKENING OF THESE LOOPS RAISING THE POSSIBILITY OF A CROHN'S FLARE AT THIS LEVEL. THERE IS A RELATIVELY ABRUPT CHANGE IN CALIBER OF THE SMALL BOWEL LOOPS IN LEFT UPPER QUADRANT. OVERALL, GENERAL SURGICAL CONSULTATION IS RECOMMENDED.; US ABDOMEN COMPLETE: INCREASED ECHOGENICITY OF THE LEFT UPPER QUADRANT FAT PLANES SUGGESTING A REGIONAL INFLAMMATORY PROCESS. THERE ARE SEVERAL LOOPS OF GAS-FILLED BOWEL IN THE REGION LIMITING ASSESSMENT. THE PATIENT REPORTS MAXIMUM TENDERNESS WHILE PALPATING THE LEFT UPPER QUADRANT. THE RECENT ABDOMINAL RADIOGRAPH SUGGESTED COLITIS AT THE SPLENIC FLECTURE. AN ABDOMINAL CT IS RECOMMENDED FOR FURTHER CHARACTERIZATION.

AE Stopped Rx Day	141 (2 DAYS AFTER LAST TREATMENT)
Duration of AE	135 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING CROHN'S
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

カナダの治験責任医師からの報告。本被験者は3[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，クローン病悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，悪心，クローン病，胸やけ，関節痛，子宮内膜症，湿疹（生殖器部），腸切除，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 7 日後，被験者はクローン病悪化を発現した。投与 141 日後，クローン病悪化は消失した。

投与 7 日後，被験者は左上腹部痛，持続する胸やけ，嘔吐及び下痢，並びに筋痙攣のため入院した。臨床検査及び診断検査が行われた。投与 11 日後，被験者は退院した。

関連するリスク因子としてクローン病及び被験者のクローン病悪化があった。

投与された薬剤は，ジルチアゼム，オメプラゾール，パントプラゾール，モルヒネ，Dicetel，ブスコパン，ジメンヒドリナート，トラマドール／アセトアミノフェン及び Colestid であった。

The patient’s past medications include:

PREDNISONE for CROHN'S DISEASE (20[redacted] - 20[redacted])

PENTASA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

ENTOCORT for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Crohn's aggravated (10011399) (Crohn's disease (10011401)) [v.23.0] [10011399]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of WORSENI CROHN'S

- Investigator: Worsening Crohn's.

- AbbVie: Event is more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** Increased echogenicity of the left upper quadrant fat planes suggesting a regional inflammatory process. There are several loops of gas-filled bowel in the region limiting assessment. The patient reports maximum tenderness while palpating the left upper quadrant. The recent abdominal radiograph suggested colitis at the splenic flecture. An abdominal ct is recommended for further characterization.

[redacted] **20[redacted] CT ABDOMEN/PELVIS, WITH CONTRAST:** There are dilated loops of jejunum in the left upper quadrant measuring up to approximately 3.5 cm in diameter. Accounting for the conventional, non-enterographic technique, there may be some mural thickening of these loops raising the possibility of a crohn's flare at this level. There is a relativelyabrupt change in caliber of the small bowel loops in left upper quadrant. Overall, general surgical consultation is recommended.

Subject [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
クローン病	X	X		
腸閉塞	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	3[redacted]	FEMALE	ASIAN

Medical History	Onset Year
DRUG ALLERGIES/REACTIONS: CIPROFLOXIN	19[redacted]
DRUG ALLERGIES/REACTIONS: DEMEROL	19[redacted]
DRUG ALLERGIES/REACTIONS: FLAGYL	19[redacted]
DRUG ALLERGIES/REACTIONS: LATEX	19[redacted]
EYE DISEASE/DISORDER: ASTIGMATISM BILATERALLY	19[redacted]
EYE DISEASE/DISORDER: NEAR SIGHTED	19[redacted]
OTHER: LT KNEE CAP FRACTURE (CHIP)	19[redacted]
ASTHMA: EXERCISE INDUCED ASTHMA	19[redacted]
ANEMIA: CHRONIC ANEMIA	19[redacted]
OTHER: POLYCYSTIC OVARIAN SYNDROME	19[redacted]
OTHER: MIGRAINES	19[redacted]
COGNITIVE OR PSYCHIATRIC DISORDER: GENERALIZED ANXIETY DISORDER	20[redacted]
DEPRESSION: DEPRESSION	20[redacted]
OTHER: JOINT PAIN	20[redacted]
OTHER: RT ARM TENDINITIS, TINOSYNOVITIS	20[redacted]
CROHN'S DISEASE	20[redacted]
PEPTIC ULCER DISEASE: UNKNOWN CAUSE	20[redacted]
OTHER: VAGINAL DELIVERY	20[redacted]
OTHER: VAGINAL DELIVERY	20[redacted]
OTHER: RENAL CALCULI	20[redacted]
OTHER: VAGINAL DELIVERY	20[redacted]
OTHER: ENDOMETREIOSIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: RT TIBIA BONE CYST REMOVED.	19[redacted]
SURGERY: RT WRIST GANGLION CYST REMOVAL, TENDON RELEASE	20[redacted]
SURGERY: RT ARM NERVE RELEASE	20[redacted]
SURGERY: RT WRIST GANGLION CYST REMOVAL	20[redacted]
SURGERY: TUBAL LIGATION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	13 CIGARETTE	11	20[redacted]
CHEWING TOBACCO	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		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 50	50

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BUPROPION	300 mg	QD	Y-M: 20[redacted]
FLUOXETINE	20 mg	QD	Y-M: 20[redacted]
BOTULINUM TOXIN TYPE A	200 OTHER: UNITS	OTHER: EVERY 3 MONTHS	Y-M: 20[redacted]
DIMENHYDRINATE	50 mg	PRN	Y-M: 20[redacted] / -97
PARACETAMOL	1000 mg	PRN	Y-M: 20[redacted] / -97
COLYTE	4 L	OTHER: ONCE	Y-M: 20[redacted] / -48
BUDESONIDE	6 mg	QD	Y-M: 20[redacted] / -47
LIDOCAINE	40 mg	OTHER: ONCE	Y-M: 20[redacted] / -47
PROPOFOL	180 mg	OTHER: ONCE	Y-M: 20[redacted] / -47
PANADEINE CO	1 TAB mg	QD	Y-M: 20[redacted] / -23
BUDESONIDE	3 mg	QD	Y-M: 20[redacted] / -13
FOLIC ACID	2 mg	QD	Y-M: 20[redacted] / -8
CLONAZEPAM	0.5 mg	QD	Y-M: 20[redacted] / -3

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
BUPROPION	300 mg	QD	Y-M: 20[redacted]	ONGOING
FLUOXETINE	20 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 205
BOTULINUM TOXIN TYPE A	200 OTHER: UNITS	OTHER: EVERY 3 MONTHS	Y-M: 20[redacted]	ONGOING

DIMENHYDRINATE	50 mg	PRN	Y-M: 20[redacted] / - 97	ONGOING
PARACETAMOL	1000 mg	PRN	Y-M: 20[redacted] / - 97	ONGOING
PANADEINE CO	1 TAB mg	QD	Y-M: 20[redacted] / - 23	ONGOING
BUDESONIDE	3 mg	QD	Y-M: 20[redacted] / - 13	Y-M: 20[redacted] / 21
FOLIC ACID	2 mg	QD	Y-M: 20[redacted] / - 8	ONGOING
CLONAZEPAM	0.5 mg	QD	Y-M: 20[redacted] / - 3	ONGOING
CYCLOBENZAPRINE	10 mg	PRN	Y-M: 20[redacted] / 8	ONGOING
ANTIINFLAMMATORY PREPARATIONS, NON-STEROIDS F	10%, 2% %	PRN	Y-M: 20[redacted] / 11	ONGOING
CEFAZOLIN	2 g	OTHER: ONCE	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 58
CLINDAMYCIN	600 mg	OTHER: ONCE	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 58
DEXAMETHASONE	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 58
HEPARIN	DOSE NOT PROVIDED ON SURGERY RECORD OTHER: UNITS	OTHER: ONCE	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 58
AMOXICILLIN W/CLAVULANATE POTASSIUM	875/125 mg	BID	Y-M: 20[redacted] / 70	Y-M: 20[redacted] / 72
CEFALEXIN	500 mg	QID	Y-M: 20[redacted] / 70	Y-M: 20[redacted] / 77
SACCHAROMYCES BOULARDII	1 OTHER: CAPSULE	BID	Y-M: 20[redacted] / 70	Y-M: 20[redacted] / 80
DIMENHYDRINATE	50 mg	PRN	Y-M: 20[redacted] / 76	Y-M: 20[redacted] / 78
METOCLOPRAMIDE	10 mg	PRN	Y-M: 20[redacted] / 76	Y-M: 20[redacted] / 78
MORPHINE	10 mg	PRN	Y-M: 20[redacted] / 76	Y-M: 20[redacted] / 78
ONDANSETRON	8 mg	PRN	Y-M: 20[redacted] / 76	Y-M: 20[redacted] / 78

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

Event Description	FLARE AND PROGRESSION OF CROHN'S DISEASE
Preferred term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 51 (1 DAY AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing
Not reported
Microbiology
Not reported
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 24): CT ABDOMEN AND PELVIS ENHANCED: DIFFUSE THICKENING OF THE TERMINAL ILEUM IS AGAIN SEEN WITH MUCOSAL HYPERENHANCEMENT SUGGESTIVE OF ACTIVE ILEITIS. THERE ARE 2 HIGH-GRADE STRICTURES IN THE DISTAL ILEUM CAUSING COMPLETE OBSTRUCTION AND DILATION OF THE 13 CM INTERVENING SEGMENT OF BOWEL LOOP. FINDINGS ARE IN KEEPING WITH FIBROSTENOTIC DISEASE. THE DILATED LOOP OF BOWEL BETWEEN THE 2 STRICTURES IS AT RISK FOR PERFORMATION IF THE DILATION INCREASES AS IT IS ESSENTIALLY A CLOSED-LOOP. NO ABSCESS OR COLLECTION. NO EVIDENCE OF FISTUALIZING DISEASE.; [redacted]20[redacted] (Rx Day 55): CHEST PA, ABDOMEN, 2 OR MORE PROJECTIONS: A FEW LOOPS OF BOWEL CONTAIN FLUID AND GAS BUT ARE OTHERWISE UNREMARKABLE. THIS MIGHT BE RELATED TO A MILD ILEUS. NO CONVINCING EVIDENCE FOR BOWEL OBSTRUCTION AT THIS TIME. PRIOR SURGERIES NOTED IN THE ABDOMEN/PELVIS. RIGHT PICC; LAPROSCOPIC ILEOCOLIC RESECTION: THERE WERE NO COMPLICATIONS. INSTRUMENT AND SPONGE COUNT WAS CORRECT. ESTIMATED BLOOD LOSS WAS 100 ML. THE PATIENT TOLERATED THIS PROCEDURE AND TRANSFERRED TO POST-SEDATION RECOVERY IN STABLE CONDITION.

AE Stopped Rx Day	63 (13 DAYS AFTER LAST TREATMENT)
Duration of AE	13 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	FLARE OF CHRONS, ABDOMINAL PAIN
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Event #2: Serious Adverse Event

Event Description	BOWEL OBSTRUCTION
Preferred term	腸閉塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 76 (26 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing
Not reported
Microbiology
Not reported
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 55): ABDOMINAL XRAY: RESULT NOT ATTAINABLE

AE Stopped Rx Day	78 (28 DAYS AFTER LAST TREATMENT)
Duration of AE	3 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	POST SURGICAL

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

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

カナダの治験責任医師からの報告。本被験者は3[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，クローン病のフレア及び進行の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，慢性貧血，多嚢胞性卵巣症候群，うつ病，全般性不安障害，関節痛，クローン病，消化性潰瘍疾患，元紙巻タバコ喫煙者（1 日 13 本を 11 年間），腎結石，子宮内膜症，卵管結紮及び非飲酒者であった。

投与 51 日後，被験者はクローン病のフレア及び進行を発現した。投与 63 日後，クローン病のフレア及び進行は消失した。

投与 51 日後，被験者はクローン病のフレア及び進行と診断された腹痛のため入院した。被験者は腹腔鏡下回腸結腸切除術を受けた。合併症は認められなかった。器具及びスポンジ数は正しかった。推定失血量は 100 mL であった。被験者は手術に対して忍容性があり，安定した状態で鎮静後回復に移った。投与 63 日後，被験者は退院した。

The patient’s past medications include:

FLAGYL for UNKNOWN INDICATION

CIPROFLOXIN for UNKNOWN INDICATION

DEMEROL for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Crohns disease aggravated (10011408) (Crohn's disease (10011401)) [v.22.0] [10011408]

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 RISANKIZUMAB (Blinded)

Event of FLARE AND PROGRESSION OF CROHN'S DISEASE

- Investigator: Flare of Crohn's; abdominal pain.

- AbbVie: Event is more likely related to pre-existing crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CHEST PA, ABDOMEN, 2 OR MORE PROJECTIONS:** A FEW LOOPS OF BOWEL CONTAIN FLUID AND GAS BUT ARE OTHERWISE UNREMARKABLE. THIS MIGHT BE RELATED TO A MILD ILEUS. NO CONVINCING EVIDENCE FOR BOWEL OBSTRUCTION AT THIS TIME. PRIOR SURGERIES NOTED IN THE ABDOMEN/PELVIS. RIGHT PICC

[redacted] **20[redacted] CT ABDOMEN AND PELVIS ENHANCED:** DIFFUSE THICKENING OF THE TERMINAL ILEUM IS AGAIN SEEN WITH MUCOSAL HYPERENHANCEMENT SUGGESTIVE OF ACTIVE ILEITIS. THERE ARE 2 HIGH-GRADE STRICTURES IN THE DISTAL ILEUM CAUSING COMPLETE OBSTRUCTION AND DILATION OF THE 13 CM INTERVENING SEGMENT OF BOWEL LOOP. FINDINGS ARE IN KEEPING WITH FIBROSTENOTIC DISEASE. THE DILATED LOOP OF BOWEL BETWEEN THE 2 STRICTURES IS AT RISK FOR PERFORATION IF THE DILATION INCREASES AS IT IS ESSENTIALLY A CLOSED-LOOP. NO ABSCESS OR COLLECTION. NO EVIDENCE OF FISTUALIZING DISEASE.

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

カナダの治験責任医師からの報告。本被験者は 3[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，腸閉塞の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，全般性不安障害，クローン病，消化性潰瘍疾患，元喫煙者（1 日 13 本を 11 年間），腎結石，子宮内膜症及び禁酒であった。

投与 76 日後，被験者は腸閉塞を発現した。投与 78 日後，腸閉塞は消失した。

本事象発現前の投与から約 2 か月後，被験者は回腸結腸切除術を要するクローン病のフレアを発現し，その後投与 68 日後，創離開による切開感染（非重篤）を発現した。

投与 76 日後，被験者は腹痛，悪心及び嘔吐があり，疼痛及び悪心管理の目的で入院した。投与 78 日後，被験者は退院した。

投与された薬剤は，モルヒネ，ゾフラン及び Gravol であった。

The patient’s past medications include:

CIPROFLOXACIN for UNKNOWN INDICATION (Started 1983)

DEMEROL for UNKNOWN INDICATION (Started 1983)

FLAGYL for UNKNOWN INDICATION (Started 1983)

Causality for RISANKIZUMAB (Blinded)

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1) Bowel obstruction (10006055) (Intestinal obstruction (10022687)) [v.22.0] [10006055]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of BOWEL OBSTRUCTION

- Investigator: Post-surgical.

- AbbVie: Event more likely related to pre-existing Crohn's disease and post surgery status (per PI).

Subject [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
体温上昇	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 1200 MG IV	2[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: VOMITING, REQUIRING HOSPITALIZATION	20[redacted]
OTHER: ABDOMINAL PAIN, REQUIRING HOSPITALIZATION	20[redacted]
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	1200 mg	IV	Every 4 Weeks	[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
AZATHIOPRINE	75 mg	QD	Y-M: 20[redacted]
MIDAZOLAM	2 mg	OTHER: DRUG USED AS A SEDATIVE	Y-M: 20[redacted] / -35
MOVIPREP	2 OTHER: SACHETS	OTHER: COLONOSCOPY PREPARATION	Y-M: 20[redacted] / -35

PROPOFOL	170 mL	OTHER: MEDICATION USED TO PERFORM COLONOSCOPY	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
PARACETAMOL	1000 mg	QD	Y-M: 20[redacted] / 1	Y-M: 20[redacted] / 1
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 2	Y-M: 20[redacted] / 2

Event #1: Serious Adverse Event

Event Description	RISE OF AURICULAR TEMP DURING THE INFUSION FROM 37,5 TO 38,5
Preferred term	体温上昇
AE Onset Date / Rx Day	[redacted]20[redacted] / 1
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 2): Albumin: 3.5 [3.5 - 5] g/dL; Hematocrit: 34.1 [40 - 54] %; Hemoglobin: 11.5 [14 - 18] g/dL

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -28): PHYSICAL EXAMINATION: NORMAL

AE Stopped Rx Day	2
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]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ポルトガルの治験責任医師からの報告。本被験者は2[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，点滴中の耳内温上昇（37.5～38.5°C）の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病であった。

投与初日，被験者は点滴中の耳内温上昇（37.5～38.5°C）を発現した。投与初日の翌日，点滴中の耳内温上昇（37.5～38.5°C）は消失した。

被験者は体温モニタリング及び発熱の原因を調査する目的で入院した。点滴投与前，被験者に咳嗽，上気道感染及び発熱などの徴候及び症状はなかった。

被験者は最近の旅行歴を否定した。治験薬は全量点滴投与され，投与は中断されなかった。注入部位評価の結果は正常であった。

治験責任医師は，「本事象の原因は不明であるが，被験者は paracetamol に反応を示した。被験者に他の徴候及び症状は認められなかった。本事象は治験対象疾患と関連する可能性がある。」と述べた。

投与された薬剤は，paracetamol であった。

The patient’s past medications include:

AZATIOPRIN for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Temperature elevation (10043204) (Body temperature increased (10005911)) [v.22.0] [10043204]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of RISE OF AURICULAR TEMP DURING THEINFUSION FROM 37.5 TO 38.5 DEGREES C

- Investigator: Not applicable

- AbbVie: Subject had elevated temperature prior to dose and commonly there is some variability in temperature over time in patients with fever in general.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BODY TEMPERATURE: 36.8 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 37.5 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 38.5 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 36.1 Degrees C

[redacted] **20[redacted] NEUTROPHILS:** 8.50 x10^3/ul (normal 1.96 to 7.23)

[redacted] **20[redacted] NEUTROPHILS:** 10.03 x10^3/ul (normal 1.96 to 7.23)

[redacted] 20[redacted] URINALYSIS: normal

[redacted] **20[redacted] URINE BACTERIA:** present (ref range- not present)

[redacted] 20[redacted] URINE CALCIUM OXALATE CRYSTALS: present (ref range- not present)

[redacted] 20[redacted] URINE CALCIUM OXALATE CRYSTALS: present (ref range- not present)

[redacted] 20[redacted] URINE MICROSCOPIC: positive

[redacted] 20[redacted] URINE MICROSCOPIC: positive

[redacted] **20[redacted] URINE MUCUS:** present (ref range- not present)

[redacted] **20[redacted] URINE RBC:** 1 hpf (normal 0 to 3)

[redacted] **20[redacted] URINE RBC:** 3 hpf (normal 0 to 3)

[redacted] **20[redacted] URINE WBC:** 2 hpf (normal 0 to 5)

[redacted] **20[redacted] URINE WBC:** 1 hpf (normal 0 to 5)

[redacted] **20[redacted] WBC:** 10.48 x10^3/ul (normal 3.8 to 10.70)

[redacted] **20[redacted] WBC:** 11.71 x10^3/ul (normal 3.80 to 10.70)

Subject [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
腸閉塞	X	X		

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV / P2:RZB 360 mg SC	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	4 CIGARETTE	20	20[redacted]
CHEWING TOBACCO	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)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 65	65
Risankizumab	360 mg	SC	Every 8 Weeks	[redacted]20[redacted] / 82	[redacted]20[redacted] / 111	30

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]
BUDESONIDE	9 mg	QD	Y-M: 20[redacted]
METRONIDAZOLE	400 mg	TID	Y-M: 20[redacted]
PREDNISONE	20 mg	BID	Y-M: 20[redacted] / -224
AZATHIOPRINE	150 mg	QD	Y-M: 20[redacted] / -182
BUDESONIDE	3 mg	TID	Y-M: 20[redacted] / -126
METRONIDAZOLE	400 mg	BID	Y-M: 20[redacted] / -126

FORTRANS	221 g	OTHER: COLONOSCPY PREPARATION	Y-M: 20[redacted] / -21
MIDAZOLAM	1 mg	OTHER: ANALGOSEDATION COLONOSCOPY	Y-M: 20[redacted] / -20
PROPOFOL	70 mg	OTHER: ANALGOSEDATION COLONOSCOPY	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
BCG Vaccine	Not reported.	Not reported.	Y-M: 19[redacted]	Not reported.
METRONIDAZOLE	400 mg	TID	Y-M: 20[redacted] / 154	Y-M: 20[redacted] / 159
SACCHAROMYCES BOULARDII	1 OTHER: TABLETE	BID	Y-M: 20[redacted] / 154	Y-M: 20[redacted] / 163

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

Event Description ILEOCECAL OBSTRUCTION

Preferred term 腸閉塞

AE Onset Date / Rx Day [redacted]20[redacted] / 141 (30 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 133): ABDOMINAL CT: CT SHOWED STENOSIS OF TERMINAL ILEUM AND CECUM; RESECTION OF TERMINAL ILEUM, RIGHT SIDE HEMICOLECTOMY: ILEO-COLO ANASTOMOSIS

AE Stopped Rx Day 154 (43 DAYS AFTER LAST TREATMENT)

Duration of AE 14 DAYS

Severity Severe

Relation to Study Drug by Investigator No Reasonable Possibility

Investigator Alternative Etiology CROHN'S DISEASE INDUCED ILEOCECAL OBSTRUCTION

Discontinued Study Drug Due to the Event YES

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

Generated: [redacted]20[redacted]:20:26

Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

セルビアの治験責任医師からの報告。本被験者は5[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，回盲部閉塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，元喫煙者（1 日 4 本を 20 年間）及び非飲酒者であった。

本治験では，Week 12 の開始時に，被験者は盲検性を維持する目的で盲検化された IV 製剤及び盲検化された皮下製剤の投与を受ける予定である。

投与 141 日後，被験者は回盲部閉塞を発現した。投与 152 日後，回盲部閉塞は消失した。

投与 141 日後，被験者は腹痛，腹部膨満があり，2 日間排便がなかったため入院し，腸閉塞と診断された。腹部 CT スキャンが行われ，回腸末端及び盲腸に狭窄が認められた。被験者は回腸末端 50 cm の切除術を受け，右側半結腸切除及び回腸結腸吻合が行われた。投与 154 日後，被験者は退院した。

治験薬の投与は完全に中止された。

投与された薬剤は，Orvagil 及び Bulardi であった。

The patient’s past medications include:

BUDOSAN for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

ORVAGIL for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

PRONISON for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

IMURAN for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Intestinal obstruction (10022687) (Intestinal obstruction (10022687)) [v.23.0] [10022687]

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 RISANKIZUMAB (Blinded)

Event of ILEOCECAL OBSTRUCTION

- Investigator: Crohn's disease induced Ileocecal obstruction

- AbbVie: Event more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT:** stenosis of terminal ileum and cecum

Subject [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
下痢	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
LATENT TUBERCULOSIS	Not reported.
CROHN'S DISEASE	20[redacted]
OTHER: CROHNS	20[redacted]
OTHER: GASTRITIS	20[redacted]
OTHER: INSOMNIA	20[redacted]
OSTEOPOROSIS: CROHNS RELATED	20[redacted]
OTHER: INTERMITTENT FALLS	20[redacted]
OTHER: ANXIETY	20[redacted]
PEPTIC ULCER DISEASE: PEPTIC ULCERS	20[redacted]
KIDNEY DISORDER: URINARY TRACT INFECTION	20[redacted]
OTHER: BLADDER PROLAPSE	20[redacted]
KIDNEY DISORDER: URINARY RETENTION	20[redacted]
OTHER: ARTHRITIS , RELATED TO CROHNS	20[redacted]
OTHER: LATENT TB POSITIVE QUANTIFERON TEST	20[redacted]

Prior Procedures	Procedure Year
SURGERY: CHOLECYSTECTOMY	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
SURGERY: SMALL BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
SURGERY: SURGERY TO SINUSES	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]
SURGERY: BILATERAL MASTECTOMY	20[redacted]
SURGERY: CROHNS DISEASE	20[redacted]
SURGERY: HYSTERETOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	15 CIGARETTE	19	19[redacted]
CHEWING TOBACCO	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)
Risankizumab	600 mg	IV	Every 4 Weeks	[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
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]
ULTRACET	1 mg	PRN	Y-M: 20[redacted]
ZOLPIDEM	10 mg	OTHER: NOCTE	Y-M: 20[redacted]
FOSAVANCE	70 mg	OTHER: WEEKLY	Y-M: 20[redacted]
OXAZEPAM	15 mg	QD	Y-M: 20[redacted]
MAGNESIUM	600 mg	OTHER: NOCTE	Y-M: 20[redacted]
MESALAZINE	1500 mg	BID	Y-M: 20[redacted]
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted]
ESCITALOPRAM	20 mg	OTHER: DAILY	Y-M: 20[redacted]
ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / -71
ISONIAZID	300 mg	OTHER: DAILY	Y-M: 20[redacted] / -18
PYRIDOXINE	25 mg	OTHER: DAILY	Y-M: 20[redacted] / -13
SUPRAGESIC	1 mg	PRN	Y-M: 20[redacted] / -10
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / -7
FLAVOXATE	200 mg	BID	Y-M: 20[redacted] / -7
AMITRIPTYLINE	12,5 mg	PRN	Y-M: 20[redacted] / -6
MERCAPTOPURINE	50 mg	OTHER: DAILY	Y-M: 20[redacted] / -4

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	40 mg	QD	Y-M: 20[redacted]	ONGOING
ULTRACET	1 mg	PRN	Y-M: 20[redacted]	ONGOING
ZOLPIDEM	10 mg	OTHER: NOCTE	Y-M: 20[redacted]	ONGOING
FOSAVANCE	70 mg	OTHER: WEEKLY	Y-M: 20[redacted]	ONGOING

OXAZEPAM	15 mg	QD	Y-M: 20[redacted]	ONGOING
MAGNESIUM	600 mg	OTHER: NOCTE	Y-M: 20[redacted]	ONGOING
MESALAZINE	1500 mg	BID	Y-M: 20[redacted]	ONGOING
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted]	ONGOING
ESCITALOPRAM	20 mg	OTHER: DAILY	Y-M: 20[redacted]	ONGOING
ETORICOXIB	90 mg	QD	Y-M: 20[redacted] / 71	ONGOING
ISONIAZID	300 mg	OTHER: DAILY	Y-M: 20[redacted] / 18	ONGOING
PYRIDOXINE	25 mg	OTHER: DAILY	Y-M: 20[redacted] / 13	ONGOING
SUPRAGESIC	1 mg	PRN	Y-M: 20[redacted] / 10	ONGOING
FLAVOXATE	200 mg	BID	Y-M: 20[redacted] / 7	ONGOING
AMITRIPTYLINE	12,5 mg	PRN	Y-M: 20[redacted] / 6	ONGOING
MERCAPTOPURINE	50 mg	OTHER: DAILY	Y-M: 20[redacted] / 4	ONGOING
INDAPAMIDE W/PERINDOPRIL	4 mg	OTHER: DAILY	Y-M: 20[redacted] / 3	ONGOING
COUGH AND COLD PREPARATIONS	10 mg	PRN	Y-M: 20[redacted] / 15	ONGOING
FUSIDIC ACID	OINTMENT OTHER: OINTMENT	PRN	Y-M: 20[redacted] / 21	ONGOING
DOCUSATE	1 OTHER: TABLET	PRN	Y-M: 20[redacted] / 25	Y-M: 20[redacted] / 27
FLEBOBAG RING LACT	80 OTHER: 1000	OTHER: 80MLS PER HOUR	Y-M: 20[redacted] / 43	Y-M: 20[redacted] / 44
MESALAZINE	1 g	QID	Y-M: 20[redacted] / 43	Y-M: 20[redacted] / 45
ONDANSETRON	4-8 mg	QID	Y-M: 20[redacted] / 43	Y-M: 20[redacted] / 45
PANTOPRAZOLE	40 mg	OTHER: DAILY	Y-M: 20[redacted] / 43	Y-M: 20[redacted] / 45
HYOSCINE	10 mg	BID	Y-M: 20[redacted] / 44	Y-M: 20[redacted] / 45
CEFTRIAXONE	1 g	OTHER: 12 HOURLY	Y-M: 20[redacted] / 45	Y-M: 20[redacted] / 46
CEFTRIAXONE	2 g	OTHER: STAT DOSE	Y-M: 20[redacted] / 45	Y-M: 20[redacted] / 46
HYDROCORTISONE	100 mg	TID	Y-M: 20[redacted] / 45	Y-M: 20[redacted] / 47

Event #1: Serious Adverse Event

Event Description	WORSENING DIARRHEA
Preferred term	下痢

AE Onset Date / Rx Day	[redacted]20[redacted] / 39
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 15): Eosinophils/Leukocytes: 0.4 [0 - 6] %; [redacted]20[redacted] (Rx Day 43): NPTST192-PCR C.DIFFICILE DNA: NORMAL [Not reported - Not reported] Unit not reported; [redacted]20[redacted] (Rx Day 44): NPTST070-CRP: 98.8 [0 - 10] mg/L; NPTST174-MICROSCOPY: NORMAL [Not reported - Not reported] Unit not reported; [redacted]20[redacted] (Rx Day 45): Alanine Aminotransferase: 27 [10 - 28] U/L; Albumin: 38 [32 - 46] g/L; Alkaline Phosphatase: 64 [43 - 160] U/L; Aspartate Aminotransferase: 22 [9 - 36] U/L; Basophils/Leukocytes: 0.1 [0 - 2] %; Bilirubin: 25 [3 - 21] umol/L; Chloride: 98 [98 - 108] mmol/L; Creatinine: 122 [53 - 106] umol/L; Eosinophils: 0.03 [0.02 - 0.5] 10^9/L; Ery. Mean Corpuscular Hemoglobin: 34 [26 - 34] pg; Ery. Mean Corpuscular Volume: 100 [80 - 100] fL; Erythrocytes: 4 [4 - 5.2] 10^12/L; Hematocrit: 39.8 [36 - 46] %; Hemoglobin: 13.7 [12 - 16] g/dL; Leukocytes: 7.2 [4 - 10] 10^9/L; Lymphocytes: 0.8 [1 - 3] 10^9/L; Lymphocytes/Leukocytes: 11 [20 - 40] %; Monocytes: 0.7 [0.2 - 1] 10^9/L; Monocytes/Leukocytes: 9.1 [2 - 10] %; NPTST006-ACUTE PHASE MARKERS CRP: 245.9 [0 - 10] mg/dL; NPTST013-ANION GAP: 15 [6 - 16] mmol/L; NPTST026-B-ESR(WESTERGREN): 39 [0 - 30] Unit not reported; NPTST027-B-MCHC: 34 [31 - 37] g/dL; NPTST028-B-MENTZER INDEX: 25 [13 - 13] Unit not reported; NPTST029-B-MPV: 9.1 [8.8 - 12.5] fL; NPTST030-B-PIT: 252 [150 - 450] 10^9/L; NPTST031-B-RDW: 13 [11 - 16] %; NPTST092-EST GFR: 40 [60 - Not reported] Unit not reported; NPTST094-F- CALPROTECTIN: 273 [Not reported - 50] Unit not reported; NPTST167-MCHC: 34 [31 - 37] g/dL; NPTST187-PANCREATIC & GASTROINTESTINAL F: NEGATIVE [0 - 0] Unit not reported; NPTST229-S- UREA: 8.8 [2.9 - 8.2] mmol/L; NPTST230-S-BILI(DIRECT): 11 [2 - 8.6] umol/L; NPTST231-S-BILI(INDIRECT): 14 [Not reported - 19] umol/L; NPTST232-S-GGT: 40 [Not reported - 36] U/L; NPTST233-S-PCT: 0.34 [0 - 0.05] ng/mL; NPTST234-S-TCO2: 27 [22 - 28] mmol/L; NPTST235-S-TP: 73 [58 - 76] g/L; NPTST256-STOOL MC&S: NORMAL [Not reported - Not reported] Unit not reported; Neutrophils: 5.7 [2 - 7] 10^9/L; Neutrophils/Leukocytes: 79.4 [40 - 80] %; Potassium: 3.6 [3.5 - 5.1] mmol/L; Sodium: 139 [136 - 145] mmol/L; [redacted]20[redacted] (Rx Day 46): NPTST070-CRP: 25.7 [0 - 10] mg/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 21): PRE & POST CONTRAST CT ABDOMEN & PELVIS: FEATURES IN KEEPING WITH MULTIPLE SKIP LESIONS OF THE BOWEL AS WELL AS INVOLVEMENT OF THE TERMINAL ILEUM IN KEEPING WITH THE HISTORY OF CROHNS DISEASE,THIS APPEARS CHRONIC IN NATURE. THERE IS NO EVIDENCE TO SUGGEST ACUTE EXACERBATION. THERE IS NO EVIDENCE OR BOWEL OBSTRUCTION NOR FISTULA. MILD FOCAL STENOSIS OF THE TERMINAL ILEUM.NO OVERT EXTRA GASTROINTESTINAL DISEASE RELATED TO IBD. STEATOSIS ; HIATUS HERNIA; THERE ARE BILATERAL ADRENAL MASSES. BOTH MEASURE LESS THAN 10 HOUNSFIELD UNITS ON THE PRECONTRAST SCANS MAKING THESE INCIDENTAL ADENOMAS REST AS DESCRIBED.

