Preferred Term	胃腸管瘻
AE Onset Date / Rx Day	[redacted]20[redacted] / 176 (34 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 184): NPTST160-CRP: 220 [NOT REPORTED - NOT REPORTED] mg/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 176): MR ENETROCLYSIS:MULTIPLE ABCESS COLLETCTION AND SUSPECTION FOR FISTULAS IN THE LOWER RIGHT HYPOGASTRIUM INT HE AREA OF HEAVY INFLAMATORY CHANGES; [redacted]20[redacted] (Rx Day 185): ABDOMINAL CT WITH CONTRAST:SEVERE INFLAMATORY CHANGES OF SMALL AND LARGE BOWEL IN THE RIGHT HYPOGASTRIUM; AXIAL ILEOSTOMY:AXIAL ILEOSTOMY

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	NONE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Event #4: Serious Adverse Event, AE Leading to Discontinuation of Study Drug

Event Description	INFLAMATION CHANGES OF THE BOWEL IN THE RIGHT HYPOGASTRIUM, SEVERAL FISTULAS IN THE RIGHT HYPOGASTRIUM, SEVERAL ABSCESS COLLECTION IN THE RIGHT HYPOGASTRIUM
Preferred Term	胃腸の炎症
AE Onset Date / Rx Day	[redacted]20[redacted] / 176 (34 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 184): NPTST160-CRP: 220 [NOT REPORTED - NOT REPORTED] mg/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 176): MR ENETROCLYSIS:MULTIPLE ABCESS COLLETCTION AND SUSPECTION FOR FISTULAS IN THE LOWER RIGHT HYPOGASTRIUM INT HE AREA OF HEAVY INFLAMATORY CHANGES; [redacted]20[redacted] (Rx Day 185): ABDOMINAL CT WITH CONTRAST:SEVERE INFLAMATORY CHANGES OF SMALL AND LARGE BOWEL IN THE RIGHT HYPOGASTRIUM; AXIAL ILEOSTOMY:AXIAL ILEOSTOMY

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	NONE

Discontinued Study Drug Due to the Event	YES
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

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，中下腹部の腹腔内膿瘍及び右下腹部の腸の炎症変化，右下腹部の複数の瘻孔，右下腹部の複数の膿瘍貯留の事象を発現した。

Event 1～4 の臨床経過：

投与 163 日後，被験者は中下腹部の腹腔内膿瘍を発現した。投与 176 日後，被験者は，右下腹部の腸の炎症変化，右下腹部の複数の瘻孔，右下腹部の複数の膿瘍貯留を発現した。

投与 163 日後，被験者は下腹部痛，発熱及び血便があったため，来院した。身体的診察中，心窩部右下部に触診による疼痛が認められた。同日，右下腹部の重度の炎症変化及び骨盤領域の膿瘍の疑いのため，被験者は入院した。膿瘍は排出できなかった。抗生物質療法が開始された。投与 174 日後，被験者は A 型インフルエンザ（非重篤）と診断された。入院中，腹部の CT 検査及び MRI 検査が実施された。投与 176 日後，被験者は，右下腹部の複数の膿瘍貯留及び浸潤，並びに瘻孔と診断された。投与 185 日後，軸方向に回腸瘻造設が行われた。治験薬の投与は中止された。投与 192 日後，被験者は退院した。

投与された薬剤は，Entizol，ピペラシリン・タゾバクタム合剤，Ciplox，イミペネム・シラスタチン合剤，メドロール及び Amoksiklav であった。

The patient's past medications include:

INFLIXIMAB for CROHN'S DISEASE and DEEP CLINICAL REMISION OF THE DISSEASE ([redacted]20[redacted] - [redacted]20[redacted], [redacted]20[redacted] - [redacted]20[redacted])

ENTIZOL for SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM, SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM, SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM and SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM ([redacted]20[redacted] - [redacted]20[redacted], 10

[redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

CIFLOXINAL for SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM, SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM, SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM and SEVERE INFLAMATORY CHANGES OF THE LARGE INTESTINE, TERMINAL ILEUM, APPENDIX, ABSCESS OF RIGHT HYPOGATRIUM ([redacted] [redacted] 20[redacted] - [redacted] [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Intra-abdominal abscess (10059621) (Abdominal abscess (10060921)) [v.24.0] [10059621]

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

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

Dechallenge: No

2) Gastrointestinal fistula (10017877) (Gastrointestinal fistula (10017877)) [v.24.0] [10017877]

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

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

Dechallenge: No

3) 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: No

4) Abdominal abscess (10060921) (Abdominal abscess (10060921)) [v.24.0] [10060921]

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

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

Dechallenge: No

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of INTRA-ABDOMINAL ABSCESS IN THE MIDDLE HYPOGASTRIUM

- Investigator: None

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

Event of INFLAMATION CHANGES OF THE BOWEL IN THE RIGHT HYPOGASTRIUM, SEVERAL FISTULAS IN THE RIGHT HYPOGASTRIUM, SEVERAL ABSCESS COLLECTION IN THE RIGHT HYPOGASTRIUM

- Investigator: Event is more likely related to pre-existing crohn's disease and perineal abscess. Inflamation changes of the bowel in the right hypogastrium. Several fistulas in the right hypogastrium. Several abscess collection in the right hypogastrium.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL AND MINOR PELVIS CT SCAN WITH CONTRAST:** SEVERE INFLAMATORY CHANGES IN THE RIGHT HYPOGASTRIUM AND A SUSPECTION FOR ABSCESS IN THE PELVIC REGION

[redacted] **20[redacted] ABDOMINAL AND MINOR PELVIS CT SCAN WITH CONTRAST:** NO PROGRESSION OF THE ABSCESS IN THE SMALL PELVIS, INFLAMATIORY, SEEVERE INFLAMATORY CHENAGES OF THE RIGHT COLON AND ILEUM

[redacted] **20[redacted] ABDOMINAL CT WITH CONTRAST:** SEVERE INFLAMATORY CHANGES OF SMALL AND LARGE BOWEL IN THE RIGHT HYPOGASTRIUM

[redacted] **20[redacted] ABDOMINAL MRI WITH CONTRAST:** SMALL ABSCESS PARARECTALLY RIGHT, INFLAMATORY INFILTRATION WITH MULTIPLE ASCESS COLLECTIONS AND FISTULAS IN THE RIGHT HYPOGASTRIUM, INFLAMATORY CHNAGES OF COLON SIGMOIDEUM

[redacted] **20[redacted] CRP:** 136.2 MG/L (normal 0 to 10)

[redacted] **20[redacted] CRP:** 220 No units

[redacted] **20[redacted] MR ENETROCLYSIS:** MULTIPLE ABCESS COLLETCTION AND SUSPECTION FOR FISTULAS IN THE LOWER RIGHT HYPOGASTRIUM INT HE AREA OF HEAVY INFLAMATORY

CHANGES

[redacted] 20[redacted] PCR - BASIC VIRAL AND BACTERIA INFECTION: 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
痔瘻	X			
汗腺炎	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: ALLERGY TO DUST	19[redacted]
OTHER: ALLERGY TO PENICILLIN	19[redacted]
OTHER: ALLERGY TO POLLEN	19[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: HYDRADENITIS	20[redacted]
OTHER: INFLAMMATION OF THE HAIR GLANDS IN THE ARMPITS AND GROIN	20[redacted]
INFLAMMATORY BOWEL DISEASE: EXACERBACE M.CROHN, ENDOSCOPIC DILATATION OF SIGMOID WAS PERFORMED	20[redacted]
OTHER: LOW LEVEL VIT.D	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE: ACID REFLUX	20[redacted]

Prior Procedures	Procedure Year
SURGERY: HERNIA UMBILICALIS	19[redacted]
SURGERY: DILATATION OF SIGMOIDEUM	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: ENDOSKOPIC DILATATION SIGMA	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	10 CIGARETTE	16	
CIGARS	NEVER			
E-CIGARETTES	UNKNOWN			
PIPES	NEVER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 1	[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 1	[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 29	[redacted] / 29	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 29	[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 58	[redacted] / 58	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 58	[redacted] / 58	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 87	[redacted] / 87	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 143	[redacted] / 143	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 199	[redacted] / 199	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 255	[redacted] / 255	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 316	[redacted] / 316	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 368	[redacted] / 368	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 422	[redacted] / 422	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
MESALAZINE	1000 mg	TID	Y-M: 20[redacted]
COLECALCIFEROL	12 gtt	OTHER: PER WEEK	Y-M: 20[redacted] / -356
PANTOPRAZOLE	80 mg	BID	Y-M: 20[redacted] / -356
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -143
AZATHIOPRINE	50 mg	BID	Y-M: 20[redacted] / -138
AZATHIOPRINE	50 mg	TID	Y-M: 20[redacted] / -138
PREDNISONE	20 mg	QD	Y-M: 20[redacted] / -20

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
COLECALCIFEROL	12 gtt	OTHER: PER WEEK	Y-M: 20[redacted] / -356	NOT REPORTED
ANTIDIARRHEAL MICROORGANISMS	1 OTHER: CPS	QD	Y-M: 20[redacted] / 423	Y-M: 20[redacted] / 434
ZOLPIDEM	10 mg	PRN	Y-M: 20[redacted] / 423	Y-M: 20[redacted] / 434
MOVIPREP	1000 mL	QD	Y-M: 20[redacted] / 450	Y-M: 20[redacted] / 451
PROPOFOL	450 mg	QD	Y-M: 20[redacted] / 451	Y-M: 20[redacted] / 451
SUFENTANIL	10 ug	QD	Y-M: 20[redacted] / 451	Y-M: 20[redacted] / 451
LEKOVIT CA	600 mg	QD	Y-M: 20[redacted] / 480	ONGOING
METAMIZOLE	500 mg	PRN	Y-M: 20[redacted] / 480	ONGOING
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 480	Y-M: 20[redacted] / 490
ZOLPIDEM	10 mg	QD	Y-M: 20[redacted] / 480	Y-M: 20[redacted] / 490
NADROPARIN	0.4 mg	QD	Y-M: 20[redacted] / 480	Y-M: 20[redacted] / 491
SACCHAROMYCES BOULARDII	250 mg	BID	Y-M: 20[redacted] / 480	Y-M: 20[redacted] / 491
MOVIPREP	1000 mL	QD	Y-M: 20[redacted] / 486	Y-M: 20[redacted] / 487
HEPARINOID	30 g	BID	Y-M: 20[redacted] / 489	Y-M: 20[redacted] / 491
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 491	Y-M: 20[redacted] / 504
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 505	NOT REPORTED
OTHER VIRAL VACCINES	1 OTHER: DOSE	QD	Y-M: 20[redacted] / 532	Y-M: 20[redacted] / 532

Event #1: Serious Adverse Event

Event Description	HYDRADENITIS SUPURATIVA
Preferred Term	汗腺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 419
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 423): C Reactive Protein: 2.5 [0 - 10] MG/L; Hemoglobin: 177 [135 - 175] G/L;
20[redacted] (Rx Day 425): Hematocrit: 0.52 [0.4 - 0.5] FRACTION OF 1; Leukocytes: 10.5 [3.9 - 11] 10^9/L

Microbiology
[redacted]20[redacted] (Rx Day 423): BLOOD CULTIVATION OF BLOOD CULTURE AE: Negative; OTHER SWAB DETECTION OF RNA BY PCR SWAB AG: Negative; [redacted]20[redacted] (Rx Day 424): OTHER SMEAR FROM INFLAMMATION FOR MICROBIOLOGY AND CULTURE: Positive-KLEBSIELLA OXYTOCA ANDPSEUDOMONAS AERUGINOSA

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 423): ECG:NORMAL

AE Stopped Rx Day	434 (12 DAYS AFTER LAST TREATMENT)
Duration of AE	16 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THE PATIENT HAS A MILD FORM OF HYDRADENITIS SINCE 20[redacted] WITH OCCASIONAL EXACERBATIONS,, THERAPEUTIC ANTIBIOTICS, NO DISEASE PROGRESSION, AND NO KNOWN RISK FACTORS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	PERIANAL FISTULA
Preferred Term	痔瘻
AE Onset Date / Rx Day	[redacted]20[redacted] / 468 (46 DAYS AFTER LAST TREATMENT)
Age at AE Onset	3[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 480): Erythrocytes: 5.9 [4 - 5.8] 10^12/L; Hematocrit: 0.5 [0.4 - 0.5] FRACTION OF 1; Hemoglobin: 172 [135 - 175] G/L; Leukocytes: 11.9 [3.9 - 11] 10^9/L; Platelets: 233 [150 - 400] 10^9/L; Potassium: 4.2 [3.8 - 5.2] MMOL/L

Microbiology
[redacted]20[redacted] (Rx Day 480): OTHER NASOPHARYNGEAL SWAB PCR - SARS COV 19: Negative

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 480): ECG:NORMAL; [redacted]20[redacted] (Rx Day 487): ESOPHAGOGASTRODUODENOSCOPY:ESOPHAGUS - NORMAL,OSTIUM CARDIACUM (CARDIA) - ULCER AND EZOPHAGITIS

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	WORSENING OF CROHN'S DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

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，化膿性汗腺炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，腋窩及び鼠径部の毛包の炎症，クローン病増悪及び喫煙者（1日 16 本を 16 年間）であった。

投与 423 日後，被験者は化膿性汗腺炎を発現した。投与 434 日後，化膿性汗腺炎は消失した。

投与 423 日後，被験者は化膿性汗腺炎の再発で入院した。両腋窩と鼠径部に炎症性結節，瘻孔及び瘢痕があり，発熱はなかった。抗生物質が静脈内投与され，発熱はなかった。炎症性神経線維は急速に退縮した。投与 434 日後，被験者は退院した。

本事象発現前の投与開始年の初めにも再発があった。

投与された薬剤は，Meronem であった。

The patient's past medications include:

PREDNISON for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Hidradenitis suppurativa (10020041) (Hidradenitis (10020040)) [v.23.1] [10020041]

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 HYDRADENITIS SUPURATIVA

- Investigator: The patient had a mild form of hidradenitis since 20[redacted] with occasional exacerbations, therapeutic antibiotics, no disease progression, and no known risk factors.

- AbbVie: Event is more likely related to pre-existing inflammation of the hair glands in the axilla and groin starting in 20[redacted]

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CULTURE OF SMEAR FROM INFLAMMATION:** Positive - Klebsiella oxytoca and Pseudomonas aeruginosa

[redacted] **20[redacted] HEMATOCRIT:** 0.522 fraction (normal 0.4 to 0.5)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 10.5 X10**9/L (normal 4 to 10)

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

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及びリサンキズマブが投与され，肛門周囲瘻の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，クローン病，S 状結腸の内視鏡的拡張術，胃食道逆流性疾患，喫煙者（1 日 10 本を 16 年間）及び飲酒者（1 日 2 杯未満）であった。

被験者は，20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日までのサブスタディ 1 で盲検化された被疑薬に無作為化され，20[redacted] 年 [redacted] 月 [redacted] 日，非盲検化されたリサンキズマブの投与が開始された。

投与 468 日後，被験者は肛門周囲瘻を発現した。

入院前，被験者は小骨盤 MRI 検査を受け，肛門周囲瘻が認められた。被験者は，抗生物質療法のため，来院した。

投与 480 日後，被験者は鼓腸，腹部硬化（触診に反応），1 日 9～10 回の排便があり，肛門周囲瘻の診断で入院した。抗生物質が投与された。食道胃十二指腸内視鏡検査（EGD）が実施され，逆流性食道炎が認められた。投与 491 日後，被験者は退院した。

胃食道逆流性疾患の悪化は非重篤と判断された。

投与された薬剤は，Fraxiparine，Ciprofloxacin Kabi，Enterol，ダラシン，メトロニダゾール，Novalgin，Stilnox，Ciplox 及び Entizol であった。

The patient's past medications include:

PREDNISON for CROHN'S DISEASE ([redacted])

PENICILLIN for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Perianal fistula (10068659) (Anal fistula (10002156)) [v.24.0] [10068659]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Perianal fistula (10068659) (Anal fistula (10002156)) [v.24.0] [10068659]

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 FISTULA

- Investigator: Worsening of Crohn's disease

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of PERIANAL FISTULA

- Investigator: Worsening of Crohn's disease

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ECG: Normal

[redacted] **20[redacted] EGD:** EZOPHAGITIS, GASTRITIS, BULBITIS

[redacted] **20[redacted] MRI:** SMALL PELVIS - perianal fistula

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
処置による腸管穿孔	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	19[redacted]
HYPERTENSION	19
OTHER: EXTENSIVE SIGMA VIERTICULOSIS	20
OTHER: GLUCOSE TOLERANCE DISORDER	20
OTHER: HYPERURICEMIA	20
OTHER: POST-MENOPAUSAL	20
DEPRESSION: DEPRESSION	20
OTHER: ANXIETY	20
OTHER: SLEEP DISORDER	20
DIVERTICULITIS: DIVERTICULITIS	20
HYPERLIPIDEMIA: HYPERTRIGLYCERIDEMY	20
PERIPHERAL VASCULAR DISEASE-ARTERIAL: ISCHEMIC ARTHEROSCLEROSIS LOWER LIMBES	20
OTHER: ARTHRALGIA	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APENDECTOMY	19[redacted]
SURGERY: CAESAREAN SECTION	19
SURGERY: STABILIZATION OF THE SPINE	20
SURGERY: PERIANAL DRAINAGE OF RECTOVAGINAL FISTULAS	20
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20
SURGERY: PERCUTAN TRANSLUMINAL CORONARY ANGIOPLASTY	20
CROHN'S DISEASE HISTORY: COLONOSCOPY	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)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 30	[redacted]20[redacted] / 30	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 30	[redacted]20[redacted] / 30	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1
M16006 /RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 113	[redacted]20[redacted] / 113	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
M16006 /RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 182	[redacted]20[redacted] / 182	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 238	[redacted]20[redacted] / 238	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 294	[redacted]20[redacted] / 294	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 350	[redacted]20[redacted] / 350	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 408	[redacted]20[redacted] / 408	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 464	[redacted]20[redacted] / 464	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 519	[redacted]20[redacted] / 519	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	2 g	QD	Y-M: 19[redacted]