AE Stopped Rx Day	47
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] 20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

南アフリカの治験責任医師からの報告。本被験者は 6[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，下痢悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，胆嚢切除，元喫煙者（1 日 15 本を 19 年間），腸切除，クローン病，胃炎，消化性潰瘍及び非飲酒者であった。

投与 39 日後，被験者は下痢悪化を発現した。投与 47 日後，下痢悪化は消失した。

投与 39 日後，被験者は嘔吐（非重篤）を発現した。入院前，被験者には腹痛，5 日間にわたる水様便及び脱水に起因する可能性が高い重度の脱力の徴候及び症状があった。投与 43 日後，被験者は入院した。臨床診断検査及び画像検査が行われ，投与 47 日後，被験者は退院した。

投与された薬剤は，乳酸リンゲル液，臭化ブチルヒオスシン，ソル・コーテフ，ロセフィン，メサラジン，パントプラゾール及び Zofer であった。

The patient's past medications include:

SOFLAX for CONSTIPATION ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Diarrhea aggravated (10012728) (Diarrhoea (10012735)) [v.23.1] [10012728]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of WORSENING DIARRHEA

- Investigator: Not applicable

- AbbVie: Event is more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ALANINE AMINO TRANSFERASE: 27 U/L (normal 10 to 28)

[redacted] **20[redacted] ALBUMIN:** 38 G/L (normal 32 to 46)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 64 U/L (normal 43 to 160)

[redacted] **20[redacted] ANION GAP:** 15 MMOL/L (normal 6 to 16)

[redacted] 20[redacted] ASPARTATE AMINOTRANSFERASE: 22 U/L (normal 9 to 36)

[redacted] **20[redacted] B-MENTZER INDEX:** 25 no units (normal 13 to 13)

[redacted] **20[redacted] BILI INDIRECT:** 14 umol/l (normal 19 to 19)

[redacted] 20[redacted] BLOOD BILIRUBIN DIRECT: 11 umol/L (normal 8.6 to 8.6)

[redacted] **20[redacted] CALPROTECTIN:** 273 ug/g (normal 50 to 50)

[redacted] **20[redacted] CHLORIDE:** 98 MMOL/L (normal 98 to 108)

[redacted] **20[redacted] CREATININE:** 122 umol/L (normal 53 to 106)

[redacted] **20[redacted] CRP:** 98.8 mg/l (normal 0 to 10)

[redacted] **20[redacted] CRP:** 25.7 mg/l (normal 0 to 10)

[redacted] **20[redacted] EST GFR:** 40 ml/min (normal >60)

[redacted] **20[redacted] GGT:** 40 U/L (normal 36 to 36)

[redacted] **20[redacted] HEMATOCRIT:** 39.8 % (normal 36 to 46)

[redacted] **20[redacted] HEMOGLOBIN:** 13.7 G/DL (normal 12 to 16)

[redacted] 20[redacted] NEUTROPHIL PERCENTAGE: 79.4 % (normal 40 to 80)

[redacted] **20[redacted] POTASSIUM:** 3.6 MMOL/L (normal 3.5 to 5.1)

[redacted] **20[redacted] PRE & POST CONTRAST CT ABDOMEN & PELVIS:** Features in keeping with multiple skip lesions of the bowel as well as involvement of the terminal ileum in keeping with the history of Crohns Disease,This appears chronic in nature. There is no evidence to suggest acute exacerbation. There is no evidence or bowel obstruction nor fistula. Mild focal stenosis of the terminal ileum.No overt extra gastrointestinal disease related to IBD. Steatosis; Hiatus hernia; There are bilateral adrenal masses. Both measure less than 10 Hounsfield units on the precontrast scans making these incidental adenomas Rest as described.

[redacted] **20[redacted] SODIUM:** 139 MMOL/L (normal 136 to 145)

[redacted] 20[redacted] STOOL OCCULT BLOOD: negative

[redacted] **20[redacted] STOOL TEST:** PCR C.DIFFICILE DNA : Normal

[redacted] **20[redacted] STOOL TEST:** STOOL MC&S : Normal

[redacted] **20[redacted] TCO2:** 27 MMOL/L (normal 22 to 28)

[redacted] **20[redacted] BILIRUBIN:** 25 umol/l (normal 3 to 21)

[redacted] **20[redacted] UREA:** 8.8 MMOL/L (normal 2.9 to 8.2)

[redacted] **20[redacted] URINE TEST:** URINE MC&S : Normal

[redacted] **20[redacted] WBC:** 7.2 X10**9/L (normal 4 to 10)

Subject [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
腹部ヘルニア	X			
消化管壊死	X			
腸管虚血	X			
小腸閉塞	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV / P2:RZB 1200 MG IV	4[redacted]	FEMALE	MULTIPLE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: IRRITABLE BOWEL SYNDROME	20[redacted]
ANEMIA: IRON DEFICIENCY ANAEMIA	20[redacted]
CLOTTING/BLEEDING PROBLEMS: DEEP VEIN THROMBOSIS LEFT LEG	20[redacted]
CLOTTING/BLEEDING PROBLEMS: FACTOR V LEIDEN DEFICIENCY	20[redacted]
OTHER: HYPOKALEAMIA	20[redacted]
OTHER: FUNGAL INFECTION OF LEFT BIG TOENAIL	20[redacted]
OTHER: LYMPHOPENIA	20[redacted]

Prior Procedures	Procedure Year
SURGERY: CESAREAN SECTION	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
SURGERY: BILATERAL THORACOSCOPIC SYMPATHECTOMIES	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: SPHINCTEROTOMY FOR AN ANAL FISSURE	20[redacted]
SURGERY: HAEMORROIDECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted] / 1	[redacted] / 56	56
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted] / 83	[redacted] / 153	71

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	2.4 g	BID	Y-M: [redacted]
AZATHIOPRINE	200 mg	QD	Y-M: [redacted]
SULFASALAZINE	1 g	BID	Y-M: [redacted]
AMITRIPTYLINE	50 mg	QD	Y-M: [redacted]
CALTRATE PLUS	1 OTHER: TABLET	QD	Y-M: [redacted]
FERRIMED	1 OTHER: CAPSULE	QD	Y-M: [redacted]
RIVAROXABAN	20 mg	QD	Y-M: [redacted]
BUDESONIDE	9 mg	QD	Y-M: [redacted]
POTASSIUM	1200 mg	QD	Y-M: [redacted]
MESALAZINE	1.5 g	BID	Y-M: [redacted]
PREDNISONE	45 mg	QD	Y-M: [redacted] / -100
IRON	1500 mg	OTHER: ONCE OFF	Y-M: [redacted] / -76
MEBEVERINE	135 mg	TID	Y-M: [redacted] / -17

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
AZATHIOPRINE	200 mg	QD	Y-M: [redacted]	Y-M: [redacted] / 222
AMITRIPTYLINE	50 mg	QD	Y-M: [redacted]	ONGOING
CALTRATE PLUS	1 OTHER: TABLET	QD	Y-M: [redacted]	ONGOING
RIVAROXABAN	20 mg	QD	Y-M: [redacted]	ONGOING
POTASSIUM	1200 mg	QD	Y-M: [redacted]	ONGOING
MESALAZINE	1.5 g	BID	Y-M: [redacted]	ONGOING
MEBEVERINE	135 mg	TID	Y-M: [redacted] / -17	ONGOING
ETORICOXIB	90 mg	OTHER: ONCE DAILY, IF NEEDED	Y-M: [redacted] / 6	Y-M: [redacted] / 95
VITAMINS, OTHER COMBINATIONS	2 OTHER: CAPSULES	QD	Y-M: [redacted] / 34	Y-M: [redacted] / 96

OTHER ANTIINFLAMMATORY AND ANTIRHEUMATIC AGEN	12 g	QD	Y-M: 20[redacted] / 35	Y-M: 20[redacted] / 96
PARACETAMOL	1 g	TID	Y-M: 20[redacted] / 56	Y-M: 20[redacted] / 99
CYCLIZINE	50 mg	PRN	Y-M: 20[redacted] / 75	Y-M: 20[redacted] / 153
PROPRANOLOL	40 mg	BID	Y-M: 20[redacted] / 76	Y-M: 20[redacted] / 83
PICO-SALAX	1 OTHER: SACHET	QID	Y-M: 20[redacted] / 77	Y-M: 20[redacted] / 78
MIDAZOLAM	1 mg	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
PROPOFOL	3-4 mL	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
IRON	1500 mg	OTHER: STAT	Y-M: 20[redacted] / 92	Y-M: 20[redacted] / 92
EPINEPHRINE	1 mg	OTHER: STAT	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
ETILEFRINE	2 mL	OTHER: STAT	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
FENTANYL	4 mL	OTHER: STAT	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
HYOSCINE	20 mg	TID	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
LIDOCAINE	1 OTHER: 1 AMPOULE	OTHER: STAT	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
METOCLOPRAMIDE	10 mg	TID	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
MIDAZOLAM	1 OTHER: ML/HR	OTHER: INFUSION	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
ONDANSETRON	4 mg	BID	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
PETHIDINE	100 mg	QD	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
PROPOFOL	20 mL	OTHER: STAT	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
ROCURONIUM	100 mL	OTHER: STAT	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
TRAMADOL	100 mg	QID	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 99
EPINEPHRINE	10 OTHER: AMPS	OTHER: INFUSION	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 100
MORPHINE	1 OTHER: MG/ML @2-3ML/HR	PRN	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 100
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 99	Y-M: 20[redacted] / 100

PARACETAMOL	1 g	QID	Y-M: 20[redacted]-[redacted] / 99	Y-M: 20[redacted]-[redacted] / 100
AUGMENTIN	1.2 g	TID	Y-M: 20[redacted]-[redacted] / 99	Y-M: 20[redacted]-[redacted] / 105

Event #1: Serious Adverse Event

Event Description	INTRAABDOMINAL HERNIA, SMALL BOWEL ISCHAEMIA, SMALL BOWEL NECROSIS, CLOSED LOOP SMALL BOWEL OBSTRUCTION
Preferred term	腹部ヘルニア
AE Onset Date / Rx Day	[redacted]20[redacted] / 98
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 99): Amylase: 223 [28 - 100] IU/L; Hemoglobin: 9.9 [11.5 - 15.5] g/dL; Leukocytes: 5.4 [4 - 11] 10^9/L; Lipase: 38 [67 - 67] IU/L; NPTST070-CRP: 4.9 [5 - 5] mg/L; Platelets: 251 [140 - 420] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 108): WOUND NPTST166-MC&S WOUND SWAB: POSITIVE-ENTEROBACTER CLOACAE. MODERATE GROWTH, MIXED SENSTITIVITY

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 93): ABDOMINAL ULTRASOUND: FATTY LIVER SEEN. NORMAL OTHERWISE BUT FREE FLUID PRESENT; ABDOMINAL XRAY: NORMAL; CHEST XRAY: ETT AND CVP IN SITU. LUNGS NORMAL; CT ABDOMEN: CLOSED LOOP SMALL BOWEL OBSTRUCTION IN THE CENTRAL ABDOMEN. SUSPECTED HERNIA THROUGH MESENTERIC DEFECT.; EXPLORATORY LAPAROTOMY WITH SMALL BOWEL RESECTION AND PRIMARY ANASTOMOSIS: SURGERY REVEALED CLOSED LOOP SMALL BOWEL OBSTRUCTION SECONDARY TO AN ADHESION, IN THE PROXIMAL JEJUNUM, WITH 20CM OF GANGRENOUS BOWEL. ADHESION IS PRESUMED TO BE DUE TO PREVIOUS BOWEL SURGERY. GANGRENOUS SMALL BOWEL WAS RESECTED, AND A PRIMARY ANASTOMOSIS WAS DONE. PATIENT WAS DISCHARGED FROM ICU ON [redacted] 20[redacted], TO THE GENERAL WARD.; REPAIR OF A LARGE VENTRAL HERNIA: DUE TO PREVIOUS SURGERY

AE Stopped Rx Day	99
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ADHESIONS FROM PREVIOUS ABDOMINAL SURGERY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	INTRAABDOMINAL HERNIA, SMALL BOWEL ISCHAEMIA, SMALL BOWEL NECROSIS, CLOSED LOOP SMALL BOWEL OBSTRUCTION
Preferred term	消化管壊死
AE Onset Date / Rx Day	[redacted]20[redacted] / 98
Age at AE Onset	4[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 99): Amylase: 223 [28 - 100] IU/L; Hemoglobin: 9.9 [11.5 - 15.5] g/dL; Leukocytes: 5.4 [4 - 11] 10^9/L; Lipase: 38 [67 - 67] IU/L; NPTST070-CRP: 4.9 [5 - 5] mg/L; Platelets: 251 [140 - 420] 10^9/L
Microbiology
[redacted]20[redacted] (Rx Day 108): WOUND NPTST166-MC&S WOUND SWAB: POSITIVE-ENTEROBACTER CLOACAE. MODERATE GROWTH, MIXED SENSTITIVITY
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 93): ABDOMINAL ULTRASOUND: FATTY LIVER SEEN. NORMAL OTHERWISE BUT FREE FLUID PRESENT; ABDOMINAL XRAY: NORMAL; CHEST XRAY: ETT AND CVP IN SITU. LUNGS NORMAL; CT ABDOMEN: CLOSED LOOP SMALL BOWEL OBSTRUCTION IN THE CENTRAL ABDOMEN. SUSPECTED HERNIA THROUGH MESENTERIC DEFECT.; EXPLORATORY LAPAROTOMY WITH SMALL BOWEL RESECTION AND PRIMARY ANASTOMOSIS: SURGERY REVEALED CLOSED LOOP SMALL BOWEL OBSTRUCTION SECONDARY TO AN ADHESION, IN THE PROXIMAL JEJUNUM, WITH 20CM OF GANGRENOUS BOWEL. ADHESION IS PRESUMED TO BE DUE TO PREVIOUS BOWEL SURGERY. GANGRENOUS SMALL BOWEL WAS RESECTED, AND A PRIMARY ANASTOMOSIS WAS DONE. PATIENT WAS DISCHARGED FROM ICU ON [redacted] 20[redacted], TO THE GENERAL WARD.; REPAIR OF A LARGE VENTRAL HERNIA: DUE TO PREVIOUS SURGERY

AE Stopped Rx Day	99
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ADHESIONS FROM PREVIOUS ABDOMINAL SURGERY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	INTRAABDOMINAL HERNIA, SMALL BOWEL ISCHAEMIA, SMALL BOWEL NECROSIS, CLOSED LOOP SMALL BOWEL OBSTRUCTION
Preferred term	腸管虚血
AE Onset Date / Rx Day	[redacted]20[redacted] / 98
Age at AE Onset	4[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 99): Amylase: 223 [28 - 100] IU/L; Hemoglobin: 9.9 [11.5 - 15.5] g/dL; Leukocytes: 5.4 [4 - 11] 10^9/L; Lipase: 38 [67 - 67] IU/L; NPTST070-CRP: 4.9 [5 - 5] mg/L; Platelets: 251 [140 - 420] 10^9/L
Microbiology
[redacted]20[redacted] (Rx Day 108): WOUND NPTST166-MC&S WOUND SWAB: POSITIVE-ENTEROBACTER CLOACAE. MODERATE GROWTH, MIXED SENSTITIVITY
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 93): ABDOMINAL ULTRASOUND: FATTY LIVER SEEN. NORMAL OTHERWISE BUT FREE FLUID PRESENT; ABDOMINAL XRAY: NORMAL; CHEST XRAY: ETT AND CVP IN SITU. LUNGS NORMAL; CT ABDOMEN: CLOSED LOOP SMALL BOWEL OBSTRUCTION IN THE CENTRAL ABDOMEN. SUSPECTED HERNIA THROUGH MESENTERIC DEFECT.; EXPLORATORY LAPAROTOMY WITH SMALL BOWEL RESECTION AND PRIMARY ANASTOMOSIS: SURGERY REVEALED CLOSED LOOP SMALL BOWEL OBSTRUCTION SECONDARY TO AN ADHESION, IN THE PROXIMAL JEJUNUM, WITH 20CM OF GANGRENOUS BOWEL. ADHESION IS PRESUMED TO

BE DUE TO PREVIOUS BOWEL SURGERY. GANGRENOUS SMALL BOWEL WAS RESECTED, AND A PRIMARY ANASTOMOSIS WAS DONE. PATIENT WAS DISCHARGED FROM ICU ON [redacted] 20[redacted], TO THE GENERAL WARD.; REPAIR OF A LARGE VENTRAL HERNIA: DUE TO PREVIOUS SURGERY

AE Stopped Rx Day	99
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ADHESIONS FROM PREVIOUS ABDOMINAL SURGERY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #4: Serious Adverse Event

Event Description	INTRAABDOMINAL HERNIA, SMALL BOWEL ISCHAEMIA, SMALL BOWEL NECROSIS, CLOSED LOOP SMALL BOWEL OBSTRUCTION
Preferred term	小腸閉塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 98
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 99): Amylase: 223 [28 - 100] IU/L; Hemoglobin: 9.9 [11.5 - 15.5] g/dL; Leukocytes: 5.4 [4 - 11] 10^9/L; Lipase: 38 [67 - 67] IU/L; NPTST070-CRP: 4.9 [5 - 5] mg/L; Platelets: 251 [140 - 420] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 108): WOUND NPTST166-MC&S WOUND SWAB: POSITIVE-ENTEROBACTER CLOACAE. MODERATE GROWTH, MIXED SENSTITIVITY

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 93): ABDOMINAL ULTRASOUND: FATTY LIVER SEEN. NORMAL OTHERWISE BUT FREE FLUID PRESENT; ABDOMINAL XRAY: NORMAL; CHEST XRAY: ETT AND CVP IN SITU. LUNGS NORMAL; CT ABDOMEN: CLOSED LOOP SMALL BOWEL OBSTRUCTION IN THE CENTRAL ABDOMEN. SUSPECTED HERNIA THROUGH MESENTERIC DEFECT.; EXPLORATORY LAPAROTOMY WITH SMALL BOWEL RESECTION AND PRIMARY ANASTOMOSIS: SURGERY REVEALED CLOSED LOOP SMALL BOWEL OBSTRUCTION SECONDARY TO AN ADHESION, IN THE PROXIMAL JEJUNUM, WITH 20CM OF GANGRENOUS BOWEL. ADHESION IS PRESUMED TO BE DUE TO PREVIOUS BOWEL SURGERY. GANGRENOUS SMALL BOWEL WAS RESECTED, AND A PRIMARY ANASTOMOSIS WAS DONE. PATIENT WAS DISCHARGED FROM ICU ON [redacted] 20[redacted], TO THE GENERAL WARD.; REPAIR OF A LARGE VENTRAL HERNIA: DUE TO PREVIOUS SURGERY

AE Stopped Rx Day	99
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ADHESIONS FROM PREVIOUS ABDOMINAL SURGERY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

南アフリカの治験責任医師からの報告。本被験者は 4[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，腹腔内ヘルニア，小腸管虚血，小腸壊死，閉ループ小腸閉塞の事象を発現した。

Event 1～4 の臨床経過：

関連する病歴は，帝王切開，クローン病，腸切除，過敏性腸症候群，左脚の深部静脈血栓症，鉄欠乏性貧血，第 V 因子ライデン欠乏，低カリウム血症，腸切除，リンパ球減少症，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

本治験では，Week 12 の開始時に，被験者は盲検性を維持する目的で盲検化された IV 製剤及び盲検化された皮下製剤の投与を受ける予定である。

投与 98 日後，被験者は腹腔内ヘルニア，小腸管虚血，小腸壊死，閉ループ小腸閉塞を発現した。投与 99 日後，腹腔内ヘルニア，小腸管虚血，小腸壊死，閉ループ小腸閉塞は消失した。

投与 99 日後，被験者は心窩部右～中央の（3 時間持続した）重度腹痛，並びに関連する悪心及び嘔吐の急性発現のため入院した。腹部 CT スキャンが行われ，虚血腸管ループが認められた。同日，被験者は緊急試験開腹を受け，小腸切除，大規模な腹壁ヘルニア修復及び一期的吻合が行われた。ドレーンが留置された。手術の結果，20 cm の腸管壊死を伴う近位空腸の癒着に続発した閉ループ小腸閉塞が認められた。癒着は以前行われた腸の外科手術に起因すると推測された。投与 104 日後，被験者は ICU から一般病棟へ転床した。投与 107 日後，被験者には Enterobacter cloacae 膿創があった。投与 111 日後，被験者は退院した。

投与された薬剤は，ゾフラン，Pantoloc，オーグメンチン，Targinact，Stilpane，Oxynorm，ペチジン，モルヒネ，ブスコパン，メトロニダゾール，トラマール，Perfalgan 及び Maxolon であった。

The patient’s past medications include:

ASACOL for CROHN'S DISEASE (20[redacted] - 20[redacted])

SULFASALAZINE for CROHN'S DISEASE (20[redacted] - 20[redacted])

ENTOCORD for CROHN'S DISEASE (20[redacted] - 20[redacted])

PREDNISONE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

MONOFER for ANAEMIA ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

PURPLE PROTEIN COLLAGEN (LIFE MATRIX) for KNEE PAIN ([redacted] 20[redacted] - [redacted] 20[redacted])

PURBLOKA for HEADACHE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Abdominal hernia (10060954) (Abdominal hernia (10060954)) [v.23.0] [10060954]

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) Small bowel obstruction (10041055) (Small intestinal obstruction (10041101)) [v.23.0] [10041055]

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

3) Small intestinal necrosis (10065711) (Gastrointestinal necrosis (10017982)) [v.23.0] [10065711]

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

4) Bowel ischemia (10006054) (Intestinal ischaemia (10022680)) [v.23.0] [10006054]

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 RISANKIZUMAB (Blinded)

Event of INTRAABOMINAL HERNIA, SMALL BOWEL ISCHEMIA, SMALL BOWEL NECROSIS, CLOSED LOOP SMALL BOWEL OBSTRUCTION

- Investigator: Adhesions from previous abdominal surgery

- AbbVie: Event more likely related to pre-existing abdominal surgeries including bowel resections (20[redacted] and 20[redacted]) and cesarean section (19[redacted]). Additional risk factor includes pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT:** Closed loop small bowel obstruction in the central abdomen. Suspected hernia through mesenteric defect.

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** Fatty liver seen. Otherwise but free fluid present.

[redacted] 20[redacted] ABDOMINAL X-RAY: Normal

[redacted] **20[redacted] AMYLASE:** 223 IU/L (normal 28 to 100)

[redacted] **20[redacted] CHEST X-RAY:** ETT and CVP in situ. Lungs normal

[redacted] **20[redacted] CRP:** 4.9 MG/L (normal <5.0)

[redacted] **20[redacted] HEMOGLOBIN:** 9.9 G/DL (normal 11.5 to 15.5)

[redacted] **20[redacted] LIPASE:** 38 IU/L (normal <67)

[redacted] **20[redacted] MC&S WOUND SWAB:** Positive: Enterobacter cloacae. moderate growth, mixed sensitivity.

[redacted] **20[redacted] PLATELET COUNT:** 251 X10**9/L (normal 140 to 420)

[redacted] **20[redacted] WBC:** 5.4 X10**9/L (normal 4.0 to 11.0)

Subject [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
腸閉塞	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: FRACTURED RIGHT ARM	19[redacted]
OTHER: APPENDICITIS	20[redacted]
EYE DISEASE/DISORDER: REFRACTION ERROR	20[redacted]
HYPERTENSION	20[redacted]
OTHER: INTERMITTENT CONSTIPATION	20[redacted]
OTHER: IRRITABLE BOWEL SYNDROME	20[redacted]
GOUT	20[redacted]
OTHER: HEMORRHOIDS	20[redacted]
DRUG ALLERGIES/REACTIONS: ELASTOPLAST ALLERGY	20[redacted]
DRUG ALLERGIES/REACTIONS: MORPHINE ALLERGY	20[redacted]
DRUG ALLERGIES/REACTIONS: TRAMAL ALLERGY	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE	20[redacted]
OTHER: SLOW WOUND HEALING	20[redacted]
OTHER: WEIGHT LOSS	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: PERIPHERAL ARTHROPATHY	20[redacted]
OTHER: INTRADERMAL MELANOCYTIC NEVUS ON HEAD	20[redacted]
OTHER: VERRUCA VULGARIS ON NECK	20[redacted]

Prior Procedures	Procedure Year
SURGERY: CIRCUMCISION	20[redacted]
SURGERY: APPENDICECTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: HEMI COLECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
SURGERY: REMOVAL OF SKINTAG ON HEAD	20[redacted]
SURGERY: REMOVAL SKINTAG ON NECK	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	20 CIGARETTE	18	Not reported.
CHEWING TOBACCO	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		IV	Every 4 Weeks	[redacted] / 1	[redacted] / 57	57
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted] / 85	[redacted] / 141	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]
PERINDOPRIL	4 mg	QD	Y-M: 20[redacted]
MESALAZINE	1000 mg	TID	Y-M: 20[redacted]
MESALAZINE	1 g	BID	Y-M: 20[redacted]
MESALAZINE	2000 mg	BID	Y-M: 20[redacted]
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]
MESALAZINE	1000 mg	BID	Y-M: 20[redacted]
SENNOSIDE A+B	4 OTHER: TABLETS	OTHER: STAT	Y-M: 20[redacted] / -14
PICO-SALAX	4 OTHER: SACHETS	OTHER: STAT	Y-M: 20[redacted] / -13
PROPOFOL	50 mg	OTHER: STAT	Y-M: 20[redacted] / -12

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
BCG Vaccine	Not reported.	Not reported.	Y-M: 19[redacted]	Not reported.
PERINDOPRIL	4 mg	QD	Y-M: 20[redacted]	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]	ONGOING
MESALAZINE	2.5 g	QD	Y-M: 20[redacted] / 42	ONGOING
BEZAFIBRATE	400 mg	QD	Y-M: 20[redacted] / 121	ONGOING
ONDANSETRON	4 mg	TID	Y-M: 20[redacted] / 131	Y-M: 20[redacted] / 131
TRAMADOL	100 mg	OTHER: STAT	Y-M: 20[redacted] / 131	Y-M: 20[redacted] / 131
HYOSCINE	20 mg	TID	Y-M: 20[redacted] / 131	Y-M: 20[redacted] / 132
METOCLOPRAMIDE	10 mg	TID	Y-M: 20[redacted] / 131	Y-M: 20[redacted] / 132

PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 131	Y-M: 20[redacted] / 132

Event #1: Serious Adverse Event

Event Description	SUBACUTE OBSTRUCTION COLON
Preferred term	腸閉塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 130
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 131): Creatinine: 111 [64 - 104] umol/L; Erythrocytes: 5.06 [4.89 - 6.11] 10^12/L; Hematocrit: 44.4 [43 - 55] %; Hemoglobin: 15.7 [14.3 - 18.3] g/dL; Leukocytes: 9.85 [3.92 - 9.88] 10^9/L; NPTST066-CO2: 21 [22 - 29] mmol/L; NPTST111-GFR MDRD: 73 [90 - Not reported] Unit not reported; Sodium: 131 [136 - 145] mmol/L; [redacted]20[redacted] (Rx Day 132): Creatinine: 121 [64 - 104] mmol/L; Leukocytes: 11.59 [3.92 - 9.88] 10^9/L; NPTST070-CRP: 6 [Not reported - 5] mg/L; NPTST084-EGFR MDRD: 66 [90 - Not reported] Unit not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 104): X-RAY ABDOMEN SUPINE & ERECT: PERSISTENT DISTENTION OF THE SMALL BOWEL LOOPS IN THE RIGHT FLANK, WITH FLUID LEVELS, APPEARANCES CONSISTENT WITH A PROXIMAL PARTIAL SMALL BOWEL OBSTRUCTION, IN THE CORRECT CLINICAL SCENARIO, GIVEN THE ABSEBCE OF DISTENTION OF THE COLONIC LOOPS AND THE PRESENTS OF SURGICAL MATERIAL IN THE RIGHT FLANK

AE Stopped Rx Day	132
Duration of AE	3 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CONSTIPATION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

南アフリカの治験責任医師からの報告。本被験者は 3[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，亜急性結腸閉塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，虫垂切除，虫垂炎，高血圧，半結腸切除，間欠性便秘，過敏性腸症候群，クローン病，喫煙者（1 日 20 本を 20 年間）及び禁酒であった。

投与 130 日後，被験者は亜急性結腸閉塞を発現した。投与 132 日後，亜急性結腸閉塞は消失した。

投与 130 日後，被験者は重度の腹部仙痛及び下痢のため入院した。投与 132 日後，被験者は退院した。

投与された薬剤は，ゾフラン，ブスコパン，Maxolon，トラマール及び Perfalgan であった。

The patient’s past medications include:

ELASTOPLAST for UNKNOWN INDICATION

MORPHINE for UNKNOWN INDICATION

TRAMAL for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Subacute intestinal obstruction (10042278) (Intestinal obstruction (10022687)) [v.22.0] [10042278]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of SUBACUTE OBSTRUCTION COLON

- Investigator: Constipation

- AbbVie: Event more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CO2:** 21 MMOL/L (normal 22 to 29)

[redacted] **20[redacted] CREATININE:** 111 MMOL/L (normal 64 to 104)

[redacted] **20[redacted] CREATININE:** 121 MMOL/L (normal 64 to 104)

[redacted] **20[redacted] CRP:** 6 MG/L (normal <5)

[redacted] **20[redacted] ESTIMATED GFR:** 73 ML/Min (normal >90)

[redacted] **20[redacted] ESTIMATED GFR:** 66 ML/Min (normal >90)

[redacted] **20[redacted] HEMATOCRIT:** 44.4 % (normal 43 to 55)

[redacted] **20[redacted] HEMOGLOBIN:** 15.7 G/DL (normal 14.3 to 18.3)

[redacted] **20[redacted] RED BLOOD CELLS:** 5.06 X10**12/L (normal 4.89 to 6.11)

[redacted] **20[redacted] SODIUM:** 131 MMOL/L (normal 136 to 145)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 9.85 X10**9/L (normal 3.92 to 9.88)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 11.59 X10**9/L (normal 3.92 to 9.88)

[redacted] **20[redacted] X-RAY ABDOMEN:** Supine and erect. Persistent distention of the small bowel loops in the right flank, with fluid levels, appearances consistent with a proximal partial small bowel obstruction, in the correct clinical scenario, given the absence of distention of the colonic loops and the presents of surgical material in the right flank.

Subject [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
腸閉塞	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 1200 MG IV / P2:RZB 180 mg SC	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: REFRACTORY PROBLEM: SHORTSIGHTED	19[redacted]
OTHER: PSORIASIS	20[redacted]
OTHER: THROMBO EMBOLISM	20[redacted]
CEREBRAL VASCULAR ACCIDENT: DUE TO STRESS	20[redacted]
OTHER: FATIGUED DUE TO CROHN'S	20[redacted]
OTHER: WEIGHTLOSS	20[redacted]
CROHN'S DISEASE	20[redacted]
INFLAMMATORY BOWEL DISEASE: 1ST SYMPTOMS APPEARED	20[redacted]
PEPTIC ULCER DISEASE: INTERMITTENDLY	20[redacted]
OSTEOARTHRITIS: ANKLES, KNEES, HIPS & BACK	20[redacted]
PERIPHERAL NERVE DISORDER: PERIPHERAL NEUROPATHY	20[redacted]
OTHER: HEARTBURN	20[redacted]
OTHER: OSTEOPENIA	20[redacted]
OTHER: PERIPHERAL NEUROPATHY	20[redacted]
OTHER: ANAEMIA	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	15 CIGARETTE	33	Not reported.
CHEWING TOBACCO	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)
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted] / 1	[redacted] / 56	56
Risankizumab	180 mg	SC	Every 8 Weeks	[redacted] / 92	[redacted] / 147	56

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: [redacted]
HYOSCINE	10 mg	PRN	Y-M: [redacted]
CALCIUM	500 mg	QD	Y-M: [redacted]
CYANOCOBALAMIN	4 mL	OTHER: MONTHLY	Y-M: [redacted]
FOLIC ACID	10 mg	QD	Y-M: [redacted]
IRON	300 mg	QD	Y-M: [redacted]
METHOTREXATE	25 mg	OTHER: WEEKLY	Y-M: [redacted]
LANSOPRAZOLE	30 mg	QD	Y-M: [redacted]
PREDNISONE	10 mg	OTHER: WEEKLY	Y-M: [redacted] / -321
CLOBETASOL	0.5 g	QD	Y-M: [redacted] / -47
SENNOSIDE A+B	4 OTHER: TABLETS	OTHER: STAT	Y-M: [redacted] / -26
PICO-SALAX	ENDOSCOPY PREPARATION OTHER: 4	OTHER: SACHETS	Y-M: [redacted] / -25
PROPOFOL	50 mg	OTHER: STAT	Y-M: [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
BCG Vaccine	Not reported.	Not reported.	Y-M: [redacted]	Not reported.
HYOSCINE	10 mg	PRN	Y-M: [redacted]	ONGOING
CALCIUM	500 mg	QD	Y-M: [redacted]	ONGOING
CYANOCOBALAMIN	4 mL	OTHER: MONTHLY	Y-M: [redacted]	ONGOING
FOLIC ACID	10 mg	QD	Y-M: [redacted]	ONGOING
IRON	300 mg	QD	Y-M: [redacted]	ONGOING
METHOTREXATE	25 mg	OTHER: WEEKLY	Y-M: [redacted]	ONGOING
LANSOPRAZOLE	30 mg	QD	Y-M: [redacted]	ONGOING
PREDNISONE	10 mg	OTHER: WEEKLY	Y-M: [redacted] / -321	Y-M: [redacted] / 111
CLOBETASOL	0.5 g	QD	Y-M: [redacted] / -47	ONGOING
ASCORBIC ACID W/CALCIUM PHOSPHATE D	10 mL	TID	Y-M: [redacted] / 80	Y-M: [redacted] / 84

PHOLTEX	10 mL	TID	Y-M: 20[redacted] / 80	Y-M: 20[redacted] / 85
CEFUROXIME	500 mg	BID	Y-M: 20[redacted] / 80	Y-M: 20[redacted] / 86
ESOMEPRAZOLE	40 mg	OTHER: STAT	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 110
HYOSCINE	20 mg	OTHER: STAT	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 110
ONDANSETRON	4 mg	OTHER: STAT	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 110
PARACETAMOL	1 g	OTHER: STAT	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 110
TRAMADOL	100 mg	OTHER: STAT	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 110
METOCLOPRAMIDE	10 mg	TID	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 111
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / 110	Y-M: 20[redacted] / 111
HYOSCINE	20 mg	TID	Y-M: 20[redacted] / 111	Y-M: 20[redacted] / 116
METHYLPREDNISOLONE	1 g	TID	Y-M: 20[redacted] / 111	Y-M: 20[redacted] / 116
ONDANSETRON	4 mg	TID	Y-M: 20[redacted] / 111	Y-M: 20[redacted] / 116
TRAMADOL	100 mg	PRN	Y-M: 20[redacted] / 111	Y-M: 20[redacted] / 116
ZOPICLONE	7.5 mg	QD	Y-M: 20[redacted] / 111	Y-M: 20[redacted] / 116
BISACODYL	6 OTHER: TABLETS	OTHER: STAT	Y-M: 20[redacted] / 116	Y-M: 20[redacted] / 116
PICO-SALAX	1 OTHER: SACHET	OTHER: STAT	Y-M: 20[redacted] / 116	Y-M: 20[redacted] / 116

Event #1: Serious Adverse Event

Event Description	SUBACUTE COLON OBSTRUCTION
Preferred term	腸閉塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 111
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 112): Chloride: 105 [98 - 107] mmol/L; Creatinine: 110 [80 - 115] umol/L; NPTST269-UREA: 5.2 [2.1 - 7.1] mmol/L; Potassium: 4.1 [3.5 - 5.1] mmol/L; Sodium: 140 [136 - 145] mmol/L;
[redacted]20[redacted] (Rx Day 115): Chloride: 102 [98 - 107] mmol/L; Creatinine: 95 [80 - 115] umol/L; NPTST269-UREA: 6.5 [2.1 - 7.1] mmol/L; Potassium: 4.2 [3.5 - 5.1] mmol/L; Sodium: 138 [136 - 145] mmol/L

Microbiology

Not reported

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 106): ABDOMEN X-RAY: PT WITH UNDERLYING IBS. THIS RADIOLOGICAL APPEARANCE MAY JUST REFLECT AN ACUTE EXACERBATION WITH AN ENTERITIS AND COLITIS. INCOMPLETE BOWEL OBSTRUCTION CANNOT BE EXCLUDED HOWEVER AND INTERVAL FOLLOWUPX-RAYS ARE ADVISED.; ABDOMEN X-RAY: MULTIPLE DILATED SMALL BOWEL LOOPS EVIDENT WITH PROMINENT AIR-FLUID LEVEL SPECIFICALLY IN THE CENTRAL POSITIONED SMALL-BOWEL. THERE IS SOME FLUID LEVELS VISABLE IN THE COLON WITH AIR IN THE SIGMOID. INCOMPLETE DISTAL SMALL BOWEL OBSTRUCTION SUSPECTED AND CORRELATION WITH BOWEL SOUNDS NEEDED. ILEUS OR ENTERITIS NOT EXCLUDED AND CLINICAL & RADIOLOGICAL FOLLOWUP NEEDED.; CT ABDOMEN & PELVIS: SIGNS OF PREVIOUS SMALL BOWEL RESECTION WITH ANASTOMOSIS WITH SMALL BOWEL TO THE CECUM. THERE IS A PARTIAL OBSTRUCTION OF THE SMALL BOWEL WITH A TRANSITIONAL POINT IN THE RIGHT ILIAC FOSSA. THERE IS NO THICKENING OF THE WALL OF THE SMALL BOWEL. THERE ARE NO FISTULAS.

AE Stopped Rx Day	117
Duration of AE	7 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	OBSTRUCTION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

南アフリカの治験責任医師からの報告。本被験者は 5[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，亜急性結腸閉塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，乾癬，腸切除，体重減少，クローン病，炎症性腸疾患，間欠性消化性潰瘍疾患，胸やけ，非飲酒者及び現紙巻タバコ喫煙者（1 日 15 本を 33 年間）であった。

投与 111 日後，被験者は亜急性結腸閉塞を発現した。投与 117 日後，亜急性結腸閉塞は消失した。

投与 111 日後，被験者は下腹部痛，嘔吐，下痢があり，前日から食欲がなかったため入院した。入院時，被験者は便秘を報告した。これらの症状に対して IV 補液の投与が開始され，治療が行

われた。投与 117 日後，被験者は退院した。

投与された薬剤は，ゾピクロン，ビサコジル，ソル・メドロール，Maxolon，paracetamol，トラマドール，ネキシウム，ゾフラン，ブスコパン，prednisone 及び Perfalgan であった。

Causality for RISANKIZUMAB (Blinded)

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1) Subacute intestinal obstruction (10042278) (Intestinal obstruction (10022687)) [v.22.0] [10042278]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of SUBACUTE COLON OBSTRUCTION

- Investigator: Obstruction

- AbbVie: Event is more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMEN X-RAY:** Multiple dilated small bowel loops evident with prominent air-fluid level specifically in the central positioned small-bowel. There is some fluid levels visible in the colon with air in the sigmoid. Incomplete distal small bowel obstruction suspected and correlation with bowel sounds needed. Ileus or enteritis not excluded and clinical & radiological follow-up needed.

[redacted] **20[redacted] ABDOMEN X-RAY:** Pt with underlying IBS. This radiological appearance may just reflect an acute exacerbation with an enteritis and colitis. Incomplete bowel obstruction cannot be excluded however and interval follow-up x-rays are advised.

[redacted] **20[redacted] CT ABDOMEN & PELVIS:** Signs of previous small bowel resection with anastomosis with small bowel to the cecum. There is a partial obstruction of the small bowel with a transitional point in the right iliac fossa. There is no thickening of the wall of the small bowel. There are no fistulas.

[redacted] **20[redacted] POTASSIUM:** 4.1 MMOL/L (normal 3.5 to 5.1)

[redacted] **20[redacted] POTASSIUM:** 4.2 MMOL/L (normal 3.5 to 5.1)

[redacted] **20[redacted] SODIUM:** 140 MMOL/L (normal 136 to 145)

[redacted] **20[redacted] SODIUM:** 138 MMOL/L (normal 136 to 145)

Subject [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
レプトスピラ症	X			X
** ALT ≥in 5 × ULN using lab data				X
** AST ≥in 5 × ULN using lab data				X

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
ANEMIA: MICROCYTIC HYPOCHROMIC	20[redacted]
OTHER: VITAMIN D DEFICIENCY	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	5 CIGARETTE	5	Not reported.
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 85	85

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
INFLIXIMAB	250 mg	OTHER: EVERY 2 WEEKS	Y-M: 20[redacted]
COLECALCIFEROL	600 IU	QD	Y-M: 20[redacted] / -92
FORTRANS	SINGLE g	OTHER: SINGLE	Y-M: 20[redacted] / -30

PREDNISOLONE	17,5 mg	QD	Y-M: 20[redacted] / -29

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	600 IU	QD	Y-M: 20[redacted] / -92	ONGOING
PREDNISOLONE	17,5 mg	QD	Y-M: 20[redacted] / -29	Y-M: 20[redacted] / 55
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 53	Y-M: 20[redacted] / 54
CIPROFLOXACIN	400 mg	BID	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 57
MEROPENEM	2 g	TID	Y-M: 20[redacted] / 57	Y-M: 20[redacted] / 60
SULTAMICILLIN	3 g	QID	Y-M: 20[redacted] / 61	Y-M: 20[redacted] / 65
PREDNISOLONE	17,5 mg	QD	Y-M: 20[redacted] / 65	Y-M: 20[redacted] / 72

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

Event Description	LEPTOSPIROSIS
Preferred term	レプトスピラ症
AE Onset Date / Rx Day	[redacted]20[redacted] / 53
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 55): Alanine Aminotransferase: 492 [10 - 35] IU/L; Aspartate Aminotransferase: 314 [10 - 35] IU/L; Bilirubin: 1.2 [Not reported - 1] mg/dL; Creatine Kinase: 14 [25 - 160] U/L; NPTST052-C-REACTIVE PROTEIN: 461 [0 - 6] mg/L; NPTST151-LACTATE DEYHDROGENASE: 414 [115 - 230] U/L; Platelets: 240 [150 - 450] 10^9/L; [redacted]20[redacted] (Rx Day 56): Alanine Aminotransferase: 230 [10 - 35] IU/L; Albumin: 3 [Not reported - 5] g/dL; Alkaline Phosphatase: 55 [30 - 125] IU/L; Aspartate Aminotransferase: 72 [10 - 35] IU/L; Hematocrit: 36.2 [37 - 47] %; NPTST054-C-REACTIVE PROTEIN: 164 [0 - 6] mg/L; NPTST105-GAMMA GLUTAMYL TRANSFERASE: 34 [6 - 32] U/L; Platelets: 102 [150 - 450] 10^9/L; Protein: 5.9 [6 - 8.4] g/dL; Prothrombin Intl. Normalized Ratio: 1.05 [0.9 - 1.1] Unit not reported; Prothrombin Time: 14.3 [11 - 13.5] sec; [redacted]20[redacted] (Rx Day 65): Alanine Aminotransferase: 26 [10 - 35] IU/L; Aspartate Aminotransferase: 20 [10 - 35] IU/L; Bilirubin: 0.5 [0.1 - 1] mg/dL; Hematocrit: 34.3 [37 - 47] %; Leukocytes: 9.96 [4.26 - 10.8] 10^3/uL; NPTST054-C-REACTIVE PROTEIN: 3 [0 - 6] mg/L; Platelets: 449 [150 - 450] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 55): BLOOD NPTST064-CMV IGM: NEGATIVE; BLOOD NPTST082-EBV PANEL (VCA IGM, VCA IGG, EB: NEGATIVE; [redacted]20[redacted] (Rx Day 56): BLOOD NPTST015-ANTI-HEPATITIS C SEROLOGIES: NEGATIVE; BLOOD NPTST120-HAV IGG AND ?AV IGM: NEGATIVE; BLOOD NPTST135-HEPATITIS B SURFACE ANTIGEN: NEGATIVE; BLOOD NPTST155-LEPTOSPIRA INTERROGANS IGM: POSITIVE-LEPTOSPIRA INTERROGANS; [redacted]20[redacted] (Rx Day 58): BLOOD NPTST044-BLOOD CULTURES: NEGATIVE

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 39): PLAIN ABDOMINAL RADIOGRAPHY: NORMAL FINDINGS

AE Stopped Rx Day	65
Duration of AE	13 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	POSSIBLE OCCUPATIONAL EXPOSURE TO LEPTOSPIRA
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ギリシャの治験責任医師からの報告。本被験者は3[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，レプトスピラ症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，活動性クローン病（結腸疾患，穿通型），小球性低色素性貧血，喫煙者（1日 5 本を 5 年間）及び飲酒者（1 日 2 杯未満）であった。

投与 53 日後，被験者はレプトスピラ症を発現した。投与 65 日後，レプトスピラ症は消失した。

投与 55 日後，被験者は 39°C の発熱及び軽度の頭痛のため入院した。身体的診察時，被験者に異常は認められなかった。臨床検査及び腹部X線検査が行われた。レプトスピラ症と診断され，抗生剤の投与が開始された。投与 65 日後，被験者は退院した。

治験責任医師は，以下を本事象の追加リスク因子と判断した：被験者はコルチコステロイド及び生物学的製剤による治療を受けていた。また，被験者は倉庫で働いており，げっ歯類への曝露の可能性があった。被験者の行動範囲で，他のレプトスピラ症の症例は最近報告されていなかった。

投与された薬剤は，Begalin，シプロフロキサシン及び Meronem であった。

The patient's past medications include:

INFLIXIMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Leptospirosis (10024238) (Leptospirosis (10024238)) [v.23.1] [10024238]

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 RISANKIZUMAB (Blinded)

Event of LEPTOSPIROSIS

- Investigator: Possible occupational exposure to leptospira.

- AbbVie: Leptospirosis is a zoonotic disease obtained through exposure to animals or contaminated sources. Additional risk factor includes possible exposure to rodents as reported by PI.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ABDOMINAL X-RAY: not reported

[redacted] 20[redacted] ALANINE AMINO TRANSFERASE: 492 IU/L (normal 10 to 35)

[redacted] 20[redacted] ALANINE AMINO TRANSFERASE: 230 IU/L (normal 10 to 35)

[redacted] 20[redacted] ALANINE AMINO TRANSFERASE: 26 IU/L (normal 10 to 35)

[redacted] **20[redacted] ALBUMIN:** 3 G/DL (normal 3.4 to 5)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 55 IU/L (normal 30 to 125)

[redacted] 20[redacted] ANTI-HEPATITIS C SEROLOGIES: negative

[redacted] 20[redacted] ASPARTATE AMINO TRANSFERASE: 314 IU/L (normal 10 to 35)

[redacted] 20[redacted] ASPARTATE AMINO TRANSFERASE: 72 IU/L (normal 10 to 35)

[redacted] 20[redacted] ASPARTATE AMINO TRANSFERASE: 20 IU/L (normal 10 to 35)

[redacted] **20[redacted] BILIRUBIN:** 1.2 mg/dL (normal 0.1 to 1)

[redacted] **20[redacted] BILIRUBIN:** 0.5 mg/dL (normal 0.1 to 1)

[redacted] 20[redacted] BLOOD CULTURES: negative

[redacted] 20[redacted] BODY TEMPERATURE: 39 Degrees C

[redacted] 20[redacted] CMV IGM: negative

[redacted] **20[redacted] CREATINE KINASE:** 14 U/L (normal 25 to 160)

[redacted] **20[redacted] CRP:** 461 MG/L (normal 0 to 6)

[redacted] **20[redacted] CRP:** 164 MG/L (normal 0 to 6)

[redacted] **20[redacted] CRP:** 3 MG/L (normal 0 to 6)

[redacted] **20[redacted] EBV PANEL:** VCA IGM VCA IGG, and EBNA - All negative

[redacted] 20[redacted] GAMMA GLUTAMYL TRANSFERASE: 34 U/L (normal 6 to 32)

[redacted] 20[redacted] HAV IGG: negative

[redacted] 20[redacted] HAV IGM: negative

[redacted] **20[redacted] HEMATOCRIT:** 36.2 % (normal 37 to 47)

[redacted] **20[redacted] HEMATOCRIT:** 34.3 % (normal 37 to 47)

[redacted] 20[redacted] HEPATITIS B SURFACE ANTIGEN: negative

[redacted] **20[redacted] INR:** 1.05 NO UNITS (normal 0.9 to 1.1)

[redacted] 20[redacted] LACTATE DEYHDROGENASE: 414 U/L (normal 115 to 230)

[redacted] 20[redacted] LEPTOSPIRA INTERROGANS IGM: positive for leptospira interogans

[redacted] 20[redacted] PLAIN ABDOMINAL RADIOGRAPHY: Normal findings

[redacted] **20[redacted] PLATELET COUNT:** 240 X10**9/L (normal 150 to 450)

[redacted] **20[redacted] PLATELET COUNT:** 102 X10**9/L (normal 150 to 450)

[redacted] **20[redacted] PLATELET COUNT:** 449 X10**9/L (normal 150 to 450)

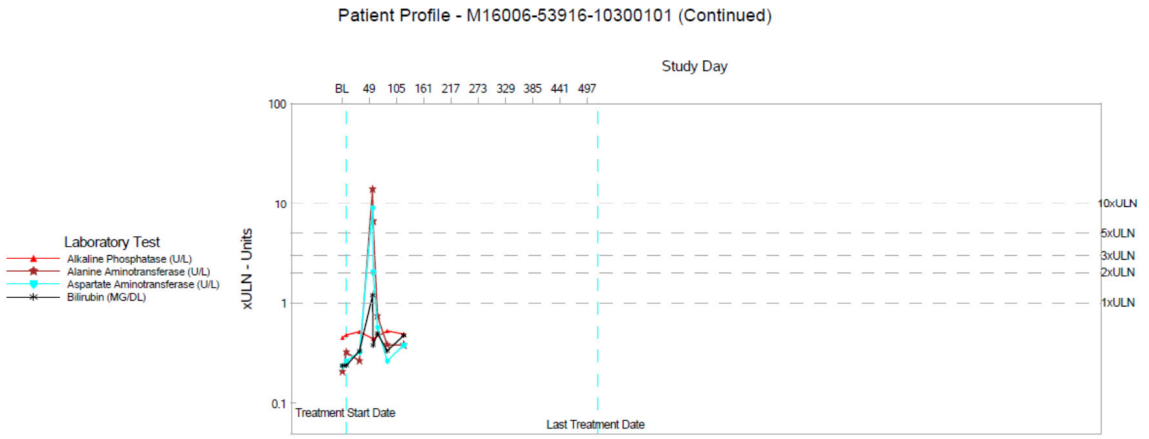
[redacted] **20[redacted] PROTEIN:** 5.9 G/DL (normal 6 to 8.4)

[redacted] 20[redacted] **PROTHROMBIN TIME:** 14.3 SEC (normal 11 to 13.5)

[redacted] 20[redacted] **WBC:** 9.96 X10**3/MCL (normal 4.26 to 10.8)

NON SERIOUS EVENTS and **OTHER AREAS OF SAFETY INTEREST

ALT ([redacted]20[redacted] / Day -30) 7 U/L (reference range: 6-34 U/L), AST ([redacted]20[redacted] / Day -30) 8 U/L (reference range: 9-34 U/L), Bilirubin ([redacted]20[redacted] / Day -30) 5 umol/L (reference range: 3-21 umol/L), ALP ([redacted]20[redacted] / Day -30) 48 U/L (reference range: 31-106 U/L) ALT ([redacted]20[redacted] / Day 1) 11 U/L (reference range: 6-34 U/L), AST ([redacted]20[redacted] / Day 1) 9 U/L (reference range: 9-34 U/L), Bilirubin ([redacted]20[redacted] / Day 1) 5 umol/L (reference range: 3-21 umol/L), ALP ([redacted]20[redacted] / Day 1) 51 U/L (reference range: 31-106 U/L) ALT ([redacted]20[redacted] / Day 55) 492 U/L (reference range: 10-35 U/L), AST ([redacted]20[redacted] / Day 55) 314 U/L (reference range: 10-35 U/L), Bilirubin ([redacted]20[redacted] / Day 55) 1.2 mg/dL (reference range: 0.1-1 mg/dL) ALT ([redacted]20[redacted] / Day 65) 26 U/L (reference range: 10-35 U/L), AST ([redacted]20[redacted] / Day 65) 20 U/L (reference range: 10-35 U/L), Bilirubin ([redacted]20[redacted] / Day 65) 0.5 mg/dL (reference range: 0.1-1 mg/dL)



Subject [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
P1:RZB 1200 MG IV	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HYPOTHYROIDISM	19[redacted]
OTHER: DYSTORSION NECK	20[redacted]
OTHER: RADIAL HEAD FRACTURES LEFT AND RIGHT	20[redacted]
EMPHYSEMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE: COPD MODERATE	20[redacted]
EMPHYSEMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE: COPD GOLD II	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: OBSTIPATION INTERMITTENT	20[redacted]
PNEUMONIA	20[redacted]
EMPHYSEMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE: COPD GOLD III	20[redacted]
EYE DISEASE/DISORDER: CATARACT LEFT EYE	20[redacted]
EYE DISEASE/DISORDER: DRY EYES	20[redacted]
OSTEOPOROSIS	20[redacted]
OTHER: DYSPNEU	20[redacted]
OTHER: EXACERBATION COPD (SAE #1)	20[redacted]

Prior Procedures	Procedure Year
SURGERY: SPONDYLODESE (20[redacted]) FOR SPONDYLOLYSE (SINCE 20[redacted])	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
SURGERY: CATARACT RIGHT EYE	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: 3X POLYPECTOMY COLON	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: POLYPECTOMY COLON (3X)	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	7 CIGARETTE	40	20[redacted]
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 51	51

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ASCORBIC ACID	1000 mg	QD	Y-M: 20[redacted]
MESALAZINE	2 g	PRN	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
METHOTREXATE	15 mg	OTHER: WEEKLY	Y-M: 20[redacted]
LEVOTHYROXINE	112,5 mg	QD	Y-M: 20[redacted]
SERETIDE	50/500 OTHER: UG/DO	BID	Y-M: 20[redacted]
TIOTROPIUM	18 OTHER: UG	QD	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY 2 WEEKS	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	OTHER: WEEK 0-2-6	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted]
SALBUTAMOL	200 OTHER: UG/DO	PRN	Y-M: 20[redacted]
HYPROMELLOSE	3.2 OTHER: MG/ML	PRN	Y-M: 20[redacted]
USTEKINUMAB	90 mg	OTHER: EVERY 12 WEEKS	Y-M: 20[redacted]
TIOGUANINE	10 mg	QD	Y-M: 20[redacted] / -262
LEKOVIT CA	1.25GR/ 800 IE OTHER: GR/IE	QD	Y-M: 20[redacted] / -207
DEXAMETHASONE	4 mg	BID	Y-M: 20[redacted] / -94
PREDNISONE	40 mg	QD	Y-M: 20[redacted] / -89
ZOLEDRONIC ACID	5 mg	OTHER: EVERY YEAR ONCE	Y-M: 20[redacted] / -80
LOPERAMIDE	2 mg	PRN	Y-M: 20[redacted] / -61
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -40

AUGMENTIN	500/125 mg	TID	Y-M: 20[redacted] / -23
PREDNISONE	40 mg	QD	Y-M: 20[redacted] / -23
ACETYLCYSTEINE	600 mg	BID	Y-M: 20[redacted] / -20
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -17

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
ASCORBIC ACID	1000 mg	QD	Y-M: 20[redacted]	ONGOING
MESALAZINE	2 g	PRN	Y-M: 20[redacted]	ONGOING
LEVOTHYROXINE	112,5 mg	QD	Y-M: 20[redacted]	ONGOING
SERETIDE	50/500 OTHER: UG/DO	BID	Y-M: 20[redacted]	Y-M: 20[redacted] / 82
TIOTROPIUM	18 OTHER: UG	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 82
SALBUTAMOL	200 OTHER: UG/DO	PRN	Y-M: 20[redacted]	ONGOING
HYPROMELLOSE	3.2 OTHER: MG/ML	PRN	Y-M: 20[redacted]	ONGOING
LEKOVIT CA	1.25GR/ 800 IE OTHER: GR/IE	QD	Y-M: 20[redacted] / -207	ONGOING
ZOLEDRONIC ACID	5 mg	OTHER: EVERY YEAR ONCE	Y-M: 20[redacted] / -80	ONGOING
LOPERAMIDE	2 mg	PRN	Y-M: 20[redacted] / -61	ONGOING
ACETYLCYSTEINE	600 mg	BID	Y-M: 20[redacted] / -20	Y-M: 20[redacted] / 41
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -17	Y-M: 20[redacted] / 88
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / 12	Y-M: 20[redacted] / 41
AMOXICILLIN	1000 mg	OTHER: 4DD1	Y-M: 20[redacted] / 21	Y-M: 20[redacted] / 22
PREDNISONE	40 mg	QD	Y-M: 20[redacted] / 21	Y-M: 20[redacted] / 28
AMOXICILLIN	750 mg	TID	Y-M: 20[redacted] / 23	Y-M: 20[redacted] / 28

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] / 20
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 21): C Reactive Protein: 100 [0 - 10] mg/L; Leukocytes: 16.0 [4 - 10] 10^9/L; NPTST035-BASE EXCESS ARTERIAL: 3.7 [3 - 3] mmol/L; NPTST183-O2 SATURATION ARTERIAL: 9.0

[11 - 14.4] Unit not reported; [redacted]20[redacted] (Rx Day 23): C Reactive Protein: 59 [0 - 10] mg/L; Leukocytes: 7.4 [4 - 10] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 22): URINE NPTST147-L. PNEUMPHILA AG: NEGATIVE; URINE NPTST236-S. PNEUMONIAE AG: NEGATIVE; SPUTUM NPTST250-SPUTUM CULTURE: POSITIVE-KLEBSIELLA OXYTOCA

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 12): X-THORAX: RIGHT PERIHILAR INFILTRATE

AE Stopped Rx Day	25
Duration of AE	6 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PNEUMONIA
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

オランダの治験責任医師からの報告。本被験者は6[redacted]歳女性であり，AbbVie のリサンキズマ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，元喫煙者（1 日 7 本を 40 年間），甲状腺機能低下症，COPD，クローン病及び現飲酒者（1 日 2 杯未満）であった。

投与 20 日後，被験者は肺炎を発現した。投与 25 日後，肺炎は消失した。

投与 20 日後，被験者は呼吸困難のため入院し，肺炎と診断された。治験責任医師によると，被験者のリスク因子は COPD（GOLD III），（クローン病に対する）コルチコステロイドの使用に起因する免疫不全症及び甲状腺機能低下症であった。被験者は治療開始後に改善した。投与 25 日後，被験者は退院した。

投与された薬剤は，paracetamol，アジスロマイシン，アモキシシリン及び prednisone であった。

The patient’s past medications include:

AZATHIOPRIN for CROHN'S DISEASE ([redacted])

METHOTREXATE for CROHN'S DISEASE ([redacted])

ADALIMUMAB for CROHN'S DISEASE ([redacted])

VEDOLIZUMAB for CROHN'S DISEASE ([redacted])

USTEKINUMAB for CROHN'S DISEASE ([redacted])

THIOSIX for CROHN'S DISEASE ([redacted])

DEXAMETHASON for CROHN'S DISEASE ([redacted])

AUGMENTIN for EXACERBATION COPD ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Pneumonia (10035664) (Pneumonia (10035664)) [v.23.1] [10035664]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of PNEUMONIA

- Investigator: Pneumonia.

- AbbVie: Risk factors include COPD (GOLD III) and former smoker with extensive history (40 years).