METOPROLOL	50 mg	QD	Y-M: 19[redacted]
TELMISARTAN	80 mg	QD	Y-M: 19[redacted]
ALLOPURINOL	300 mg	QD	Y-M: 20[redacted]
ESCITALOPRAM	10 mg	QD	Y-M: 20[redacted]
IRON	320 mg	QD	Y-M: 20[redacted]
CALCIUM CARBONATE	600 mg	QD	Y-M: 20[redacted]
CILOSTAZOL	100 mg	BID	Y-M: 20[redacted]
ESCHERICHIA COLI	2.5 mg	QD	Y-M: 20[redacted]
FENOFIBRATE	145 mg	QD	Y-M: 20[redacted]
OMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
PREDNISONE	10 mg	QD	Y-M: 20[redacted] / -69

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
METAMIZOLE	500 mg	PRN	Y-M: 20[redacted] / 238	NOT REPORTED
CALCIUM CARBONATE	500 mg	QD	Y-M: 20[redacted] / 519	NOT REPORTED
PICO-SALAX	2 OTHER: SACHET	QD	Y-M: 20[redacted] / 545	Y-M: 20[redacted] / 546
BISULEPIN	1 mg	QD	Y-M: 20[redacted] / 546	Y-M: 20[redacted] / 546
SUFENTANIL	20 ug	QD	Y-M: 20[redacted] / 546	Y-M: 20[redacted] / 548
ENOXAPARIN	0.4 mL	QD	Y-M: 20[redacted] / 546	Y-M: 20[redacted] / 552
FUROSEMIDE	20 mg	QD	Y-M: 20[redacted] / 547	Y-M: 20[redacted] / 547
ZOLPIDEM	10 mg	QD	Y-M: 20[redacted] / 547	Y-M: 20[redacted] / 547
METOCLOPRAMIDE	10 mg	QID	Y-M: 20[redacted] / 547	Y-M: 20[redacted] / 550
PANTOPRAZOLE	40 mg	BID	Y-M: 20[redacted] / 547	Y-M: 20[redacted] / 550
CAPTOPRIL	25 mg	QD	Y-M: 20[redacted] / 548	Y-M: 20[redacted] / 548
PARACETAMOL	1 g	QID	Y-M: 20[redacted] / 549	Y-M: 20[redacted] / 550
METAMIZOLE	1 g	QID	Y-M: 20[redacted] / 549	Y-M: 20[redacted] / 552
ACETYLCYSTEINE	600 mg	QD	Y-M: 20[redacted] / 550	Y-M: 20[redacted] / 550
DISTIGMINE	5 mg	QD	Y-M: 20[redacted] / 551	Y-M: 20[redacted] / 552

ALLOPURINOL	300 mg	QD	Y-M: 20[redacted] / 553	NOT REPORTED
FENOFIBRATE	145 mg	QD	Y-M: 20[redacted] / 553	NOT REPORTED
MESALAZINE	2 g	QD	Y-M: 20[redacted] / 553	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	COLON PERFORATION DURING COLONOSCOPY.
Preferred Term	処置による腸管穿孔
AE Onset Date / Rx Day	[redacted]20[redacted] / 546 (27 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 183): Platelets: 193 [150 - 400] 10^9/L; [redacted]20[redacted] (Rx Day 548): Hemoglobin: 108 [120 - 160] G/L; Leukocytes: 7.9 [4 - 10] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 546): COLONOSCOPY:UNCOMPLETE, COLON PERFORATION, SURGERY (SAE); ECG:BORDERLINE, DESCRIPTION BY INTERNIST - NORMAL VALUE.; URGENT REVISION OF THE ABDOMINAL CAVITY, SUTURED PERFORATION:SUTURED PERFORATION

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	COLON PERFORATION DURING COLONOSCOPY.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

チェコ共和国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，結腸内視鏡検査中の結腸穿孔の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，高血圧，直腸腟瘻の肛門周囲ドレナージ（手術），会陰膿瘍のドレナージ，憩室炎，非喫煙者及び非飲酒者であった。

投与 546 日後，被験者は結腸内視鏡検査中の結腸穿孔を発現した。

投与 546 日後，被験者は同日の待機的結腸内視鏡検査中の結腸穿孔のため，入院した。腹腔の穿孔の緊急修復が行われた。穿孔はドレナージ後，縫合され，合併症はなかった。手術後，ATB 療法が継続された。ペーシングは回復し，炎症マーカーの検査値に減少が認められた。被験者は食事療法が課せられ，摂取できた。投与 552 日後，被験者は状態が良好で，退院して自宅療養となった。被験者に発熱はなく，正常呼吸で疼痛はなく，創部に炎症は認められず，滲出液貯留はなく，抜糸はまだであった。

投与された薬剤は，アンピシリン・スルバクタム，セフロキシム，パントプラゾール，メトロニダゾール，エノキサパリン及びメトクロプラミドであった。

The patient's past medications include:

PREDNISONUM for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Perforation during colonoscopy (10066433) (Procedural intestinal perforation (10074065)) [v.23.1] [10066433]

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 COLON PERFORATION DURING COLONOSCOPY

- **Investigator:** COLON PERFORATION DURING COLONOSCOPY

- **AbbVie:** The event is more likely a complication of colonoscopy procedure as reported by the investigator.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] COLONOSCOPY:** Uncomplete, colon perforation.

[redacted] **20[redacted] HEMOGLOBIN:** 120 G/L (normal 108 to 160)

[redacted] **20[redacted] PLATELET COUNT:** 193 X10**9/L (normal 150 to 400)

[redacted] **20[redacted] WHITE BLOOD CELL:** 7.9 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
アエロモナス感染				X
クロストリジウム・ディフィシレ感染		X		
クローン病	X	X		

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	4[redacted]	MALE	WHITE

Medical History	Onset Year
ANEMIA: IRON DEFICIANCY GRADE 2	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: ABNORMAL URINANALYSIS	20[redacted]
OTHER: PERIPHERAL ARTHRITIS GRADE 1, MIGHT BE CROHNS RELATED	20[redacted]
OTHER: SMALL THYROID NODULE PALPABLE, DIAMETER 1CM	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	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 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1

M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 120	[redacted]20[redacted] / 120	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 183	[redacted]20[redacted] / 183	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
INFLIXIMAB	300 mg	Q2M	Y-M: 20[redacted]
ADALIMUMAB	80 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	80 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
D3 +K2	2 X 2000 IU	QD	Y-M: 20[redacted] / -213
PREDNISOLONE	17.5 mg	QD	Y-M: 20[redacted] / -46
AUGMENTIN	500 mg	QD	Y-M: 20[redacted] / 75
IRON	10 mL	PRN	Y-M: 20[redacted] / 141

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
MOVIPREP	2 OTHER: BAGS	PRN	Y-M: 20[redacted] / 217	Y-M: 20[redacted] / 218
SIMETICONE	UNKNOWN gtt	OTHER: ONLY ONCE FOR ENDOWASHER DURING COLONOSCOPY	Y-M: 20[redacted] / 218	Y-M: 20[redacted] / 218
URSODEOXYCHOLIC ACID	250 mg	OTHER: 1-1-2	Y-M: 20[redacted] / 313	ONGOING

Event #1: AE Leading to Discontinuation of Study Drug

Event Description CLOSTRIDIUM DIFFICILE INFECTION

Preferred Term クロストリジウム・ディフィシレ感染

AE Onset Date / Rx Day [redacted]20[redacted] / 204 (21 DAYS AFTER LAST TREATMENT)

Age at AE Onset 4[redacted]

Laboratory Testing

NOT APPLICABLE

Microbiology

NOT APPLICABLE

SAE Supplemental Procedure
NOT APPLICABLE

AE Stopped Rx Day	225 (42 DAYS AFTER LAST TREATMENT)
Duration of AE	22 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT APPLICABLE
Discontinued Study Drug Due to the Event	YES
SAE Criteria	NONE

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

Event Description	ACUTE EXACERBATION OF CROHNS DISEASE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 204 (21 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 205): Hemoglobin: 134 [135 - 172] G/L; NPTST160-CRP: 4.4 [0 - 0.5] MG/DL; NPTST209-ERYTHROCYTE SEDIMENTATION RATE: 16 [NOT REPORTED - 10.6] mm/h

Microbiology
[redacted]20[redacted] (Rx Day 175): STOOL PCR NOROVIRUS G1: Negative-NOROVIRUS G1 PCR NEGATIV; [redacted]20[redacted] (Rx Day 205): STOOL CLOSTRIDIUM DIFFICILE GDH AG EL: Positive-SEROLOGICAL TEST CLOSTRIDIUM DIFFICILE GDG AG ELISA POSITIV NO IMAGING PERFORMED; STOOL CLOSTRIDIUM DIFFICILE TOXIN A/B: Negative-CLOSTRIDIUM DIFFICILE TOXIN A/B PCR NEGATIV; STOOL PCR ADENOVIRUS: Negative-ADENOVIRUS PCR NEGATIV; STOOL PCR AEROMONAS SPP: Negative-AEROMONAS SPP PCR NEGATIV; STOOL PCR ASTROVIRUS: Negative-ASTROVIRUS PCR NEGATIV; STOOL PCR CAMPYLOBACTER SPP: Negative-CAMPYLOBACTER SPP PCR NEGATIV; STOOL PCR NOROVIRUS G2: Negative-NOROVIRUS G2 PCR NEGATIV; STOOL PCR ROTAVIRUS: Negative-ROTAVIRUS PCR NEGATIV; STOOL PCR SALMONELLA SPP: Negative-SALMONELLA SPP PCR NEGATIV; STOOL PCR SAPOVIRUS: Negative-SAPOVIRUS PCR NEGATIV; STOOL PCR SHIGELLA SPP/EIEC: Negative-PCR SHIGELLA SPP/EIEC NEGATIV; STOOL PCR VIBRIO SPP: Negative-VIBRIO SPP PCR NEGATIV; STOOL PCR YERSINIA ENTEROCOLITICA: Negative-YERSINIA ENTEROCOLITICA PCR NEGATIV; [redacted]20[redacted] (Rx Day 209): STOOL ELISA CLOSTRIDIUM DIFFICILE GDH: Positive-CLOSTRIDIUM DIFFICILE GDH ELISA AG POSITIV; STOOL PCR CLOSTRIDIUM DIFFICILE TOXIN: Negative-CLOSTRIDIUM DIFFICILE TOXIN A/B PCR NEGATIV

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 241): CT THORAX AND ABDOMEN:RESULT CORRESPONDS WITH ACUTE CROHN'S EXACERBATION

AE Stopped Rx Day	281 (98 DAYS AFTER LAST TREATMENT)
Duration of AE	78 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	FEVER, INCREASING COMPLAINTS DUE TO CROWNS DISEASE, INCREASING NUMBER OF LIQUID STOOLS PER DAY(ECAZERBATION)

Discontinued Study Drug Due to the Event	YES
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Event #3: Event of Interest - Opportunistic Infections (includes fungal infections)

Event Description	AEROMONAS SPP INFECTION (STOOL SAMPLE)
Preferred Term	アエロモナス感染
AE Onset Date / Rx Day	[redacted]20[redacted] / 268 (85 DAYS AFTER LAST TREATMENT)
Age at AE Onset	4[redacted]

Laboratory Testing
NOT APPLICABLE
Microbiology
NOT APPLICABLE
SAE Supplemental Procedure
NOT APPLICABLE

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	MILD
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	NOT APPLICABLE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	NONE

Generated:[redacted]20[redacted]:09:28
Program Source Code:[redacted]

Investigator No.:[redacted]

Subject Number:[redacted]

Protocol Number: M16-000

オーストリア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，クローン病の急性増悪の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，貧血（鉄欠乏，グレード 2），クローン病，末梢関節炎（グレード 1，クローン病に関連する可能性あり），非喫煙者及び元飲酒者（1 日 2 杯未満）であった。

投与 204 日後，被験者はクローン病の急性増悪を発現した。投与 281 日後，クローン病の急性増悪は消失した。

本事象発現前，被験者はクローン病の急性増悪を数回発現していた。

被験者に排便回数の増加及び軟便化，ヘモグロビン低値及び CRP 値上昇があった。コルチコステロイドの用量の増加及びメトロニダゾールの投与開始後，被験者の状態は改善した。投与 205 日後，被験者の治験参加は中止された。

投与 281 日後，治験責任医師によってクロストリジウム・ディフィシレ感染は非重篤な事象に引き下げられた。

投与された薬剤は，メトロニダゾール及びプレドニゾロンであった。

The patient's past medications include:

INFLIXIMAB for CROHN'S DISEASE ([redacted])

ADALIMUMAB for CROHN'S DISEASE ([redacted])

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): 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 ACUTE EXACERBATION OF CROHNS DISEASE

- Investigator: Fever, increasing complaints due to Crohn's disease, increasing number of liquid stools per day

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CRP:** 4.4 mg/dL (normal 0 to 0.5)

[redacted] **20[redacted] CT:** THORAX AND ABDOMEN: RESULT CORRESPONDS WITH ACUTE CROHN'S EXACERBATION

[redacted] **20[redacted] ESR:** 16 MM/HR (normal <10.6)

[redacted] **20[redacted] HEMOGLOBIN:** 13.4 G/DL (normal 13.5 to 17.2)

[redacted] **20[redacted] STOOL CULTURE:** PCR NOROVIRUS G1 Negative

[redacted] **20[redacted] STOOL CULTURE:** serological test clostridium difficile, GDG AG ELISA positive

[redacted] **20[redacted] STOOL CULTURE:** clostridium difficile toxin A/B PCT negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Shigella spp/EIEC Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Campylobacter spp Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Yersinia enterocolitica. Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Aeromonas spp Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Vibrio spp Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Salmonella spp Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Norovirus G2 Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR ROTAVIRUS Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Adenovirus Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Astrovirus Negative

[redacted] **20[redacted] STOOL CULTURE:** PCR Sapovirus Negative

[redacted] **20[redacted] STOOL CULTURE:** Elisa Clostridium difficile GDH AG Positive

[redacted] **20[redacted] STOOL CULTURE:** PCR Clostridium difficile Toxin A/B Negative

NON SERIOUS EVENTS AND **OTHER AREAS OF SAFETY INTEREST

Aeromonas Infection: Symptoms not reported. Stool test showed aeromonas spp PCR positive. No treatment was administered.

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
肝機能検査値上昇				X
敗血症	X			X
卵管卵巣膿瘍	X			X

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	4[redacted]	FEMALE	ASIAN

Medical History	Onset Year
OTHER: HIP PAIN	NOT REPORTED
ASTHMA	19[redacted]
OTHER: ENDOMETRIOSIS	20[redacted]
OTHER: RUPTURED LEFT OVARIAN CYST	20[redacted]
OTHER: ACNE	20[redacted]
OTHER: RIGHT ARM PAIN (NERVE IMPINGEMENT)	20[redacted]
OTHER: HOT FLUSHES	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: PSORIASIS	20[redacted]
OTHER: VIRAL SYMPTOMS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: LAPAROTOMY	20[redacted]
SURGERY: LAPAROTOMY	20[redacted]
SURGERY: LAPOOSCOPY - ADHESIOLYSIS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	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)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 1	20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 29	20[redacted] / 29	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 63	20[redacted] / 63	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 97	20[redacted] / 97	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 163	20[redacted] / 163	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 206	20[redacted] / 206	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 266	20[redacted] / 266	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 296	20[redacted] / 296	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 328	20[redacted] / 328	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 391	20[redacted] / 391	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 447	20[redacted] / 447	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
SALBUTAMOL	2 OTHER: PUFFS	PRN	Y-M: 19[redacted]
NUTRIENTS NOS	1 OTHER: BOTTLE	PRN	Y-M: 20[redacted]
PANADEINE CO	2 OTHER: TABLETS	PRN	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
CLOBETASOL	ONE APPLICATION OTHER: ONE APPLICATION	OTHER: ONE DAILY	Y-M: 20[redacted] / 397	NOT REPORTED
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 408	NOT REPORTED

Event #1: Event of Interest - Hepatic Events

Event Description	ELEVATED LFTS
Preferred Term	肝機能検査値上昇

AE Onset Date / Rx Day	[redacted]20[redacted] / 266
Age at AE Onset	4[redacted]
Laboratory Testing	
NOT APPLICABLE	
Microbiology	
NOT APPLICABLE	
SAE Supplemental Procedure	
NOT APPLICABLE	
AE Stopped Rx Day	NOT REPORTED
Duration of AE	NOT REPORTED
Severity	MILD
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT APPLICABLE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	NONE

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

Event Description	SEPSIS
Preferred Term	敗血症
AE Onset Date / Rx Day	[redacted]20[redacted] / 408
Age at AE Onset	4[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
[redacted]20[redacted] (Rx Day 419): URINE MICRO CULTURE AND SENSITITY: Positive-MSU- BETA HAEMOLYTIC STREPTOCOCCUS GROWTH MORE THAN 10 POWER 8. SENSITIVE TO AMOXICILLIN AND NITROFURANTOIN.; OTHER PUS MICROBIOLOGY: Negative-CULTURES - NO GROWTH IN BLOOD, PUS OR VAGINAL SWAB. MSU- BETA HAEMOLYTIC STREPTOCOCCUS GROWTH MORE THAN 10 POWER 8. SENSITIVE TO AMOXICILLIN AND NITROFURANTOIN.	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 418): ABDOMINAL PELVIC CT SCAN:TUBO-OVARIAN ABSCESS; [redacted]20[redacted] (Rx Day 419): LAPAROSCOPIC ADHESIOLYSIS AND DRAINAGE OF TUBO-OVARIAN ABSCESS:ABSCESS CLEARED AND PATIENT MADE GOOD RECOVERY	
AE Stopped Rx Day	424
Duration of AE	17 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	TUBO OVARIAN ABSCESS IS THE LIKELY CAUSE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #3: Serious Adverse Event, Event of Interest - Serious Infections