Relevant Laboratory & Other Diagnostic Tests

[redacted] **BASE EXCESS ARTERIAL:** 3.7 MMOL/L (normal 3.0 to 3.0)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 100 MG/L (normal 0 to 10)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 59 MG/L (normal 0 to 10)

[redacted] 20[redacted] L. PNEUMOPHILA AG: Negative

[redacted] 20[redacted] O2 ARTERIAL SATURATION: 9.0 KPA (normal 11 to 14.4)

[redacted] 20[redacted] S. PNEUMONIAE AG: Negative

[redacted] **20[redacted] SPUTUM CULTURE:** Positive: Klebsiella Oxytoca

[redacted] **20[redacted] WHITE BLOOD CELLS:** 16.0 X10**9/L (normal 4 to 10)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 7.4 X10**9/L (normal 4 to 10)

[redacted] **20[redacted] XRAY THORAX:** Right perihilar infiltrate

Subject [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
ノロウイルス性胃腸炎	X			X

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HAY FEVER	20[redacted]
OTHER: JOINT PAINS	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: COLLAPSE (PATIENT FAINTED, NO CAUSE FOUND)	20[redacted]
OTHER: ADJUSTMENT DISORDER WITH NEGATIVE MOOD	20[redacted]
OTHER: HEMORRHOIDS	20[redacted]
OTHER: INTERMITTENT SINUS PILONIDALIS	20[redacted]
OTHER: INCREASE IN ABDOMINAL PAIN TO GRADE 2	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: SINUS PILONIDALIS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: SINUS PILONIDALIS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: SINUS PILONIDALIS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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	FORMER	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 54	54

Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 89	[redacted]20[redacted] / 148	60

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
METHOTREXATE	25 mg	OTHER: QWK	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: 1X/2 WEEKS	Y-M: 20[redacted]
ETHINYLESTRADIOL	20 ug	QD	Y-M: 20[redacted]
LEVONORGESTREL	100 ug	QD	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: 1X/WK	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: 1X/WK	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: 1X/2WK	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: 1X/WK	Y-M: 20[redacted]
METHOTREXATE	25 mg	OTHER: QWK	Y-M: 20[redacted]
METHOTREXATE	10 mg	OTHER: QWK	Y-M: 20[redacted]
USTEKINUMAB	520 mg	OTHER: ONCE	Y-M: 20[redacted]
USTEKINUMAB	90 mg	OTHER: EVERY 6 WEEKS	Y-M: 20[redacted]
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / -39
BISACODYL	10 mg	OTHER: ONCE	Y-M: 20[redacted] / -11
SUPREP BOWEL PREP	1 OTHER: FLACON	QD	Y-M: 20[redacted] / -10
FENTANYL	0.05 mg	OTHER: ONCE	Y-M: 20[redacted] / -9
MIDAZOLAM	12.5 mg	OTHER: ONCE	Y-M: 20[redacted] / -9

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
ETHINYLESTRADIOL	20 ug	QD	Y-M: 20[redacted]	ONGOING
LEVONORGESTREL	100 ug	QD	Y-M: 20[redacted]	ONGOING
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / -39	ONGOING
KETOCONAZOLE	1 OTHER: APPLICATION	BID	Y-M: 20[redacted] / 89	Y-M: 20[redacted] / 148
TRIAMCINOLONE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted] / 89	Y-M: 20[redacted] / 148
COLESTYRAMINE	4 g	PRN	Y-M: 20[redacted] / 114	Y-M: 20[redacted] / 159
CELECOXIB	100 mg	PRN	Y-M: 20[redacted] / 120	Y-M: 20[redacted] / 159
SODIUM CHLORIDE	0.9 %	OTHER: ONCE	Y-M: 20[redacted] / 139	Y-M: 20[redacted] / 142

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

Event Description	NOROVIRUS
Preferred term	ノロウイルス性胃腸炎

AE Onset Date / Rx Day	[redacted]20[redacted] / 139
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 139): C Reactive Protein: 19 [0 - 10] mg/L; NPTST090-ERYTHROCYTES: 281 [0 - 23] Unit not reported; NPTST156-LEUKOCYTES: 17.9 [4 - 10] 10^9/L; NPTST156-LEUKOCYTES: 66 [0 - 25] Unit not reported; [redacted]20[redacted] (Rx Day 140): C Reactive Protein: 92 [0 - 10] mg/L; NPTST156-LEUKOCYTES: 11.4 [4 - 10] 10^9/L; [redacted]20[redacted] (Rx Day 141): C Reactive Protein: 63 [0 - 10] mg/L; NPTST156-LEUKOCYTES: 8.3 [4 - 10] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 139): BLOOD NPTST044-BLOOD CULTURES: NEGATIVE-NO ORGANISMS; [redacted]20[redacted] (Rx Day 142): STOOL NPTST228-ROTA, ADENO, ASTRO, SAPO OR NOR: POSITIVE-ONLY NOROVIRUS WAS TESTED POSITIVE; STOOL NPTST239-SALMONELLA, SHIGELLA, CAMPYLOB.: NEGATIVE

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 115): ECHO LOWER EXTREMITY RIGHT: NO ABCES, ONLY SUPERFICIAL SKIN INFECTION

AE Stopped Rx Day	142
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]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

オランダの治験責任医師からの報告。本被験者は2[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，ノロウイルスの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，関節痛，クローン病，腸切除，痔核，間欠性毛巣洞，毛巣洞の手術， Grade 2 への腹痛増加，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

本治験では，Week 12 の開始時に，被験者は盲検性を維持する目的で盲検化された IV 製剤及び盲検化された皮下製剤の投与を受ける予定である。

投与 139 日後，被験者はノロウイルスを発現した。投与 142 日後，ノロウイルスは消失した。

投与 139 日後，被験者は腹痛増加，関節痛増加，頭痛，下痢及び臀部の疼痛のため入院した。入院中，被験者の排便頻度は自然に減少した。被験者は表在性皮膚感染を発現した。右下肢のエコー検査が行われ，臀部の膿瘍は認められず，表在性皮膚感染のみが認められた。投与 142 日後，便培養の結果が返却され，ノロウイルスに陽性であった。投与 142 日後，被験者は退院した。

投与された薬剤は，IV 塩化ナトリウム 0.9%であった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

USTEKINUMAB for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Gastroenteritis norovirus (10068189) (Gastroenteritis norovirus (10068189)) [v.23.0] 0068189]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of NOROVIRUS

- **Investigator:** Not applicable.

- **AbbVie:** Viral gastroenteritis is common in the general population with the most common viruses being norovirus, rotavirus, enteric adenoviruses, and astrovirus.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BLOOD CULTURES: No organisms.

[redacted] 20[redacted] BODY TEMPERATURE: 38.6 Degrees C

[redacted] **20[redacted] ECHO LOWER EXTREMITY RIGHT:** No abscess, only superficial skin infection.

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 19 MG/L (normal 0 to 10)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 92 MG/L (normal 0 to 10)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 63 MG/L (normal 0 to 10)

[redacted] **20[redacted] LEUKOCYTES:** 17.9 X10**9/L (normal 4 to 10)

[redacted] **20[redacted] LEUKOCYTES:** 11.4 X10**9/L (normal 4 to 10)

[redacted] **20[redacted] LEUKOCYTES:** 8.3 X10**9/L (normal 4 to 10)

[redacted] **20[redacted] STOOL CULTURE:** Positive for Norovirus, Negative for Adenovirus, Astrovirus, Rotavirus, and Sapovirus.

[redacted] **20[redacted] STOOL CULTURE:** Negative for Salmonella, Shigella, Campylobacter, and C.Diff.

[redacted] 20[redacted] URINE ERYTHROCYTES: 281 uL (normal 0 to 23)

[redacted] 20[redacted] URINE LEUKOCYTES: 66 uL (normal 0 to 25)

Subject [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			
肺塞栓症	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 1200 MG IV / P2:RZB 1200 MG IV	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
LATENT TUBERCULOSIS	Not reported.
OTHER: NIGHTLY SWEATS	Not reported.
CROHN'S DISEASE	19[redacted]
OTHER: ULCERATIVE STENOTIC ANASTOMOSIS	20[redacted]
OTHER: DELAYED TYPE HYPERSENSITIVITY TO INFLIXIMAB	20[redacted]
OTHER: OBESITY	20[redacted]
OTHER: ANAL ABSCESS	20[redacted]
OTHER: ANAL FISTULA	20[redacted]
OTHER: RECURRENCE ANAL ABSCESS, NO FISTEL	20[redacted]
OTHER: SCAR TISSUE FRACTION WITH EVENTRATION SURGERY	20[redacted]
OTHER: PULMONARY EMBOLISM AFTER SURGERY	20[redacted]
OTHER: INTERMITTENT HERPES LABIALIS	20[redacted]
TUBERCULOSIS	20[redacted]
OTHER: ABDOMINAL PAIN	20[redacted]
DEPRESSION: DEPRESSIVE FEELINGS	20[redacted]
OSTEOARTHRITIS	20[redacted]
OTHER: FATIGUE	20[redacted]
OTHER: HEADACHE	20[redacted]
OTHER: HERPES LABIALIS (INTERMITTENT)	20[redacted]
CHOLELITHIASIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: CHOLECYSTECTOMIE	20[redacted]
OTHER: CHOLEDOCHOLITHIASIS	20[redacted]
OTHER: HYPERVENTILATION	20[redacted]
OTHER: BORBORYGMIE	20[redacted]
OTHER: DYSPNAE	20[redacted]
OTHER: INTERMITTENT HYPOTENSION	20[redacted]
OTHER: RECTAL TENESMEN	20[redacted]
OTHER: RECTAL URGENCY	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: RIGHT HEMICOLECTOMIE	20[redacted]
SURGERY: HEMICOLECTOMIE RIGHT SIDE	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: RESECTION TERMINAL ILEUM	20[redacted]
SURGERY: RESECTION TERMINAL ILEUM	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: EVENTRATION SCAR TISSUE FRACTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: CHOLECYSTECTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: ERCP CHOLEDOCHOLITHIASIS	20[redacted]
SURGERY: SPHINCTEROTOMY AND BALLOON STONE EXTRACTION WITH SECOND CHOLECYSTECTOMY.	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	20 CIGARETTE	26	20[redacted]
CHEWING TOBACCO	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)
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 63	63
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 90	[redacted]20[redacted] / 140	51

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ADALIMUMAB	40 mg	OTHER: EVERY WEEK	Y-M: 20[redacted]
ISONIAZID	300 mg	QD	Y-M: 20[redacted]
PYRIDOXINE	250 mg	QD	Y-M: 20[redacted]
PARACETAMOL	1 g	PRN	Y-M: 20[redacted]
USTEKINUMAB	520 mg	OTHER: ONCE	Y-M: 20[redacted]
FILGOTINIB	200 mg	QD	Y-M: 20[redacted]
OLMESARTAN	20 mg	QD	Y-M: 20[redacted]
FEMODENE	30/75 ug	QD	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -58
PICO-SALAX	1 OTHER: SACHET	QD	Y-M: 20[redacted] / -29
PROPOFOL	2 mg/kg	OTHER: ONCE	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
PARACETAMOL	1 g	PRN	Y-M: 20[redacted]	ONGOING
OLMESARTAN	20 mg	QD	Y-M: 20[redacted]	ONGOING
FEMODENE	30/75 ug	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 24
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -58	ONGOING
LOPERAMIDE	2 mg	PRN	Y-M: 20[redacted] / 24	ONGOING
MAGNESIUM	Not reported.	QD	Y-M: 20[redacted] / 24	Y-M: 20[redacted] / 31
POTASSIUM	15 mL	BID	Y-M: 20[redacted] / 24	Y-M: 20[redacted] / 31
POTASSIUM	Not reported.	QD	Y-M: 20[redacted] / 24	Y-M: 20[redacted] / 31
AUGMENTIN	875/125 mg	TID	Y-M: 20[redacted] / 24	Y-M: 20[redacted] / 34
RIVAROXABAN	15 mg	BID	Y-M: 20[redacted] / 24	Y-M: 20[redacted] / 45

Event #1: Serious Adverse Event

Event Description	DEEP VENOUS THROMBOSIS WITH BILATERAL PULMONARY EMBOLISM
Preferred term	深部静脈血栓症
AE Onset Date / Rx Day	[redacted]20[redacted] / 24
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 24): C Reactive Protein: 26 [0 - 9.99999] mg/L; NPTST078-D-DIMER: 3622 [Not reported - Not reported] ng/mL; NPTST165-MAGNESIUM: 0.42 [0.66 - 1.07] mmol/L; Potassium: 3.5 [3.5 - 5.1] mmol/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 12): CT THORAX: FAIRLY EXTENSIVE BILATERAL CENTRAL AND PERIPHERAL PULMONARY EMBOLISM; NO PATHOLOGICAL ADENOPATHIES; NO PERICARDIAL FLUID OR PLEURAL FLUID; DUPLEX LOWER LIMBS: IMAGE OF DVT ON THE RIGHT AT THE HEIGHT OF THE DISTAL UPPER LEG, FOSSA POPLITEA AND LOWER LEG ON THE RIGHT.; ECG: ST 108/MIN, LEFT AX, RBTB, REPOLARISATION DISORDER NEGATIVE T OVER THE FRONT WALL; ECHOCARDIOGRAPHY: LEFT ATRIUM NORMALRIGHT ATRIUM NORMALLEFT VENTRICLE: THE END DIASTOLIC DIAMETER IS 44 MM; SEPTUM AND BACK WALL THICKNESS IS 8 MM AND 8 MM, RESPECTIVELY; SYSTOLIC LEFT VENTRICULAR FUNCTION IS NORMAL.DIASTOLIC FUNCTION: E / A IS 0.5MITRAL VALVE: I / IV INSUFFICIENCYAORTIC VALVE: GRADIENT 8 MMHGTRICUSPID VALVE: INSUFFICIENT II / IV WITH GRADIENT OVER THE VALVE OF 41 MMHG; THE INFERIOR GUINEA PIG IS VERY NARROW; THE ESTIMATED PULMONARY PRESSURE IS BETWEEN 41-46 MMHGRIGHT VENTRICLE IS NOT CLEARLY

DILATED.CONCLUSION: NO RIGHT VENTRICULAR DILATION. MILD PULMONARY HYPERTENSION.

AE Stopped Rx Day	31
Duration of AE	8 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DISEASE ACTIVITY; USE OF ANTICONCEPTION, OBESITAS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Event #2: Serious Adverse Event

Event Description	DEEP VENOUS THROMBOSIS WITH BILATERAL PULMONARY EMBOLISM
Preferred term	肺塞栓症
AE Onset Date / Rx Day	[redacted]20[redacted] / 24
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 24): C Reactive Protein: 26 [0 - 9.99999] mg/L; NPTST078-D-DIMER: 3622 [Not reported - Not reported] ng/mL; NPTST165-MAGNESIUM: 0.42 [0.66 - 1.07] mmol/L; Potassium: 3.5 [3.5 - 5.1] mmol/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 12): CT THORAX: FAIRLY EXTENSIVE BILATERAL CENTRAL AND PERIPHERAL PULMONARY EMBOLISM; NO PATHOLOGICAL ADENOPATHIES; NO PERICARDIAL FLUID OR PLEURAL FLUID; DUPLEX LOWER LIMBS: IMAGE OF DVT ON THE RIGHT AT THE HEIGHT OF THE DISTAL UPPER LEG, FOSSA POPLITEA AND LOWER LEG ON THE RIGHT.; ECG: ST 108/MIN, LEFT AX, RBTB, REPOLARISATION DISORDER NEGATIVE T OVER THE FRONT WALL; ECHOCARDIOGRAPHY: LEFT ATRIUM NORMALRIGHT ATRIUM NORMALLEFT VENTRICLE: THE END DIASTOLIC DIAMETER IS 44 MM; SEPTUM AND BACK WALL THICKNESS IS 8 MM AND 8 MM, RESPECTIVELY; SYSTOLIC LEFT VENTRICULAR FUNCTION IS NORMAL.DIASTOLIC FUNCTION: E / A IS 0.5MITRAL VALVE: I / IV INSUFFICIENCYAORTIC VALVE: GRADIENT 8 MMHGTRICUSPID VALVE: INSUFFICIENT II / IV WITH GRADIENT OVER THE VALVE OF 41 MMHG; THE INFERIOR GUINEA PIG IS VERY NARROW; THE ESTIMATED PULMONARY PRESSURE IS BETWEEN 41-46 MMHGRIGHT VENTRICLE IS NOT CLEARLY DILATED.CONCLUSION: NO RIGHT VENTRICULAR DILATION. MILD PULMONARY HYPERTENSION.

AE Stopped Rx Day	31
Duration of AE	8 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DISEASE ACTIVITY; USE OF ANTICONCEPTION, OBESITAS
Discontinued Study Drug Due to the Event	NO

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

Generated: [redacted] 20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は 4[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，両側肺塞栓症を伴う深部静脈血栓症の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，クローン病，元喫煙者（1 日 20 本を 26 年間），疲労，変形性関節症，頭痛，間欠性口唇ヘルペス，間欠性低血圧及び非飲酒者であった。

投与 24 日後，被験者は両側肺塞栓症を伴う深部静脈血栓症を発現した。投与 31 日後，両側肺塞栓症を伴う深部静脈血栓症は消失した。

被験者は治験実施医療機関に電話連絡し，3 日以上前から息切れがあると伝えた。また，下肢のだるさがあり，短距離を歩くことが困難であると訴えた。心拍数は 123 bpm であった。投与 22 日後，治験責任医師（PI）との面談時に過換気が認められた。血液検査の結果，高カリウム血症が認められた。投与 24 日後，被験者は入院した。投与 31 日後，被験者は退院した。本事象のため治験薬の Week 4 投与が延期された。

投与された薬剤は，イグザレルト及び Imodium であった。

The patient's past medications include:

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

STELARA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

FILGOTINIB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Pulmonary embolism (10037377) (Pulmonary embolism (10037377)) [v.23.1] [10037377]

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) Deep vein thrombosis (10051055) (Deep vein thrombosis (10051055)) [v.23.1] [10051055]

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 RISANKIZUMAB (Blinded)

Event of DEEP VENOUS THROMBOSIS WITH BILATERAL PULMONARY EMBOLISM

- Investigator: disease activity; use of anticonception, obesitas

- AbbVie: Event is more likely related to obesity (BMI=42.3), former smoker (1ppd for 26 years) and concomitant use of oral contraception. Additionally, thromboembolic complications are 3 times more likely in patients with Inflammatory Bowel Disease (IBD) than controls.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BMI: 42.3 kg/m2

[redacted] **20[redacted] CRP:** 26 mg/L, normal low: <5, normal high: <5

[redacted] **20[redacted] CT THORAX:** Fairly extensive bilateral central and peripheral pulmonary embolism; no pathological adenopathies; no pericardial fluid or pleural fluid.

[redacted] 20[redacted] D-DIMER: 3622 NG/ML

[redacted] 20[redacted] **DUPLEX LOWER LIMBS:** Image of DVT on the right at the height of the distal upper leg, fossa poplitea and lower leg on the right.

[redacted] 20[redacted] **ECG:** ST 108/min, left ax, RBTB, repolarisation disorder negative T over the front wall.

[redacted] 20[redacted] **ECHOCARDIOGRAPHY:** Left atrium normalright atrium normalleft ventricle: the end diastolic diameter is 44 mm; septum and back wall thickness is 8 mm and 8 mm, respectively; systolic left ventricular function is normal.Diastolic function: E / A is 0.5Mitral valve: I / IV insufficiencyAortic valve: gradient 8 mmHgTricuspid valve: insufficient II / IV with gradient over the valve of 41 mmHg; the inferior guinea pig is very narrow; the estimated pulmonary pressure is between 41-46 mmHgright ventricle is not clearly dilated.conclusion: no right ventricular dilation. Mild pulmonary hypertension.

[redacted] 20[redacted] HEART RATE: 123 bpm

[redacted] **20[redacted] MAGNESIUM:** 0.42 MMOL/L (normal 0.66 to 1.07)

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

Subject [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
心室性頻脈	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV	6[redacted]	MALE	WHITE

Medical History	Onset Year
DEGENERATIVE DISC DISEASE: ACUTE LUMBAGO	20[redacted]
OTHER: PERIANAL FISTULA	20[redacted]
CROHN'S DISEASE	20[redacted]
DEGENERATIVE DISC DISEASE: LUMBAR DISC HERNIATION	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE: REFLUX OESOPHAGITIS	20[redacted]
OTHER: ABDOMINAL ABSCESS	20[redacted]
OTHER: INFECTIOUS COLITIS	20[redacted]
OTHER: CYTOMEGALOVIRUS	20[redacted]
OTHER: PERITONITIS	20[redacted]
OTHER: CYTOMEGALOVIRUS REACTIVATION	20[redacted]
OTHER: BILE ACID DIARRHEA	20[redacted]
OTHER: ECZEMA AROUND BELLY BUTTON	20[redacted]
OTHER: VITAMIN B12 DEFICIENCY	20[redacted]
DEGENERATIVE DISC DISEASE: DEGENERATIVE CHANGES VERTEBRAL COLUMN	20[redacted]
OTHER: ARTHRALGIA INTERMITTENT	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	5 CIGARETTE	18	20[redacted]
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	600 mg	IV	Every 4 Weeks	[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
BUDESONIDE	Not reported.	Not reported.	Y-M: 20[redacted]
AZATHIOPRINE	Not reported.	Not reported.	Y-M: 20[redacted]
BUDESONIDE	Not reported.	Not reported.	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
COLESTYRAMINE	4 g	QD	Y-M: 20[redacted]
ALFENTANIL	0.5 mg	QD	Y-M: 20[redacted] / -23
MIDAZOLAM	5 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
COLESTYRAMINE	4 g	QD	Y-M: 20[redacted]	ONGOING
BISOPROLOL	5 mg	QD	Y-M: 20[redacted] / 56	ONGOING

Event #1: Serious Adverse Event

Event Description RIGHT VENTRICULAR OUTFLOW TRACT TACHYCARDIA
Preferred term 心室性頻脈
AE Onset Date / Rx Day [redacted]20[redacted] / 56
Age at AE Onset 6[redacted]
Laboratory Testing
[redacted]20[redacted] (Rx Day 56): NPTST265-TROPONINE T 'HIGH SENSITIVE': 5.4 [Not reported - 14] ug/L
Microbiology
Not reported
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 26): CORONAROGRAPHY + LEFT HEART CATHETERISATION: NORMAL; CYCLO ERGOMETRY: TACHYCARDIA; ECG: NORMAL
AE Stopped Rx Day 57
Duration of AE 2 DAYS
Severity Severe
Relation to Study Drug by Investigator No Reasonable Possibility

Investigator Alternative Etiology	ARYTHMIA
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は 6[redacted] 歳男性であり，AbbVie の ABBV-066（リサンキズマブ）の治験で盲検化された治験薬が投与され，右室流出路頻脈の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元喫煙者（1 日 5 本を 18 年間），クローン病及び飲酒者（1 日 2 杯未満）であった。

投与 56 日後，被験者は右室流出路頻脈を発現した。投与 57 日後，右室流出路頻脈は消失した。

投与 56 日後，被験者は軽い労作時の胸郭痛，咳嗽反射を伴う労作時の動悸，頻脈及び頭部ふらふら感の複数回の発現のため入院した。また，被験者はより急激な疲労があり，頻繁な下肢の疼痛があった。治験責任医師は，被験者に浮腫がないことを確認した。同日，被験者は左心カテーテル検査及び冠動脈造影を受けた。薬剤の投与後，被験者の症状は消失した。投与 57 日後，被験者は退院した。

投与された薬剤は，Emconcor であった。

The patient's past medications include:

ENTOCORT for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

IMURAN for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

REMICADE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

PENTASA for CROHN'S DISEASE

Causality for ABBV-066 (Blinded)

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1) Ventricular tachycardia (10047302) (Ventricular tachycardia (10047302)) [v.22.0] [10047302]

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

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

Dechallenge: Not Applicable

Alternative Etiology for ABBV-066 (Blinded)

Event of RIGHT VENTRICULAR OUTFLOW TRACT TACHYCARDIA

- Investigator: ARYTHMIA

- AbbVie: events etiology is not consistent with study drugs mechanism of action.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BP: 150/94mmHg

[redacted] **20[redacted] CHLORIDE:** 101 MMOL/L (normal 98 to 107)

[redacted] **20[redacted] CK:** 138 U/L (normal <190)

[redacted] **20[redacted] CK MB:** 4.44 NG/ML (normal <6.22)

[redacted] **20[redacted] CORONAROGRAPHY + LEFT HEART CATHETERIZATION:** Coronarography: Left coronary:The main stem is normal, without stenosis. The LAD is free of significant coronary laesions. The circumflex artery is free of significant coronary laesions. Right coronary:The right coronary artery is free of stenosis across its whole course. RCA, LM, CX: wall irregularities LAD: symptom of bridging, all irregularities

[redacted] **20[redacted] CRP:** <0.60 MG/L (normal <5.0)

[redacted] **20[redacted] CYCLE-ERGOMETRY:** The heart frequency increases to 148/min, which is 92% of the maximum predicted value. The systolic blood pressure increases to 160/80 mmHg and decreases during recuperation. During the test we see ventricular extrasystoles, ventricular bigeminy, a few ventricular couplets, ventricular triplets and a run of non-sustained VT of six beats. Patient reports thoracic pain during maximum

exertion Conclusion: The cycle ergometry is clinically atypical and electrocardiographically atypical

[redacted] **20[redacted] ECG:** Sinus rhythm: 75/min, right axis, normal conduction times and repolarization.

[redacted] **20[redacted] HEMATOCRIT:** 49.0 % (normal 41.0 to 53.0)

[redacted] **20[redacted] HEMOGLOBIN:** 16.4 G/DL (normal 13.5 to 17.5)

[redacted] **20[redacted] LDH:** 183 U/L (normal 135 to 225)

[redacted] **20[redacted] POTASSIUM:** 4.3 MMOL/L (normal 3.4 to 4.5)

[redacted] **20[redacted] SODIUM:** 140 MMOL/L (normal 136 to 145)

[redacted] **20[redacted] TRANSTHORACIC ECHOCARDIOGRAM:** Normal trophically not dilated left ventricle with normal overall and regional systolic function. Normal right ventricular function. TAPSE: 23 mm. Diastolic dysfunction grade I. Small bit of mitral insufficiency. Aortic valve is tricuspid and functions normally. Tricuspid insufficiency grade 2. Furthermore no severe vascular defects. No pericardial fluid.

[redacted] **20[redacted] TROPONIN T:** 5.4 ng/L (normal <14)

[redacted] **20[redacted] WBC:** 5.5 X10**3/MCL (normal 3.9 to 10.6)

Subject [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
精神障害	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 1200 MG IV / P2:RZB 360 mg SC	5[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: HEMORRGAGIC GASTRITIS	19[redacted]
OTHER: HERNIA INGUINALIS	19
OTHER: HEMORRHOIDS (INTERMITTENT)	19
CROHN'S DISEASE	19
OTHER: ABSCESS LEFT LOWER LEG	19
OTHER: POLYPOSIS NOSE	20
OTHER: CEREBROSPINAL FLUID LEAK	20
OTHER: OSTEOCHONDRITIS DISSECANS KNEE	20
OTHER: ALCOHOL ABUSES	20
DRUG ALLERGIES/REACTIONS: ANESTHETICA ALLERGY	20
DRUG ALLERGIES/REACTIONS: BARBITURATES ALLERGY	20
OTHER: SYMPTOMS OF INFECTION AFTER SURGERY RIGHT KNEE	20
OTHER: ALOPECIA AREATA	20
ASTHMA	20
OTHER: ECZEMA	20
OTHER: INTESTINAL POLYP	20
OTHER: IRON DEFICIENCY	20
OTHER: BILATERAL NOSE POLYPOSIS	20
OTHER: LUXATION FINGER RIGHT HAND	20
ANEMIA: IRON DEFICIENCY ANEMIA (INTERMITTENT)	20
OTHER: ATRIAL FIBRILATION	20
OTHER: CORTISOL WITHDRAWAL SYNDROME	20
OTHER: ARTHRALGIA	20
OSTEOPOROSIS	20
OTHER: ANXIETY	20
OTHER: ERYSIPELAS	20

Prior Procedures	Procedure Year
SURGERY: HERNIA INGUINALIS CORRECTION	19[redacted]
SURGERY: DRAINAGE ABSCESS LEFT LOWER LEG	19
SURGERY: FUNCTIONAL ENDOSCOPIC SINUS SURGERY TO CLOSE CEREBRO SPINAL FLUID LEAK	20

SURGERY: FUNCTIONAL ENDOSCOPIC SINUS SURGERY	20[redacted]
SURGERY: ARTHROSCOPIC CLEANSING RIGHT KNEE	20[redacted]
SURGERY: ARTHROSTOMY : RESECTION OSTEOCHONDRAL FRAGMENT RIGHT KNEE	20[redacted]
SURGERY: POLYPECTOMY INTESTINAL POLYP	20[redacted]
SURGERY: CLOSE REDUCTION LUXATION FINGER RIGHT HAND	20[redacted]
SURGERY: FUNCTIONAL ENDOSCOPIC SINUS SURGERY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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	FORMER	More than 4

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 55	55
Risankizumab	360 mg	SC	Every 8 Weeks	[redacted]20[redacted] / 83	[redacted]20[redacted] / 136	54

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
INFLIXIMAB	5 mg/kg	OTHER: WEEK 0-2-6	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	OTHER: EVERY 6 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	160 mg	QD	Y-M: 20[redacted]
ADALIMUMAB	80 mg	QD	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY OTHER WEEK	Y-M: 20[redacted]
LEKOVIT CA	1 OTHER: TABLET	QD	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	OTHER: WEEK 0-2-6	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	OTHER: EVERY 4 WEEKS	Y-M: 20[redacted]
BISOPROLOL	2.5 mg	QD	Y-M: 20[redacted]
LORAZEPAM	1 mg	PRN	Y-M: 20[redacted] / -86
METHYLPREDNISOLONE	16 mg	QD	Y-M: 20[redacted] / -85
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted] / -50
CLINDAMYCIN	600 mg	TID	Y-M: 20[redacted] / -43

PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / -43
ALIZAPRIDE	50 mg	QD	Y-M: 20[redacted] / -42
CLINDAMYCIN	600 mg	QD	Y-M: 20[redacted] / -42
CLINDAMYCIN	600 mg	BID	Y-M: 20[redacted] / -41
CLINDAMYCIN	600 mg	QD	Y-M: 20[redacted] / -41
CLINDAMYCIN	600 mg	TID	Y-M: 20[redacted] / -40
OSMOTICALLY ACTING LAXATIVES	1 OTHER: SACHET	QD	Y-M: 20[redacted] / -38
MIDAZOLAM	5 mg	QD	Y-M: 20[redacted] / -37
PETHIDINE	50 mg	QD	Y-M: 20[redacted] / -37

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
LEKOVIT CA	1 OTHER: TABLET	QD	Y-M: 20[redacted]	ONGOING
BISOPROLOL	2.5 mg	QD	Y-M: 20[redacted]	ONGOING
LORAZEPAM	1 mg	PRN	Y-M: 20[redacted] / -86	ONGOING
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted] / -50	ONGOING
LOPERAMIDE	2 mg	PRN	Y-M: 20[redacted] / 66	ONGOING
QUETIAPINE	50 mg	QD	Y-M: 20[redacted] / 218	Y-M: 20[redacted] / 278
LORAZEPAM	1 mg	OTHER: 30/DAY	Y-M: 20[redacted] / 220	Y-M: 20[redacted] / 220
AMISULPRIDE	Not reported.	QD	Y-M: 20[redacted] / 221	Y-M: 20[redacted] / 247
TRAZODONE	50 mg	PRN	Y-M: 20[redacted] / 221	Y-M: 20[redacted] / 255

Event #1: Serious Adverse Event

Event Description PSYCHOLOGICAL DECOMPENSATION

Preferred term 精神障害

AE Onset Date / Rx Day [redacted]20[redacted] / 220 (84 DAYS AFTER LAST TREATMENT)

Age at AE Onset 5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 220): NPTST038-BENZODIAZEPINE SCREENING: BENZODIAZEPINE [Not reported - 0] Unit not reported; NPTST093-ETHANOL: 0.47 [Not reported - 0] g/L

Microbiology

Not reported

SAE Supplemental Procedure

Not reported

AE Stopped Rx Day 255 (119 DAYS AFTER LAST TREATMENT)

Duration of AE	36 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ADJUSTMENT DISORDER
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, LIFE THREATENING

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は 5[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，精神病性代償不全の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，アルコール乱用，不安，非喫煙者及び元飲酒者（1 日 4 杯以上）であった。

投与 220 日後，被験者は精神病性代償不全を発現した。投与 255 日後，精神病性代償不全は消失した。

本事象発現前，被験者は非重篤な適応障害を発現した。

投与 136 日後，被験者は本治験の治験薬の最終投与を完了した。

被験者はベンゾジアゼピン中毒及びアルコール中毒のため救急科に入院した。被験者に意識低下が認められた。投与 220 日後，被験者は追加の医学的治療及び心理学的治療のため精神科病院に転院した。

投与 255 日後，被験者は退院した。

治験責任医師によれば，被験者はもともと適応障害に関連するリスク因子を有していた。

投与された薬剤は，トラゾドン，Temesta，アミスルプリド及びセロクエルであった。

The patient’s past medications include:

REMICADE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

ENTYVIO for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Mental disorder (10061284) (Mental disorder (10061284)) [v.23.0] [10061284]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of PSYCHOLOGICAL DECOMPENSATION

- Investigator: Adjustment Disorder

- AbbVie: event is more likely related to pre-existing anxiety along with a recent event of adjustment disorder 4 months prior to current event.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ETHANOL:** 0.47 G/L (normal <0)

[redacted] 20[redacted] URINE BENZODIAZEPINE SCREENING: Positive

Subject [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
クローン病	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	4[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: SACRO-ILEITIS	20[redacted]
OTHER: BUTTOCK CELLULITIS	20[redacted]
OTHER: FISTULA	20[redacted]
OTHER: ERYTHEMATOUS GASTROPATHY	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
SURGERY: OMBILICAL HERNIA	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	20 CIGARETTE	10	Not reported.
CHEWING TOBACCO	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		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 57	57
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 149	58

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	OTHER: WEEK 0,2,6	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: EVERY WEEK	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ALL OTHER NON-THERAPEUTIC PRODUCTS	1 OTHER: SETON	QD	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
METHOTREXATE	25 mg	OTHER: EVERY WEEK	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY WEEKS	Y-M: 20[redacted]
USTEKINUMAB	520 mg	OTHER: ONCE	Y-M: 20[redacted] / -265
USTEKINUMAB	90 mg	OTHER: EVERY 4 WEEKS	Y-M: 20[redacted] / -205
LEKOVIT CA	1 OTHER: TAB	QD	Y-M: 20[redacted] / -39
OSMOTICALLY ACTING LAXATIVES	4 L	PRN	Y-M: 20[redacted] / -39
METHYLPREDNISOLONE	60 mg	QD	Y-M: 20[redacted] / -38
PROPOFOL	1 %	OTHER: ONCE	Y-M: 20[redacted] / -38
METHYLPREDNISOLONE	32 mg	QD	Y-M: 20[redacted] / -34
METHYLPREDNISOLONE	16 mg	QD	Y-M: 20[redacted] / -26
METHYLPREDNISOLONE	8 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
ALL OTHER NON-THERAPEUTIC PRODUCTS	1 OTHER: SETON	QD	Y-M: 20[redacted]	ONGOING
LEKOVIT CA	1 OTHER: TAB	QD	Y-M: 20[redacted] / -39	Y-M: 20[redacted] / 29
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted] / -14	Y-M: 20[redacted] / 53
ESOMEPRAZOLE	20 mg	BID	Y-M: 20[redacted] / 1	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 1	ONGOING
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 1	ONGOING
AUGMENTIN	875 mg	TID	Y-M: 20[redacted] / 53	Y-M: 20[redacted] / 54

CEFTRIAXONE	1 g	QD	Y-M: 20[redacted] / 54	Y-M: 20[redacted] / 56
METRONIDAZOLE	500 mg	QD	Y-M: 20[redacted] / 54	Y-M: 20[redacted] / 56
CIPROFLOXACIN	200 mg	PRN	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 56
METHYLPREDNISOLONE	1 mg/kg	QD	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 56
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 56	Y-M: 20[redacted] / 60
LEKOVIT CA	500 mg	QD	Y-M: 20[redacted] / 56	Y-M: 20[redacted] / 117

Event #1: Serious Adverse Event

Event Description	CROHN DISEASE FLARE
Preferred term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 53
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 54): C Reactive Protein: 80 [0 - 5] mg/L; [redacted]20[redacted] (Rx Day 56): Hematocrit: 40 [39 - 50] %; Leukocytes: 12.68 [4.6 - 10.1] 10^3/mm3; Neutrophils/Leukocytes: 78.9 [42.2 - 71] %

Microbiology

[redacted]20[redacted] (Rx Day 55): STOOL NPTST063-CLOSTRIDIUM DIFFICILE: NEGATIVE; STOOL NPTST188-PARASITES SCREENING: NEGATIVE

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 39): ABDOMINAL CT SCAN: SEVERE INFLAMMATION OBSERVED FOR THE RECTUM AND COLON SIGMOID, TRANSVERSE AND LEFT. NO PERFORATION, NO ABSCESS OBSERVED. CONCLUSION: ACTIVE CROHN DISEASE; RX CHEST: REUSULT: NORMAL

AE Stopped Rx Day	56
Duration of AE	4 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PATIENT WAS HOSPITALIZED FOR WORSENING OF CROHN DISEASE. SYMPTOMS: PYREXIA, DIARRHEA AND SEVERE ABDOMINAL PAIN. PATIENT WAS TREATED WITH MEDROL AND ANTIBIOTICS. DISCHARGE DONE ON [redacted]20[redacted].
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は 4[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，クローン病フレアの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，喫煙者（1 日 1 箱を 10 年間）及び禁酒であった。

投与 53 日後，被験者はクローン病フレアを発現した。投与 56 日後，クローン病フレアは消失した。

投与 54 日後，被験者はクローン病フレアのため入院した。発熱，下痢及び重度の腹痛などの症状があった。直腸及び S 状結腸，横行結腸，下行結腸に重度の炎症が認められた。穿孔及び膿瘍は認められなかった。被験者は薬剤による治療を受けた。投与 56 日後，被験者は退院した。投与 57 日後，被験者は治験実施医療機関に来院し，治験治療が継続された。

投与された薬剤は，Ciproxine，D Vital Forte，オーグメンチン，Ciproxine，フラジール，ソル・メドロール及びメドロールであった。

The patient’s past medications include:

IMURAN for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

REMICADE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

METHOTREXATE for CROHN'S DISEASE ([redacted] 20[redacted] - 20[redacted])

STELARA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

SOLUMEDROL for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

---

1) Crohns disease aggravated (10011408) (Crohn's disease (10011401)) [v.22.1] [10011408]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CROHN DISEASE FLARE

- Investigator: Unknown at this time. Patient hospitalized in another institution and we're waiting for more information.

- AbbVie: Event is more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT:** Severe inflammation observed for the rectum and colon sigmoid, transverse and left.no perforation, no abscess observed. Conclusion: Active Crohn disease.

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

[redacted] **20[redacted] HEMATOCRIT:** 40 % (normal 39 to 50)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 80 MG/L (normal 0 to 5)

[redacted] **20[redacted] NEUTROPHILS %:** 78.9 % (normal 42.2 to 71.0)

[redacted] **20[redacted] STOOL CULTURE:** Negative for Clostridium difficile. Negative for parasites

[redacted] **20[redacted] WHITE BLOOD CELLS:** 12.68 X10**3/MM**3(normal 4.60 to 10.10)

Subject [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
クローン病	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: ERYTHEMA NODOSUM	Not reported.
CROHN'S DISEASE	20[redacted]
ANEMIA: ANEMIA	20[redacted]
OTHER: ARTHRALGIA	20[redacted]
NEPHROLITHIASIS	20[redacted]
EYE DISEASE/DISORDER: UVEITIS	20[redacted]
OTHER: ANO-RECTAL FISTULA	20[redacted]
OTHER: RECTRO-VAGINAL FISTULA	20[redacted]
OTHER: MENSTRUAL CRAMPS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 65	65
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 89	[redacted]20[redacted] / 145	57

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	OTHER: INDUCTION REGIMEN 0,2, 6	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted]
USTEKINUMAB	390 mg	OTHER: ONCE	Y-M: 20[redacted]
USTEKINUMAB	90 mg	OTHER: Q4	Y-M: 20[redacted]
METHOTREXATE	25 mg	OTHER: WEEKLY	Y-M: 20[redacted]
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted]
FOLIC ACID	4 mg	QD	Y-M: 20[redacted] / -66
HYOSCINE	10 mg	PRN	Y-M: 20[redacted] / -13
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / -13

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
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted]	ONGOING
FOLIC ACID	4 mg	QD	Y-M: 20[redacted] / -66	ONGOING
HYOSCINE	10 mg	PRN	Y-M: 20[redacted] / -13	ONGOING
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / -13	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 46	ONGOING
ALIZAPRIDE	50 mg	PRN	Y-M: 20[redacted] / 46	Y-M: 20[redacted] / 46
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 46	Y-M: 20[redacted] / 46
METHYLPREDNISOLONE	40 mg	QD	Y-M: 20[redacted] / 46	Y-M: 20[redacted] / 49
ENOXAPARIN	20 mg	QD	Y-M: 20[redacted] / 47	Y-M: 20[redacted] / 55

Event #1: Serious Adverse Event

Event Description	CROHN DISEASE FLARE
Preferred term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 46
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 46): C Reactive Protein: 88 [Not reported - 5] mg/L; Hemoglobin: 11.2 [12 - 16] g/dL; Platelets: 929 [150 - 440] 10^3/mm3; [redacted]20[redacted] (Rx Day 47): C Reactive Protein: 68 [Not reported - 5] mg/L;

[redacted]20[redacted] (Rx Day 48): C Reactive Protein: 42 [Not reported - 5] mg/L; [redacted]20[redacted] (Rx Day 49): C Reactive Protein: 38 [Not reported - 5] mg/L; Hemoglobin: 8.8 [12 - 16] g/dL; Platelets: 704 [150 - 440] 10^3/mm3

Microbiology

[redacted]20[redacted] (Rx Day 46): BLOOD NPTST131-HEMOCULTUR: NEGATIVE-NO ORGANISM IDENTIFIED; [redacted]20[redacted] (Rx Day 47): STOOL NPTST246-SMEAR TEST : MRSA: NEGATIVE-ABSENCE OF S. AUREUS; STOOL NPTST247-SMEAR TEST : RECTAL: NEGATIVE-MULTIDRUG-RESISTANT BACTERIA NOT DETECTED; [redacted]20[redacted] (Rx Day 48): STOOL NPTST063-CLOSTRIDIUM DIFFICILE: NEGATIVE-ABSENCE OF BACTERIA

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 35): CT SCAN ABDOMINAL: TERMINAL ILEITIS AND COLITIS ON RIGHT AND TRANSERVERSE COLON (CROHN DISEASE FLARE). NO PERFORATION OR ABSCESS OBSERVED.

AE Stopped Rx Day	49
Duration of AE	4 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	EMERGENCY ROOM ON [redacted] 20[redacted] FOR : PYREXIA, ABDOMINAL PAIN AND BLOODY DIARRHEA. PATIENT HOSPITALIZED. CT ABDO AND BLOOD TEST WERE DONE.TERMINAL ILEITIS/COLITIS (RIGHT,TRANSVERSE COLON)OBSERVED.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は2[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，クローン病フレアの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，貧血，クローン病フレア，肛門直腸瘻，直腸腟瘻，非喫煙者及び禁酒であった。

投与 46 日後，被験者はクローン病フレアを発現した。投与 49 日後，クローン病フレアは消失した。

投与 46 日後，被験者はクローン病フレアのため入院した。下痢，重度の腹痛及び摂食困難などの徴候及び症状があった。被験者はコルチコステロイドによる治療を受けた。投与 49 日後，被験者は気分が改善しており，発熱，腹痛が認められず，下痢が減ったため，退院した。

投与された薬剤は，クレキサン，ソル・メドロール，メドロール，Litican 及び Dafalgan であった。

The patient’s past medications include:

REMICADE for CROHN'S DISEASE ([redacted])

STELARA for CROHN'S DISEASE ([redacted])

METHOTREXATE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

---

1) Crohns disease aggravated (10011408) (Crohn's disease (10011401)) [v.23.1] [10011408]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CROHN DISEASE FLARE

- Investigator: EMERGENCY ROOM ON [redacted] FOR : PYREXIA, ABDOMINAL PAIN AND BLOODY DIARRHEA. PATIENT HOSPITALIZED. CT ABDO AND BLOOD TEST WERE DONE.TERMINAL ILEITIS/COLITIS (RIGHT,TRANSVERSE COLON)OBSERVED.

- AbbVie: Event is more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CT ABDOMEN:** Terminal ileitis and colitis on right and transverse colon (crohn's disease flare). No perforation or abscess observed.

[redacted] 20[redacted] HEMOCULTURE: Negative

[redacted] **20[redacted] HEMOGLOBIN:** 11.2 G/DL (normal 12 to 16)

[redacted] **20[redacted] HEMOGLOBIN:** 8.8 G/DL (normal 12 to 16)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 88 MG/L (normal <5)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 68 MG/L (normal <5)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 42 MG/L (normal <5)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 38 MG/L (normal <5)

[redacted] 20[redacted] ILEOCOLONOSCOPY: Not reported

[redacted] **20[redacted] PLATELET COUNT:** 929 X10**3/MM**3 (normal 150 to 440)

[redacted] **20[redacted] PLATELET COUNT:** 704 X10**3/MM**3 (normal 150 to 440)

[redacted] **20[redacted] SMEAR TEST:** MRSA Negative; Absence of S. Aureus

[redacted] **20[redacted] SMEAR TEST:** Stool: Negative; Multidrug-resistant bacteria not detected.

[redacted] **20[redacted] STOOL CULTURE:** Clostridium difficile-Negative

Subject [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
強迫性障害	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV / P2:RZB 1200 MG IV	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: AXIAL ARTHROPATHY	Not reported.
OTHER: OBSESSIVE COMPULSIVE DISORDRES	Not reported.
CHOLECYSTITIS	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: OTITIS	20[redacted]
OTHER: PHARYNGITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: CHOLECYSTECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 61	61
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 145	61

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
LOPERAMIDE	Not reported.	Not reported.	Y-M: 20[redacted]
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
OTILONIUM	Not reported.	Not reported.	Y-M: 20[redacted] / -353
OSMOTICALLY ACTING LAXATIVES	1 L	OTHER: ONCE	Y-M: 20[redacted] / -43
LIDOCAINE	90 mg	OTHER: ONCE	Y-M: 20[redacted] / -42
PROPOFOL	50 mg	OTHER: ONCE	Y-M: 20[redacted] / -42
SUFENTANIL	5 ug	OTHER: ONCE	Y-M: 20[redacted] / -42
OTOZAMBON	Not reported.	QD	Y-M: 20[redacted] / -33
DEXTROMETHORPHAN	Not reported.	PRN	Y-M: 20[redacted] / -27
IBUPROFEN	Not reported.	PRN	Y-M: 20[redacted] / -27
ANTIBIOTICS	500 mg	TID	Y-M: 20[redacted] / -17

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
LOPERAMIDE	Not reported.	Not reported.	Y-M: 20[redacted]	ONGOING
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]	ONGOING
OTILONIUM	Not reported.	Not reported.	Y-M: 20[redacted] / -353	Y-M: 20[redacted] / 145
OSMOTICALLY ACTING LAXATIVES	1 L	OTHER: ONCE	Y-M: 20[redacted] / 169	Y-M: 20[redacted] / 169
LIDOCAINE	85 mg	OTHER: ONCE	Y-M: 20[redacted] / 170	Y-M: 20[redacted] / 170
MIDAZOLAM	1 mg	OTHER: ONCE	Y-M: 20[redacted] / 170	Y-M: 20[redacted] / 170
PROPOFOL	280 mg	OTHER: ONCE	Y-M: 20[redacted] / 170	Y-M: 20[redacted] / 170
RINGER-LACTATE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 170	Y-M: 20[redacted] / 170

Event #1: Serious Adverse Event

Event Description WORSENING OF OBSESSIVE COMPULSIVE DISORDERS

Preferred term 強迫性障害

AE Onset Date / Rx Day [redacted]20[redacted] / 117

Age at AE Onset 3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 153): Leukocytes: 6.13 [4.6 - 10.1] 10^3/mm3; Lymphocytes: 0.90 [1.1 - 3.7] 10^3/mm3; Lymphocytes/Leukocytes: 14.7 [17.5 - 43.5] %

Microbiology

Not reported

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 133): ECG: NORMAL; EEG: NORMAL

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	OTHER CAUSE UNKNOWN. HOSPITALISATION TO EVALUATE THE REEL DIAGNOSIS AND THE CAUSE OF EVENT.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は3[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，強迫性障害悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，非喫煙者，非飲酒者及び強迫性障害であった。

投与 117 日後，被験者は強迫性障害悪化を発現した。

投与 152 日後，被験者は強迫性障害悪化のため入院した。被験者には精神病理学的障害の徴候及び症状があった。ECG 及び EEG が行われた。投与 164 日後，被験者は週末のため病院から去り，戻ってこなかった。

The patient's past medications include:

IMODIUM for CROHN'S DISEASE (20[redacted] - 20[redacted])

PENTASA for CROHN'S DISEASE (Started [redacted] 20[redacted])

SPASMOMEN for CROHN'S DISEASE (20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Obsessional neurosis aggravated (10048341) (Obsessive-compulsive disorder (10029898)) [v.22.0] [10048341]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of WORSENING OF OBSESSIVE COMPULSIVE DISORDERS

- Investigator: Other cause unknown. Hospitalization to evaluate the real diagnosis and the cause of event.

- AbbVie: Event is more likely related to pre-existing obsessive compulsive disorder.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ECG: Normal

[redacted] 20[redacted] EEG: Normal

Subject [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
高血圧	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV / P2:RZB 360 mg SC	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: STERILE	Not reported.
GASTROESOPHAGEAL REFLUX DISEASE	20[redacted]
HYPERTENSION	20[redacted]
OTHER: INSOMNIA	20[redacted]
CROHN'S DISEASE	20[redacted]
KIDNEY DISORDER: KIDNEY PAIN	20[redacted]
KIDNEY DISORDER: LEFT KIDNEY ATROPHIC	20[redacted]
KIDNEY DISORDER: LEFT RENAL ARTERY STENOSIS	20[redacted]
OTHER: STENOSIS OF MESENTERIC ARTERY	20[redacted]
OTHER: HYPERTROPHIC RIGHT KIDNEY	20[redacted]
OTHER: PERIPHERAL ARTHRALGIA	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: EVENTRATION CORRECTION	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	30 CIGARETTE	26	Not reported.
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 63	63

Risankizumab	360 mg	SC	Every 8 Weeks	[redacted]20[redacted] / 84	[redacted]20[redacted] / 159	76

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]
DIAZEPAM	10 mg	QD	Y-M: 20[redacted]
BUDESONIDE	3 g	QD	Y-M: 20[redacted]
MESALAZINE	2 g	QD	Y-M: 20[redacted]
METHYLPREDNISOLONE	32 mg	QD	Y-M: 20[redacted]
MERCAPTOPURINE	75 mg	QD	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: Q2W	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: Q2W	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
USTEKINUMAB	6 mg/kg	OTHER: ONCE	Y-M: 20[redacted]
USTEKINUMAB	90 mg	OTHER: Q3W	Y-M: 20[redacted]
LERCANIDIPINE	10 mg	QD	Y-M: 20[redacted]
NEBIVOLOL	5 mg	QD	Y-M: 20[redacted]
SPIRONOLACTONE	25 mg	QD	Y-M: 20[redacted]
MOXONIDINE	0.2 mg	QD	Y-M: 20[redacted]
USTEKINUMAB	6 mg/kg	OTHER: ONCE	Y-M: 20[redacted] / -346
VEDOLIZUMAB	300 mg	OTHER: Q8W	Y-M: 20[redacted] / -305
VEDOLIZUMAB	300 mg	OTHER: ONCE	Y-M: 20[redacted] / -304
VEDOLIZUMAB	300 mg	OTHER: ONCE	Y-M: 20[redacted] / -290
VEDOLIZUMAB	300 mg	OTHER: ONCE	Y-M: 20[redacted] / -260
MOVIPREP	2 L	OTHER: ONCE	Y-M: 20[redacted] / -31
TERAZOSIN	5 mg	QD	Y-M: 20[redacted] / -31
LIDOCAINE	70 mg	OTHER: ONCE	Y-M: 20[redacted] / -30
PLASMA LYTE 148	11 mL	OTHER: ONCE	Y-M: 20[redacted] / -30
PROPOFOL	70 mg	OTHER: ONCE	Y-M: 20[redacted] / -30
SUFENTANIL	2.5 uL	OTHER: ONCE	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
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]	ONGOING
DIAZEPAM	10 mg	QD	Y-M: 20[redacted]	ONGOING
LERCANIDIPINE	10 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 91
NEBIVOLOL	5 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 91

SPIRONOLACTONE	25 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 91
MOXONIDINE	0.2 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 91
TERAZOSIN	5 mg	QD	Y-M: 20[redacted] / 31 -	Y-M: 20[redacted] / 91
CLARITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 61
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 58	ONGOING
BISOPROLOL	5 mg	QD	Y-M: 20[redacted] / 62	ONGOING
TRAMADOL	50 mg	PRN	Y-M: 20[redacted] / 63	ONGOING

Event #1: Serious Adverse Event

Event Description	WORSENING OF INTERMITTENT REFRACTORY HYPERTENTION
Preferred term	高血圧
AE Onset Date / Rx Day	[redacted]20[redacted] / 16
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 17): Creatinine: 3.29 [0.47 - 1.1] g/L; pH: 6 [6 - 9] Unit not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -1): SCINTIGRAPHY OF KIDNEYS: HYPERTROPHY OF RIGHT KIDNEY AND FUNCTIONAL ABSENCE OF LEFT KIDNEY

AE Stopped Rx Day	63
Duration of AE	48 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	HYERTENTION DUE TO RENAL ISSUE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は4[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，間欠性難治性高血圧悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，胃食道逆流性疾患，高血圧，クローン病，萎縮左腎，腎臓痛，左腎動脈狭窄症，腸間膜動脈狭窄，現喫煙者（1 日 30 本を 26 年間）及び飲酒者（1 日 2 杯未満）であった。

投与 16 日後，被験者は間欠性難治性高血圧悪化を発現した。投与 63 日後，間欠性難治性高血圧悪化は消失した。

治験責任医師によると，被験者は投与の 1 か月前に同様の事象を発現し，入院していた。

投与 16 日後，被験者はモニタリング及び腎臓手術の可能性評価の目的で入院した。入院は左腎の発育不全及び腸間膜動脈狭窄に起因する 3～4 日にわたる高血圧増悪が原因であった。入院中，被験者は腎シンチグラフィを受けた。投与 28 日後，被験者は退院した。

The patient’s past medications include:

BUDENOFALK for CROHN'S DISEASE (20[redacted] - 20[redacted])

MEDROL for CROHN'S DISEASE (20[redacted] - 20[redacted])

PENTASA for CROHN'S DISEASE (20[redacted] - 20[redacted])

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

STELARA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

VEDOLIZUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Hypertension worsened (10020799) (Hypertension (10020772)) [v.23.1] [10020799]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of WORSENING OF INTERMITTENT REFRACTORY HYPERTENSION

- Investigator: Hypertension due to renal disease.

- AbbVie: Risk factors include pre-existing hypertension, left renal artery stenosis, atrophic left kidney, and current and long term smoking history.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CREATININE:** 3.29 G/L (normal 0.47 to 1.1)

[redacted] **20[redacted] PH:** 6 No units (normal 6 to 9)

[redacted] **20[redacted] SCINTIGRAPHY:** Hypertrophy of right kidney and functional absence of left kidney.

Subject [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
クローン病	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
GASTROESOPHAGEAL REFLUX DISEASE	20[redacted]
CROHN'S DISEASE	20[redacted]
COGNITIVE OR PSYCHIATRIC DISORDER: ANXIETY	20[redacted]
OTHER: PSORIASIS INDUCED BY HUMIRA	20[redacted]
MIGRAINE HEADACHE	20[redacted]
DEPRESSION	20[redacted]
KIDNEY DISORDER: RENAL JONCTION SYNDROM	20[redacted]
OTHER: DIFFUSE JOINT PAIN (WRIST - ANKLE)	20[redacted]
OTHER: DIFFUSE MUSCULAR PAIN (CALF - THIGH)	20[redacted]
INFLAMMATORY BOWEL DISEASE: LEFT DRAINING INTERSPHINCTERIAN FISTULA	20[redacted]
INFLAMMATORY BOWEL DISEASE: RIGHT NON DRAINING INTERSPHINCTERIAN FISTULA	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	5 CIGARETTE	14	Not reported.
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted] / 1	[redacted] / 69	69
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted] / 80	[redacted] / 141	62

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
LOPERAMIDE	2 mg	PRN	Y-M: [redacted]
PARACETAMOL	1 g	PRN	Y-M: [redacted]
METHOTREXATE	UNKNOWN mg	OTHER: UNKNOWN	Y-M: [redacted]
AZATHIOPRINE	200 mg	QD	Y-M: [redacted]
ADALIMUMAB	40 mg	OTHER: ONCE PER 15 DAYS	Y-M: [redacted]
PRAZEPAM	10 gtt	PRN	Y-M: [redacted]
INFLIXIMAB	10 mg/kg	OTHER: EVERY 6 WEEKS	Y-M: [redacted]
LEVONORGESTREL	52 mg	OTHER: CONTINUOUSLY	Y-M: [redacted]
ESCITALOPRAM	10 mg	QD	Y-M: [redacted]
USTEKINUMAB	260 mg	OTHER: ONCE	Y-M: [redacted]
USTEKINUMAB	90 mg	OTHER: EVERY 8 WEEKS	Y-M: [redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: [redacted]
USTEKINUMAB	260 mg	OTHER: ONCE	Y-M: [redacted] / -226
VEDOLIZUMAB	300 mg	OTHER: WEEK 0-2-6-10	Y-M: [redacted] / -134
MOVIPREP	100 g	QD	Y-M: [redacted] / -10
HYOSCINE	10 mg	QD	Y-M: [redacted] / -9
LIDOCAINE	80 mg	QD	Y-M: [redacted] / -9
PROPOFOL	6 OTHER: MICROGRAMS/ML	QD	Y-M: [redacted] / -9
PROPOFOL	8 OTHER: MICROGRAMS/ML	QD	Y-M: [redacted] / -9

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	PRN	Y-M: [redacted]	ONGOING
LOPERAMIDE	2 mg	PRN	Y-M: [redacted]	Y-M: [redacted] / 60

PRAZEPAM	10 gtt	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / 96
LEVONORGESTREL	52 mg	OTHER: CONTINUOUSLY	Y-M: 20[redacted]	ONGOING
ESCITALOPRAM	10 mg	QD	Y-M: 20[redacted]	ONGOING
PARACETAMOL	1 g	QID	Y-M: 20[redacted] / 23	Y-M: 20[redacted] / 36
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 43
ENOXAPARIN	0.4 mL	QD	Y-M: 20[redacted] / 34	Y-M: 20[redacted] / 46
PHYTOMENADIONE	10 OTHER: MG/ML	OTHER: ONCE PER WEEK	Y-M: 20[redacted] / 36	Y-M: 20[redacted] / 43
SMOFKABIVEN PERIFER	1904 OTHER: ML/36H	OTHER: CONTINUOUSLY	Y-M: 20[redacted] / 36	Y-M: 20[redacted] / 45
VITAMINS	10/100 mL	OTHER: CONTINUOUSLY	Y-M: 20[redacted] / 36	Y-M: 20[redacted] / 45
INSULIN HUMAN	2 IU	PRN	Y-M: 20[redacted] / 37	Y-M: 20[redacted] / 37
CIPROFLOXACIN	400 mg	BID	Y-M: 20[redacted] / 40	Y-M: 20[redacted] / 44
BECLOMETASONE	5 mg	QD	Y-M: 20[redacted] / 41	Y-M: 20[redacted] / 48
ALIZAPRIDE	50 mg	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
DROPERIDOL	1 mg	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
GLYCOPYRRONIUM	1 mL	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
METRONIDAZOLE	2 g	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
PIRITRAMIDE	2 mg	PRN	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
PROPOFOL	150 mg	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
ROCURONIUM	35 mg	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
SUFENTANIL	10/2 OTHER: MICROGRAMS /ML	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
TRAMADOL	100 mg	OTHER: ONCE	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 42
LIDOCAINE	1.3 mg/kg	OTHER: CONTINUOUSLY	Y-M: 20[redacted] / 42	Y-M: 20[redacted] / 43
ALIZAPRIDE	50 mg	PRN	Y-M: 20[redacted] / 43	Y-M: 20[redacted] / 44
VALORON N	20 OTHER: DROP	OTHER: ONCE	Y-M: 20[redacted] / 44	Y-M: 20[redacted] / 44

CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / 44	Y-M: 20[redacted] / 45
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 44	Y-M: 20[redacted] / 47
HYOSCINE	10 mg	QD	Y-M: 20[redacted] / 47	Y-M: 20[redacted] / 48
PARACETAMOL	1 g	QD	Y-M: 20[redacted] / 54	Y-M: 20[redacted] / 57
ALIZAPRIDE	50 mg	PRN	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 55
BECLOMETASONE	5 mg	QD	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 57
ENOXAPARIN	0.4 mL	QD	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 58
SMOFKABIVEN PERIFER	1904 OTHER: ML/24H	OTHER: COTINUOUSLY	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 59
CERNEVIT	10/100 mL	QD	Y-M: 20[redacted] / 57	Y-M: 20[redacted] / 57
METHYLPREDNISOLONE	40 mg	QD	Y-M: 20[redacted] / 57	Y-M: 20[redacted] / 58
CALCIUM	1000 mg	QD	Y-M: 20[redacted] / 57	Y-M: 20[redacted] / 162
PANTOPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 58	Y-M: 20[redacted] / 141
COLECALCIFEROL	25000 IU	OTHER: ONCE PER MONTH	Y-M: 20[redacted] / 59	ONGOING
METHYLPREDNISOLONE	32 mg	QD	Y-M: 20[redacted] / 59	Y-M: 20[redacted] / 93
DESLORATADINE	5 mg	PRN	Y-M: 20[redacted] / 62	ONGOING
MOVIPREP	100 g	QD	Y-M: 20[redacted] / 77	Y-M: 20[redacted] / 78
HYOSCINE	10 mg	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
LIDOCAINE	50 mg	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
PROPOFOL	3 OTHER: MICROGRAMS /ML	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
PROPOFOL	4 OTHER: MICROGRAMS /ML	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
PROPOFOL	5 OTHER: MICROGRAMS /ML	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
PROPOFOL	6 OTHER: MICROGRAMS /ML	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78

PROPOFOL	7 OTHER: MICROGRAMS /ML	QD	Y-M: 20[redacted] / 78	Y-M: 20[redacted] / 78
METHYLPREDNISOLONE	24 mg	QD	Y-M: 20[redacted] / 94	Y-M: 20[redacted] / 110

Event #1: Serious Adverse Event

Event Description	CROHN DISEASE FLARE
Preferred term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 34
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 34): NPTST054-C-REACTIVE PROTEIN: 92.10 [0 - 5] mg/L; [redacted]20[redacted] (Rx Day 39): NPTST054-C-REACTIVE PROTEIN: 112.10 [0 - 5] mg/L

Microbiology

[redacted]20[redacted] (Rx Day 34): BLOOD NPTST043-BLOOD CULTURE: NEGATIVE; STOOL NPTST087-ENTEROPATHOGENS CULTURE, C.DIFF: NEGATIVE-BLOOD IN STOOL; URINE NPTST276-URINE CULTURE: NEGATIVE; [redacted]20[redacted] (Rx Day 35): BLOOD NPTST041-BLODD CULTURE: NEGATIVE; [redacted]20[redacted] (Rx Day 37): BLOOD NPTST043-BLOOD CULTURE: NEGATIVE; [redacted]20[redacted] (Rx Day 38): BLOOD NPTST043-BLOOD CULTURE: NEGATIVE

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 31): ABDOMINAL CT SCAN: PANCOLITIS WITH MESENTERIC ENGORGEMENT AND SOME PRE-SACRAL ADENOMEGALY. PELVIC ASCITES; LATERAL DISCHARGE ILEOSTOMY (TURNBULL METHOD): FAVORABLE POSTOPERATIVE COURSE

AE Stopped Rx Day	48
Duration of AE	15 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Event #2: Serious Adverse Event

Event Description	CROHN DISEASE FLARE
Preferred term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 54
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 54): NPTST050-C REACTIVE PROTEIN: 77.80 [0 - 5] mg/L; [redacted]20[redacted] (Rx Day 55): Hemoglobin: 9.5 [12 - 15.8] g/dL; NPTST050-C REACTIVE PROTEIN: 105.4 [0 - 5] mg/L; [redacted]20[redacted] (Rx Day 56): NPTST200-PREALBUMIN: 0.16 [0.21 - 0.41] g/L

Microbiology

[redacted]20[redacted] (Rx Day 54): BLOOD NPTST043-BLOOD CULTURE: NEGATIVE; URINE NPTST276-URINE CULTURE: NEGATIVE; [redacted]20[redacted] (Rx Day 55): STOOL NPTST254-STOOL CULTURE:

NEGATIVE; [redacted]20[redacted] (Rx Day 56): OTHER BIOPSY NPTST144-IMMUNOHISTOCHEMISTRY: NEGATIVE-CMV COLITIS EXCLUDED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 31): ABDOMINAL CT SCAN: SUBMUCOSAL WALL THICKENING OF THE RECTUM, SIGMOID, LEFT COLON AND TRANSVERSE COLON UP TO 8 MM THICK, AND TO A LESSER EXTENT RIGHT COLON - APPEARANCE OF A SMALL SUBMUCOSAL WALL THICKENING OF THE LAST SMALL COVE; COLONIC BIOPSY: CHRONIC ACTIVE GRANULOMATOUS COLITIS CONSISTENT WITH KNOWN CROHN'S DISEASE. NO CMV INFECTION; RECTOSIGMOIDOSCOPY: VERY MANY DEEP SERPIGINOUS, SUPRACENTIMETRIC ULCERS, OCCUPYING MORE THAN HALF OF THE SURFACE, AND PRESENT FROM THE RECTOSIGMOID

AE Stopped Rx Day	94
Duration of AE	41 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ベルギーの治験責任医師からの報告。本被験者は3[redacted]歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，投与 34 日後にクローン病フレアの事象を発現し，投与 54 日後にクローン病フレアを発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，クローン病，瘻孔切開，会陰膿瘍のドレナージ，シートン留置，炎症性腸疾患（右側の排液を伴わない括約筋間瘻孔），炎症性腸疾患（左側の排液を伴う括約筋間瘻孔）及び喫煙者（1 日 5 本を 14 年間）であった。

投与 34 日後，被験者はクローン病フレアを発現した。投与 48 日後，クローン病フレアは消失した。投与 54 日後，被験者はクローン病フレアを発現した。投与 94 日後，クローン病フレアは消失した。

投与 34 日後，被験者は腹痛増加，出血性下痢，夜間の排便，失禁，発熱及び瘻孔に起因する会陰液の増加のため入院した。被験者には無力症，関節痛，栄養障害，鉄欠乏及びビタミンD欠乏があった。被験者には炎症性症候群があり，CT スキャンの結果，汎大腸炎が認められた。細菌検査の結果は陰性であった。投与 42 日後，被験者は側方回腸瘻造設を受けた。投与 48 日後，被験者は退院した。

投与 54 日後，被験者は腹痛，下痢，栄養障害，発熱，疼痛，体重減少，無力症及び関節痛のため再入院した。CT スキャン，直腸 S 状結腸鏡検査及び臨床検査が行われた。直腸 S 状結腸鏡検査の結果，重度の大腸炎が認められ，生検の結果，サイトメガロウイルス（CMV）は除外された。非経口栄養及びコルチコステロイドが開始され，症状は速やかに改善した。投与 59 日後，被験者は退院した。

投与された薬剤は，Dafalgan，Smofkabiven，Konakion，メドロール，ソル・メドロール，paracetamol 及び Clipper であった。

The patient’s past medications include:

METHOTREXATE for CROHN'S DISEASE (20[redacted] - 20[redacted])

IMURAN for CROHN'S DISEASE (20[redacted] - [redacted] 20[redacted])

HUMIRA for CROHN'S DISEASE (20[redacted] - 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

REMICADE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

STELARA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

ENTYVIO for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Crohns disease aggravated (10011408) (Crohn's disease (10011401)) [v.22.1] [10011408]

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

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

Dechallenge: Not Applicable

2) Crohns disease aggravated (10011408) (Crohn's disease (10011401)) [v.22.1] [10011408]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CROHN DISEASE FLARE

- Investigator: CROHN DISEASE

- AbbVie: Event more likely related to pre-existing Crohn's Disease

Event of CROHN DISEASE FLARE

- Investigator: CROHN DISEASE

- AbbVie: Event more likely related to pre-existing Crohn's Disease

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT SCAN:** PANCOLITIS WITH MESENTERIC ENGORGEMENT AND SOME PRE-SACRAL ADENOMEGALY. PELVIC ASCITES

[redacted] **20[redacted] ABDOMINAL CT SCAN:** SUBMUCOSAL WALL THICKENING OF THE RECTUM, SIGMOID, LEFT COLON AND TRANSVERSE COLON UP TO 8 MM THICK, AND TO A LESSER EXTENT RIGHT COLON - APPEARANCE OF A SMALL SUBMUCOSAL WALL THICKENING OF THE LAST SMALL COVE

[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 CULTURE: Negative

[redacted] 20[redacted] BODY TEMPERATURE: 38 Degrees C

[redacted] 20[redacted] BODY WEIGHT: 4[redacted] KG

[redacted] 20[redacted] C-REACTIVE PROTEIN: 92.1 MG/L (normal 0 to 5)

[redacted] 20[redacted] C-REACTIVE PROTEIN: 112.1 MG/L (normal 0 to 5)

[redacted] 20[redacted] C-REACTIVE PROTEIN: 77.8 MG/L (normal 0 to 5)

[redacted] 20[redacted] C-REACTIVE PROTEIN: 105.4 MG/L (normal 0 to 5)

[redacted] **20[redacted] ENTEROPATHOGENS CULTURE:** C-difficile- Negative, blood in stool

[redacted] **20[redacted] HEMOGLOBIN:** 9.5 G/L (normal 12 to 15.8)

[redacted] **20[redacted] PREALBUMIN:** 0.16 G/L (normal 0.21 to 0.41)

[redacted] **20[redacted] RECTOSIGMOIDOSCOPY:** severe colitis; Biopsy: CMV colitis excluded

[redacted] 20[redacted] STOOL CULTURE: Negative

[redacted] 20[redacted] URINE CULTURE: Negative

[redacted] 20[redacted] URINE CULTURE: Negative

Subject [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
胃腸炎	X			X
腸閉塞	X			
腸管狭窄	X			
肺炎	X	X	X	X
肺敗血症	X	X	X	X
嘔吐	X			
体重減少	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	4[redacted]	MALE	WHITE

Medical History	Onset Year
ANEMIA: DUE TO CD	20[redacted]
CROHN'S DISEASE	20[redacted]
ALCOHOLISM	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
SURGERY: LEFT HEMICOLECTOMY	20[redacted]
SURGERY: PERIANAL FISTULA	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
SURGERY: PERIANAL FISTULA	20[redacted]
SURGERY: SETON PLACEMENT FOR FISTULA HEALING	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	20 CIGARETTE	3	19[redacted]
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	FORMER	More than 4

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 29	29

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
CYANOCOBALAMIN	1000 ug	OTHER: MONTHLY	Y-M: 20[redacted]
IRON	80 mg	QD	Y-M: 20[redacted]
MERCAPTOPURINE	UNKNOWN OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
INFLIXIMAB	UNKNOWN OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
ADALIMUMAB	UNKNOWN OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
ADALIMUMAB	UNKNOWN OTHER: UNK	OTHER: UNK	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
USTEKINUMAB	390 mg	OTHER: UNK	Y-M: 20[redacted]
INFLIXIMAB	UNK OTHER: UNK	OTHER: EVERY 4 WEEKS	Y-M: 20[redacted] / -309
AZATHIOPRINE	150 mg	QD	Y-M: 20[redacted] / -158
LEKOVIT CA	500 mg	QD	Y-M: 20[redacted] / -36
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -36
PREDNISONE	20 mg	QD	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
CYANOCOBALAMIN	1000 ug	OTHER: MONTHLY	Y-M: 20[redacted]	ONGOING
IRON	80 mg	QD	Y-M: 20[redacted]	ONGOING
AZATHIOPRINE	150 mg	QD	Y-M: 20[redacted] / -158	ONGOING
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / -36	Y-M: 20[redacted] / 17
LEKOVIT CA	500 mg	QD	Y-M: 20[redacted] / -36	Y-M: 20[redacted] / 31
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -28	ONGOING
IRON	256.3 mg	QD	Y-M: 20[redacted] / 18	ONGOING

SOLUTIONS AFFECTING THE ELECTROLYTE BALANCE	1500 mL	QD	Y-M: 20[redacted]-[redacted] / 18	Y-M: 20[redacted]-[redacted] / 20
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]-[redacted] / 18	Y-M: 20[redacted]-[redacted] / 26
PARACETAMOL	1 g	PRN	Y-M: 20[redacted]-[redacted] / 18	Y-M: 20[redacted]-[redacted] / 26
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted]-[redacted] / 20	Y-M: 20[redacted]-[redacted] / 26
METAMIZOLE	1 g	PRN	Y-M: 20[redacted]-[redacted] / 21	Y-M: 20[redacted]-[redacted] / 26
PHYTOMENADIONE	10 mg	OTHER: EVERY 4 DAYS	Y-M: 20[redacted]-[redacted] / 21	Y-M: 20[redacted]-[redacted] / 29
CYANOCOBALAMIN	1 mg	OTHER: ONCE	Y-M: 20[redacted]-[redacted] / 23	Y-M: 20[redacted]-[redacted] / 23
METOCLOPRAMIDE	10 mg	PRN	Y-M: 20[redacted]-[redacted] / 24	Y-M: 20[redacted]-[redacted] / 26
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]-[redacted] / 27	Y-M: 20[redacted]-[redacted] / 31
DIAZEPAM	5 mg	QD	Y-M: 20[redacted]-[redacted] / 32	ONGOING
LEKOVIT CA	1000 mg	QD	Y-M: 20[redacted]-[redacted] / 32	ONGOING
OMEPRAZOLE	40 mg	BID	Y-M: 20[redacted]-[redacted] / 32	ONGOING
PARACETAMOL	1 g	PRN	Y-M: 20[redacted]-[redacted] / 32	ONGOING
GENERAL NUTRIENTS	200 mL	BID	Y-M: 20[redacted]-[redacted] / 33	ONGOING
HIDROPOLIVIT	18 gtt	QD	Y-M: 20[redacted]-[redacted] / 33	ONGOING
METAMIZOLE	1 g	PRN	Y-M: 20[redacted]-[redacted] / 33	ONGOING
METOCLOPRAMIDE	10 mg	PRN	Y-M: 20[redacted]-[redacted] / 33	ONGOING
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted]-[redacted] / 33	ONGOING
SODIUM PHOSPHATE MONOBASIC (ANHYDROUS)	800 mg	BID	Y-M: 20[redacted]-[redacted] / 33	ONGOING
THIAMINE	100 mg	QD	Y-M: 20[redacted]-[redacted] / 33	ONGOING
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted]-[redacted] / 35	ONGOING
MORPHINE	5 mg	PRN	Y-M: 20[redacted]-[redacted] / 37	ONGOING
SOLUTIONS AFFECTING THE ELECTROLYTE BALANCE	2000 mL	QD	Y-M: 20[redacted]-[redacted] / 37	ONGOING
METHYLPREDNISOLONE	60 mg	OTHER: ONCE	Y-M: 20[redacted]-[redacted] / 38	ONGOING

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

Event Description	ACUTE GASTROENTERITIS
Preferred term	胃腸炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 16
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 18): C Reactive Protein: 25.10 [0.1 - 10] mg/L; Leukocytes: 7.08 [4.5 - 11] 10^3/uL; Lymphocytes: 0.69 [1.2 - 4] 10^3/uL; [redacted]20[redacted] (Rx Day 20): NPTST072-CULTURE: NEGATIVE [Not reported - Not reported] Unit not reported; Prothrombin Intl. Normalized Ratio: 1.82 [0.8 - 1.2] Unit not reported; Prothrombin Time: 23.30 [11 - 15.3] sec

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -5): ABDOMINAL X-RAY: DISTAL GAS, NO OBSTRUCTION DATA, NO CLEAR DILATION

AE Stopped Rx Day	26
Duration of AE	11 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 #2: Serious Adverse Event

Event Description	INTESTINAL OBSTRUCTION DUE TO STENOSIS, WEIGHT LOSS, UNABLE TO KEEP ANYTHING DOWN (VOMITING)
Preferred term	腸閉塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 32 (3 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 26): ABDOMEN RX: DILATATION OF THE COLON AND SMALL INTESTINE HANDLES RETROGRADELY AT AN ANGLE SPLENIC WITH LARGER DIAMETER IN TRANSVERSE COLON OF 5.8 CM, WITHOUT LEVELS HYDROAEREOS THAT TRANSLATE A PROBABLE INTESTINAL OBSTRUCTION; ABDOMEN RX: GAS AND FECES IN COLON AND RECTAL BLISTER; ABDOMINAL CT: DISTENSION OF SMALL INTESTINE HANDLES PROBABLY BY STENOSIS SEGMENT WITH PARTIAL MESO TURN IN THE LEFT FLANK; ABDOMINAL CT: COMPLEX PERIANAL FISTULA; ORAL PANENDOSCOPY: SEVERE ANTRAL GASTROPATHY

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

Event #3: Serious Adverse Event

Event Description	INTESTINAL OBSTRUCTION DUE TO STENOSIS, WEIGHT LOSS, UNABLE TO KEEP ANYTHING DOWN (VOMITING)
Preferred term	腸管狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 32 (3 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 26): ABDOMEN RX: DILATATION OF THE COLON AND SMALL INTESTINE HANDLES RETROGRADELY AT AN ANGLE SPLENIC WITH LARGER DIAMETER IN TRANSVERSE COLON OF 5.8 CM, WITHOUT LEVELS HYDROAEREOS THAT TRANSLATE A PROBABLE INTESTINAL OBSTRUCTION; ABDOMEN RX: GAS AND FECES IN COLON AND RECTAL BLISTER; ABDOMINAL CT: DISTENSION OF SMALL INTESTINE HANDLES PROBABLY BY STENOSIS SEGMENT WITH PARTIAL MESO TURN IN THE LEFT FLANK; ABDOMINAL CT: COMPLEX PERIANAL FISTULA; ORAL PANENDOSCOPY: SEVERE ANTRAL GASTROPATHY

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

Event #4: Serious Adverse Event

Event Description	INTESTINAL OBSTRUCTION DUE TO STENOSIS, WEIGHT LOSS, UNABLE TO KEEP ANYTHING DOWN (VOMITING)
Preferred term	嘔吐
AE Onset Date / Rx Day	[redacted]20[redacted] / 32 (3 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 26): ABDOMEN RX: DILATATION OF THE COLON AND SMALL INTESTINE HANDLES RETROGRADELY AT AN ANGLE SPLENIC WITH LARGER DIAMETER IN

TRANSVERSE COLON OF 5.8 CM, WITHOUT LEVELS　HYDROAEREOS THAT TRANSLATE A PROBABLE INTESTINAL OBSTRUCTION; ABDOMEN RX: GAS AND FECES IN COLON AND RECTAL BLISTER; ABDOMINAL CT: DISTENSION OF SMALL INTESTINE HANDLES PROBABLY BY STENOSIS SEGMENT WITH PARTIAL MESO TURN IN THE LEFT FLANK; ABDOMINAL CT: COMPLEX PERIANAL FISTULA; ORAL PANENDOSCOPY: SEVERE ANTRAL GASTROPATHY

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

Event #5: Serious Adverse Event

Event Description	INTESTINAL OBSTRUCTION DUE TO STENOSIS, WEIGHT LOSS, UNABLE TO KEEP ANYTHING DOWN (VOMITING)
Preferred term	体重減少
AE Onset Date / Rx Day	[redacted]20[redacted] / 32 (3 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 26): ABDOMEN RX: DILATATION OF THE COLON AND SMALL INTESTINE HANDLES RETROGRADELY AT AN ANGLE　SPLENIC WITH LARGER DIAMETER IN TRANSVERSE COLON OF 5.8 CM, WITHOUT LEVELS　HYDROAEREOS THAT TRANSLATE A PROBABLE INTESTINAL OBSTRUCTION; ABDOMEN RX: GAS AND FECES IN COLON AND RECTAL BLISTER; ABDOMINAL CT: DISTENSION OF SMALL INTESTINE HANDLES PROBABLY BY STENOSIS SEGMENT WITH PARTIAL MESO TURN IN THE LEFT FLANK; ABDOMINAL CT: COMPLEX PERIANAL FISTULA; ORAL PANENDOSCOPY: SEVERE ANTRAL GASTROPATHY

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

Event #6: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Death, Event of Interest - Serious Infections

Event Description	NOSOCOMIAL　PNEUMONIAE, SEPSIS DUE TO PNEUMONIAE
Preferred term	肺炎

AE Onset Date / Rx Day	[redacted]20[redacted] / 40 (11 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 26): ABDOMEN RX: DILATATION OF THE COLON AND SMALL INTESTINE HANDLES RETROGRADELY AT AN ANGLE SPLENIC WITH LARGER DIAMETER IN TRANSVERSE COLON OF 5.8 CM, WITHOUT LEVELS HYDROAEREOS THAT TRANSLATE A PROBABLE INTESTINAL OBSTRUCTION; ABDOMEN RX: GAS AND FECES IN COLON AND RECTAL BLISTER; ABDOMINAL CT: DISTENSION OF SMALL INTESTINE HANDLES PROBABLY BY STENOSIS SEGMENT WITH PARTIAL MESO TURN IN THE LEFT FLANK; ABDOMINAL CT: COMPLEX PERIANAL FISTULA; ORAL PANENDOSCOPY: SEVERE ANTRAL GASTROPATHY

AE Stopped Rx Day	41 (12 DAYS AFTER LAST TREATMENT)
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	BRONCHOASPIRATION
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT, LIFE THREATENING, RESULTS IN DEATH

Event #7: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Death, Event of Interest - Serious Infections

Event Description	NOSOCOMIAL PNEUMONIAE, SEPSIS DUE TO PNEUMONIAE
Preferred term	肺敗血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 40 (11 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 26): ABDOMEN RX: DILATATION OF THE COLON AND SMALL INTESTINE HANDLES RETROGRADELY AT AN ANGLE SPLENIC WITH LARGER DIAMETER IN TRANSVERSE COLON OF 5.8 CM, WITHOUT LEVELS HYDROAEREOS THAT TRANSLATE A PROBABLE INTESTINAL OBSTRUCTION; ABDOMEN RX: GAS AND FECES IN COLON AND RECTAL BLISTER; ABDOMINAL CT: DISTENSION OF SMALL INTESTINE HANDLES PROBABLY BY STENOSIS SEGMENT WITH PARTIAL MESO TURN IN THE LEFT FLANK; ABDOMINAL CT: COMPLEX PERIANAL FISTULA; ORAL PANENDOSCOPY: SEVERE ANTRAL GASTROPATHY

AE Stopped Rx Day	41 (12 DAYS AFTER LAST TREATMENT)
Duration of AE	2 DAYS
Severity	Severe

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

Generated: [redacted] 20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

スペインの治験責任医師からの報告。本被験者は 4[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，急性胃腸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 20 本を 3 年間），クローン病（CD）による貧血，クローン病（A2：1[redacted]～4[redacted] 歳），アルコール症，腸切除，左半結腸切除，結腸内視鏡検査及び元飲酒者（1 日 4 杯以上）であった。

投与 16 日後，被験者は急性胃腸炎を発現した。投与 26 日後，急性胃腸炎は消失した。

投与 18 日後，被験者は排便回数増加，食欲不振，悪心及び嘔吐のため入院した。身体的診察時，被験者の腹部は軟らかく，押し下げることが可能であり，触診に痛みはなく，正常な色であり，潤いがあり，灌流していた。入院中，被験者には抗生剤を必要としない排便回数の減少といった好ましい変化があった。投与 20 日後，被験者は胃腸炎に続発した凝血異常（非重篤事象）を発現した。IV Konakion による治療の結果，凝血異常は速やかに消失した。投与 26 日後，胃腸炎及び胃腸炎に続発した凝血異常は消失し，被験者は退院した。

投与された薬剤は，paracetamol，メタミゾール及びメトクロプラミドであった。

The patient's past medications include:

INFLIXIMAB for CROHN'S DISEASE (20[redacted] - 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

ADALIMUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

USTEKINUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Acute gastroenteritis (10066762) (Gastroenteritis (10017888)) [v.22.0] [10066762]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of ACUTE GASTROENTERITIS

- Investigator: Not applicable

- AbbVie: Event not consistent with study drug's mechanism of action.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL XRAY:** Distal gas, no obstruction data, no clear dilation

[redacted] 20[redacted] HIGH SENSITIVITY C REACTIVE PROTEIN: 25.10 MG/L (normal 0.1 to 10)

[redacted] **20[redacted] INR:** 1.82 RN (normal 0.8 to 1.2)

[redacted] **20[redacted] LYMPHOCYTES ABS:** 0.69 10^3/ul (normal 1.2 to 4.0)

[redacted] **20[redacted] PROTHROMBIN TIME:** 23.30 SEC (normal 11.0 to 15.3)

[redacted] 20[redacted] STOOL CULTURE: negative

[redacted] 20[redacted] WBC: 7.08 %

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

スペインの治験責任医師からの報告。本被験者は4[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，致死的な院内肺炎，肺炎に起因する敗血症，狭窄に起因する腸閉塞，体重減少，嘔吐の事象を発現した。

Event 2～7 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 20 本を 3 年間），貧血，クローン病，アルコール症，腸切除，左半結腸切除，肛門周囲瘻，瘻孔切開，肛門周囲瘻，瘻孔の治療のためのシートン留置及び元飲酒者（1 日 4 杯以上）であった。

投与 32 日後，被験者は，狭窄に起因する腸閉塞，体重減少及び嘔吐を発現した。投与 40 日後，被験者は院内肺炎及び肺炎に起因する敗血症を発現した。投与 41 日後，被験者は死亡した。死因は院内肺炎及び肺炎に起因する敗血症と報告された。剖検が実施されたかどうかは不明である。

これらの事象の発現前の投与 16 日後，被験者は急性胃腸炎を発現し（AER #[redacted]），投与 20 日後，入院した。入院当日，被験者は胃腸炎に続発した凝血異常（非重篤）を発現した。投与 26 日後，被験者は退院した。

投与 32 日後，被験者は悪心，胃腸炎による食事量の減少，倦怠感，無力症及び悪液質性肋骨痛のため入院した。同日，被験者は背部筋組織の拘縮（非重篤）とも診断された。投与 37 日後，被験者は重度の腹痛を発現した。投与 41 日後，被験者は呼吸器感染に起因する敗血症のため ICU に転床した。投与 41 日後，被験者は死亡した。

投与された薬剤は，メチルプレドニゾロン，モルヒネ，Vital Peptido，オンダンセトロン，リン酸一ナトリウム，Benerva，Hidropolivit，ジアゼパム，メトクロプラミド，メタミゾール，ブドウ糖/塩化カリウム/塩化ナトリウム，クレキサン，オメプラゾール及び paracetamol であった。

The patient’s past medications include:

MERCAPTOPURINE for CROHN'S DISEASE (20[redacted] - 20[redacted])

INFLIXIMAB for CROHN'S DISEASE (20[redacted] - 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

ADALIMUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

USTEKINUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Pulmonary sepsis (10051739) (Pulmonary sepsis (10051739)) [v.23.0] [10051739]

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

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

Dechallenge: Not Applicable

2) Nosocomial pneumonia (10052596) (Pneumonia (10035664)) [v.23.0] [10052596]

Causalityas per reporter (Drug/Vaccine): No reasonable possibility

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

Dechallenge: Not Applicable

3) Vomiting (10047700) (Vomiting (10047700)) [v.23.0] [10047700]

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

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

Dechallenge: Not Applicable

4) Intestinal stenosis (10022699) (Intestinal stenosis (10022699)) [v.23.0] [10022699]

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

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

Dechallenge: Not Applicable

5) Weight loss (10047900) (Weight decreased (10047895)) [v.23.0] [10047900]

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

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

Dechallenge: Not Applicable

6) Intestinal obstruction (10022687) (Intestinal obstruction (10022687)) [v.23.0] [10022687]

Causality as perreporter (Drug/Vaccine): No reasonable possibility

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of NOSOCOMIAL PNEUMONIAE, SEPSIS DUE TO PNEUMONIAE

- Investigator: Bronchaspiration

- AbbVie: Event is more likely related to recent hospitalization with the event of sepsis more likely related to pneumonia.

Event of INTESTINAL OBSTRUCTION DUE TO STENOSIS, WEIGHT LOSS, UNABLE TO KEEP ANYTHING DOWN (VOMITING)

- Investigator: Disease under study

- AbbVie: Risk factors include recent gastroenteritis, pre-existing crohn's disease and history of left hemicolectomy.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMEN X-RAY:** Gas and feces in colon and rectal blister

[redacted] **20[redacted] ABDOMEN X-RAY:** Dilatation of the colon and small intestine handles retrogradely at an angle splenic with larger diameter in transverse colon of 5.8 cm, without levels hydroaereos that translate a probable intestinal obstruction

[redacted] **20[redacted] ABDOMINAL CT:** complex perianal fistula

[redacted] **20[redacted] ABDOMINAL CT:** Distension of small intestine handles probably by stenosis segment with partial meso turn in the left flank

[redacted] 20[redacted] ORAL PANENDOSCOPY: severe antral gastropathy

[redacted] 20[redacted] TB TEST: NEGATIVE

Subject [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
肛門膿瘍	X	X		X

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	3[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
INFLAMMATORY BOWEL DISEASE: CROHN DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: VAAFT	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 36	36

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	800 mg	TID	Y-M: 20[redacted]
PREDNISONE	25 FOLLOWED BY TAPERING (5 MG EVERY WEEK) mg	QD	Y-M: 20[redacted]

BUDESONIDE	6 (FOLLOWED BY TAPERING 3 MG EVERY MONTH) mg	QD	Y-M: 20[redacted]
ADALIMUMAB	120-80-40 mg	OTHER: EVERY OTHER WEEK	Y-M: 20[redacted]
ADALIMUMAB	120-80-40 mg	OTHER: E.O.W.	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY WEEK	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: E.O.W.	Y-M: 20[redacted]
BUDESONIDE	9 (FOLLOWED BY TAPERING 3 MG EVERY MONTH) mg	QD	Y-M: 20[redacted] / -125

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
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 42	ONGOING

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

Event Description	PERIANAL ABSCESS
Preferred term	肛門膿瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 42 (6 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing

Not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 29): PELVIS MRI: PERIANAL DISEASE WITH PERIANAL ABSCESS

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	CD NATURAL HISTORY
Discontinued Study Drug Due to the Event	YES
SAE Criteria	OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

イタリアの治験責任医師からの報告。本被験者は3[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，肛門周囲膿瘍の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，シートン留置，VAAFT，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 42 日後，被験者は肛門周囲膿瘍を発現した。

被験者には肛門周囲痛及び排液性瘻孔があった。

本事象により治験薬の投与は完全に中止された。

投与された薬剤は，メトロニダゾールであった。

The patient’s past medications include:

MESALAMINE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

PREDNISONE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

BUDESONIDE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

HUMIRA for CROHN'S DISEASE ([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 RISANKIZUMAB (Blinded)

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1) Perianal abscess (10034447) (Anal abscess (10048946)) [v.23.1] [10034447]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of PERIANAL ABSCESS

- Investigator: CD NATURAL HISTORY

- AbbVie: Event more likely related to pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] PELVIC MRI:** PERIANAL DISEASE WITH PERIANAL ABSCESS

Subject [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
線維筋痛	X			
水腎症	X			
尿管結石症	X			

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV / P2:RZB 1200 MG IV	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
LATENT TUBERCULOSIS	Not reported.
OTHER: AXIAL ARTHROPATHY	20[redacted]
OTHER: PERIPHERAL ARTHROPATHY	20[redacted]
PEPTIC ULCER DISEASE: GASTRIC ULCER PREVENTION	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: LATENT TB	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	15 CIGARETTE	5	20[redacted]
CHEWING TOBACCO	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)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 50	50
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 141	50

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ADALIMUMAB	40 mg	OTHER: EVERY 2 WEEK	Y-M: 20[redacted]
INFLIXIMAB	600 mg	OTHER: EVERY 5 WEEK	Y-M: 20[redacted]
ESOMEPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -163
PREDNISONE	12.5 mg	QD	Y-M: 20[redacted] / -29

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	40 mg	QD	Y-M: 20[redacted] / -163	ONGOING
PREDNISONE	12.5 mg	QD	Y-M: 20[redacted] / -29	Y-M: 20[redacted] / 113
PYRIDOXINE	300 mg	QD	Y-M: 20[redacted] / 1	ONGOING
DULOXETINE	60 mg	QD	Y-M: 20[redacted] / 1	Y-M: 20[redacted] / 31
TIZANIDINE	4 mg	QD	Y-M: 20[redacted] / 1	Y-M: 20[redacted] / 31
PANADEINE CO	500/300 mg	TID	Y-M: 20[redacted] / 1	Y-M: 20[redacted] / 113
RIFINAH	300/150 mg	BID	Y-M: 20[redacted] / 1	Y-M: 20[redacted] / 121
PREGABALIN	75 mg	QD	Y-M: 20[redacted] / 16	ONGOING
CYCLOBENZAPRINE	10 mg	QD	Y-M: 20[redacted] / 50	ONGOING

Event #1: Serious Adverse Event

Event Description	FIBROMYALGIA
Preferred term	線維筋痛
AE Onset Date / Rx Day	[redacted]20[redacted] / 14
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	Moderate

Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INCREASE OF EXTRAINTESTINAL SYMPTOMS.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	URETER STONE WITH HYDRONEPHROSIS
Preferred term	水腎症
AE Onset Date / Rx Day	[redacted]20[redacted] / 80
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 80): Bilirubin: 0.54 [Not reported - 1.2] Unit not reported; C Reactive Protein: 0.51 [0 - 0.5] mg/dL; Creatinine: 1.05 [0.55 - 1.02] Unit not reported; Ery. Mean Corpuscular Volume: 95.2 [79 - 96] fL; Hematocrit: 38.7 [35 - 47] %; Hemoglobin: 12.4 [12 - 16] g/dL; Leukocytes: 8.09 [4 - 10] 10^3/uL; Platelets: 209 [150 - 400] 10^3/uL; Potassium: 4 [3.5 - 5] mEq/L; Sodium: 139 [136 - 145] mEq/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 65): CT SCAN: CALCULATION URETER DX WITH HYDRONEPHOSIS

AE Stopped Rx Day	86
Duration of AE	7 DAYS
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	NOT KNOWN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	URETER STONE WITH HYDRONEPHROSIS
Preferred term	尿管結石症
AE Onset Date / Rx Day	[redacted]20[redacted] / 80
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 80): Bilirubin: 0.54 [Not reported - 1.2] Unit not reported; C Reactive Protein: 0.51 [0 - 0.5] mg/dL; Creatinine: 1.05 [0.55 - 1.02] Unit not reported; Ery. Mean Corpuscular Volume: 95.2 [79 - 96] fL; Hematocrit: 38.7 [35 - 47] %; Hemoglobin: 12.4 [12 - 16] g/dL; Leukocytes: 8.09 [4 - 10] 10^3/uL; Platelets: 209 [150 - 400] 10^3/uL; Potassium: 4 [3.5 - 5] mEq/L; Sodium: 139 [136 - 145] mEq/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 65): CT SCAN: CALCULATION URETER DX WITH HYDRONEPHOSIS

AE Stopped Rx Day	86
Duration of AE	7 DAYS

Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	NOT KNOWN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted] 20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

イタリアの治験責任医師からの報告。本被験者は 3[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，線維筋痛の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，体軸性関節障害，末梢性関節障害，元喫煙者（1 日 15 本を 5 年間），クローン病及び非飲酒者であった。

投与 14 日後，被験者は線維筋痛を発現した。

投与 14 日後，被験者は入院した。被験者は機能障害を伴うびまん性関節痛を発現した。リリカによる治療後，被験者は軽快した。投与 21 日後，被験者は退院した。

投与された薬剤は，Flexiban 及びリリカであった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Fibromyalgia (10048439) (Fibromyalgia (10048439)) [v.22.0] [10048439]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of FIBROMYALGIA

- Investigator: INCREASE OF EXTRAINTESTINAL SYMPTOMS

- AbbVie: Risk factors include gender, pre-existing Crohn's, axial and peripheral arthropathy.