Event Description	LEFT TUBO-OVARIAN ABSCESS

Preferred Term	卵管卵巣膿瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 408
Age at AE Onset	4[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
[redacted]20[redacted] (Rx Day 419): URINE MICRO CULTURE AND SENSITITY: Positive-MSU- BETA HAEMOLYTIC STREPTOCOCCUS GROWTH MORE THAN 10 POWER 8. SENSITIVE TO AMOXICILLIN AND NITROFURANTOIN.; OTHER PUS MICROBIOLOGY: Negative-CULTURES - NO GROWTH IN BLOOD, PUS OR VAGINAL SWAB. MSU- BETA HAEMOLYTIC STREPTOCOCCUS GROWTH MORE THAN 10 POWER 8. SENSITIVE TO AMOXICILLIN AND NITROFURANTOIN.	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 418): ABDOMINAL PELVIC CT SCAN:TUBO-OVARIAN ABSCESS; [redacted]20[redacted] (Rx Day 419): LAPAROSCOPIC ADHESIOLYSIS AND DRAINAGE OF TUBO-OVARIAN ABSCESS:ABSCESS CLEARED AND PATIENT MADE GOOD RECOVERY	
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	SUBJECT HAS LONGSTANDING HISTORY OF GYNAECOLOGICAL CONDITIONS
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

英国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及びリサンキズマブが投与され，左卵管卵巣膿瘍及び敗血症の事象を発現した。

Event 2 及び 3 の臨床経過：

関連する病歴は，子宮内膜症，左卵巣嚢胞破裂，開腹，癒着剥離，クローン病，非喫煙者及び非飲酒者であった。

20[redacted]年[redacted]月[redacted]日，非盲検化されたリサンキズマブによるレスキュー治療が開始された。

投与 408 日後，被験者は左卵管卵巣膿瘍及び敗血症を発現した。投与 424 日後，敗血症は消失した。

投与 408 日後，発熱及び疼痛に対して paracetamol が投与された。被験者は敗血症を発現し，抗生物質の投与が開始された。投与 416 日後，被験者は腹痛，悪心，発熱及び全身不調感のため入院した。投与 418 日後，腹部 CT 検査の結果，卵管卵巣膿瘍及び嚢胞が認められた。投与 419 日後，腹腔鏡下癒着剥離並びに卵管卵巣膿瘍及び嚢胞のドレナージが行われた。被験者の状態は改善した。投与 424 日後，被験者は退院し，抗生物質（詳細不明）の投与となった。

投与された薬剤は，paracetamol，ニトロフラントイン及びセフトリアキソンであった。

Causality for RISANKIZUMAB (Blinded)

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1) Tubo-ovarian abscess (10054824) (Tubo-ovarian abscess (10054824)) [v.23.1] [10054824]

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

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

Dechallenge: Not Applicable

2) Sepsis (10040047) (Sepsis (10040047)) [v.23.1] [10040047]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

---

1) Tubo-ovarian abscess (10054824) (Tubo-ovarian abscess (10054824)) [v.23.1] [10054824]

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

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

Dechallenge: Not Applicable

2) Sepsis (10040047) (Sepsis (10040047)) [v.23.1] [10040047]

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 LEFT TUBO-OVARIAN ABSCESS

- Investigator: Subject has long standing history of gynecological conditions

- AbbVie: Tubo-ovarian abscess is most likely a complication of ovarian cyst as notedby diagnostic imaging. Risk factors for ovarian cyst include prior history of ovarian cyst (20[redacted]) and pre-existing endometriosis.

Event of SEPSIS

- Investigator: Tubo-ovarian abscess is the likely cause.

- AbbVie: Event more likely related to concurrent tubo-ovarian abscess.

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of LEFT TUBO-OVARIAN ABSCESS

- Investigator: Subject has long standing history of gynecological conditions

- AbbVie: Tubo-ovarian abscess is most likely a complication of ovarian cyst as noted by diagnostic imaging. Risk factors for ovarian cyst include prior history of ovarian cyst (20[redacted]) and pre-existing endometriosis.

Event of SEPSIS

- Investigator: Tubo-ovarian abscess is the likely cause.

- AbbVie: Event more likely related to concurrent tubo-ovarian abscess.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ABOMINAL PELVIC CT SCAN: Tubo-ovarian abscess and cyst.

[redacted] **20[redacted] CULTURES:** (pus, blood high vaginal swab) Normal

[redacted] **20[redacted] MICROBIOLOGY:** (Pus, blood, vaginal swab) Negative

[redacted] **20[redacted] URINE MICROCULTURE AND SENSITIVITY:** Positive; MSU- BETA HAEMOLYTIC STREPTOCOCCUS GROWTH MORE THAN 10 POWER 8. SENSITIVE TO AMOXICILLIN AND NITROFURANTOIN

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

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
敗血症	X			X

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	1[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: CROHN'S DISEASE	20[redacted]
OTHER: INTERMITTENT ORAL ULCERS	20[redacted]
OTHER: FIBREOPTIC COLONOSCOPY	20[redacted]
OTHER: BONE AGE (X-RAY HAND AND WRIST	20[redacted]
OTHER: BONE DENSITOMETRY	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 33	[redacted]20[redacted] / 33	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 51	[redacted]20[redacted] / 51	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 103	[redacted]20[redacted] / 103	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 156	[redacted]20[redacted] / 156	1

RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 213	[redacted]20[redacted] / 213	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 276	[redacted]20[redacted] / 276	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	500 mg	BID	Y-M: 20[redacted]
AZATHIOPRINE	100 mg	QD	Y-M: 20[redacted]
LANSOPRAZOLE	30 mg	BID	Y-M: 20[redacted]
PANADEINE CO	2 OTHER: TABLETS	OTHER: COUPLE OF TIME PER WEEK	Y-M: 20[redacted] / -350
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / 39
IRON	80 mg	OTHER: ONCE	Y-M: 20[redacted] / 54

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
LANSOPRAZOLE	30 mg	BID	Y-M: 20[redacted] / 221	ONGOING
ACICLOVIR	700 mg	OTHER: 3 DOSES WITHIN 24 HOURS	Y-M: 20[redacted] / 284	Y-M: 20[redacted] / 285
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 284	Y-M: 20[redacted] / 285
SODIUM CHLORIDE	1 L	OTHER: 12 HOURL BAG	Y-M: 20[redacted] / 284	Y-M: 20[redacted] / 285

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

Event Description SEPSIS

Preferred Term 敗血症

AE Onset Date / Rx Day [redacted]20[redacted] / 284 (8 DAYS AFTER LAST TREATMENT)

Age at AE Onset 1[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 284): Alanine Aminotransferase: 47 [0 - 70] U/L; Alkaline Phosphatase: 86 [30 - 130] U/L; Bilirubin: 6 [0 - 27] UMOL/L; C Reactive Protein: 30 [0 - 5] MG/L; Creatinine: 60 [45 - 84] UMOL/L; Hemoglobin: 134 [120 - 150] G/L; Leukocytes: 6.9 [4 - 10] 10^9/L; [redacted]20[redacted] (Rx Day 285): C Reactive Protein: 83 [0 - 5] MG/L; [redacted]20[redacted] (Rx Day 288): Alanine Aminotransferase: 87 [0 - 70] U/L; C Reactive Protein: 13 [0 - 5] MG/L

Microbiology

[redacted]20[redacted] (Rx Day 284): BLOOD BLOOD CULTURE: Negative; URINE URINE CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 285): VITAL SIGNS:BP 115/68, TEMP 36.7, HEART RATE 88 ON ADMISSION; [redacted]20[redacted] (Rx Day 286): CT ABDOMEN PELVIS:IMPRESSION: FINDINGS COMPATIBLE WITH DISTAL / TERMINAL ILEAL INFLAMMATORY BOWEL DISEASE WITH EVIDENCE OF MILD

ACUTE LOCAL INFLAMMATORY CHANGES. CT ABDOMEN PELVIS RESULT FROM [redacted]/[redacted] CORRELATION WIT; [redacted]20[redacted] (Rx Day 288): VITAL SIGNS:BP 98/45, TEMP 36.4, HEART RATE 58 ON DISCHARGE

AE Stopped Rx Day	331 (55 DAYS AFTER LAST TREATMENT)
Duration of AE	48 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	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

英国の治験責任医師からの報告。本被験者は 1[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及びリサンキズマブが投与され，敗血症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，間欠性口腔潰瘍，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

被験者は，20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日まで盲検化された治験薬が投与され，20[redacted] 年 [redacted] 月 [redacted] 日，非盲検化されたリサンキズマブによるレスキュー治療を受けた。

投与 284 日後，被験者は敗血症を発現した。投与 331 日後，敗血症は消失した。

本事象発現前の投与から約 9 ヵ月後，被験者の診察後，治験責任医師の判断で治験薬の投与は中止された。

投与 284 日後，被験者は発熱，頭痛，羞明，背部痛，軽度の腹痛，嗜眠及び頻脈があったため，入院した。IV 補液，paracetamol 及び抗生物質の投与が開始された。3 人の異なる医師による診察で髄膜症の徴候は認められなかった。投与 288 日後，被験者は退院し，アモキシシリン・クラブラン酸合剤の 5 日間投与となった。

投与された薬剤は，paracetamol，アモキシシリン・クラブラン酸合剤，アシクロビル及び生理食塩水であった。

Causality for RISANKIZUMAB (Blinded)

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1) Sepsis (10040047) (Sepsis (10040047)) [v.24.0] [10040047]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Sepsis (10040047) (Sepsis (10040047)) [v.24.0] [10040047]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of SEPSIS

- Investigator: Not applicable

- AbbVie: Not applicable.

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of SEPSIS

- Investigator: Not applicable

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL CT:** Impression: Findings compatible with distal / terminal ileal inflammatory bol disease with evidence of mild acute local inflammatory changes. No complications seen. Correlation with the small bowel MRI of [redacted] 20[redacted] which showed no small bowel abnormality. The distal 10 cm of ileum / terminal ileum appear thickened. There is minimal encroachment of the adjacent mesenteric vasculature and minimal surrounding inflammatory change. No evidence of perforation or localised collection. No free fluid no other obvious small bowel disease identified elsewhere on this non dedicated study. No small or large bowel dilatation. The appendix is not identified. A few prominent ileocolic vessels are noted. The solid organs appear normal aside from a small cyst in the spleen described previously. Retroaortic left renal vein incidentally noted. The lung bases and regional muscular skeletal structures are unremarkable.

[redacted] 20[redacted] ALANINE AMINOTRANSFERASE: 87 IU/L (normal 0 to 70)

[redacted] 20[redacted] ALANINE AMINOTRANSFERASE: 47 U/L (normal 0 to 70)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 86 U/L (normal 30 to 130)

[redacted] **20[redacted] BILIRUBIN:** 6 UMOL/L (normal 0 to 27)

[redacted] 20[redacted] BLOOD CULTURE: negative

[redacted] 20[redacted] BLOOD PRESSURE: 115/68 mmHg

[redacted] 20[redacted] BLOOD PRESSURE: 98/54 mmHg

[redacted] **20[redacted] CREATININE:** 60 UMOL/L (normal 45 to 84)

[redacted] **20[redacted] CRP:** 30 MG/L (normal 0 to 5)

[redacted] **20[redacted] CRP:** 83 MG/L (normal 0 to 5)

[redacted] 20[redacted] HEART RATE: 88 /min

[redacted] 20[redacted] HEART RATE: 58 /min

[redacted] **20[redacted] HEMOGLOBIN:** 134 G/L (normal 120 to 150)

[redacted] 20[redacted] HIGH-SENSITIVITY CRP: 13 MG/L (normal 0 to 5)

[redacted] **20[redacted] MRI:** Small bowel - Impression: findings compatible with distal / terminal ileal inflammatory bowel disease with evidence of mild acute local inflammatory changes. No complications seen.

[redacted] 20[redacted] TEMPERATURE: 36.7 Degrees C

[redacted] 20[redacted] TEMPERATURE: 36.4 Degrees C

[redacted] 20[redacted] URINE CULTURE: negative

[redacted] **20[redacted] WBC:** 6.9 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
胆石症	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	3[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: FINGER CLUBBING	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: CROHN'S PERIANAL ABSCESS. DRAINAGE WITH SETON	20[redacted]
OTHER: ABDOMINAL PAIN	20[redacted]
OTHER: PAIN	20[redacted]
OTHER: FUNGAL SKIN RASH - GROIN	20[redacted]
OTHER: HEADACHE LESS THAN 24 HOURS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PELVIC ABSCESS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 87	[redacted]20[redacted] / 87	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 197	[redacted]20[redacted] / 197	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 253	[redacted]20[redacted] / 253	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 309	[redacted]20[redacted] / 309	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 355	[redacted]20[redacted] / 355	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 365	[redacted]20[redacted] / 365	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 421	[redacted]20[redacted] / 421	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]
INFLIXIMAB	5-10 mg/kg	OTHER: 8 WEEKLY	Y-M: 20[redacted]
ADALIMUMAB	40/80 mg	OTHER: ALTERNATE WEEKS	Y-M: 20[redacted]
HYOSCINE	10 mg	PRN	Y-M: 20[redacted] / -6
NEFOPAM	30 mg	PRN	Y-M: 20[redacted] / -6
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / -1
DAKTACORT	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted] / 47

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
NOT REPORTED				

Event #1: Serious Adverse Event

Event Description	PASSED GALLSTONES
Preferred Term	胆石症
AE Onset Date / Rx Day	[redacted]20[redacted] / 120
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 120): Alanine Aminotransferase: 18 [0 - 40] U/L; Alkaline Phosphatase: 55 [30 - 130] U/L; Amylase: 163 [0 - 100] U/L; Bilirubin: 10 [0 - 21] UMOL/L; [redacted]20[redacted] (Rx Day 121): C Reactive Protein: 35 [0 - 5] MG/L

Microbiology

[redacted]20[redacted] (Rx Day 122): STOOL C DIFF & CULTURE: Negative

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 121): ABDOMINAL X-RAY:NO DISTENSION TO SUGGEST OBSTRUCTION OR TOXIC MEGACOLON; ABDOMINAL/PELVIS CT:CHRONIC PROCTITIS. NO PERFORATION OR COLLECTION. INCREASED BILIARY DILATATION, SUGGEST MRCP TO CHECK FOR FEATURES OF PSC.; [redacted]20[redacted] (Rx Day 122): MRCP:CBD APPEARS NORMAL. SUSPICION OF SOME MINOR STRUCTURING WITHIN RIGHT LOBE SEGMENTAL DUCTS. SUPPORTIVE OF A DIAGNOSIS OF PSC. UPDATE -[redacted]19 - REVIEW OF IMAGES BY SPECIALIST RADIOLOGY SUGGESTS NO

AE Stopped Rx Day	123
Duration of AE	4 DAYS
Severity	MILD
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

英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，胆石排泄の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，肛門周囲膿瘍，シートン法によるドレナージ，骨盤膿瘍のドレナージ，飲酒者（1 日 2 杯未満）及び非喫煙者であった。

投与 120 日後，被験者は胆石排泄を発現した。投与 123 日後，胆石排泄は消失した。

投与 121 日後，右上腹部痛，心窩部痛及び嘔吐の急性発現のため入院した。疼痛は 48 時間以内に改善した。投与 123 日後，被験者は退院した。

投与された薬剤は，エノキサパリン，モルヒネ，paracetamol 及び Peptac であった。

The patient's past medications include:

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

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

Causality for RISANKIZUMAB (Blinded)

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1) Gallstones (10017650) (Cholelithiasis (10008629)) [v.22.1] [10017650]

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 PASSED GALLSTONES

- Investigator: Not applicable

- AbbVie: Event is common in the general population. The prevalence of gallstones in non-Hispanic white men and women is 8.6 and 16.6 percent respectively. Additional risk factor includes pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL X-RAY:** NO DISTENSION TO SUGGEST OBSTRUCTION OR TOXIC MEGACOLON.

[redacted] **20[redacted] ABDOMINAL/PELVIS CT:** CHRONIC PROCTITIS. NO PERFORATION OR COLLECTION. INCREASED BILIARY DILATATION, SUGGEST MRCP TO CHECK FOR FEATURES OF PSC.

[redacted] 20[redacted] ALANINE AMINO TRANSFERASE: 18 U/L (normal 0 to 40)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 55 U/L (normal 30 to 130)

[redacted] **20[redacted] AMYLASE:** 162 U/L (normal 0 to 100)

[redacted] **20[redacted] BILIRUBIN:** 10 MCMOL/L (normal 0 to 21)

[redacted] 20[redacted] BLOOD COUNT: not reported

[redacted] **20[redacted] BMI:** 20.90239 BMI

[redacted] 20[redacted] CLOSTRIDIUM DIFFICILE TEST: Negative

[redacted] 20[redacted] COAGULATION TEST: not reported

[redacted] 20[redacted] CRP: 35

[redacted] **20[redacted] LIPASE:** 37 U/L (normal 13 to 60)

[redacted] 20[redacted] LIVER FUNCTION TEST: Normal

[redacted] **20[redacted] MRCP:** CBD APPEARS NORMAL. SUSPICION OF SOME MINORSTRUCTURING WITHIN RIGHT LOBE SEGMENTAL DUCTS. SUPPORTIVE OF A DIAGNOSIS OF PSC. UPDATE - [redacted] - REVIEW OF IMAGES BY SPECIALIST RADIOLOGY SUGGESTS NO EVIDENCE OF PSC

[redacted] 20[redacted] STOOL 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
イレウス	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	3[redacted]	MALE	WHITE

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

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 85	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 196	[redacted]20[redacted] / 196	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 208	[redacted]20[redacted] / 208	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 251	[redacted]20[redacted] / 251	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 321	[redacted]20[redacted] / 321	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 371	[redacted]20[redacted] / 371	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 427	[redacted]20[redacted] / 427	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BUDESONIDE	9 mg	QD	Y-M: 20[redacted]-[redacted] / -43

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
CONTRAST MEDIA	UNK OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted]-[redacted] / 387	Y-M: 20[redacted]-[redacted] / 387

Event #1: Serious Adverse Event

Event Description	ILEUS
Preferred Term	イレウス
AE Onset Date / Rx Day	[redacted]20[redacted] / 386
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 387): Albumin: 38 [36 - 48] G/L; C Reactive Protein: 13 [0 - 3] MG/L; Calcium: 2.26 [2.15 - 2.5] MMOL/L; Creatinine: 82 [NOT REPORTED - 100] umol/L; Ery. Mean Corpuscular Hemoglobin: 25 [27 - 33] PG; Ery. Mean Corpuscular Volume: 82 [82 - 98] FL; Hematocrit: 0.44 [0.39 - 0.5] FRACTION OF 1; Hemoglobin: 134 [134 - 170] G/L; Leukocytes: 8.3 [3.5 - 8.8] 10^9/L; NPTST039-B-ERYTHROCYTES: 5.3 [4.2 - 5.7] X10(12)/L; NPTST443-PT-EGRF(KREA)RELATIVE: >90 [80 - NOT REPORTED] ML7MIN/1.7; Platelets: 207 [145 - 348] 10^9/L; Potassium: 4.3 [3.5 - 4.6] MMOL/L; Sodium: 140 [137 - 145] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 386): CT ABDOMEN+THORAX:ILEUS; [redacted]20[redacted] (Rx Day 387): PASSAGE X-RAY:X-RAY CONTRAST AGENT IN COLON

AE Stopped Rx Day	387
Duration of AE	2 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING OF CROHNS DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

スウェーデン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及びリサンキズマブが投与され，イレウスの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，痔瘻，クローン病，腸切除，腹部腫瘤，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

20[redacted]年[redacted]月[redacted]日，非盲検化されたリサンキズマブによるレスキュー治療が開始された。

投与 386 日後，被験者はイレウスを発現した。投与 387 日後，イレウスは消失した。

投与 386 日後，被験者は腹痛及び嘔吐のため救急治療室を受診した。診断検査でイレウスが認められた。造影剤が経口投与され，回腸が修正された。投与 387 日後，被験者は退院した。

治験責任医師によると，被験者には回腸の狭窄を伴うクローン病のリスク因子があった。

Causality for RISANKIZUMAB (Blinded)

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1) Ileus (10021328) (Ileus (10021328)) [v.23.1] [10021328]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Ileus (10021328) (Ileus (10021328)) [v.23.1] [10021328]

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 ILEUS

- Investigator: Worsening of Crohn's disease.

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of ILEUS

- Investigator: Worsening of Crohn's disease.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **ALBUMIN:** 38 G/L (normal 36 to 48)

[redacted] **B-ERYTHROCYTES:** 5.3 X10**12/L (normal 4.2 to 5.7)

[redacted] **20[redacted] CALCIUM:** 2.26 MMOL/L (normal 2.15 to 2.50)

[redacted] **20[redacted] CREATININE:** 82 MMOL/L (normal <100)

[redacted] 20[redacted] CT ABDOMEN AND THORAX: Ileus

[redacted] 20[redacted] CT ABDOMEN AND THORAX: Ileus

[redacted] **20[redacted] HEMATOCRIT:** 0.44 - (normal 0.39 to 0.50)

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

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 13 MG/L (normal 0 to 3)

[redacted] **20[redacted] MCH:** 25 PG (normal 27 to 33)

[redacted] **20[redacted] MCV:** 82 FL (normal 82 to 98)

[redacted] **20[redacted] PASSAGE X-RAY:** X-RAY CONTRAST AGENT IN COLON

[redacted] **20[redacted] PLATELET COUNT:** 207 MG/L (normal 145 to 348)

[redacted] **20[redacted] POTASSIUM:** 4.3 MMOL/L (normal 3.5 to 4.6)

[redacted] 20[redacted] PT-EGRF(KREA): >90 ML7MIN/1.7

[redacted] **20[redacted] SODIUM:** 140 MMOL/L (normal 137 to 145)

[redacted] 20[redacted] WEIGHT: 8[redacted] KG

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
手骨折	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	2[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
ANEMIA: N/A	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 28	[redacted]20[redacted] / 28	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 63	[redacted]20[redacted] / 63	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 99	[redacted]20[redacted] / 99	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 99	[redacted]20[redacted] / 99	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 147	[redacted]20[redacted] / 147	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 147	[redacted]20[redacted] / 147	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 210	[redacted]20[redacted] / 210	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 210	[redacted]20[redacted] / 210	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 266	[redacted]20[redacted] / 266	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 266	[redacted]20[redacted] / 266	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 322	[redacted]20[redacted] / 322	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 322	[redacted]20[redacted] / 322	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 378	[redacted]20[redacted] / 378	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 378	[redacted]20[redacted] / 378	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 440	[redacted]20[redacted] / 440	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 440	[redacted]20[redacted] / 440	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 20[redacted]-[redacted]
AZATHIOPRINE	150 mg	QD	Y-M: 20[redacted]-[redacted] / -1[redacted]
PREDNISONE	20 mg	QD	Y-M: 20[redacted]-[redacted] / -30
IRON	100 mg	TID	Y-M: 20[redacted]-[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
IRON	100 mg	TID	Y-M: 20[redacted]-[redacted] / 28	NOT REPORTED

Event #1: Serious Adverse Event

Event Description FRACTURE OF THE PHALANX OF THE PROXIMAL SECOND FINGER OF THE RIGHT HAND

Preferred Term 手骨折

AE Onset Date / Rx Day [redacted]20[redacted] / 353

Age at AE Onset 3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 356): Hemoglobin: 156 [135 - 172] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 356): REPOSITION OF FRACTURE OF THE PHALANX OF THE PROXIMAL SECOND FINGER OF THE RIGHT HAND:RECOVERD

AE Stopped Rx Day	357
Duration of AE	5 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	FINGER INJURY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ポーランド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，右手の近位第 2 指の指節骨の骨折の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，非喫煙者及びアルコール摂取（1 日 2 杯未満）であった。

投与 353 日後，右手の近位第 2 指の指節骨の骨折を発現した。投与 357 日後，右手の近位第 2 指の指節骨の骨折は消失した。

投与 356 日後，被験者は，右手の近位第 2 指の指節骨の骨折のため入院した。同日，骨折の整復のための手術が行われた。投与 357 日後，被験者は退院した。

The patient's past medications include:

PREDNISONE 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], [redacted]20[redacted] - [redacted]20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Fractured finger (10017286) (Hand fracture (10019114)) [v.23.0] [10017286]

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 FRACTURE OF THE PHALANX OF THE PROXIMAL SECOND FINGER OF THE RIGHT HAND

- Investigator: Finger injury

- AbbVie: Event is more likely an unexpected and unintentional incident.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **HEMOGLOBIN:** 15.6 G/DL (normal 13.5 to 17.2)

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
回腸狭窄	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	2[redacted]	FEMALE	WHITE

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

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	4 CIGARETTE	2	
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)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 31	[redacted]20[redacted] / 31	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1
M16006 /RISANKIZUMAB	1200 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 121	[redacted]20[redacted] / 121	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 149	[redacted]20[redacted] / 149	1

M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 149	[redacted]20[redacted] / 149	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 171	[redacted]20[redacted] / 171	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 228	[redacted]20[redacted] / 228	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 282	[redacted]20[redacted] / 282	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 337	[redacted]20[redacted] / 337	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 394	[redacted]20[redacted] / 394	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
GESTODENE	0,015 ETYNYLOESTRADIOL, 0,06 GESTODEN mg	OTHER: ONE PER DAY	Y-M: 20[redacted]
MESALAZINE	1 g	BID	Y-M: 20[redacted] / -78
IRON	80 mg	QD	Y-M: 20[redacted] / 121

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
TRAMADOL	50 mg	QD	Y-M: 20[redacted] / 337	ONGOING
SODIUM CHLORIDE	UNKNOWN OTHER: UNKNOWN	OTHER: UNKNOWN	Y-M: 20[redacted] / 392	Y-M: 20[redacted] / 421
METEOSPASMYL	360 mg	TID	Y-M: 20[redacted] / 394	ONGOING
FORTRANS	2 OTHER: SACHET	QD	Y-M: 20[redacted] / 402	Y-M: 20[redacted] / 403

Event #1: Serious Adverse Event

Event Description ILEAL STENOSIS
Preferred Term 回腸狭窄
AE Onset Date / Rx Day [redacted]20[redacted] / 402 (8 DAYS AFTER LAST TREATMENT)
Age at AE Onset 3[redacted]
Laboratory Testing
[redacted]20[redacted] (Rx Day 402): Hemoglobin: 102 [120 - 154] G/L
Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 403): ENTEROGRAPHY MRI:ILEAL STENOSIS; GASTROSCOPY:POLYP OF STOMACH BODY; ILEOCOLONOSCOPY:ILEAL STENOSIS

AE Stopped Rx Day	405 (11 DAYS AFTER LAST TREATMENT)
Duration of AE	4 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ポーランド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及びリサンキズマブが投与され，回腸狭窄の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，貧血，喫煙者（1 日 4 本を 2 年間）及び非飲酒者であった。

被験者は，先行試験 M16-006 に組み入れられ（被験者番号：[redacted]），20[redacted]年[redacted]月[redacted]日から 20[redacted]年[redacted]月[redacted]日まで盲検化された治験薬が投与された。20[redacted]年[redacted]月[redacted]日，非盲検化されたリサンキズマブによるレスキュー治療が開始された。

投与 402 日後，被験者は回腸狭窄を発現した。投与 405 日後，回腸狭窄は消失した。

投与 402 日後，被験者はクローン病の経過で回腸狭窄が発現し，入院した。徴候・症状には腹痛などがあった。投与 403 日後，MRI エンテログラフィ，胃内視鏡検査及び回腸結腸内視鏡検査が実施された。診断検査により，クローン病の経過の回腸狭窄が確認された。投与 405 日後，被験者は退院した。

治験責任医師によると，被験者には本事象に関連する腹痛のリスク因子があった。

投与された薬剤は，塩化ナトリウムであった。

Causality for RISANKIZUMAB (Blinded)

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1) Ileal stenosis (10021307) (Ileal stenosis (10021307)) [v.23.1] [10021307]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Ileal stenosis (10021307) (Ileal stenosis (10021307)) [v.23.1] [10021307]

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 ILEAL STENOSIS

- Investigator: Crohn's disease.

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of ILEAL STENOSIS

- Investigator: Crohn's disease.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ENTEROGRAPHY MRI: Ileal stenosis

[redacted] **20[redacted] GASTROSCOPY:** Polyp of stomach body

[redacted] **20[redacted] HEMOGLOBIN:** 10.2 G/DL (normal 12 to 15.4)

[redacted] 20[redacted] ILEOCOLONOSCOPY: Ileal stenosis

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
虫垂炎	X			X

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: ALLERGY BROWN PLASTER	NOT REPORTED
OTHER: ALLERGY NOVAMINSULFON	NOT REPORTED
OTHER: CONGENITAL HIP DYSPLASIA	19[redacted]
OTHER: ACETABULUM SURGERY	20[redacted]
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	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)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1

M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 89	[redacted]20[redacted] / 89	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 89	[redacted]20[redacted] / 89	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 146	[redacted]20[redacted] / 146	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 146	[redacted]20[redacted] / 146	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 194	[redacted]20[redacted] / 194	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 194	[redacted]20[redacted] / 194	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 254	[redacted]20[redacted] / 254	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 254	[redacted]20[redacted] / 254	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 314	[redacted]20[redacted] / 314	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 314	[redacted]20[redacted] / 314	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 373	[redacted]20[redacted] / 373	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 373	[redacted]20[redacted] / 373	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 435	[redacted]20[redacted] / 435	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 435	[redacted]20[redacted] / 435	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 463	[redacted]20[redacted] / 463	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
NEO-EUNOMIN	1 OTHER: TABLETT	QD	Y-M: 20[redacted]
PREDNISOLONE	10 mg	QD	Y-M: 20[redacted] / -46
PREDNISOLONE	7.5 mg	QD	Y-M: 20[redacted] / 87

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
NEO-EUNOMIN	1 OTHER: TABLETT	QD	Y-M: 20[redacted]	ONGOING

CEFUROXIME	500 mg	QID	Y-M: 20[redacted] / 134	ONGOING
METRONIDAZOLE	400 mg	TID	Y-M: 20[redacted] / 134	ONGOING
STEROFUNDIN ISO	500 mL	OTHER: FOR ONR DAY	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 134
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 137
PIRITRAMIDE	7.5 mg	OTHER: AS REQUIRED	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 137
PARACETAMOL	1000 mg	QID	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 140
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 135	Y-M: 20[redacted] / 140

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

Event Description	APPENDICITIS
Preferred Term	虫垂炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 134
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 134): C Reactive Protein: 58.2 [-5 - NOT REPORTED] mg/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 134): ABDOMINAL ULTRASOUND:COLON FRAME AND THE ILEOCOCALCAL REGION WERE INCONSPICUOUS WITH NO EVIDENCE OF INFLAMMATORY CROHN'S THRUST.; LAPAROSCOPIC APPENDECTOMY:PERI-AND POSTOPERATIVE COURSE, WITHOUT COMPLICATIONS

AE Stopped Rx Day	137
Duration of AE	4 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	APPENDICITIS, SURGERY REQUIRED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，虫垂炎の事象を発現した。

Event 1の臨床経過：

関連する病歴は，クローン病，非喫煙者及び非飲酒者であった。

投与134日後，被験者は虫垂炎を発現した。投与137日後，虫垂炎は消失した。

投与134日後，被験者は右下腹部痛及び悪心があり，入院した。急性虫垂炎が疑われた。同僚医師による診察及び腹部超音波検査が行われた。炎症性クローン病の徴候は認められなかった。投与134日後，腹腔鏡下虫垂切除が行われた。被験者の状態は限局性腹膜炎を伴う急性虫垂炎で，穿孔や破裂は認められなかった。手術前後の経過で合併症はなかった。術中抗生物質療法は術後も継続された。投与137日後，被験者は退院した。

投与された薬剤は，エノキサパリン，パントプラゾール，piritramide，paracetamol，セフロキシム及びSterofundin ISOであった。

Causality for RISANKIZUMAB (Blinded)

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

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of APPENDICITIS

- Investigator: Appendicitis surgery required

- AbbVie: Event is common in the general population; lifetime incidence is 8.6 percent in males and 6.7 percent in females. (Martin, RF. Acute appendicitis in adults: clinical manifestations and differential diagnosis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on [redacted] 20[redacted].))

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** COLON FRAME AND THE ILEOCOCALCAL REGION WERE INCONSPICUOUS WITH NO EVIDENCE OF INFLAMMATORY CROHN'S THRUST.

[redacted] **20[redacted] CRP:** 58.2 MG/L (normal <5.0)

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
アルコール離脱症候群	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OSTEOARTHRITIS: PERIPHERAL ARTHROPATHY	NOT REPORTED
OTHER: ALCOHOL MISUSE	NOT REPORTED
OTHER: HIP DYSPLASIA	NOT REPORTED
CROHN'S DISEASE	20[redacted]
EYE DISEASE/DISORDER: SCLERITIS RIGHT EYE	20[redacted]
OSTEOARTHRITIS: SPONDYLOARTHRITIS	20[redacted]
HYPERTENSION	20[redacted]
OTHER: ABNORMAL URINALYSIS (HYALINE CASTS)	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: TUBAL LIGATION	20[redacted]
SURGERY: REMOVAL ANAL ABSCESS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	20 CIGARETTE	20	
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1

M16006 /PLACEBO	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 62 62	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 85 [redacted]20[redacted] / 85	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141 [redacted]20[redacted] / 141	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 197 [redacted]20[redacted] / 197	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 253 [redacted]20[redacted] / 253	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 316 [redacted]20[redacted] / 316	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 365 [redacted]20[redacted] / 365	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	1,5 g	TID	Y-M: 20[redacted]
PROPRANOLOL	40 mg	QD	Y-M: 20[redacted]
PREDNISOLONE	20 mg	QD	Y-M: 20[redacted]-[redacted] / -31
CANDESARTAN	8 mg	QD	Y-M: 20[redacted]-[redacted] / 3
MESALAZINE	1,5 mg	TID	Y-M: 20[redacted]-[redacted] / 45

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
CANDESARTAN	16 mg	QD	Y-M: 20[redacted]-[redacted] / 111	ONGOING
VALPROIC ACID	300 mg	BID	Y-M: 20[redacted]-[redacted] / 116	Y-M: 20[redacted]-[redacted] / 119
VALPROIC ACID	300 mg	TID	Y-M: 20[redacted]-[redacted] / 120	Y-M: 20[redacted]-[redacted] / 126

Event #1: Serious Adverse Event

Event Description ALCOHOL WITHDRAWAL
Preferred Term アルコール離脱症候群
AE Onset Date / Rx Day [redacted]20[redacted] / 112
Age at AE Onset 4[redacted]
Laboratory Testing
[redacted]20[redacted] (Rx Day 113): Creatine Kinase: 839 [0 - 145] U/L
Microbiology
NOT REPORTED
SAE Supplemental Procedure
NOT REPORTED

AE Stopped Rx Day	141
Duration of AE	30 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ALCOHOL ABUSE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，アルコール離脱の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，現喫煙者（1 日 1 箱を 20 年間）及び現飲酒者（1 日 2 杯未満）であった。

投与 112 日後，被験者はアルコール離脱を発現した。投与 141 日後，アルコール離脱は消失した。

投与 112 日後，被験者はアルコール離脱を発現した。被験者は，アルコール摂取の危険なパターンという本事象に関連するリスク因子があった。被験者によると，毎日ワインを 500 mL 飲んでいるとのことであった。徴候・症状として，意識消失及び見当識の回復の遅さなどがあった。本事象発現中，被験者は自分の舌を噛んだ。本事象が以前に発現したことはなかった。心電図以外の検査は実施されなかった（心電図検査の結果は提供されていない）。

被験者は，医師の診察をただちに受けることはしなかった。総合診療医を受診し，その後，治験実施医療機関を受診した。被験者は入院を拒否した。被験者の状態は現在安定しており，抗痙攣薬の投与が開始された。

投与された薬剤は，バルプロ酸であった。

Causality for RISANKIZUMAB (Blinded)

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1) Alcohol withdrawal syndrome (10053164) (Alcohol withdrawal syndrome (10053164)) [v.22.1] [10053164]

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 ALCOHOL WITHDRAWAL

- Investigator: Alcohol abuse.