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

イタリアの治験責任医師からの報告。本被験者は 3[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，水腎症を伴う尿管結石の事象を発現した。

Event 2 及び 3 の臨床経過：

関連する病歴は，胃潰瘍予防，元喫煙者（1 日 15 本を 5 年間），クローン病及び非飲酒者であった。

投与 80 日後，被験者は水腎症を伴う尿管結石を発現した。投与 86 日後，水腎症を伴う尿管結石は消失した。

投与 80 日後，被験者は腹痛のため入院した。腹部超音波検査及び臨床検査が行われた。被験者には水腎症を伴う尿管結石があると診断された。結石は自然に排泄された。投与 86 日後，被験者は退院した。

The patient’s past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Ureteral calculus (10046383) (Ureterolithiasis (10077989)) [v.22.1] [10046383]

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

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

Dechallenge: Not Applicable

2) Hydronephrosis (10020524) (Hydronephrosis (10020524)) [v.22.1] [10020524]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of URETER STONE WITH HYDRONEPHROSIS

- Investigator: NOT KNOWN

- AbbVie: Risk factor for ureter stone includes pre-existing Cohn's disease. Hydronephrosis is more likely secondary to the ureter stone.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ABDOMINAL ULTRASOUND: results not reported

[redacted] **20[redacted] BILIRUBIN:** 0.54 MG% (normal <1.2)

[redacted] **20[redacted] CREATININE:** 1.05 MG% (normal 0.55 to 1.02)

[redacted] **20[redacted] CT SCAN:** Calculation ureter dx with hydronephosis

[redacted] **20[redacted] HEMATOCRIT:** 38.7 % (normal 35 to 47)

[redacted] **20[redacted] HEMOGLOBIN:** 12.4 G/DL (normal 12 to 16)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 0.51 mg/dL (normal 0 to 0.5)

[redacted] **20[redacted] MCV:** 95.2 FL (normal 79 to 96)

[redacted] **20[redacted] PLATELET COUNT:** 209 X10**3/MCL (normal 150 to 400)

[redacted] **20[redacted] POTASSIUM:** 4 MEQ/L (normal 3.5 to 5)

[redacted] **20[redacted] SODIUM:** 139 MEQ/L (normal 136 to 145)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 8.09 X10**3/MCL (normal 4 to 10)

Subject [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
消化管壊死	X	X	X	
回腸穿孔	X	X	X	
腸管狭窄	X	X	X	

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	5[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
HYPERTENSION	20[redacted]
OTHER: SEBORRHEIC DERMATITIS	20[redacted]
ANEMIA: SIDEROPENIC ANEMIA	20[redacted]
OTHER: ABDOMINAL MASS(20 POINTS IN CDAI INDEX)	20[redacted]
OTHER: PERIPHERAL ARTHROPATHY	20[redacted]

Prior Procedures	Procedure Year
SURGERY: CHOLECYSTECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

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

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BUDESONIDE	Not reported.	Not reported.	Y-M: 20[redacted]
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
METHYLPREDNISOLONE	Not reported.	Not reported.	Y-M: 20[redacted]
SULFASALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
TELMISARTAN	80 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
AZATHIOPRINE	Not reported.	Not reported.	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	Not reported.	Y-M: 20[redacted]
AZATHIOPRINE	Not reported.	Not reported.	Y-M: 20[redacted] / -196
METHYLPREDNISOLONE	Not reported.	Not reported.	Y-M: 20[redacted] / -196
MOVIPREP	110 g	OTHER: ONCE	Y-M: 20[redacted] / -16
PROPOFOL	200 mg	OTHER: ONCE	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
TELMISARTAN	80 mg	QD	Y-M: 20[redacted]	ONGOING
MOVIPREP	110 g	OTHER: ONCE	Y-M: 20[redacted] / -16	Y-M: 20[redacted] / -16
PROPOFOL	200 mg	OTHER: ONCE	Y-M: 20[redacted] / -15	Y-M: 20[redacted] / -15
SODIUM CHLORIDE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 7	Y-M: 20[redacted] / 8
CEFAZOLIN	2 g	QD	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
FENTANYL	200 ug	QD	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
MEROPENEM	1 g	OTHER: ONCE	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
METRONIDAZOLE	500 mg	QD	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
NOREPINEPHRINE	20 mL	QD	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
POLYGELINE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
ROCURONIUM	50 mg	QD	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
SEVOFLURANE	0.8 ug/kg	QD	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8
SODIUM CHLORIDE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 8	Y-M: 20[redacted] / 8

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

Event Description	ILEAL PERFORATION ABOVE EXTENSIVE STENOSIS TRACT COMPLICATED BY AN EXTENSIVE NECROSIS
Preferred term	消化管壊死
AE Onset Date / Rx Day	[redacted]20[redacted] / 7 (6 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 8): C Reactive Protein: 642 [0 - 5] mg/L; Leukocytes: 21.000 [4.5 - 11.3] 10^3/uL; NPTST203-PROCALCITONINE: > 100 [0 - Not reported] ng/mL

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -13): ABDOMINAL SCAN: INTRABDOMINAL FREE AIR WITH GASTRECTASY; PNEUMATOSIS OF DUODENAL AND JEJUNUAL TRACTS WALLS WITH DILATATION OF TRACTS; CHEST X RAY: ACCENTUATION OF THE BRONCHO-VASCULAR TEXTURE; SURGERY WITH ILEO-COLONIC RESECTION AND ILEOSTOMY: DEATH OF THE PATIENT

AE Stopped Rx Day	8 (7 DAYS AFTER LAST TREATMENT)
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING OF DISEASE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, RESULTS IN DEATH

Event #2: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Death

Event Description	ILEAL PERFORATION ABOVE EXTENSIVE STENOSIS TRACT COMPLICATED BY AN EXTENSIVE NECROSIS
Preferred term	回腸穿孔
AE Onset Date / Rx Day	[redacted]20[redacted] / 7 (6 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 8): C Reactive Protein: 642 [0 - 5] mg/L; Leukocytes: 21.000 [4.5 - 11.3] 10^3/uL; NPTST203-PROCALCITONINE: > 100 [0 - Not reported] ng/mL

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -13): ABDOMINAL SCAN: INTRABDOMINAL FREE AIR WITH GASTRECTASY; PNEUMATOSIS OF DUODENAL AND JEJUNUAL TRACTS WALLS WITH DILATATION OF TRACTS; CHEST X RAY: ACCENTUATION OF THE BRONCHO-VASCULAR TEXTURE; SURGERY WITH ILEO-COLONIC RESECTION AND ILEOSTOMY: DEATH OF THE PATIENT

AE Stopped Rx Day	8 (7 DAYS AFTER LAST TREATMENT)
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING OF DISEASE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, RESULTS IN DEATH

Event #3: Serious Adverse Event, AE Leading to Discontinuation of Study Drug, Death

Event Description	ILEAL PERFORATION ABOVE EXTENSIVE STENOSIS TRACT COMPLICATED BY AN EXTENSIVE NECROSIS
Preferred term	腸管狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 7 (6 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 8): C Reactive Protein: 642 [0 - 5] mg/L; Leukocytes: 21.000 [4.5 - 11.3] 10^3/uL; NPTST203-PROCALCITONINE: > 100 [0 - Not reported] ng/mL

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day -13): ABDOMINAL SCAN: INTRABDOMINAL FREE AIR WITH GASTRECTASY; PNEUMATOSIS OF DUODENAL AND JEJUNUAL TRACTS WALLS WITH DILATATION OF TRACTS; CHEST X RAY: ACCENTUATION OF THE BRONCHO-VASCULAR TEXTURE; SURGERY WITH ILEO-COLONIC RESECTION AND ILEOSTOMY: DEATH OF THE PATIENT

AE Stopped Rx Day	8 (7 DAYS AFTER LAST TREATMENT)
Duration of AE	2 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING OF DISEASE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, RESULTS IN DEATH

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

イタリアの治験責任医師からの報告。本被験者は5[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，致死的な回腸穿孔及び広範囲にわたる壊死を合併した広範囲な管狭窄の事象を発現した。

Event 1～3 の臨床経過：

関連する病歴は，元紙巻タバコ喫煙者（1 日 10 本を 20 年間），クローン病，高血圧，鉄欠乏性貧血，回腸結腸内視鏡検査，軽度アルコール摂取（1 日 2 杯未満）及び腹部腫瘤（CDAI INDEX で 20 ポイント）であった。

投与 7 日後，被験者は回腸穿孔及び広範囲にわたる壊死を合併した広範囲な管狭窄を発現した。投与 8 日後，被験者は死亡した。死因は回腸穿孔及び広範囲にわたる壊死を合併した広範囲な管狭窄と報告された。剖検が行われた。

投与 7 日後，被験者は低血圧及び腹痛の症状を伴う疾患の急性悪化のため救急治療室から病院に入院した。被験者は回腸結腸切除及び回腸瘻造設のための外科手術を受けた。投与 8 日後，被験者は死亡した。

剖検報告によると，被験者は敗血症性ショックに起因する心血管虚脱，腸管穿孔に起因する壊死性腹膜炎のため死亡した。死亡証明書上の主要な死因は急性気管支肺炎を伴う重度の急性肺水腫である。

投与された薬剤は，Emagel，Merrem 及び塩化ナトリウムであった。

The patient’s past medications include:

INFLIXIMAB for CROHN;S DISEASE ([redacted])

AZATHIOPRINE for CROHN'S DISEASE ([redacted])

VEDOLIZUMAB for CROHN'S DISEASE ([redacted])

METHYLPREDNISOLONE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Intestinal necrosis (10022686) (Gastrointestinal necrosis (10017982)) [v.23.0] [10022686]

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

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

Dechallenge: Not Applicable

2) Ileal perforation (10021305) (Ileal perforation (10021305)) [v.23.0] [10021305]

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

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

Dechallenge: Not Applicable

3) Intestinal stenosis (10022699) (Intestinal stenosis (10022699)) [v.23.0] [10022699]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of ILEAL PERFORATION ABOVE EXTENSIVE STENOSIS TRACT COMPLICATED BY AN EXTENSIVE NECROSIS

- Investigator: Worsening of disease.

- AbbVie: Event is more likely related to acute worsening of pre-existing Crohn's Disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT:** INTRABDOMINAL FREE AIR WITH GASTRECTASY; PNEUMATOSIS OF DUODENAL AND JEJUNUAL TRACTS WALLS WITH DILATATION OF TRACTS

[redacted] 20[redacted] BODY WEIGHT (SCREENING): 5[redacted] KG

[redacted] **20[redacted] CHEST X-RAY:** ACCENTUATION OF THE BRONCHO-VASCULAR TEXTURE

[redacted] **20[redacted] CRP:** 642 MG/L (normal 0 to 5)

[redacted] 20[redacted] PROCALCITONINE: >100 ng/mL

[redacted] **20[redacted] WBC:** 21.000 X10**3/MCL (normal 4.5 to 11.3)

Subject [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
貧血	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
ANEMIA: ANEMIA DUE TO CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 55	55
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 141	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: 20[redacted]
MESALAZINE	4 g	QD	Y-M: 20[redacted] / -163
PREDNISONE	40 MG/DAY WITH TAPERING DOSES WITH 5 MG/WEEK mg	QD	Y-M: 20[redacted] / -163
FORTRANS	73.69 g	TID	Y-M: 20[redacted] / -8
MIDAZOLAM	1 mg	QD	Y-M: 20[redacted] / -7

PROPOFOL	80 mg	QD	Y-M: 20[redacted] / -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
BCG Vaccine	Not reported.	Not reported.	Y-M: 20[redacted]	Not reported.
MESALAZINE	4 g	QD	Y-M: 20[redacted] / -163	ONGOING
FORTRANS	73.69 g	TID	Y-M: 20[redacted] / -8	Y-M: 20[redacted] / -8
MIDAZOLAM	1 mg	QD	Y-M: 20[redacted] / -7	Y-M: 20[redacted] / -7
PROPOFOL	80 mg	QD	Y-M: 20[redacted] / -7	Y-M: 20[redacted] / -7
BLOOD, WHOLE	1 OTHER: UNIT OF BLOOD (ERYTHROCYTE CONCENTRATE)	QD	Y-M: 20[redacted] / 23	Y-M: 20[redacted] / 23
HYDROCORTISONE	100 mg	TID	Y-M: 20[redacted] / 23	Y-M: 20[redacted] / 27
BLOOD, WHOLE	1 OTHER: BLOOD UNIT (ERYTHROCYTE CONCENTRATE)	QD	Y-M: 20[redacted] / 26	Y-M: 20[redacted] / 26

Event #1: Serious Adverse Event

Event Description	WORSENING OF ANEMIA DUE TO CROHN'S DISEASE
Preferred term	貧血
AE Onset Date / Rx Day	[redacted]20[redacted] / 23
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 23): Alanine Aminotransferase: 9.4 [Not reported - 31] U/L; Aspartate Aminotransferase: 17.1 [Not reported - 35] U/L; Blood Urea Nitrogen: 25.02 [Not reported - 20] mg/dL; C Reactive Protein: 68 [1 - 3] mg/L; Creatinine: 0.58 [Not reported - 1] mg/dL; Glucose: 98.24 [80 - 110] mg/dL; Hemoglobin: 6.6 [12 - 16] g/dL; NPTST045-BLOOD IRON: 11 [37 - 145] mg/dL; Potassium: 4.57 [3.5 - 5.1] mmol/L; Sodium: 139.23 [136 - 145] mmol/L

Microbiology

Not reported

SAE Supplemental Procedure

Not reported

AE Stopped Rx Day	27
Duration of AE	5 DAYS
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THERE ARE NO OTHER CAUSES OF EVENT

Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted] 20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

ルーマニアの治験責任医師からの報告。本被験者は 2[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，クローン病による貧血悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，クローン病による貧血，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

投与 23 日後，被験者はクローン病による貧血悪化を発現した。投与 27 日後，クローン病による貧血悪化は消失した。

本事象発現前の投与の 11 日前，被験者はクローン病による貧血（非重篤）を発現した。

投与 23 日後，被験者は入院した。被験者には無力症及び疲労の症状があり，重度の貧血と診断されたため，赤血球濃厚液の輸血を 2 回受けた。輸血後，臨床症状は改善した。投与 27 日後，被験者は退院した。

投与された薬剤は，hydrocortisone hemisuccinate 及び赤血球濃厚液であった。

The patient's past medications include:

PREDNISONE for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Anemia aggravated (10054309) (Anaemia (10002034)) [v.23.0] [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 RISANKIZUMAB (Blinded)

Event of WORSENING OF ANEMIA DUE TO CROHN'S DISEASE

- Investigator: There are no other causes of event.

- AbbVie: Event is more likely related to pre-existing Crohn's disease. Additionally, subject's baseline hemoglobin and hematocrit were very low.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BLOOD IRON: 11 ug/dL

20[redacted] HEMATOCRIT: 0.29 Fraction of 1

20[redacted] HEMATOCRIT: 0.35 Fraction of 1

20[redacted] HEMATOCRIT: 0.37 Fraction of 1

20[redacted] HEMATOCRIT: 0.30 Fraction of 1

20[redacted] HEMATOCRIT: 0.30 Fraction of 1

20[redacted] HEMATOCRIT: 0.34 Fraction of 1

20[redacted] HEMOGLOBIN: 76.00 G/L

20[redacted] HEMOGLOBIN: 93.00 G/L

20[redacted] HEMOGLOBIN: 91.00 G/L

20[redacted] HEMOGLOBIN: 77.00 G/L

20[redacted] HEMOGLOBIN: 80.00 G/L

20[redacted] HEMOGLOBIN: 95.00 G/L

[redacted] **20[redacted] HGB:** 6.6 G/DL (normal 12 to 16)

[redacted] 20[redacted] HIGH SENSITIVITY CRP: 69 MG/L

Subject [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
失神	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	3[redacted]	MALE	WHITE

Medical History	Onset Year
SEIZURE DISORDER/CONVULSIONS: PAROXYSMAL EPILEPSY	20[redacted]
OTHER: HYPOTHYROIDISM	20[redacted]
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[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
LEVOTHYROXINE	50 ug	QD	Y-M: 20[redacted]
MESALAZINE	1,5 g	QD	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	TID	Y-M: 20[redacted] / -250
ADALIMUMAB	40 mg	OTHER: EVERY TWO WEEKS	Y-M: 20[redacted] / -222
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted] / -222

MIDAZOLAM	5 mg	OTHER: ONCE BEFORE COLONOSCOPY	Y-M: 20[redacted] / -13
PETHIDINE	50 mg	OTHER: ONCE BEFORE COLONOSCOPY	Y-M: 20[redacted] / -13

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	50 ug	QD	Y-M: 20[redacted]	ONGOING
MESALAZINE	1,5 g	QD	Y-M: 20[redacted]	ONGOING
AZATHIOPRINE	50 mg	TID	Y-M: 20[redacted] / -250	ONGOING
SODIUM CHLORIDE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 30	Y-M: 20[redacted] / 30

Event #1: Serious Adverse Event

Event Description	CONVULSION SYNCOPE
Preferred term	失神
AE Onset Date / Rx Day	[redacted]20[redacted] / 30
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 30): Glucose: NORMAL RANGE [Not reported - Not reported] Unit not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 2): CT OF THE BRAIN: NORMAL; MR OF THE BRAIN: NORMAL; [redacted]20[redacted] (Rx Day 33): EEG: ON EEG DURING THE SLEEPING PHASE WAS FOUND EPILESY SOURCE IN BOTH CEREBRAL HEMISPHERES

AE Stopped Rx Day	30
Duration of AE	1 DAY
Severity	Moderate
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PT WITH KNOWN HISTORY OF PAROXYSMAL EPILEPSY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

チェコ共和国の治験責任医師からの報告。本被験者は3[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，痙攣性失神の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，発作性てんかん，甲状腺機能低下症，クローン病，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

投与 30 日後，被験者は痙攣性失神を発現した。投与 30 日後，痙攣性失神は消失した。

投与 30 日後，被験者は盲検化された治験薬の Week 4 投与を受けた。投与は 10 時 30 分に開始され，12 時 30 分に完了した。盲検化されたリツキシマブ投与の 20 分後，被験者は意識消失を伴う上肢痙攣を発現した。1 分後に被験者は意識を取り戻したが，人物及び位置に対する軽度の失見当識が 3 分間発現した。被験者は神経学的検査を受け，結果に異常は認められなかった。また，発作時の被験者のバイタルサイン及び血糖値は正常であった。注目すべきは，本事象が治験薬の投与 20 分後に発現したことであった。神経学的検査の報告による最終診断は，てんかん発作の疑いであった。

治験責任医師は，本事象はストレス，疲労及び脱水におそらく関係ありと判断した。

投与された薬剤は，生理食塩水であった。

The patient’s past medications include:

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Syncope convulsive (10062496) (Syncope (10042772)) [v.22.0] [10062496]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CONVULSION SYNCOPE

- Investigator: The patient has a know history of paroxysmal epilepsy attacks during childhood.

- AbbVie: More likely related to history of paroxysmal epilepsy.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BRAIN CT: Normal

[redacted] **20[redacted] EEG:** ON EEG DURING THE SLEEPING PHASE WAS FOUND EPILESY SOURCE IN BOTH CEREBRAL HEMISPHERES

[redacted] 20[redacted] GLUCOSE: normal range

[redacted] 20[redacted] MRI BRAIN: Normal

Subject [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
人工流産	X	X		

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 600 MG IV	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	FORMER	10 CIGARETTE	2	20[redacted]
CHEWING TOBACCO	NEVER			
CIGARS	UNKNOWN	Not reported.	.	Not reported.
E-CIGARETTES	UNKNOWN	Not reported.	.	Not reported.
PIPES	UNKNOWN	Not reported.	.	Not reported.

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)
Risankizumab	600 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 63	63

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	500 mg	TID	Y-M: 20[redacted] / -251
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted] / -211
ADALIMUMAB	40 mg	OTHER: EVERY TWO WEEKS	Y-M: 20[redacted] / -197
MIDAZOLAM	7 mg	OTHER: ONCE	Y-M: 20[redacted] / -12
PETHIDINE	100 mg	OTHER: ONCE	Y-M: 20[redacted] / -12

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
MESALAZINE	500 mg	TID	Y-M: 20[redacted] / -251	ONGOING

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

Event Description	ELECTIVE ABORTION
Preferred term	人工流産
AE Onset Date / Rx Day	[redacted]20[redacted] / 98 (35 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 87): NPTST243-SERUM BETA HCG: POSITIVE 29745 [0 - 5] Unit not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 89): SURGICAL MINI ABORTION: CLASSICI SURGICAL MINI ABORTION WITHOUT ANY PERI OR POSTPROCEDUAL COMPLICATION

AE Stopped Rx Day	98 (35 DAYS AFTER LAST TREATMENT)
Duration of AE	1 DAY
Severity	Severe
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CONTRACEPTION FAILURE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

チェコ共和国の治験責任医師からの報告。本被験者は 2[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，人工妊娠中絶及び非重篤な妊娠時の薬物曝露の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，元喫煙者（1 日 10 本を 2 年間），非飲酒者，コンドーム +/- 殺精子剤の使用及び周期避妊法（リズム法）の使用であった。

被験者は妊娠時の薬物曝露を発現した（日付不明）。投与 98 日後，被験者は人工妊娠中絶を発現した。

投与 87 日後，血清妊娠検査で妊娠が確認された。分娩予定日（EDD）は投与 323 日後であった。胎児は妊娠第 1 三半期に母体が使用したリサンキズマブに曝露されていた。投与 98 日後，被験者は人工妊娠中絶を発現した。

投与 98 日後，被験者は入院し，予定されていた人工妊娠中絶を受けた。手術中及び手術前後の合併症は認められなかった。被験者は半日観察下におかれ，同日，合併症がない状態で退院した。

治験薬の投与は完全に中止された。

治験責任医師によると，被験者には本事象の数年前に人工妊娠中絶歴があった。

The patient’s past medications include:

HUMIRA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Elective abortion (10082264) (Abortion induced (10000220)) [v.23.0] [10082264]

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

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

Dechallenge: Not Applicable

2) Drug exposure during pregnancy (10049193) (Exposure during pregnancy (10073513)) [v.23.0] [10049193]

Causality as per reporter (Drug/Vaccine): Not Reported

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

Dechallenge: Unknown

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of ELECTIVE ABORTION

- Investigator: Contraception failure.

- AbbVie: Event more likely related to unexpected, unintended concomitant pregnancy.

Event of DRUG EXPOSURE DURING PREGNANCY

- Investigator: Not reported.

- AbbVie: Special situation of maternal use of active pharmaceutical ingredient.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] SERUM BETA HCG:** Positive; 29745 MUI/ML (Normal: 0 - 5)

Subject [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
腹壁膿瘍	X			X
胃腸の炎症	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: FOLICULITIS	Not reported.
INFLAMMATORY BOWEL DISEASE: PERINEAL FISTULA	20[redacted]
CROHN'S DISEASE	20[redacted]
INFLAMMATORY BOWEL DISEASE: PERINEAL ABSCESS	20[redacted]
ANEMIA: ANEMIA AS EIM FOR CD	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: ADVANCEMENT FLAP	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 60	60

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
AZATHIOPRINE	Not reported.	Not reported.	Y-M: 20[redacted]
PREDNISONE	Not reported.	Not reported.	Y-M: 20[redacted]
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
INFLIXIMAB	5 mg/kg	Not reported.	Y-M: 20[redacted]
AZATHIOPRINE	Not reported.	Not reported.	Y-M: 20[redacted]
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]
MOVIPREP	1 OTHER: SACKS	BID	Y-M: 20[redacted] / -26
MIDAZOLAM	10 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / -25
SUFENTANIL	10 ug	OTHER: SINGLE DOSE	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
MESALAZINE	Not reported.	Not reported.	Y-M: 20[redacted]	ONGOING
IRON	100 mg	BID	Y-M: 20[redacted] / 40	ONGOING
IBUPROFEN	400 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 50	Y-M: 20[redacted] / 50
PHENOXYMETHYLPENICILLIN	1500 mg	TID	Y-M: 20[redacted] / 51	Y-M: 20[redacted] / 57
IBUPROFEN	400 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 56	Y-M: 20[redacted] / 56
HYOSCINE	20 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 74	Y-M: 20[redacted] / 74
MIDAZOLAM	5 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 74	Y-M: 20[redacted] / 74
SUFENTANIL	10 ug	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 74	Y-M: 20[redacted] / 74
AUGMENTIN	1,2 g	TID	Y-M: 20[redacted] / 74	Y-M: 20[redacted] / 82
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 74	Y-M: 20[redacted] / 82
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 79	ONGOING
AUGMENTIN	1 g	TID	Y-M: 20[redacted] / 82	ONGOING
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 82	ONGOING
MOVIPREP	1 OTHER: SACK	BID	Y-M: 20[redacted] / 86	Y-M: 20[redacted] / 86
MIDAZOLAM	10 mg	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 87	Y-M: 20[redacted] / 87

SUFENTANIL	10 ug	OTHER: SINGLE DOSE	Y-M: 20[redacted] / 87	Y-M: 20[redacted] / 87

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

Event Description	INFLAMMATION OF INTESTINES, ABSCESS OF RIGHT HYPOGATRIUM
Preferred term	腹壁膿瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 74 (14 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 74): Leukocytes: 12 [4 - 10] 10^9/L; NPTST051-C RECTIVE PROTIEN: 100 [0 - 10] mg/L

Microbiology

[redacted]20[redacted] (Rx Day 78): STOOL NPTST173-MICROBIOLOGY: NEGATIVE; URINE NPTST173-MICROBIOLOGY: NEGATIVE-0; [redacted]20[redacted] (Rx Day 122): OTHER FLUID FROM THE ABSCESS NPTST172-MICROBIOLICAL ANALYSIS: POSITIVE-ESCHERCHIA COLI + ENTEROCOCCUS FAECIUM POSITIVITY

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 53): ABDOMINAL CT WITH CONTRAST: SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX; GASTROSCOPY: MILD BULBITIS; X-RAY OF THORAX: NORMAL FINDINGS; [redacted]20[redacted] (Rx Day 83): ABDOMINAL CT WITH CONTRAST: SMALL ABSCESS OF THE RIGHT HYPOGASTRIUU + INFLAMATORY CHANES FROM THE PREVIOUS CT; [redacted]20[redacted] (Rx Day 114): ABSCESS DRAINAGE: SUCCESFUL ABSCESS DRAINAGE - ON CONTROL ULTRASOUND THERE WAS NO VISIBLE

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	NONE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	INFLAMMATION OF INTESTINES, ABSCESS OF RIGHT HYPOGATRIUM
Preferred term	胃腸の炎症
AE Onset Date / Rx Day	[redacted]20[redacted] / 74 (14 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 74): Leukocytes: 12 [4 - 10] 10^9/L; NPTST051-C RECTIVE PROTIEN: 100 [0 - 10] mg/L

Microbiology

[redacted]20[redacted] (Rx Day 78): STOOL NPTST173-MICROBIOLOGY: NEGATIVE; URINE NPTST173-MICROBIOLOGY: NEGATIVE-0; [redacted]20[redacted] (Rx Day 122): OTHER FLUID FROM THE ABSCESS NPTST172-MICROBIOLICAL ANALYSIS: POSITIVE-ESCHERCHIA COLI + ENTEROCOCCUS FAECIUM POSITIVITY

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 53): ABDOMINAL CT WITH CONTRAST: SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX; GASTROSCOPY: MILD BULBITIS; X-RAY OF THORAX: NORMAL FINDINGS; [redacted]20[redacted] (Rx Day 83): ABDOMINAL CT WITH CONTRAST: SMALL ABSCESS OF THE RIGHT HYPOGASTRIUU + INFLAMATORY CHANES FROM THE PREVIOUS CT; [redacted]20[redacted] (Rx Day 114): ABSCESS DRAINAGE: SUCCESFUL ABSCESS DRAINAGE - ON CONTROL ULTRASOUND THERE WAS NO VISIBLE

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	NONE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

チェコ共和国の治験責任医師からの報告。本被験者は3[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，腸の炎症（右下腹部の膿瘍）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，会陰瘻，クローン病，会陰膿瘍，貧血，毛包炎，非喫煙者及び非飲酒者であった。

投与 74 日後，被験者は腸の炎症（右下腹部の膿瘍）を発現した。

投与 44 日後から投与 57 日後まで，被験者には非重篤な上気道感染があった。投与 68 日後から投与 74 日後まで，被験者は非重篤な消化不良及び間欠性嘔吐の事象を発現した。

投与 74 日後，被験者は悪心，間欠性嘔吐，腹痛及び発熱のため入院した。被験者は外科に入院した。大腸，回腸及び虫垂に重度の炎症性変化があることが判明した。新規に形成された膿瘍の可能性もあった。手術は不要であった。投与 82 日後，被験者は退院した。投与 85 日後，被験者は追加の CT スキャンを受け，右下腹部に小規模な膿瘍が確認された。

投与 122 日後，被験者は超音波ガイド下膿瘍ドレナージを受け，効果があった。

投与された薬剤は，Amoksiklav，Entizol 及びメトロニダゾールであった。

The patient’s past medications include:

SALOFALK for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted], Started [redacted] 20[redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Abdominal wall abscess (10000099) (Abdominal wall abscess (10000099)) [v.24.0] [10000099]

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

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

Dechallenge: Not Applicable

2) Intestinal inflammation (10076319) (Gastrointestinal inflammation (10064147)) [v.24.0] [10076319]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of INFLAMMATION OF INTESTINES; ABSCESS OF RIGHT HYPOGATRIUM

- Investigator: None

- AbbVie: EVENT MORE LIKELY RELATED TO PRE-EXISTING CROHN'S DISEASE

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT WITH CONTRAST:** SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX

[redacted] **20[redacted] ABDOMINAL CT WITH CONTRAST:** SMALL ABSCESS OF THE RIGHT HYPOGASTRIUU + INFLAMATORY CHANES FROM THE PREVIOUS CT

[redacted] 20[redacted] C-REACTIVE PROTIEN: 100 MG/L (normal 0 to 10)

[redacted] **20[redacted] FLUID FROM ABSCESS:** positive -Escherchia Coli + Enterococcus faecium positivity

[redacted] 20[redacted] GASTROSCOPY: MILD BULBITIS

[redacted] 20[redacted] STOOL MICROBIOLOGY: NEGATIVE

[redacted] 20[redacted] URINE MICROBIOLOGY: NEGATIVE

[redacted] **20[redacted] WHITE BLOOD CELLS:** 12 X10**9/L (normal 4 to 10)

[redacted] 20[redacted] X-RAY OF THORAX: NORMAL FINDINGS

Subject [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
肝障害	X			X
** ALT ≥in 5 × ULN using lab data				X

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 1200 MG IV	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
EYE DISEASE/DISORDER: SQUINT	19[redacted]
CROHN'S DISEASE	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE: UPPER DYSPEPSIA	20[redacted]
OTHER: ALLERGIES, HAY FEVER	20[redacted]
HYPERTENSION: ESSENTIAL HYPERTENSION	20[redacted]
OTHER: MORBUS BECHTEREV	20[redacted]
OTHER: SPONDYLARTRITIS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: SQUINT	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: HYSTERECTOMIE	20[redacted]
SURGERY: HYSTERECTOMIE	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: APENDICITIS	20[redacted]
SURGERY: APENDECTOMIE	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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)
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted] / 1	[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: [redacted]
RABEPRAZOLE	20 mg	QD	Y-M: [redacted]
MESALAZINE	1600 mg	TID	Y-M: [redacted]
LORATADINE	10 mg	QD	Y-M: [redacted]
BISOPROLOL	2,5 mg	QD	Y-M: [redacted] / -211
AZATHIOPRINE	50 mg	QD	Y-M: [redacted] / -182
OSMOTICALLY ACTING LAXATIVES	3000 mL	QD	Y-M: [redacted] / -46
PREDNISONE	40 mg	QD	Y-M: [redacted] / -44
PREDNISONE	20 mg	QD	Y-M: [redacted] / -31
PROPOFOL	2.5 mg	QD	Y-M: [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
BCG Vaccine	Not reported.	Not reported.	Y-M: [redacted]	Not reported.
RABEPRAZOLE	20 mg	QD	Y-M: [redacted]	ONGOING
LORATADINE	10 mg	QD	Y-M: [redacted]	ONGOING
BISOPROLOL	2,5 mg	QD	Y-M: [redacted] / -211	ONGOING
URSODEOXYCHOLIC ACID	500 mg	QD	Y-M: [redacted] / 61	Y-M: [redacted] / 94

Event #1: Serious Adverse Event, Event of Interest - Hepatic Events

Event Description HEPATHOPATHY
Preferred term 肝障害
AE Onset Date / Rx Day [redacted] / 57
Age at AE Onset [redacted]
Laboratory Testing
[redacted] (Rx Day 61): Alanine Aminotransferase: 3.57 [0.16 - 0.75] ukat/L; Alkaline Phosphatase: 4.20 [0.7 - 2.1] ukat/L; Aspartate Aminotransferase: 1.97 [0 - 0.58] ukat/L; Bilirubin: 6.8 [3.5 - 21] umol/L; NPTST024-APTT: 34,8 [28 - 40] sec; NPTST118-GMT: 6.31 [0 - 0.85] ukat/L; NPTST146-INR: 0.95 [0.8 - 1.12] fraction of 1
Microbiology
Not reported

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 35): ULTRASOUND OF ABDOMEN: STEATOSIS, IN THE LEFT LOBE IS HEMANGIOM, CYSTS IN THE PARENCHYM

AE Stopped Rx Day	78 (21 DAYS AFTER LAST TREATMENT)
Duration of AE	22 DAYS
Severity	Unknown
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	REACTION TO AZATHIOPRIN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

チェコ共和国の治験責任医師からの報告。本被験者は 5[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，肝障害の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，本態性高血圧症，強直性脊椎炎，非喫煙者及び非飲酒者であった。

投与 57 日後，被験者は肝障害を発現した。投与 78 日後，肝障害は消失した。

投与 61 日後，被験者は疲労を発現したため入院した。投与 62 日後，被験者は退院した。投与 78 日後に行われた肝臓の臨床検査の結果は正常であった。

投与された薬剤は，Ursosan であった。

The patient's past medications include:

ASACOL for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Hepatopathy (10059616) (Liver disorder (10024670)) [v.23.1] [10059616]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of HEPATOPATHY

- Investigator: REACTION TO AZATHIOPRIN

- AbbVie: Reported event more likely related to azathioprine (as per PI). Additional risk factor includes pre-existing Crohn's disease since disorders of the hepatobiliary system are relatively common extraintestinal manifestations of inflammatory bowel disease (IBD).