- AbbVie: Event is more likely related to critical pattern of alcohol use.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] CREATINE KINASE: 839 U/L (normal 0.0 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
尿路感染	X			X

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HYPERCHOLESTEREMIA (INCREASE OF LIPOPROTEIN)	NOT REPORTED
OTHER: NICOTINE ABUSE	NOT REPORTED
OTHER: OSTEOPENIA	NOT REPORTED
OTHER: ARTHRALGIA	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: CHOLECYSTOLITHIASIS	20[redacted]
NEPHROLITHIASIS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	7 CIGARETTE	12	19[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 34	[redacted]20[redacted] / 34	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 60	[redacted]20[redacted] / 60	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 88	[redacted]20[redacted] / 88	1

RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 88	[redacted]20[redacted] / 88	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 137	[redacted]20[redacted] / 137	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 137	[redacted]20[redacted] / 137	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 201	[redacted]20[redacted] / 201	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 201	[redacted]20[redacted] / 201	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 250	[redacted]20[redacted] / 250	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 250	[redacted]20[redacted] / 250	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 313	[redacted]20[redacted] / 313	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 313	[redacted]20[redacted] / 313	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 370	[redacted]20[redacted] / 370	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 370	[redacted]20[redacted] / 370	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 431	[redacted]20[redacted] / 431	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 431	[redacted]20[redacted] / 431	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
COLECALCIFEROL	1000 IU	QD	Y-M: 20[redacted] / -73
BUDESONIDE	9 mg	QD	Y-M: 20[redacted] / -43
CIMICIFUGA RACEMOSA	1 OTHER: TABLET	QD	Y-M: 20[redacted] / -31

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
NOT REPORTED				

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

Event Description	URINARY TRACT INFECTION
Preferred Term	尿路感染
AE Onset Date / Rx Day	[redacted]20[redacted] / 91
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 92): Leukocytes: 1141 [0 - 20] /?; NPTST048-BACTERIUM: 163 [0 - 30] /?

Microbiology
[redacted]20[redacted] (Rx Day 91): URINE MICROBIOLOGY: Positive-ESSCHERICHIA COLI, ENTEROCOCCUS FAECALIS
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 89): URETEROSCOPY LASER LITHOTRIPSY:NEPHROLITH WAS REMOVED;
20[redacted] (Rx Day 91): BODY TEMPERATURE:FEVER 38.5?C

AE Stopped Rx Day	95
Duration of AE	5 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	TWO DAYS POST URETEROSCOPY ([redacted]20[redacted])
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，尿路感染の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，元喫煙者（1 日 7 本を 12 年間），クローン病（回腸・結腸，穿通型）及び腎結石症であった。

投与 91 日後，被験者は尿路感染を発現した。投与 95 日後，尿路感染は消失した。

被験者は，20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日まで先行試験 M16-006 に組み入れられ，盲検化された治験薬が投与された。

先行試験（M16-006）中の投与 75 日後，被験者は腎結石症（重篤な有害事象）を発現した。

投与 89 日後，尿管鏡下レーザー砕石が行われた。投与 91 日後，被験者は発熱があったため，救急科を受診した。尿培養検査の結果，大腸菌及びエンテロコッカス・フェカーリスが陽性であった。抗生物質が投与された。投与 95 日後，被験者は退院した。

投与された薬剤は，セフロキシム及び AmoClav であった。

Causality for RISANKIZUMAB (Blinded)

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1) Urinary tract infection (10046571) (Urinary tract infection (10046571)) [v.24.0] [10046571]

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 URINARY TRACT INFECTION

- Investigator: Two days post-ureteroscopy ([redacted])

- AbbVie: Event is more likely a complication of recent ureteroscopy laser lithotripsy procedure. Additional risk factor is pre-existing nephrolithiasis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] BODY TEMPERATURE: 38.5 Degrees C

[redacted] **URINE CULTURE:** Positive for Escherichia coli and Enterococcus faecalis

[redacted] **URINE TEST:** 163 BACTERIUM (normal 0 to 30)

[redacted] **WBC:** 1141 No units (normal 0 to 20)

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
四肢膿瘍	X			X
痔瘻	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: NEURODERMATITIS	19[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: ALLERGY BIRCH POLLEN	20[redacted]
OTHER: ALLERGY HOUSE DUST MITES	20[redacted]
OTHER: SKIN FUNGUS	20[redacted]
OTHER: ALLERGIC TO MUGWORT	20[redacted]
HYPOTHYROIDISM	20[redacted]
OTHER: ERYSIPELAS	20[redacted]
OTHER: ABCESS PERIANAL	20[redacted]
OTHER: PERIANAL ABCESS	20[redacted]
OTHER: PERIANAL FISTULA	20[redacted]
DEPRESSION: DEPRESSION	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: ABCESS INCISION	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF FISTULA	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 1	[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 1	[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 35	[redacted] / 35	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 35	[redacted] / 35	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 57	[redacted] / 57	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 57	[redacted] / 57	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 85	[redacted] / 85	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 143	[redacted] / 143	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 196	[redacted] / 196	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 260	[redacted] / 260	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 304	[redacted] / 304	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 367	[redacted] / 367	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 423	[redacted] / 423	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
CERTOSTAT	1 mg	QD	Y-M: 20[redacted]

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
SPEKTRAMOX	875/125 mg	QD	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 261
METAMIZOLE	1000 mg	TID	Y-M: 20[redacted] / 352	NOT REPORTED
CERTOPARIN SODIUM	3000 IU	QD	Y-M: 20[redacted] / 352	Y-M: 20[redacted] / 352
OTHER IMMUNOSUPPRESSANTS	120 MILION STEM CELLS OTHER: UNITS	OTHER: ONCE	Y-M: 20[redacted] / 352	Y-M: 20[redacted] / 352

MACROGOL	1 OTHER: SACHET	QD	Y-M: 20[redacted] / 353	NOT REPORTED

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

Event Description	GLUTEAL ABCESS
Preferred Term	四肢膿瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 136
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 136): C Reactive Protein: 13.8 [5 - 5] MG/L; Hematocrit: 0.34 [0.34 - 0.45] FRACTION OF 1; Hemoglobin: 116 [112 - 157] G/L; Leukocytes: 16.2 [4 - 10] 10^9/L; Platelets: 436 [182 - 369] 10^9/L; Sodium: 135 [136 - 145] MMOL/L; [redacted]20[redacted] (Rx Day 138): C Reactive Protein: 42.4 [5 - 5] MG/L; Erythrocytes: 3.6 [3.9 - 5.2] 10^12/L; Hematocrit: 0.32 [0.34 - 0.45] FRACTION OF 1; Hemoglobin: 106 [112 - 157] G/L; Platelets: 401 [182 - 369] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 136): WOUND MICROBIOLOGICAL DIAGNOSIS: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 136): SURGERY PERIANAL ABCESS INCISION:PATIENT WAS DISCHARGED IN GOOD GENERAL CONDITIONS; [redacted]20[redacted] (Rx Day 138): DRESSING CHANGE:WOUND DRESSING AND THE FLUSHING OF THE WOUND WITH NACL; [redacted]20[redacted] (Rx Day 139): DRESSING CHANGE:WOUND DRESSING AND THE FLUSHING OF THE WOUND WITH NACL

AE Stopped Rx Day	136
Duration of AE	1 DAY
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	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

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

Event Description	GLUTEALABSCESS
Preferred Term	四肢膿瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 256
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 256): NPTST323-LEUKOCYTES: 15.94 [3.98 - 10.04] 10^9/L; [redacted]20[redacted] (Rx Day 257): NPTST323-LEUKOCYTES: 8.7 [3.98 - 10.04] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 256): PHYSICIAN EXAMINATION:ABCESS; SURGERY:INCISION ABSCESS AND REMOVED

AE Stopped Rx Day	257
Duration of AE	2 DAYS
Severity	MILD

Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	ANALFISTULAE
Preferred Term	痔瘻
AE Onset Date / Rx Day	[redacted]20[redacted] / 352
Age at AE Onset	2[redacted]

Laboratory Testing
NOT REPORTED
Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 352): SURGICAL INTERVENTION BASED ON STEM CELL THERAPY FOR PERIANAL FISTULA:RECOVERING

AE Stopped Rx Day	353
Duration of AE	2 DAYS
Severity	MILD
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DUE TO MORBUS CROHN
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，殿部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（回腸・結腸，非狭窄・非穿通型），丹毒，肛門周囲膿瘍，肛門周囲瘻，非喫煙者及び現飲酒者（1 日 2 杯未満）であった。

投与 136 日後，被験者は殿部膿瘍を発現した。投与 136 日後，殿部膿瘍は消失した。

投与 136 日後，被験者は殿部の疼痛及び発熱で目が覚めた。被験者はかかりつけ医を受診し，病院に紹介となった。同日，被験者は入院し，麻酔下で肛門周囲膿瘍切開が実施された。膿瘍は排出され，全身状態は良好となり，投与 137 日後，被験者は退院した。

投与された薬剤は，塩化ナトリウムであった。

Causality for RISANKIZUMAB (Blinded)

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1) Gluteal abscess (10081817) (Abscess limb (10050473)) [v.22.1] [10081817]

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 GLUTEAL ABSCESS

- Investigator: Not applicable.

- AbbVie: Event more likely related to complication of pre-existing Crohn's disease with history of previous episodes of perianal abscess and fistulas.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **HEMATOCRIT:** 34 % (normal 34.1 to 44.9)

[redacted] HEMATOCRIT: 31.5 %

[redacted] **HEMOGLOBIN:** 11.6 G/DL (normal 11.2 to 15.7)

[redacted] HEMOGLOBIN: 10.6 G/DL

[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 13.8 MG/L (normal 0 to 5)

[redacted] **20[redacted] PLATELET COUNT:** 436 TSD/UL (normal 182 to 369)

[redacted] 20[redacted] PLATELET COUNT: 401 tsd/ul

[redacted] **20[redacted] SODIUM:** 135 MMOL/L (normal 136 to 145)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 16.23 TSD/UL (normal 3.98 to 10.04)

[redacted] 20[redacted] WOUND CULTURE: negative

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，殿部膿瘍の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，クローン病，皮膚真菌，肛門周囲膿瘍，肛門周囲膿瘍，肛門周囲瘻，手術（膿瘍切開），手術（瘻孔のドレナージ），非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 256 日後，被験者は殿部膿瘍を発現した。投与 257 日後，殿部膿瘍は消失した。

投与 256 日後，被験者は入院した。被験者は，発熱及び赤く，熱を持った古い瘢痕近くの殿部の疼痛があった。投与 256 日後，手術が行われ，膿瘍は排出された。投与 257 日後，被験者は良好な状態で退院した。

Causality for RISANKIZUMAB (Blinded)

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1) Gluteal abscess (10081817) (Abscess limb (10050473)) [v.22.1] [10081817]

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 GLUTEAL ABSCESS

- Investigator: Not applicable

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] LEUKOCYTES:** 15.94 X10**9/L (normal 3.98 to 10.04)

[redacted] **20[redacted] LEUKOCYTES:** 8.70 X10**9/L (normal 3.98 to 10.04)

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，痔瘻の事象を発現した。

Event 3 の臨床経過：

関連する病歴は，クローン病，皮膚真菌，甲状腺機能低下症，肛門周囲膿瘍，肛門周囲膿瘍，肛門周囲瘻，膿瘍切開，瘻孔のドレナージ，非喫煙者及びアルコール摂取（1 日 2 杯未満）であった。

投与 352 日後，被験者は痔瘻を発現した。投与 352 日後，痔瘻は消失した。

被験者は座位での疼痛を伴う肛門周囲膿瘍があった。投与 352 日後，被験者は瘻孔に対する幹細胞治療のため入院した。同日，肛門周囲瘻に対して幹細胞治療に基づく外科的処置が行われ，被験者の状態は改善した。投与 353 日後，被験者は退院した。

投与された薬剤は，Alofisel（darvadstrocel）であった。

Causality for RISANKIZUMAB (Blinded)

---

1) Anal fistula (10002156) (Anal fistula (10002156)) [v.23.1] [10002156]

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 ANAL FISTULA

- Investigator: Due to Morbus Crohn.

- AbbVie: event more likely related to pre-existing Crohn's disease and pre-existing perianal fistula.

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 M16-006 Study Start	Sex	Race
Placebo SC Q8W	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
MIGRAINE HEADACHE	20[redacted]
OTHER: ARTHRALGIE	20[redacted]
OTHER: IRON DEFICIENCY ANEMIA	20[redacted]
DEPRESSION: DEPRESSIVE DISORDER	20[redacted]
OTHER: INFLAMMATION ON BOTH HANDS	20[redacted]
OTHER: ORAL APHTHOUS ULCERS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	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)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1

M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 85	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 136	[redacted]20[redacted] / 136	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 190	[redacted]20[redacted] / 190	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 253	[redacted]20[redacted] / 253	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 302	[redacted]20[redacted] / 302	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
IBUPROFEN	400 mg	PRN	Y-M: 20[redacted] / -314
INTRAUTERINE CONTRACEPTIVES	N/A IU	OTHER: INSET	Y-M: 20[redacted] / -314
IRON	30 mg	QD	Y-M: 20[redacted] / -102

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
BENZOCAINE	0.75 %	PRN	Y-M: 20[redacted] / 136	Y-M: 20[redacted] / 356
DEXPANTHENOL	50 OTHER: MG/ML	PRN	Y-M: 20[redacted] / 136	Y-M: 20[redacted] / 356

Event #1: Serious Adverse Event

Event Description WORSENING OF CROHNS DISEASE

Preferred Term クローン病

AE Onset Date / Rx Day [redacted]20[redacted] / 382 (80 DAYS AFTER LAST TREATMENT)

Age at AE Onset 3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 383): C Reactive Protein: 9.4 [NOT REPORTED - 5] mg/L; Hematocrit: 0.24 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 81 [123 - 153] G/L; NPTST101-CALPROTCEIN: 753 [0 - 50] ?G/G; [redacted]20[redacted] (Rx Day 388): Hematocrit: 0.32 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 106 [123 - 153] G/L; [redacted]20[redacted] (Rx Day 389): Alkaline Phosphatase: 145 [35 - 105] U/L; NPTST241-GAMMA-GLUTAMYL-TRANSFERASE: 83 [NOT REPORTED - 40] U/L; [redacted]20[redacted] (Rx Day 393): NPTST426-PHOSPHATE INORGANIC: 0.42 [0.81 - 1.45] MMOL/L; [redacted]20[redacted] (Rx Day 396): C Reactive Protein: <0.6 [NOT REPORTED - 5] mg/L; Hemoglobin: 112 [123 - 153] G/L; [redacted]20[redacted] (Rx Day 398): C Reactive Protein: 39.8 [NOT REPORTED - 5] mg/L; Hemoglobin: 87 [123 - 153] G/L; NPTST436-PROCALCITONIN: 14.200 [NOT REPORTED - 0.046] ug/L; [redacted]20[redacted] (Rx Day 401): C Reactive Protein: 206.2 [NOT

REPORTED - 5] mg/L; [redacted]20[redacted] (Rx Day 403): C Reactive Protein: 158.5 [NOT REPORTED - 5] mg/L; Hemoglobin: 87 [123 - 153] G/L; [redacted]20[redacted] (Rx Day 407): C Reactive Protein: 128.4 [NOT REPORTED - 5] mg/L; Hematocrit: 0.3 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 100 [123 - 153] G/L; [redacted]20[redacted] (Rx Day 412): C Reactive Protein: 16.5 [NOT REPORTED - 5] mg/L; Hematocrit: 0.34 [0.36 - 0.45] FRACTION OF 1; Hemoglobin: 114 [123 - 153] G/L

Microbiology

[redacted]20[redacted] (Rx Day 382): OTHER THROAT SWAB SARS-COV-2RNA: Negative; [redacted]20[redacted] (Rx Day 383): STOOL CLOSTRIDIUM DIFFICILE: Negative; OTHER SKIN SWAB LABIA FOR PATHOGENS, RESISTANCE: Positive-PHYSIOLOGICAL SKIN FLORA : MASSES STAPHYLOCOCCUS AUREUS : MASSES YEASTS CULTURALLY NOT DETECTED. FUNGI CULTURALLY NOT DETECTED.; OTHER SKIN SWAB PERINEUM FOR PATHOGENS, RESISTA: Positive-PHYSIOLOGICAL SKIN FLORA : ABUNDANT INCLUDING ABUNDANT VARIOUS ENTEROBACTERIA. STAPHYLOCOCCUS AUREUS : IN MASSES. YEASTS CULTURALLY NOT DETECTED.; [redacted]20[redacted] (Rx Day 401): URINE PATHOGENS AND RESISTANCE: Positive-ENTEROCOCCUS FAECALIS : 1.000.000 KBE/ML ESCHERICHIA COLI : 10.000 KBE/ML; [redacted]20[redacted] (Rx Day 407): URINE PATHOGEN AND RESISTANCE: Negative; OTHER ABSCESS PUNCTATE PATHOGENS AND RESISTANCE: Positive-ESCHERICHIA COLI : QUITE ISOLATED MORGANELLA MORGANII : QUITE ISOLATED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 383): INTESTINAL WALL SONOGRAPHY:GASTROINTESTINAL TRACT: LIMITED ASSESSMENT, GOOD IMAGING QUALITY. LINEAR TRANSDUCER, CURVED ARRAY. RECTUM NOT VISIBLE. INTESTINAL WALL THICKENING OF THE ENTIRE COLON FRAME WITH P.M. IN THE C. ASCE; [redacted]20[redacted] (Rx Day 393): RECTO-PROCTOSCOPY:HEMORRHOIDS I HISTORY CONDYLOMATA ACUMINATA GENITAL LABIAL AND PERIANAL 12 O'CLOCK SSL. INFLAMED MARISKE 12 O'CLOCK SSL TREATMENT REFRACTORY CROHN'S DISEASE WITH RECTAL INVOLVEMENT. RELATIVE, P; [redacted]20[redacted] (Rx Day 397): HISTOPATHOLOGY PROCTOCOLECTOMY:PROCTOCOLECTOMY SPECIMEN+ 2CM ILEUM: SPECIMEN IS ALMOST HOMOGENOUS: CONT. PANCOLITIS W/ MUCOSAL DEFORM. & PART. EROSION; PART. SUPERIMPOSITION W/ AUTOLYSIS; MUSCULARIS MUCOSAE WIDENED; LYMPH FOLLICLES; OPERATION:LAPAROSCOPIC PROCTOCOLECTOMY WITH CREATION OF A TERMINAL ILEOSTOMA; [redacted]20[redacted] (Rx Day 402): SONOGRAPHY:RIGHT KIDNEY: PROMINENTLY LARGE PLEURA: RIGHT PLEURAL EFFUSION, NOT WORTH PUNCTURING. PERITONEUM / ASCITES: ASCITES, SMALL. MARKED METEORISM, ESPECIALLY IN THE LEFT UPPER ABDOMEN. KIDNEY AND SPLE; THORAX X-RAY:LOW-GRADE EFFUSION SHADOWS ON BOTH SIDES. NO PLEURAL DEHISCENCE. CONDENSED IMPOSING SUBFIELDS, PRIMARILY SUMMATION EFFECT DUE TO THE MAMMARY SHADOW. ADJACENT TO THE EFFUSION ON THE LEFT SIDE, FLATTEN; [redacted]20[redacted] (Rx Day 407): CT-ABDOMEN:MULTIPLE TAPED PORTIONS OF ASCITES INTRAABDOMINAL WITH THICKENED PERITONEUM (AT THE RIGHT INFERIOR BORDER OF THE LIVER; CAUDAL TO THE SPLEEN; LEFT VENTRAL IN THE LOWER ABDOMEN), AS WELL AS ESPECIALLY; CT-GUIDED DRAINAGE RETROPERITONEAL:CT-GUIDED DRAINAGE INSERTION INTO THE VERHALT FORMATION IN THE FORMER RECTAL LODGE WITHOUT COMPLICATIONS.; [redacted]20[redacted] (Rx Day 411): ABDOMINAL SONOGRAPHY:MATCHING THE PRELIMINARY CT SCAN, AN APPROXIMATELY 6 X5 CM, NON-HYPERVASCULARIZED ECHO-POOR VERHALT FORMATION WITH THICKENED IMPINGING NON, MORE FULLY LIQUID CONTENTS IS SEEN IN THE LEFT LOWER ABDOMEN

AE Stopped Rx Day	412 (110 DAYS AFTER LAST TREATMENT)
Duration of AE	31 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PROGRESSION OF UNDERLYING DISEASE

Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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及びリサンキズマブが投与され，クローン病増悪の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，非喫煙者及び非飲酒者であった。

20[redacted]年[redacted]月[redacted]日，非盲検化されたリサンキズマブによるレスキュー治療が開始された。

投与 382 日後，被験者はクローン病増悪を発現した。投与 412 日後，クローン病増悪は消失した。

投与 302 日後，治験薬の投与は中止された。投与 359 日後，効果が認められないため，治験参加は中止された。

投与 382 日後，被験者は，クローン病増悪による下痢及び腹痛のため入院した。投与 397 日後，被験者は，難治性クローン病のため，腹腔鏡下直腸結腸全切除及び回腸瘻造設を受けた。投与 407 日後，CT ガイド下で貯留部に対して後腹膜ドレナージを行い，合併症はなかった。投与 412 日後，被験者は退院した。

投与された薬剤は，パントプラゾール，Fresubin，葉酸，チアミン，Reducto-spezial 及び Targin であった。

Causality for RISANKIZUMAB (Blinded)

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1) Crohn's disease aggravated (10011403) (Crohn's disease (10011401)) [v.23.1] [10011403]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Crohn's disease aggravated (10011403)rohn's disease (10011401)) [v.23.1] [10011403]

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 CROHN'S DISEASE

- Investigator: Not reported

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of WORSENING OF CROHN'S DISEASE

- Investigator: Not reported

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ABDOMINAL SONOGRAPHY:** MATCHING THE PRELIMINARY CT SCAN, AN APPROXIMATELY 6 X5 CM, NON-HYPERVASCULARIZED ECHO-POOR VERHALT FORMATION WITH THICKENED IMPINGING NON, MORE FULLY LIQUID CONTENTS IS SEEN IN THE LEFT LOWER ABDOMEN, APPROXIMATELY 2 CM SUBCUTANEOUSLY. PERIFOCALLY, NO RELEVANT SOFT TISSUE FIBROSIS OR THICKENED CAPSULAR STRUCTURE COULD BE DELINEATED. NORMAL INTESTINAL PERISTALSIS. NO ILEUS. ORIENTATIONALLY INCONSPICUOUS PARENCHYMATOUS UPPER ABDOMINAL ORGANS. NO URINARY RETENTION ON BOTH SIDES. ALMOST COMPLETELY EMPTY BLADDER

[redacted] 20[redacted] C-REACTIVE PROTEIN: 9.4 MG/L (normal <5.0)

[redacted] 20[redacted] C-REACTIVE PROTEIN: <0.6mg/L (H-5)

[redacted] 20[redacted] C-REACTIVE PROTEIN: 16.5 MG/L (normal <5.0)

[redacted] 20[redacted] **CT ABDOMEN:** MULTIPLE TAPED PORTIONS OF ASCITES INTRAABDOMINAL WITH THICKENED PERITONEUM (AT THE RIGHT INFERIOR BORDER OF THE LIVER; CAUDAL TO THE SPLEEN; LEFT VENTRAL IN THE LOWER ABDOMEN), AS WELL AS ESPECIALLY IN THE FORMER RECTAL LODGE. SUPERINFECTION POSSIBLE. NONE AIR POCKETS IN THE BEHAVIOR, THUS SUTURE INSUFFICIENCY OF THE DEEP HARTMANN STUMP NOT PROBABLE. SMALL WALLED, NON-OCCLUDING THROMBUS IN THE SUPERIOR MESENTERIC VEIN. PLEURAL EFFUSION ON THE LEFT SIDE WITH ADJACENT VENTILATORY DISTURBANCES, AN INCIPIENT PNEUMONIA CANNOT BE EXCLUDED WITH CERTAINTY HERE.

[redacted] 20[redacted] **HEMATOCRIT:** 0.24 G/DL (normal 0.36 to 0.45)

[redacted] 20[redacted] **HEMATOCRIT:** 0.32 G/DL (normal 0.36 to 0.45)

[redacted] 20[redacted] **HEMATOCRIT:** 0.34 G/DL (normal 0.36 to 0.45)

[redacted] 20[redacted] **HEMATOCRIT:** 0.34 G/DL (normal 0.36 to 0.45)

[redacted] 20[redacted] **HEMOGLOBIN:** 8.1 G/DL (normal 12.3 to 15.3)

[redacted] 20[redacted] **HEMOGLOBIN:** 10.6 G/DL (normal 12.3 to 15.3)

[redacted] 20[redacted] **HEMOGLOBIN:** 8.8 G/DL (normal 12.3 to 15.3)

[redacted] 20[redacted] **HEMOGLOBIN:** 8.7 G/DL (normal 12.3 to 15.3)

[redacted] 20[redacted] **HEMOGLOBIN:** 11.4 G/DL (normal 12.3 to 15.3)

[redacted] 20[redacted] **HISTOPATHOLOGY PART 1:** PROCTOCOLECTOMY SPECIMEN WITH A SHORT SMALL BOWEL SECTION. AN IDENTICAL PICTURE IS SEEN ALMOST OVER THE ENTIRE LENGTH OF THE PREPARATION: CONTINUOUS PANCREATITIS WITH MUCOSAL DEFORMATION + PARTIAL EROSION. IN PLACES SUPERIMPOSITION BY AUTOLYTIC PHENOMENA. LAMINA MUSCULARIS MUCOSAE APPEARS PREDOMINANTLY WIDENED. LYMPHOID FOLLICLES THROUGHOUT ENTIRE LENGTH OF SPECIMEN. INFLAMMATION PREDOMINANTLY CHRONIC AND CONSPICUOUSLY CONFINED TO INNER INTESTINAL WALL LAYERS. NO ACTUAL EVIDENCE OF GRANULOMAS. CRYPT ABSCESSES AT SEVERAL SITES.

[redacted] 20[redacted] **HISTOPATHOLOGY PART 2:** TUBULAR ADENOMA OF THE COLONIC MUCOSA WITH LOW-GRADE INTRAEPITHELIAL NEOPLASIA FITS. NO EVIDENCE OF HIGH-GRADE INTRAEPITHELIAL NEOPLASIA. SMALL BOWEL MUCOSA: PARTIAL SUPERIMPOSITION BY AUTOLYSIS ARTIFACTS, NO ACTUAL ENTERITIS. A PROMINENT MALT IS ALSO PRESENT. APPENDIX VERMIFORMIS LARGELY FREE OF INFLAMMATION. FURTHERMORE, INCLUDED 19 TUMOR-FREE LYMPH NODES. MANIFESTATION OF A KNOWN CHRONIC INFLAMMATORY BOWEL DISEASE TO AGREE. IN THE CURRENT RESECTATE, THE FINDINGS FIT BETTER TO ULCERATIVE COLITIS THAN TO CROHN'S DISEASE

[redacted] 20[redacted] **INTESTINAL WALL SONOGRAPHY:** GASTROINTESTINAL TRACT: LIMITED ASSESSMENT, GOOD IMAGING QUALITY. LINEAR TRANSDUCER, CURVED ARRAY. RECTUM NOT VISIBLE. INTESTINAL WALL THICKENING OF THE ENTIRE COLON FRAME WITH P.M. IN THE C. ASCENDENS UP TO 7 MM (LIMBERGIII), HERE STRATIFICATION INDICATED PRESERVED. DILATED, STOOL-FILLED RIGHT FLEXURE. TERMINAL ILEUM INCONSPICUOUS. LYMPHADENOPATHY IN THE UPPER ABDOMEN

[redacted] 20[redacted] **PROCTOCOLECTOMY HISTOPATHOLOGY:** PROCTOCOLECTOMY SPECIMEN+ 2CM ILEUM: SPECIMEN IS ALMOST HOMOGENOUS: CONT. PANCOLITIS W/ MUCOSAL DEFORM. & PART. EROSION; PART. SUPERIMPOSITION W/ AUTOLYSIS; MUSCULARIS MUCOSAE WIDENED; LYMPH FOLLICLES PRESENT; MAINLY CHRONIC INFLAMMATION AT INNER LYERS; CRYPT ABCESSES PRESENT; NO GRANULOMAS. COLON: TUBULAR ADENOMA W/ LOW-GRADE INTRAEPITHELIAL NEOPLASIA. ILEUM: PART. SUPERIMPOSITION W/ AUTOLYSIS; NO ENTERITIS; MALT PRESENT. APPENDIX: MAINLY FREE OF INFLAMMATION. TOTAL: INCLUDED 19 LYMPH NODES W/O TUMOR. RESECTATE SUPPORT CU MORE THAN CD.

[redacted] 20[redacted] **RECTO-PROCTOSCOPY:** HEMORRHOIDS I HISTORY CONDYLOMATA ACUMINATA GENITAL LABIAL AND PERIANAL 12 O'CLOCK SSL. INFLAMED MARISKE 12 O'CLOCK SSL TREATMENT REFRACTORY CROHN'S DISEASE WITH RECTAL INVOLVEMENT. RELATIVE, PASSABLE INTERNAL ANAL CANAL STENOSIS IN CROHN'S DISEASE

[redacted] 20[redacted] SARS COV-2RNA: Negative

[redacted] 20[redacted] **SKIN SWAB:** labia for pathogens, resistance, fungi: Positive (PHYSIOLOGICAL SKIN FLORA : MASSES STAPHYLOCOCCUS AUREUS : MASSES YEASTS CULTURALLY NOT DETECTED)

[redacted] 20[redacted] **SONOGRAPHY:** RIGHT KIDNEY: PROMINENTLY LARGE PLEURA: RIGHT PLEURAL EFFUSION, NOT WORTH PUNCTURING. PERITONEUM / ASCITES: ASCITES, SMALL. MARKED METEORISM, ESPECIALLY IN THE LEFT UPPER ABDOMEN. KIDNEY AND SPLEEN NOT VISIBLE. MARKED PRESSURE PAIN OVER THE ENTIRE ABDOMEN.

[redacted] 20[redacted] STOOL FOR C. DIFF: Negative

[redacted] 20[redacted] **THORAX X-RAY:** LOW-GRADE EFFUSION SHADOWS ON BOTH SIDES. NO PLEURAL DEHISCENCE. CONDENSED IMPOSING SUBFIELDS, PRIMARILY SUMMATION EFFECT DUE TO THE MAMMARY SHADOW. ADJACENT TO THE EFFUSION ON THE LEFT SIDE, FLATTENED MINIMAL TRANSLUCENCIES , IN PRINCIPLE CONSISTENT WITH A PNEUMONIC INFILTRATE IF THE CLINIC IS APPROPRIATE. NO SIGNS OF CONGESTION. MEDIUM SIZED CARDIOMEDIASTINUM, VASCULARLY CONFIGURED HILI. ORIENTATIONALLYSYMMETRICAL RIB THORAX. INCONSPICUOUS SOFT TISSUE MANTLE

[redacted] **20[redacted] URINE TEST:** Pathogen and resistance: Positive (ENTEROCOCCUS FAECALIS : 1.000.000 KBE/ML ESCHERICHIA COLI : 10.000 KBE/ML)

[redacted] **20[redacted] URINE TEST:** Pathogen and resistance: 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
創部炎症	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: CHROME ALLERGY	19[redacted]
OTHER: NICKEL ALLERGY	19[redacted]
OTHER: AZATHIOPRON INTOLERANCE	20[redacted]
CROHN'S DISEASE	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): LIVER HEMANGIOMA	20[redacted]
OTHER: INFLAMMATION IN THE RIGHT UPPER JAW	20[redacted]
ANEMIA: IRON DEFICIENCY ANEMIA	20[redacted]
OTHER: ERYTHEMA BOTH LOWER LEGS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: APPENDECTOMY	19[redacted]
SURGERY: HYSTERECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	20 CIGARETTE	27	
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)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 28	[redacted]20[redacted] / 28	1

M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 84	[redacted]20[redacted] / 84	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 84	[redacted]20[redacted] / 84	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 112	[redacted]20[redacted] / 112	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 174	[redacted]20[redacted] / 174	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 230	[redacted]20[redacted] / 230	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 287	[redacted]20[redacted] / 287	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 342	[redacted]20[redacted] / 342	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 398	[redacted]20[redacted] / 398	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 461	[redacted]20[redacted] / 461	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 510	[redacted]20[redacted] / 510	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
DEXPANTHENOL	1 OTHER: PORTION	PRN	Y-M: 20[redacted] / 13
LOPERAMIDE	1 OTHER: TABLET	PRN	Y-M: 20[redacted] / 34

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
DEXPANTHENOL	1 OTHER: PORTION	PRN	Y-M: 20[redacted] / 13	NOT REPORTED
DEXPANTHENOL	1 OTHER: PORTION	PRN	Y-M: 20[redacted] / 13	ONGOING
LOPERAMIDE	1 OTHER: TABLET	PRN	Y-M: 20[redacted] / 34	ONGOING
DEXPANTHENOL	1 OTHER: PORTION	PRN	Y-M: 20[redacted] / 213	ONGOING
TETANUS VACCINE	1 OTHER: INJECTION	OTHER: ONCE	Y-M: 20[redacted] / 452	Y-M: 20[redacted] / 452

Event #1: Serious Adverse Event

Event Description	INFLAMMATION OF WOUND RIGHT MIDDLE FINGER
Preferred Term	創部炎症
AE Onset Date / Rx Day	[redacted]20[redacted] / 453
Age at AE Onset	4[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

[redacted]20[redacted] (Rx Day 453): BLOOD UNKNOWN: Positive-PASTEURELLA MULTICODA

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 453): LAVAGE OF BITE WOUND:NON IRRITATED DRY WOUND

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	CAT BITE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，右中指の創部炎症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，喫煙者（1 日 20 本を 27 年間）及び非飲酒者であった。

投与 453 日後，被験者は右中指の創部炎症を発現した。

入院前の投与 452 日後，被験者の猫が被験者の右中指を噛んだ（非重篤）。投与 453 日後，被験者は，右中指の咬刺傷の炎症のため入院した。徴候・症状には中指の発赤などがあった。咬刺傷の関節洗浄が行われた。投与 456 日後，被験者は退院した。

投与された薬剤は，Unacid 及びアモキシシリンであった。

The patient's past medications include:

AZATHIOPRIN for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Inflammation of wound (10054923) (Inflammation of wound (10054923)) [v.23.1] [10054923]

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 WOUND RIGHT MIDDLE FINGER

- Investigator: Cat bite

- AbbVie: Event more likely related to cat bite of right middle finger one day prior to event onset.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] BLOOD CULTURE:** Positive for Pasteurella multicoda

[redacted] 20[redacted] WEIGHT: 7[redacted] KG

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
便秘	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	3[redacted]	MALE	WHITE

Medical History	Onset Year
EYE DISEASE/DISORDER: IRITIS	NOT REPORTED
OTHER: IRITIS	NOT REPORTED
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	1 CIGARETTE	8	
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)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 63	[redacted]20[redacted] / 63	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 63	[redacted]20[redacted] / 63	1

M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 120	[redacted]20[redacted] / 120	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 182	[redacted]20[redacted] / 182	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 238	[redacted]20[redacted] / 238	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 292	[redacted]20[redacted] / 292	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 348	[redacted]20[redacted] / 348	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 404	[redacted]20[redacted] / 404	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 456	[redacted]20[redacted] / 456	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 512	[redacted]20[redacted] / 512	1

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
METAMIZOLE	2,5 g	OTHER: ACUTE PAIN THERAPY	Y-M: 20[redacted]-[redacted] / 356	Y-M: 20[redacted]-[redacted] / 356
METAMIZOLE	500 mg	PRN	Y-M: 20[redacted]-[redacted] / 356	Y-M: 20[redacted]-[redacted] / 362
METRONIDAZOLE	400 mg	TID	Y-M: 20[redacted]-[redacted] / 356	Y-M: 20[redacted]-[redacted] / 369

Event #1: Serious Adverse Event

Event Description CONSTIPATION
Preferred Term 便秘
AE Onset Date / Rx Day [redacted]20[redacted] / 356
Age at AE Onset 3[redacted]
Laboratory Testing
[redacted]20[redacted] (Rx Day 356): C Reactive Protein: 9.5 [0 - 5] MG/L
Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 356): ABDOMINAL ULTRASOUND:NORMAL RESULTS; [redacted]20[redacted] (Rx Day 357): COLONIC LAVAGE IN COURSE OF ORAL CT-SCAN CONTRAST:REMISSION OF INITIAL SYMPTOMS; CT SCAN:INFLAMMATIONS IN PROJECTION TO THE TERMINAL ILEUM, NOCH ABSCESS OR OTHER COMPLICATION