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ALANINE AMINOTRANSFERASE: 3.57 U/L (normal 0.16 to 0.75)

[redacted] **20[redacted] ALBUMIN-BCG:** 46 G/L (normal 33 to 49)

[redacted] **20[redacted] ALBUMIN-BCG:** 50 G/L (normal 33 to 49)

[redacted] **20[redacted] ALBUMIN-BCG:** 49 G/L (normal 33 to 49)

[redacted] **20[redacted] ALBUMIN-BCG:** 48 G/L (normal 33 to 49)

[redacted] **20[redacted] ALKALINE PHOSPHATASE:** 4.20 U/L (normal 0.70 to 2.10)

[redacted] 20[redacted] ALKALINE PHOSPHATASE-QT: 48 U/L (normal 35 to 123)

[redacted] 20[redacted] ALKALINE PHOSPHATASE-QT: 51 U/L (normal 35 to 123)

[redacted] 20[redacted] ALKALINE PHOSPHATASE-QT: 50 U/L (normal 35 to 123)

[redacted] 20[redacted] ALKALINE PHOSPHATASE-QT: 333 U/L (normal 35 to 123)

[redacted] **20[redacted] ALT:** 34 U/L (normal 6 to 34)

[redacted] **20[redacted] ALT (SGPT):** 26 U/L (normal 6 to 34)

[redacted] **20[redacted] ALT (SGPT):** 25 U/L (normal 6 to 34)

[redacted] **20[redacted] ALT (SGPT):** 26 U/L (normal 6 to 34)

[redacted] **20[redacted] ALT (SGPT):** 219 U/L (normal 6 to 34)

[redacted] 20[redacted] ANTI-HEP B SURFACE AG2 QUAL: Negative

[redacted] 20[redacted] ASPARTATE AMINOTRANSFERASE: 1.97 U/L (normal 0 to 0.58)

[redacted] **20[redacted] AST:** 30 U/L (normal 9 to 34)

[redacted] **20[redacted] AST (SGOT):** 23 U/L (normal 9 to 34)

[redacted] **20[redacted] AST (SGOT):** 19 U/L (normal 9 to 34)

[redacted] **20[redacted] AST (SGOT):** 26 U/L (normal 9 to 34)

[redacted] **20[redacted] AST (SGOT):** 163 U/L (normal 9 to 34)

[redacted] **20[redacted] BASOPHILS:** 0.02 x10^3/uL (normal 0.0 to 0.2)

[redacted] **20[redacted] BASOPHILS:** 0.3 % (normal 0.0 to 2.0)

[redacted] **20[redacted] DIRECT BILIRUBIN:** <2 MMOL/L (normal 2 to 7)

[redacted] **20[redacted] DIRECT BILIRUBIN:** <2 MMOL/L (normal 2 to 7)

[redacted] **20[redacted] DIRECT BILIRUBIN:** <2 MMOL/L (normal 2 to 7)

[redacted] 20[redacted] DIRECT BILIRUBIN: 2 MMOL/L (normal 2 to 7)

[redacted] **20[redacted] EOSINOPHILS:** 0.19 x10^3/uL (normal 0.0 to 0.57)

[redacted] **20[redacted] EOSINOPHILS:** 3.2 % (normal 0.0 to 6.8)

[redacted] **20[redacted] GGT:** 19 U/L (normal 4 to 49)

[redacted] **20[redacted] GGT:** 21 U/L (normal 4 to 49)

[redacted] **20[redacted] GGT:** 18 U/L (normal 4 to 49)

[redacted] **20[redacted] GGT:** 410 U/L (normal 4 to 49)

[redacted] **20[redacted] HEMATOCRIT:** 41 % (normal 34 to 48)

[redacted] **20[redacted] HEMOGLOBIN:** 14.1 G/DL (normal 11.6 to 16.4)

[redacted] 20[redacted] HEP B SURFACE AG-QT: Negative

[redacted] 20[redacted] HEPATITIS B CORE TOTAL: Negative

[redacted] 20[redacted] HEPATITIS C VIRUS ANTIBODY-QT: Negative

[redacted] **20[redacted] INR:** 1 no units (normal 0.8 to 1.2)

[redacted] **20[redacted] LYMPHOCYTES:** 2.86 x10^3/uL (normal 0.91 to 4.28)

[redacted] **20[redacted] LYMPHOCYTES:** 48 % (normal 15.4 to 75.0)

[redacted] **20[redacted] MCV:** 87 FL (normal 79 to 98)

[redacted] **20[redacted] MONOCYTES:** 0.34 x10^3/uL (normal 0.12 to 0.92)

[redacted] **20[redacted] MONOCYTES:** 5.6 % (normal 2.6 to 10.1)

[redacted] **20[redacted] NEUTROPHILS:** 2.55 x10^3/uL (normal 1.96 to 7.23)

[redacted] **20[redacted] NEUTROPHILS:** 442.8 % (normal 40.5 to 75.0)

[redacted] **20[redacted] PLATELETS:** 359 x10^3/uL (normal 140 to 400)

[redacted] **20[redacted] PT:** 10.4 SEC (normal 9.7 to 12.3)

[redacted] **20[redacted] RBC:** 47 X10**6/MCL (normal 4.1 to 5.6)

[redacted] **20[redacted] TOTAL BILIRUBIN:** 6 MMOL/L (normal 3 to 21)

[redacted] **20[redacted] TOTAL BILIRUBIN:** 5 MMOL/L (normal 3 to 21)

[redacted] **20[redacted] TOTAL BILIRUBIN:** 6 MMOL/L (normal 3 to 21)

[redacted] **20[redacted] TOTAL BILIRUBIN:** 4 MMOL/L (normal 3 to 21)

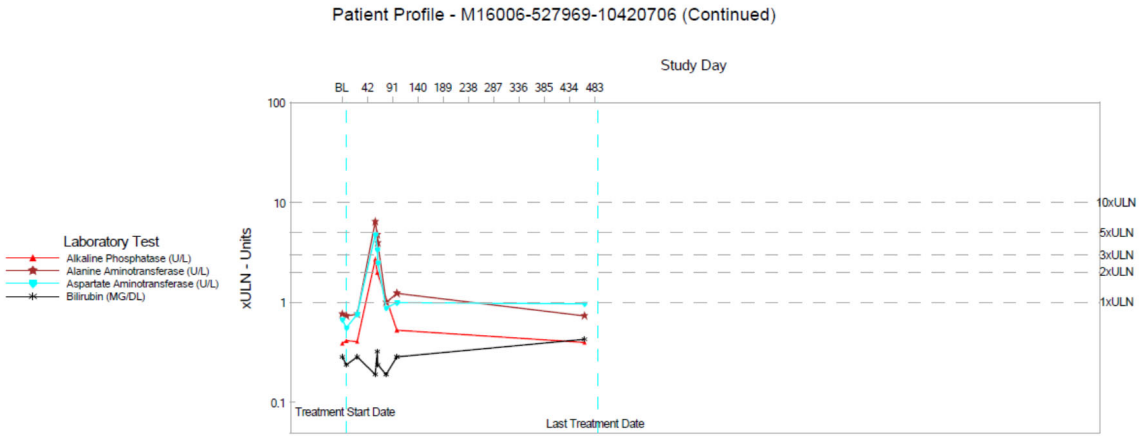
[redacted] **20[redacted] TOTAL BILIRUBIN:** 0.2 mg/dL (normal 0.2 to 1.2)

[redacted] **20[redacted] ULTRASOUND ABDOMEN:** Steatosis, hemangioma in the left lobe, cysts in the parenchyma.

[redacted] **20[redacted] WBC:** 5.96 X10**3/MCL (normal 3.8 to 10.7)

NON SERIOUS EVENTS and **OTHER AREAS OF SAFETY INTEREST

ALT ([redacted]20[redacted] / Day -13) 26 U/L (reference range: 6-34 U/L), AST ([redacted]20[redacted] / Day -13) 23 U/L (reference range: 9-34 U/L), Bilirubin ([redacted]20[redacted] / Day -13) 6 umol/L (reference range: 3-21 umol/L) ALT ([redacted]20[redacted] / Day 1) 25 U/L (reference range: 6-34 U/L), AST ([redacted]20[redacted] / Day 1) 19 U/L (reference range: 9-34 U/L), Bilirubin ([redacted]20[redacted] / Day 1) 5 umol/L (reference range: 3-21 umol/L) ALT ([redacted]20[redacted] / Day 57) 219 U/L (reference range: 6-34 U/L), AST ([redacted]20[redacted] / Day 57) 163 U/L (reference range: 9-34 U/L), Bilirubin ([redacted]20[redacted] / Day 57) 4 umol/L (reference range: 3-21 umol/L) ALT ([redacted]20[redacted] / Day 78) 34 U/L (reference range: 6-34 U/L), AST ([redacted]20[redacted] / Day 78) 30 U/L (reference range: 9-34 U/L), Bilirubin ([redacted]20[redacted] / Day 78) 4 umol/L (reference range: 3-21 umol/L)


Patient Profile - M16006-527969-10420706 (Continued)
Study Day
BL 42 91 140 189 238 287 336 385 434 483
100
10
1
0.1
xULN - Units
10xULN
5xULN
3xULN
2xULN
1xULN
Laboratory Test
Alkaline Phosphatase (U/L)
Alanine Aminotransferase (U/L)
Aspartate Aminotransferase (U/L)
Bilirubin (MG/DL)
Treatment Start Date
Last Treatment Date

Subject [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
無力症	X			
浮動性めまい	X			

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO / P2:RZB 1200 MG IV	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: MENOPAUSE	20[redacted]
OTHER: SURGERY OF VARICES IN BOTH LOWER EXTREMITIES	20
ANEMIA: SIDEROPENIC ANEMIE FE DEFICIENCY ANEMIA	20
CROHN'S DISEASE	20
HYPERTENSION	20
OBESITY	20
OTHER: GLAUCOM	20
CHOLELITHIASIS	20
OTHER: HYPERREACTIVE BLADDER	20
OTHER: LOW LEVEL VITAMIN D	20

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY DUE TO ACUTE APENDICITS	19
SURGERY: HYSTERECTOMIE	20
SURGERY: REMOVAL OF HEMORRHOIDS BY THE LONG METHOD	20
CROHN'S DISEASE SURGICAL HISTORY: DILATATION OF RECTAL STENOSIS	20
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20
CROHN'S DISEASE HISTORY: COLONOSCOPY	20
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted] / 1	[redacted] / 57	57
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted] / 86	[redacted] / 149	64

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: [redacted]
ESTRADIOL	25 ug	OTHER: TWICE PER WEEK	Y-M: [redacted]
CAPIVEN	500 mg	QD	Y-M: [redacted]
LATANOPROST	2 gtt	QD	Y-M: [redacted]
RAMIPRIL	5 mg	QD	Y-M: [redacted]
VERAPAMIL	120 mg	QD	Y-M: [redacted]
MESALAZINE	1000 mg	TID	Y-M: [redacted]
INFLIXIMAB	300 mg	QD	Y-M: [redacted]
INFLIXIMAB	300 mg	OTHER: ONCE PER TWOO WEEK	Y-M: [redacted]
ADALIMUMAB	80 mg	QD	Y-M: [redacted]
ADALIMUMAB	40 mg	OTHER: ONCE PER TWO WEEKS	Y-M: [redacted]
ADALIMUMAB	80 mg	OTHER: ONCE PER TWOO WEEKS	Y-M: [redacted]
ADALIMUMAB	80 mg	OTHER: ONCE PER WEEK	Y-M: [redacted]
AZATHIOPRINE	50 mg	TID	Y-M: [redacted]
SOLIFENACIN	5 mg	QD	Y-M: [redacted]
ADALIMUMAB	80 mg	OTHER: ONCE PER WEEK	Y-M: [redacted]
COLECALCIFEROL	25 gtt	OTHER: IN MONDAYS	Y-M: [redacted]
ADALIMUMAB	80 mg	OTHER: ONCE PER WEEK	Y-M: [redacted]
ADALIMUMAB	80 mg	OTHER: ONCE PER TWOO WEEK	Y-M: [redacted]
PREDNISONE	20 mg	QD	Y-M: [redacted] / -161
OSMOTICALLY ACTING LAXATIVES	4000 mL	QD	Y-M: [redacted] / -45
PROPOFOL	2.5 mg/kg	OTHER: PREMEDICATION	Y-M: [redacted] / -44

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
BCG Vaccine	Not reported.	Not reported.	Y-M: 19[redacted]	Not reported.
ESTRADIOL	25 ug	OTHER: TWICE PER WEEK	Y-M: 20[redacted]	ONGOING
CAPIVEN	500 mg	QD	Y-M: 20[redacted]	ONGOING
LATANOPROST	2 gtt	QD	Y-M: 20[redacted]	ONGOING
RAMIPRIL	5 mg	QD	Y-M: 20[redacted]	ONGOING
VERAPAMIL	120 mg	QD	Y-M: 20[redacted]	ONGOING
SOLIFENACIN	5 mg	QD	Y-M: 20[redacted]	ONGOING
COLECALCIFEROL	25 gtt	OTHER: IN MONDAYS	Y-M: 20[redacted]	ONGOING
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -161	ONGOING
OSMOTICALLY ACTING LAXATIVES	4000 mL	QD	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 85
PLASMA LYTE 148	1000 mL	PRN	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 86
PROPOFOL	2.5 mg/kg	OTHER: PREMEDICATION BEFORE COLOSCOPI	Y-M: 20[redacted] / 86	Y-M: 20[redacted] / 86

Event #1: Serious Adverse Event

Event Description	WEAKNESS, DIZZINESS
Preferred term	無力症
AE Onset Date / Rx Day	[redacted]20[redacted] / 85
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 85): Hemoglobin: 93 [120 - 160] g/L; Leukocytes: 10.4 [4 - 10] 10^9/L; Potassium: 3.52 [3.8 - 5.2] mmol/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 62): CHEST AND ABDOMEN X-RAY: NORMAL FINDING; ECG: NORMAL FINDING

AE Stopped Rx Day	86
Duration of AE	2 DAYS
Severity	Unknown
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DEHYDRATATION AFTER BOWEL PREPARATION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	WEAKNESS, DIZZINESS
Preferred term	浮動性めまい
AE Onset Date / Rx Day	[redacted]20[redacted] / 85
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 85): Hemoglobin: 93 [120 - 160] g/L; Leukocytes: 10.4 [4 - 10] 10^9/L; Potassium: 3.52 [3.8 - 5.2] mmol/L

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 62): CHEST AND ABDOMEN X-RAY: NORMAL FINDING; ECG: NORMAL FINDING

AE Stopped Rx Day	86
Duration of AE	2 DAYS
Severity	Unknown
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DEHYDRATATION AFTER BOWEL PREPARATION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	REQUIRES OR PROLONGS HOSPITALIZATION

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

チェコ共和国の治験責任医師からの報告。本被験者は 5[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，脱力（浮動性めまい）の事象を発現した。

Event 1 及び 2 の臨床経過：

本治験では，Week 12 の開始時に，被験者は盲検性を維持する目的で盲検化された IV 製剤及び盲検化された皮下製剤の投与を受ける予定である。

投与 85 日後，被験者は脱力（浮動性めまい）を発現した。投与 86 日後，脱力（浮動性めまい）は消失した。

投与 85 日後，被験者は結腸内視鏡検査前処置使用後の脱力及び浮動性めまいのため入院した。被験者は脱水状態であることが判明した。投与 86 日後，被験者は退院した。

投与された薬剤は，Plasmalyte であった。

The patient's past medications include:

SALOFALK for CROHN'S DISEASE ([redacted]20[redacted] - [redacted]20[redacted])

REMICADE for CROHN'S DISEASE ([redacted]20[redacted] - [redacted]20[redacted], [redacted]20[redacted] - [redacted]20[redacted])

ADALIMUMAB for CROHN'S DISEASE ([redacted]20[redacted] - [redacted]20[redacted], [redacted]20[redacted] - [redacted]20[redacted], [redacted]20[redacted] - [redacted]20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Weakness (10047862) (Asthenia (10003549)) [v.23.1] [10047862]

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

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

Dechallenge: Not Applicable

2) Dizziness (10013573) (Dizziness (10013573)) [v.23.1] [10013573]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of WEAKNESS; DIZZINESS

- Investigator: Dehydration after bowelpreparation.

- AbbVie: Event more likely related to dehydration after bowel preparation as noted by PI.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ABDOMEN X-RAY: NORMAL FINDING

[redacted] 20[redacted] CHEST X-RAY: NORMAL FINDING

[redacted] **20[redacted] ECG:** NORMAL FINDING

[redacted] **20[redacted] HEMOGLOBIN:** 93 G/DL (normal 120 to 160)

[redacted] **20[redacted] POTASSIUM:** 3.52 MMOL/L (normal 3.8 to 5.2)

[redacted] **20[redacted] WBC:** 10.4 X10**9/L (normal 4 to 10)

Subject [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			
腎盂腎炎	X			X

Treatment Group	Age at Study Start	Sex	Race
P1:PLACEBO	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: SACROILEITIS	20[redacted]
OTHER: PERIANALFISTULA	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: PERITONITIS	20[redacted]
EYE DISEASE/DISORDER: UVEITIS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERIANAL FISTULAS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	1 CIGARETTE	19	Not reported.
CHEWING TOBACCO	NEVER			
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	CURRENT	Less than 2

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
Placebo		IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 64	64

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
IBUPROFEN	200 mg	PRN	Y-M: 20[redacted]
BUDESONIDE	9 mg	QD	Y-M: 20[redacted]
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted]
PREDNISOLONE	25 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	20 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	15 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	10 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	5 mg	QD	Y-M: 20[redacted]
AUGMENTIN	1 g	BID	Y-M: 20[redacted] / -316
COLECALCIFEROL-CHOLESTERIN	30 gtt	OTHER: PER WEEK	Y-M: 20[redacted] / -316
MESALAZINE	3 g	QD	Y-M: 20[redacted] / -316
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / -316
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -316
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / -316
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted] / -228
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted] / -165
MESALAZINE	2 g	QD	Y-M: 20[redacted] / -165
METAMIZOLE	500 mg	PRN	Y-M: 20[redacted] / -132
FERRO-FOLSAN	80 mg	QD	Y-M: 20[redacted] / -101
BUDESONIDE	9 mg	QD	Y-M: 20[redacted] / -53
TICK-BORNE ENCEPHALITIS VACCINE	O.5 mL	OTHER: ONCE	Y-M: 20[redacted] / -41
HEPATITIS A VACCINE INACT W/HEPATITIS B VACCI	1 OTHER: DOSE	OTHER: ONCE	Y-M: 20[redacted] / -34
MOVIPREP	2 OTHER: BAGS	PRN	Y-M: 20[redacted] / -19
MIDAZOLAM	5 mg	PRN	Y-M: 20[redacted] / -18
PROPOFOL	200 mg	PRN	Y-M: 20[redacted] / -18
SIMETICONE	UNKNOWN gtt	OTHER: ONCE- ONLY FOR ENDOWASHER DURING COLONOSCOPY	Y-M: 20[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
IBUPROFEN	200 mg	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / 233
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -316	ONGOING
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted] / -165	ONGOING
METAMIZOLE	500 mg	PRN	Y-M: 20[redacted] / -132	ONGOING

BUDESONIDE	9 mg	QD	Y-M: 20[redacted]- / - 53	Y-M: 20[redacted]- / 87
LEKOVIT CA	1 OTHER: CAPSULE	BID	Y-M: 20[redacted]- / 30	ONGOING
MIDAZOLAM	2,5 ug	QD	Y-M: 20[redacted]- / 51	Y-M: 20[redacted]- / 51
NALBUPHINE	5 mg	QD	Y-M: 20[redacted]- / 51	Y-M: 20[redacted]- / 51
UNACID	3 g	TID	Y-M: 20[redacted]- / 51	Y-M: 20[redacted]- / 52
AUGMENTIN	1 g	TID	Y-M: 20[redacted]- / 53	Y-M: 20[redacted]- / 58
AUGMENTIN	1 g	BID	Y-M: 20[redacted]- / 81	Y-M: 20[redacted]- / 86

Event #1: Serious Adverse Event

Event Description	PYELONEPHRITIS DUE TO OBSTRUCTING NEPHROLITHIASIS
Preferred term	腎結石症
AE Onset Date / Rx Day	[redacted]20[redacted] / 48
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 51): Erythrocytes: 250/MCL [0 - 0] /HPF; Leukocytes: 75 [0 - 0] /HPF; NPTST033-BACTERIAL CULTURE: NO GROWTH [Not reported - Not reported] Unit not reported

Microbiology

Not reported

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 50): ABDOMINAL XRAY: URETERIC STENT IN SITU; CT-ABDOMEN: OBSTRUCTING STONE IN LEFT URETER, INCIPIENT PYELONEPHRITIS; CYSTOSCOPY: LEFT SIDED URETER STENT PLACED; GASTROSCOPY: CHEMICAL GASTRITIS; X-RAY: NO SIGNS OF ILEUS OR PERFORATION; [redacted]20[redacted] (Rx Day 81): ESWL (EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY)- PLANED AFTER SAE 2: SUCCESSFUL LITHOTRIPSY

AE Stopped Rx Day	81 (17 DAYS AFTER LAST TREATMENT)
Duration of AE	34 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, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

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

Event Description	PYELONEPHRITIS DUE TO OBSTRUCTING NEPHROLITHIASIS
Preferred term	腎盂腎炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 48

Age at AE Onset	3[redacted]
Laboratory Testing	
[redacted]20[redacted] (Rx Day 51): Erythrocytes: 250/MCL [0 - 0] /HPF; Leukocytes: 75 [0 - 0] /HPF; NPTST033-BACTERIAL CULTURE: NO GROWTH [Not reported - Not reported] Unit not reported	
Microbiology	
Not reported	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 50): ABDOMINAL XRAY: URETERIC STENT IN SITU; CT-ABDOMEN: OBSTRUCTING STONE IN LEFT URETER, INCIPIENT PYELONEPHRITIS; CYSTOSCOPY: LEFT SIDED URETER STENT PLACED; GASTROSCOPY: CHEMICAL GASTRITIS; X-RAY: NO SIGNS OF ILEUS OR PERFORATION; [redacted]20[redacted] (Rx Day 81): ESWL (EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY)- PLANED AFTER SAE 2: SUCCESSFUL LITHOTRIPSY	
AE Stopped Rx Day	81 (17 DAYS AFTER LAST TREATMENT)
Duration of AE	34 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, OTHER MEDICALLY IMPORTANT SERIOUS EVENT

Generated: [redacted]20[redacted]:20:26
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-006

オーストリアの治験責任医師からの報告。本被験者は3[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，閉塞性腎結石症による腎盂腎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，肛門周囲膿孔，クローン病，肛門周囲膿のドレナージ，腹膜炎，腸切除，現紙巻タバコ喫煙者（1 日 1 本を 19 年間）及び飲酒者（1 日 2 杯未満）であった。

投与 48 日後，被験者は閉塞性腎結石症による腎盂腎炎を発現した。投与 81 日後，閉塞性腎結石症による腎盂腎炎は消失した。

投与 51 日後，被験者は腹部膨満感，摂食不能及び嘔吐のため入院した。腹部 X 線及び病理学的検査の結果に異常は認められなかった。腹部 CT 検査が行われ，閉塞性腎結石症及び腎盂腎炎の徴候が認められた。膀胱鏡検査及び尿管ステントが行われ，抗生剤療法が開始された。投与 53 日後，被験者は退院した。

投与から約 3 か月後，被験者は体外衝撃波砕石を受け，効果があった。

投与された薬剤は，オーグメンチン，ユナシン，nalbuphin 及びミダゾラムであった。

The patient’s past medications include:

PENTASA for CROHN'S DISEASE ([redacted] 20[redacted] - [redacted] 20[redacted], [redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (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): No reasonable possibility

Dechallenge: Not Applicable

2) Nephrolithiasis (10029148) (Nephrolithiasis (10029148)) [v.22.0] [10029148]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of PYELONEPHRITIS DUE TO OBSTRUCTING NEPHROLITHIASIS

- Investigator: Not Applicable

- AbbVie: Crohn's disease significantly increases risk for nephrolithiasis and therefore increasing risk for pyelonephritis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL X RAY:** URETERIC STENT IN SITU

[redacted] 20[redacted] BACTERIAL CULTURE: Urine: no growth

[redacted] **20[redacted] CT ABDOMEN:** OBSTRUCTING STONE IN LEFT URETER, INCIPIENT PYELONEPHRITIS

[redacted] **20[redacted] CYSTOSCOPY:** LEFT SIDED URETER STENT PLACED

[redacted] **20[redacted] GASTROSCOPY:** POSSIBLE INVOLVEMENT OF DUODENUM IN CROHNS DISEASE

[redacted] 20[redacted] PATHOLOGY TEST: unremarkable.

[redacted] 20[redacted] URINE RED BLOOD CELLS: 250 MCL (normal 0 to 0)

[redacted] 20[redacted] URINE WHITE BLOOD CELLS: 75 MCL (normal 0 to 0)

[redacted] **20[redacted] X RAY:** NO SIGNS OF ILEUS OR PERFORATION

Subject [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
尿路感染	X			X

Treatment Group	Age at Study Start	Sex	Race
P1:RZB 1200 MG IV	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: FACIAL PAIN	20[redacted]
OTHER: SINUSES PAIN	20[redacted]
CROHN'S DISEASE	20[redacted]
ANEMIA: IRON DEFICIENCY ANAEMIA	20[redacted]
OTHER: BLADDER INABILITY TO EMPTY	20[redacted]
OTHER: STENOSIS COLON TRANSVERSUM	20[redacted]
OTHER: JOINT PAIN (THUMB)	20[redacted]
OTHER: METEORISM	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILECTOMY	19[redacted]
SURGERY: THYROIDECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
ENDOSCOPY (SCREENING): BIOPSY	20[redacted]
ENDOSCOPY (SCREENING): ILEOCOLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CIGARETTES	CURRENT	10 CIGARETTE	30	Not reported.
CHEWING TOBACCO	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)
Risankizumab	1200 mg	IV	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 65	65

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
LEVOTHYROXINE	100 ug	QD	Y-M: 20[redacted]
DICLOFENAC	100 mg	PRN	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY TWO WEEKS	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	BID	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	BID	Y-M: 20[redacted] / -250
LEVOTHYROXINE	100 ug	OTHER: EVERY SECOND DAY	Y-M: 20[redacted] / -250
LEVOTHYROXINE	50 ug	OTHER: EVERY SECOND DAY	Y-M: 20[redacted] / -250
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -250
PREDNISOLONE	50 mg	QD	Y-M: 20[redacted] / -250
PREDNISOLONE	75 mg	QD	Y-M: 20[redacted] / -250
PREDNISOLONE	25 mg	QD	Y-M: 20[redacted] / -220
PREDNISOLONE	37.5 mg	QD	Y-M: 20[redacted] / -220
PREDNISOLONE	12.5 mg	QD	Y-M: 20[redacted] / -189
PREDNISOLONE	18.75 mg	QD	Y-M: 20[redacted] / -189
PREDNISOLONE	6.25 mg	QD	Y-M: 20[redacted] / -189
BUDESONIDE	9 mg	QD	Y-M: 20[redacted] / -51
LEKOVIT CA	1 OTHER: TABLET	BID	Y-M: 20[redacted] / -51
MOVIPREP	2 OTHER: BAGS	OTHER: ONCE	Y-M: 20[redacted] / -24
MIDAZOLAM	3 mg	PRN	Y-M: 20[redacted] / -22
MOVIPREP	1 OTHER: BAG	OTHER: ONCE	Y-M: 20[redacted] / -22
PROPOFOL	320 mg	OTHER: ONCE	Y-M: 20[redacted] / -22
SIMETICONE	UNKNOWN gtt	OTHER: ONLY FOR ENDOWASHER DURING COLONOSCOPY	Y-M: 20[redacted] / -22
SIMETICONE	30 gtt	TID	Y-M: 20[redacted] / -17

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	PRN	Y-M: 20[redacted]	ONGOING
LEVOTHYROXINE	100 ug	OTHER: EVERY SECOND DAY	Y-M: 20[redacted] / -250	ONGOING
LEVOTHYROXINE	50 ug	OTHER: EVERY SECOND DAY	Y-M: 20[redacted] / -250	ONGOING
LEKOVIT CA	1 OTHER: TABLET	BID	Y-M: 20[redacted] / -51	Y-M: 20[redacted] / 21

BUDESONIDE	9 mg	QD	Y-M: 20[redacted] / 51	- Y-M: 20[redacted] / 90
SIMETICONE	30 gtt	TID	Y-M: 20[redacted] / 17	- Y-M: 20[redacted] / 12
BIOGESIC	1 OTHER: EFFERVESCENT TABLET	OTHER: ONLY ONCE	Y-M: 20[redacted] / 2	Y-M: 20[redacted] / 2
COLECALCIFEROL-CHOLESTERIN	30 gtt	OTHER: EVRERY FRIDAY	Y-M: 20[redacted] / 22	ONGOING
CALCIDURAN	1 OTHER: TABLET	QD	Y-M: 20[redacted] / 22	Y-M: 20[redacted] / 25
CEFTRIAXONE	2 g	QD	Y-M: 20[redacted] / 22	Y-M: 20[redacted] / 25
CIPROFLOXACIN	500 mg	QD	Y-M: 20[redacted] / 22	Y-M: 20[redacted] / 29
LEKOVIT CA	1 OTHER: TABLET	BID	Y-M: 20[redacted] / 26	ONGOING
CEFUROXIME	250 mg	BID	Y-M: 20[redacted] / 26	Y-M: 20[redacted] / 29
AUGMENTIN	1 g	BID	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 63