AE Stopped Rx Day	358
Duration of AE	3 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ACUTE CONSTIPATION AND KNOWN STENOSIS AT TERMINAL ILEUM
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ドイツ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，便秘の事象を発現した。

Event 1 の臨床経過：
関連する病歴は，クローン病，虹彩炎，喫煙者（1 日 1 本を 8 年間）及び非飲酒者であった。

投与 356 日後，被験者は便秘を発現した。投与 442 日後，便秘は消失した。

投与 356 日後，被験者は右下腹部に急性疼痛があり，1 日排便がなかったため，入院した。腹部の超音波検査及び CT スキャン検査が行われた。投与 441 日後，CT スキャン造影剤の経口投与の過程で結腸洗浄が行われ，初期症状が軽減した。投与 442 日後，被験者は退院した。
治験責任医師によると，被験者は回腸末端部の狭窄のリスク因子があった。

投与された薬剤は，メトロニダゾール，Novalgin 及び Novaminsulfon であった。

Causality for RISANKIZUMAB (Blinded)

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1) Constipation (10010774) (Constipation (10010774)) [v.24.0] [10010774]

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 CONSTIPATION

- Investigator: Acute constipation and known stenosis at terminal ileum

- AbbVie: Event is more likely related to stenosis of the terminal ileum caused by pre-existing crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] C-REACTIVE PROTEIN:** 9.50 MG/L (normal 0.0 to 5.0)

[redacted] **20[redacted] CT SCAN:** INFLAMMATIONS IN PROJECTION TO THE TERMINAL ILEUM, NOCH ABSCESS OR OTHER COMPLICATION

[redacted] **20[redacted] ULTRASOUND:** THICKEND TERM. ILEUM, POSSIBLE SUBILEUS, NO FREE LIQUID, NO SIGNS OF ABSCESS

[redacted] 20[redacted] WEIGHT: 10[redacted] KG

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
虫垂炎	X			X
クローン病	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	2[redacted]	FEMALE	WHITE

Medical History	Onset Year
PANCREATITIS: PANCREATITIS SECONDARY TO PENTASA, AZATHIOPRINE AND 6-MP.	NOT REPORTED
ANEMIA: LOW HAEMAGLOBIN INTERMITTENTLY	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: VAGINAL THRUSH	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	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	2 - 4 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 26	[redacted]20[redacted] / 26	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 99	[redacted]20[redacted] / 99	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 155	[redacted]20[redacted] / 155	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 211 211	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 218 218	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 267 267	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 323 323	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 379 379	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 400 400	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 20[redacted] / 428 428	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ADALIMUMAB	160 mg	OTHER: ONCE ONLY	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE ONLY	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
INFLIXIMAB	300 mg	OTHER: 2 WEEKLY, THEN MONTHLY	Y-M: 20[redacted]
LEVONORGESTREL	14 ug	OTHER: PER 24 HRS	Y-M: 20[redacted]
ETROLIZUMAB	105 mg	QM	Y-M: 20[redacted]
FISH OIL	2 OTHER: CAPSULES	QD	Y-M: 20[redacted] / -111
PROBIOTICS	2 OTHER: CAPSULES	QD	Y-M: 20[redacted] / -111
PREDNISONE	12.5 mg	QD	Y-M: 20[redacted] / -106
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 5
MOVICOL	13.8 g	QD	Y-M: 20[redacted] / 91
AUGMENTIN	625 mg	TID	Y-M: 20[redacted] / 94

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
LEVONORGESTREL	14 ug	OTHER: PER 24 HRS	Y-M: 20[redacted]	ONGOING
FISH OIL	2 OTHER: CAPSULES	QD	Y-M: 20[redacted] / -111	Y-M: 20[redacted] / 287
COLECALCIFEROL	1.25 mg	OTHER: MONTHLY	Y-M: 20[redacted] / 120	ONGOING
IRON	1000 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 154	Y-M: 20[redacted] / 154
DROPERIDOL	0.6 + 2.5 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160

FENTANYL	250 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
MORPHINE	2.5 mg	PRN	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
MORPHINE	7.5 mg	OTHER: STAT	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
PROPOFOL	150 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
ROBINUL-NEOSTIGMINE	2.5 mg	PRN	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
ROCURONIUM	20 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
SUXAMETHONIUM	100 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 162
TRAMADOL	100 mg	PRN	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 162
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 163
PARACETAMOL	1 g	PRN	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 163
CODEINE	30 - 60 mg	PRN	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 161
AMCAL SENNA-COL LAXATIVE	2 OTHER: TABLETS	PRN	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 163
CYCLIZINE	25 mg	PRN	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 163
MORPHINE	10 mg	PRN	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 163
RANITIDINE	20 mL	OTHER: ONCE ONLY	Y-M: 20[redacted] / 162	Y-M: 20[redacted] / 162
POTASSIUM	1200 mg	BID	Y-M: 20[redacted] / 163	Y-M: 20[redacted] / 166
OMEPRAZOLE	20 mg	PRN	Y-M: 20[redacted] / 163	Y-M: 20[redacted] / 195
FISH OIL	1 OTHER: CAPSULE	BID	Y-M: 20[redacted] / 257	ONGOING
LORATADINE	10 mg	PRN	Y-M: 20[redacted] / 318	ONGOING
BUPIVACAINE	1.5 mL	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
CYCLIZINE	12.5 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
DEXAMETHASONE	4 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
FENTANYL	20 ug	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511

FENTANYL	520 ug	OTHER: INCREMENTAL	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
MIDAZOLAM	2 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
MORPHINE	150 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
PARECOXIB	40 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
PHENYLEPHRINE	12 mL	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
PROPOFOL	15 ug	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
ROCURONIUM	50 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
TRAMADOL	100 mg	OTHER: ONCE ONLY	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 511
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 512
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 517
PARACETAMOL	1 g	QID	Y-M: 20[redacted] / 511	Y-M: 20[redacted] / 517

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

Event Description	APPENDICITIS
Preferred Term	虫垂炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 160
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 160): C Reactive Protein: 8 [0 - 5] MG/L; Ery. Mean Corpuscular Hemoglobin: 25 [27 - 33] PG; Hematocrit: 0.29 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 89 [115 - 155] G/L; Leukocytes: 20.9 [4 - 11] 10^9/L; Monocytes: 1.8 [0.2 - 1] 10^9/L; NPTST340-META/MYELOCYTES: 0.25 [0 - 0.06] 10^9/L; NPTST537-UREA: 2.3 [3.2 - 7.7] MMOL/L; Neutrophils: 15.8 [1.9 - 7.5] 10^9/L; Platelets: 626 [150 - 400] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 160): APPENDECTOMY:APPENDIX REMOVED; CHEST XRAY:NO ABNORMALITIES DETECTED; CT ABDOMEN:APPENDIX APPEARS INFLAMED WITH LOCALISED PERIAPPENDICEAL STRANDING AND APPEARANCES ARE MOST IN KEEPING WITH ACUTE APPENDICITIS

AE Stopped Rx Day	163
Duration of AE	4 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INFLAMED APPENDIX

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

Event #2: Serious Adverse Event

Event Description	WORSENING CROHN'S DISEASE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 501 (73 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 511): NPTST160-CRP: 54 [0 - 5] MG/L; [redacted]20[redacted] (Rx Day 512): Hematocrit: 0.24 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 79 [115 - 155] G/L; Leukocytes: 21.1 [4 - 11] 10^9/L; Monocytes: 1.5 [0.2 - 1] 10^9/L; NPTST214-EST GFR: 122 [80 - 120] ML/MIN/1.73M2; NPTST340-META/MYELOCYTES: 0.11 [0 - 0.06] 10^9/L; Neutrophils: 18.4 [1.9 - 7.5] 10^9/L; Platelets: 515 [150 - 400] 10^9/L; [redacted]20[redacted] (Rx Day 513): Hematocrit: 0.24 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 76 [115 - 155] G/L; Leukocytes: 13.1 [4 - 11] 10^9/L; Monocytes: 1.3 [0.2 - 1] 10^9/L; NPTST160-CRP: 42 [0 - 5] MG/L; NPTST214-EST GFR: 121 [80 - 120] ML/MIN/1.73M2; NPTST340-META/MYELOCYTES: 0.09 [0 - 0.06] 10^9/L; Neutrophils: 9.9 [1.9 - 7.5] 10^9/L; Platelets: 528 [150 - 400] 10^9/L; [redacted]20[redacted] (Rx Day 514): Erythrocytes: <10 [0 - 10] X10(6)/L; Hematocrit: 0.26 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 84 [115 - 155] G/L; Leukocytes: <10 [0 - 10] X10(6)/L; Leukocytes: 18.6 [4 - 11] 10^9/L; Monocytes: 1.7 [0.2 - 1] 10^9/L; NPTST214-EST GFR: 123 [80 - 120] ML/MIN/1.73M2; NPTST340-META/MYELOCYTES: 0.17 [0 - 0.06] 10^9/L; NPTST380-NUCLEATED RBC: 0.04 [0 - 0] 10^9/L; Neutrophils: 15.1 [1.9 - 7.5] 10^9/L; Platelets: 538 [150 - 400] 10^9/L; Potassium: 3.1 [3.5 - 5.2] MMOL/L; [redacted]20[redacted] (Rx Day 515): C Reactive Protein: 90 [0 - 5] MG/L; Hematocrit: 0.25 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 84 [115 - 155] G/L; Leukocytes: 12.3 [4 - 11] 10^9/L; Lymphocytes: 0.48 [1 - 4] 10^9/L; Monocytes: 1.3 [0.2 - 1] 10^9/L; NPTST214-EST GFR: 127 [80 - 120] ML/MIN/1.73M2; NPTST340-META/MYELOCYTES: 0.25 [0 - 0.6] 10^9/L; NPTST382-NUCLEATED RBC'S: 0.25 [0 - 0] 10^9/L; NPTST425-PHOSPHATE: 0.3 [0.8 - 1.5] MMOL/L; Neutrophils: 9.7 [1.9 - 7.5] 10^9/L; Platelets: 553 [150 - 400] 10^9/L; Potassium: 3.4 [3.5 - 5.2] MMOL/L; [redacted]20[redacted] (Rx Day 516): Albumin: 22 [32 - 48] G/L; C Reactive Protein: 63 [0 - 5] MG/L; Eosinophils: 1.6 [0 - 0.5] 10^9/L; Hematocrit: 0.25 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 81 [115 - 155] G/L; Leukocytes: 10.9 [4 - 11] 10^9/L; Monocytes: 1.5 [0.2 - 1] 10^9/L; NPTST214-EST GFR: 124 [80 - 120] ML/MIN/1.73M2; NPTST214-EST GFR: 125 [80 - 120] ML/MIN/1.73M2; NPTST340-META/MYELOCYTES: 0.21 [0 - 0.06] 10^9/L; NPTST382-NUCLEATED RBC'S: 0.24 [0 - 0] 10^9/L; NPTST425-PHOSPHATE: 0.4 [0.8 - 1.5] MMOL/L; NPTST425-PHOSPHATE: 0.5 [0.8 - 1.5] MMOL/L; NPTST537-UREA: 1.5 [3.2 - 7.7] MMOL/L; Platelets: 536 [150 - 400] 10^9/L; [redacted]20[redacted] (Rx Day 517): Albumin: 28 [32 - 48] G/L; C Reactive Protein: 32 [0 - 5] MG/L; Eosinophils: 1.1 [0 - 0.5] 10^9/L; Hematocrit: 0.29 [0.35 - 0.46] FRACTION OF 1; Hemoglobin: 92 [115 - 155] G/L; Leukocytes: 11 [4 - 11] 10^9/L; Monocytes: 1.9 [0.2 - 1] 10^9/L; NPTST214-EST GFR: 124 [80 - 120] ML/MIN/1.73M2; NPTST340-META/MYELOCYTES: 0.17 [0 - 0.06] 10^9/L; NPTST382-NUCLEATED RBC'S: 0.19 [0 - 0] 10^9/L; NPTST537-UREA: 0.7 [3.2 - 7.7] MMOL/L; Platelets: 644 [150 - 400] 10^9/L; Potassium: 3.1 [3.5 - 5.2] MMOL/L

Microbiology

[redacted]20[redacted] (Rx Day 511): OTHER TISSUE HISTOLOGY: -LARGE BOWEL 430 MM, COLONIC MUCOSA IS DIFFUSELY RAGGED, HAEMORRHAGIC AND ULCERATED. BOWEL WALL IS THICKENED UP TO 11MM.; OTHER TISSUE HISTOLOGY: -THE TI SHOWS ACTIVE CHRONIC ILEITIS, MODERATE DISTORTION OF VILLOUS ARCHITECTURE AND IRREGULAR BRANCHING OF CRYPTS. CRYPTITIS & CRYPTS ABSCESS FORMATION IS PRESENT. MODERATE INCREASE IN LAMINA PROPRIA; OTHER TISSUE HISTOLOGY: -TERMINAL ILEUM 30MM, THE ILEAL MUCOSA IS ROUGHENED WITH SOME EROSIONS.; OTHER TISSUE HISTOLOGY: -MICROSCOPIC: THE SAMPLED COLON SHOWS A SEVERE ACTIVE CHRONIC PANCOLITIS. CRYPTS ARE SEVERELY

DISTORTED WITH AREAS OF EROSION AND ULCER. THERE IS HEAVY ACTIVE CHRONIC INFLAMMATION.

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 511): LAPAROSCOPIC COLECTOMY WITH ILEOSTOMY:MODERATE ACTIVE CHRONIC ILEITIS, SEVERE ACTIVE CHRONIC DISEASE

AE Stopped Rx Day	511 (83 DAYS AFTER LAST TREATMENT)
Duration of AE	11 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN'S DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ニュージーランド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，虫垂炎の事象を発現した。

Event 1 の臨床経過：

投与 160 日後，被験者は虫垂炎を発現した。投与 163 日後，虫垂炎は消失した。

投与 160 日後，被験者は 10 段階評価で 10 の腹痛を発現した。同日，被験者は悪心，嘔吐及び腹部全体の圧痛のため入院した。圧痛は上腹部の方が顕著であった。同日，腹腔鏡下虫垂切除が行われた。投与 163 日後，被験者は退院した。

投与された薬剤は，デキサメタゾン，トラマドール，オンダンセトロン，ブスコパン，ドロペリドール，docusate sodium，コデインリン酸塩，メトロニダゾール，セフロキシム，prednisone 及びモルヒネであった。

The patient's past medications include:

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

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

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

Causality for RISANKIZUMAB (Blinded)

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

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of APPENDICITIS

- Investigator: inflamed appendix

- AbbVie: Event is a common complication in the general population and is seen in up to 1 in10 individuals over a lifetime.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMEN CT:** APPENDIX APPEARS INFLAMED WITH LOCALISED PERIAPPENDICEAL STRANDING AND APPEARANCES ARE MOST IN KEEPING WITH ACUTE APPENDICITIS.

[redacted] **20[redacted] CRP:** 8 MG/L (normal 0 to 5)

[redacted] **20[redacted] CXR:** NO ABNORMALITIES DETECTED.

[redacted] **20[redacted] HEMOGLOBIN:** 89 G/L (normal 115 to 155)

[redacted] **20[redacted] MONOCYTES:** 1.8 X10**9/L (normal 0.2 to 1.0)

[redacted] **20[redacted] MYELOCYTES:** 0.25 X10**9/L (normal 0.0 to 0.06)

[redacted] **20[redacted] NEUTROPHIL:** 15.8 X10**9/L (normal 1.9 to 7.5)

[redacted] **20[redacted] PLATELET COUNT:** 626 X10**9/L (normal 150 to 400)

[redacted] **20[redacted] WBC:** 20.9 X10**9/L (normal 4.0 to 11.0)

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

ニュージーランド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及びリサンキズマブが投与され，クローン病増悪の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，間欠性ヘモグロビン低値，クローン病，非喫煙者及び飲酒者（1 日 2～4 杯）であった。

被験者は，20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日まで盲検化された治験薬が投与され，20[redacted] 年 [redacted] 月 [redacted] 日及び 20[redacted] 年 [redacted] 月 [redacted] 日，非盲検化されたリサンキズマブによるレスキュー治療を受けた。

本事象発現前に治験薬の投与は中止された。

投与 501 日後，被験者はクローン病増悪を発現した。投与 511 日後，クローン病増悪は消失した。

被験者は時折血液が混じるゆるい便が 1 日に複数回あり，これに伴って痙攣性腹痛もあった。被験者の体重は投与開始の約 1 年後の 5[redacted] kg から約 2 年後には約 5[redacted] kg に減少した。投与 511 日後，被験者は治療抵抗性の汎大腸炎に対する選択的腹腔鏡下結腸切除及び回腸瘻造設のため入院した。結腸部分切除が行われ，クローン病と一致する活動性の慢性回腸炎及び大腸炎が認められた。診断検査も行われた。術後，ストーマはよく機能していた。ヘモグロビン低値に対して鉄剤が点滴投与された。抗生物質の静脈内投与が行われた。投与 517 日後，被験者は退院し，自宅療養となった。

投与された薬剤は，フェンタニル，プロポフォール，ロクロニウム，フェニレフリン，paracetamol，ミダゾラム，parecoxib 及び Marcaine であった。

The patient's past medications include:

ADALIMUB for CROHN'S DISEASE ([redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted])

ETROLIZUMAB for CROHN'S DISEASE ([redacted])

PREDNISONE for CROHN'S DISEASE and VIRAL GASTROENTERITIS ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Crohn's disease aggravated (10011403) (Crohn's disease (10011401)) [v.23.0] [10011403]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Crohn's disease aggravated (10011403) (Crohn's disease (10011401)) [v.23.0] [10011403]

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 CROHN'S DISEASE

- **Investigator:** Crohn's Disease

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of WORSENING CROHN'S DISEASE

- Investigator: Crohn's Disease

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

Relevant Laboratory & Other Diagnostic Tests----------

[redacted] 20[redacted] BODY WEIGHT: 5[redacted] KG

[redacted] **20[redacted] CRP:** 54 MG/L (normal 0 to 5)

[redacted] **20[redacted] CRP:** 90 MG/L (normal <5)

[redacted] **20[redacted] CRP:** 32 MG/L (normal <5)

[redacted] **20[redacted] EST GFR:** 122 \mL/min/1.73m2 (normal 80 to 120)

[redacted] **20[redacted] EST GFR:** 127 \mL/min/1.73m2 (normal 80 to 120)

[redacted] **20[redacted] EST GFR:** 124 \mL/min/1.73m2 (normal 80 to 120)

[redacted] **20[redacted] HEMATOCRIT:** 0.24 fraction of 1 (normal 0.35 to 0.46)

[redacted] **20[redacted] HEMATOCRIT:** 0.29 fraction of 1 (normal 0.35 to 0.46)

[redacted] **20[redacted] HEMATOCRIT:** 0.25 fraction of 1 (normal 0.35 to 0.46)

[redacted] **20[redacted] HEMOGLOBIN:** 79 G/DL (normal 115 to 155)

[redacted] **20[redacted] HEMOGLOBIN:** 84 G/DL (normal 115 to 155)

[redacted] **20[redacted] HEMOGLOBIN:** 92 G/DL (normal 115 to 155)

[redacted] **20[redacted] META/MYELOCYTES:** 0.11 X10**9/L (normal 0.0 to 0.06)

[redacted] **20[redacted] META/MYELOCYTES:** 0.25 X10**9/L (normal 0.0 to 0.06)

[redacted] **20[redacted] META/MYELOCYTES:** 0.17 X10**9/L (normal 0.0 to 0.06)

[redacted] **20[redacted] MONOCYTES ABS:** 1.5 X10**9/L (normal 0.2 to1.0)

[redacted] **20[redacted] MONOCYTES ABS:** 1.3 X10**9/L (normal 0.2 to 1.0)

[redacted] **20[redacted] MONOCYTES ABS:** 1.9 X10**9/L (normal 0.2 to 1.0)

[redacted] **20[redacted] NEUTROPHILS ABS:** 18.4 X10**9/L (normal 1.9 to 7.5)

[redacted] **20[redacted] NEUTROPHILS ABS:** 9.7 X10**9/L (normal 1.9 to 7.5)

[redacted] **20[redacted] NUCLEATED RBC:** 0.04 X10**9/L (normal 0 to 0)

[redacted] **20[redacted] NUCLEATED RBC:** 0.25 X10**9/L (normal 0 to 0)

[redacted] **20[redacted] NUCLEATED RBC:** 0.19 X10**9/L (normal 0 to 0)

[redacted] **20[redacted] PLATELET COUNT:** 515 X10**9/L (normal 150 to 400)

[redacted] **20[redacted] PLATELET COUNT:** 553 X10**9/L (normal 150 to 400)

[redacted] **20[redacted] PLATELET COUNT:** 644 X10**9/L (normal 150 to 400)

[redacted] **20[redacted] POTASSIUM:** 3.1 MMOL/L (normal 3.5 to 5.2)

[redacted] **20[redacted] POTASSIUM:** 3.4 MMOL/L (normal 3.5 to 5.2)

[redacted] **20[redacted] POTASSIUM:** 3.1 MMOL/L (normal 3.5 to 5.2)

[redacted] **20[redacted] TISSUE HISTOLOGY:** Macroscopic: large bowel 430 mm terminal ileum 30mm. Serosal surface smooth. Ileal mucosa roughened with erosions. Colonic mucosa diffusely ragged, haemorrhagic, ulcerated. Bowel wall thickened to 11 mm. Microscopic: terminal ileum: established active chronic ileitis, moderate distortion of villous architecture, irregular crypt branching. Widespread cryptitis and crypt abscess formation. Moderate increase in lamina propria chronic inflammatory cells. Inflammation mucosal based, occasional deeper lymphoid aggregates, foci of transmural inflammation. Sampled colon: severe active chronic pancolitis. Distorted crypts with areas of erosion and ulcer. Heavy active chronic inflammation including prominent submucosal lymphoid aggregates. Foci of deep ulceration, transmural inflammation .

[redacted] **20[redacted] UREA:** 1.5 MMOL/L (normal 3.2 to 7.7)

[redacted] **20[redacted] UREA:** 0.7 MMOL/L (normal 3.2 to 7.7)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 21.1 X10**9/L (normal 4.0 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 12.3 X10**9/L (normal 4.0 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 11.0 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
クローン病	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	5[redacted]	FEMALE	WHITE

Medical History	Onset Year
ANEMIA: [redacted]20[redacted] SCHEDULED BLOOD TRANSFUSION, BECAUSE SUBJECT DOES NOT TOLERATE ORAL AND INTRAVENOUS IRON REPLACEMENT THERAPY	20[redacted]
CLOTTING/BLEEDING PROBLEMS: DEEP VENOUS THROMBOSIS	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: LEIOMYOMA OF UTERUS	20[redacted]
NEPHROLITHIASIS	20[redacted]
OTHER: OSTEOPOROSIS	20[redacted]
OTHER: MENOPAUSE	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): HAEMANGIOM	20[redacted]
OTHER: POLYP OF TRANSVERSE COLON, REMOVED [redacted]20[redacted] (DURING SCREENING ILEOCOLONOSCOPY)	20[redacted]
OTHER: RHINOVIRUS BRONCHITIS	20[redacted]
INFLAMMATORY BOWEL DISEASE: ABDOMINALL MASS (QUESTIONABLE)	20[redacted]

Prior Procedures	Procedure Year
SURGERY: LAPAROSCOPIC CHOLECYSTECTOMY	NOT REPORTED
CROHN'S DISEASE HISTORY: COLONOSCOPY	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 DRINKS

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 31	[redacted]20[redacted] / 31	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
M16006 /RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 115	[redacted]20[redacted] / 115	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
M16006 /RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 175	[redacted]20[redacted] / 175	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 175	[redacted]20[redacted] / 175	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 226	[redacted]20[redacted] / 226	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 226	[redacted]20[redacted] / 226	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 283	[redacted]20[redacted] / 283	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 283	[redacted]20[redacted] / 283	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 339	[redacted]20[redacted] / 339	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 339	[redacted]20[redacted] / 339	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 346	[redacted]20[redacted] / 346	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 395	[redacted]20[redacted] / 395	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 451	[redacted]20[redacted] / 451	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 513	[redacted]20[redacted] / 513	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	2 g	BID	Y-M: 20[redacted]
RIVAROXABAN	20 mg	QD	Y-M: 20[redacted]
ZOLEDRONIC ACID	5 mg	OTHER: ONCE A YEAR	Y-M: 20[redacted]
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -174
METHYLPREDNISOLONE	12 mg	QD	Y-M: 20[redacted] / -82
ENALAPRIL	2.5 mg	QD	Y-M: 20[redacted] / 85
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 103
CALCIGRAN	500/200 mg	BID	Y-M: 20[redacted] / 116

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
RIVAROXABAN	20 mg	QD	Y-M: 20[redacted]	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / -174	Y-M: 20[redacted] / 339
ENALAPRIL	2.5 mg	QD	Y-M: 20[redacted] / 85	ONGOING
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 103	ONGOING
CALCIGRAN	500/200 mg	BID	Y-M: 20[redacted] / 116	ONGOING
FOLIC ACID	5 mg	QD	Y-M: 20[redacted] / 203	NOT REPORTED
ATORVASTATIN	20 mg	QD	Y-M: 20[redacted] / 315	NOT REPORTED
CYANOCOBALAMIN	1000 mg	QD	Y-M: 20[redacted] / 340	Y-M: 20[redacted] / 340
METOCLOPRAMIDE	10 mg	PRN	Y-M: 20[redacted] / 340	Y-M: 20[redacted] / 340
ESOMEPRAZOLE	80 mg	QD	Y-M: 20[redacted] / 340	Y-M: 20[redacted] / 342
PARACETAMOL	1.0 g	TID	Y-M: 20[redacted] / 340	Y-M: 20[redacted] / 342
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 343	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	CROHNS DISEASE EXACERBACION
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 339
Age at AE Onset	5[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 335): NPTST500-SOLUBLE TRANSFERRIN RECEPTOR: 8.4 [1.8 - 4.6] MG/L; [redacted]20[redacted] (Rx Day 339): Alanine Aminotransferase: 8 [0 - 32] U/L; Albumin: 40 [35 - 52] G/L; Alkaline Phosphatase: 66 [35 - 104] U/L; Aspartate Aminotransferase: 12 [0 - 33] U/L; Bilirubin: 4 [0 - 21] UMOL/L; Calcium: 2.23 [2.2 - 2.5] MMOL/L; Creatinine: 60 [59 - 104] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 25.1 [28 - 33] PG; Ery. Mean Corpuscular Volume: 82.4 [82 - 95] FL; Glucose: 4.9 [4.1 - 5.9] MMOL/L; Hematocrit: 0.35 [0.37 - 0.45] FRACTION OF 1; Hemoglobin: 107 [121 - 150] G/L; Leukocytes: 11.4 [4.1 - 9.7] 10^9/L; NPTST126-CMV DNA: 393 [NOT REPORTED - NOT REPORTED] COPIES/ML; NPTST128-CMV IGG: POS [NOT REPORTED - NOT REPORTED] IU/M; NPTST129-CMV IGM: NEG [NOT REPORTED - NOT REPORTED] COI NEG; NPTST191-E-GFR: 98 [90 - NOT REPORTED] ML/MIN; NPTST224-FERRITIN: 20 [15 - 150] NG/ML; NPTST228-FOLIC ACID: 72.1 [8.8 - 60.8] NMOL/L; NPTST237-GAMMA GLUTAMYL TRANSFERASE: 40 [0 - 40] U/L; NPTST427-PHOSPHORUS: 0.81 [0.81 - 1.45] MMOL/L; NPTST528-TRANSFERRIN: 3.2 [2 - 3.6] G/L; NPTST529-TRANSFERRIN SATURATION: 6.6 [15 - 45] %; NPTST537-UREA: 4.8 [2.8 - 8.1] MMOL/L; NPTST556-VITAMIN B12: 302 [145 - 569] PMOL/L; NPTST559-VITAMIN D (25-OH): 139 [75 - NOT REPORTED] NMOL/L; Platelets: 481 [157 - 372] 10^9/L; Potassium: 3.8 [3.4 - 4.8] MMOL/L; Prothrombin Intl. Normalized Ratio: 0.91 [0.8 - 1.2] RATIO; Sodium: 142 [136 - 145] MMOL/L; Specific Gravity: NEG [20 - 20] mm/h; Thyrotropin: 1.75 [0.27 - 4.2] MIU/L; [redacted]20[redacted] (Rx Day 342): Hemoglobin: 93 [121 - 150] G/L; Leukocytes: 14.8 [4.1 - 9.7] 10^9/L; [redacted]20[redacted] (Rx Day 344): Hematocrit: 0.3 [0.37 - 0.45] FRACTION OF 1; Leukocytes: 13.4 [4.1 - 9.7] 10^9/L

Microbiology
[redacted]20[redacted] (Rx Day 339): STOOL STOOL CULTURE: Negative-NO FOUND: YERSINIA, SALMONELLA, SHIGELLA, E.COLI (ENTEROPATOG), CAMPYLOBACTER JE); [redacted]20[redacted] (Rx Day 345): OTHER RECTUM MUCOSA HISTOPATOLOGY: Negative-NOT FOUND CMV INCLUSIONS, BUT RECTUM MUCOSA WAS NORMAL

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 345): RECTOSCOPY:NORMAL

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	PROGRESSION OF UNDERLYING DISEASE, MEDROL TAPERING
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

エストニ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，クローン病増悪の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，肝炎以外の肝疾患（血管腫），横行結腸のポリープ（20[redacted]年[redacted]月[redacted]日，スクリーニング回腸結腸内視鏡検査中に切除），腹部腫瘤，非喫煙者及び元飲酒者（1日2杯未満）であった。

投与339日後，被験者はクローン病増悪を発現した。

投与339日後，被験者は排便回数の増加，腹部膨満感，悪心，腹部仙痛及び血便があり，クローン病増悪のため入院した。血圧は144/77 mmHg，脈拍は105 bpmであった。腹部は柔らかかったが，中腹部に疼痛があった。メドロールの増量が必要で，最初の数日は静脈内投与された。投与347日後，被験者は全身状態が良好で退院した。

投与された薬剤は，ネキシウム，paracetamol及びCerucalであった。

The patient's past medications include:

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

Causality for RISANKIZUMAB (Blinded)

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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 CROHNS DISEASE EXACERBATION

- Investigator: Progression of underlying disease, Medrol tapering

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BLOOD PRESSURE: . 144/77 mmHg

[redacted] 20[redacted] CMV IGG: Positive

[redacted] 20[redacted] CMV IGM: Negative

[redacted] 20[redacted] CMV, DNA: 393 Copies/ML

[redacted] **20[redacted] CREATININE:** 60 umol/l (normal 59 to 104)

[redacted] **20[redacted] GLUCOSE:** 4.9 MMOL/L (normal 4.1 to 5.9)

[redacted] **20[redacted] HCT:** 30.1 % (normal 37 to 45)

[redacted] **20[redacted] HEMOGLOBIN:** 107 G/L (normal 121 to 150)

[redacted] **20[redacted] HISTOPATHOLOGY:** Negative; no findings: CMV inclusions but rectal mucosa was normal

[redacted] 20[redacted] INTERNATIONAL NORMALIZED RATIO: 0.91 no units (normal 0.8 to 1.2)

[redacted] 20[redacted] PULSE: 105 /min

[redacted] 20[redacted] RECTOSCOPY: Normal

[redacted] 20[redacted] SPECIFIC GRAVITY: Negative (20-20 mm/h)

[redacted] **20[redacted] STOOL CULTURE:** Negative; no findings Yersinia, Salmonella, Shigella, E-Coli, Campylobacter

[redacted] **20[redacted] WBC:** 11.43 X10**9/L (normal 4.1 to 9.7)

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
大腸閉塞	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	3[redacted]	MALE	ASIAN

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: ANAL FISTULA	20
OTHER: IRRITANT CONTACT DERMATITIS(ANUS)	20
PANCREATITIS: DRUG-INDUCED PANCREATITIS	20
OTHER: PERIPHERAL NEUROPATHY	20
ANEMIA: IRON DEFICIENCY ANEMIA	20
OTHER: HYPERKALEMIA	20
OTHER: INSOMNIA	20
DEPRESSION: DEPRESSIRE SYMPTOMS	20

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	40 CIGARETTE	3	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1

M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 85	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 85	1
M16006 /RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 85	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 106	[redacted]20[redacted] / 106	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
M16006 /RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 141	[redacted]20[redacted] / 141	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 170	[redacted]20[redacted] / 170	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 170	[redacted]20[redacted] / 170	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 226	[redacted]20[redacted] / 226	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 226	[redacted]20[redacted] / 226	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 275	[redacted]20[redacted] / 275	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 275	[redacted]20[redacted] / 275	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 331	[redacted]20[redacted] / 331	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 331	[redacted]20[redacted] / 331	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 394	[redacted]20[redacted] / 394	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 394	[redacted]20[redacted] / 394	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 443	[redacted]20[redacted] / 443	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 443	[redacted]20[redacted] / 443	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 499	[redacted]20[redacted] / 499	1

RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 499	[redacted]20[redacted] / 499	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	TID	Y-M: 20[redacted] / -76
MERCAPTOPURINE	50 mg	QD	Y-M: 20[redacted] / -58
SUVOREXANT	20 mg	QD	Y-M: 20[redacted] / -45
MIRTAZAPINE	30 mg	QD	Y-M: 20[redacted] / 93

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
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	TID	Y-M: 20[redacted] / -76	Y-M: 20[redacted] / 505
SUVOREXANT	20 mg	QD	Y-M: 20[redacted] / -45	NOT REPORTED
MIRTAZAPINE	22.5 mg	QD	Y-M: 20[redacted] / 395	Y-M: 20[redacted] / 505
GASTROGRAFIN	100 mL	QD	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
IOHEXOL	150 mL	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
LIDOCAINE	20 mL	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
NALOXONE	0.2 mg	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
OXYGEN	2 L	QD	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
PARACETAMOL	1000 mg	QD	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
PETHIDINE	70 mg	QD	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
RINGER-LACTATE	1500 mL	QD	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
MAGNESIUM OXIDE	250 mg	TID	Y-M: 20[redacted] / 507	NOT REPORTED
OSMOSAL	500 mL	BID	Y-M: 20[redacted] / 507	Y-M: 20[redacted] / 507
RINGER-LACTATE	500 mL	QD	Y-M: 20[redacted] / 507	Y-M: 20[redacted] / 507
OSMOSAL	500 mL	QD	Y-M: 20[redacted] / 508	Y-M: 20[redacted] / 508

AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	TID	Y-M: 20[redacted] / 513	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	COLONIC OBSTRUCTION
Preferred Term	大腸閉塞
AE Onset Date / Rx Day	[redacted]20[redacted] / 506 (7 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 506): ABDOMINAL X-RAY:COLONIC OBSTRUCTION; CONTRAST ENHANCED CT:COLONIC OBSTRUCTION; CRUSH AND ASPIRATE THE STOOLS BY COLONOSCOPY:STOOLS WERE REMOVED; [redacted]20[redacted] (Rx Day 507): ABDOMINAL X-RAY:THE GAS HAS ACCUMULATED IN THE RIGHT COLON.; [redacted]20[redacted] (Rx Day 508): ABDOMINAL X-RAY:THE RIGHT COLON WAS STILL SLIGHTLY DILATED BUT IMPROVED COMPARED WITH THAT ON [redacted]20[redacted]. FECAL RETENTION IN THE LEFT COLON WAS ALSO LESS NOTICEABLE.; [redacted]20[redacted] (Rx Day 512): ABDOMINAL X-RAY:COLONIC GAS BECAME LESS.

AE Stopped Rx Day	514 (15 DAYS AFTER LAST TREATMENT)
Duration of AE	9 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THIS EVENT WAS CAUSED BY STOOL CLOGGING IN THE NARROWED AREA OF ??THE PROXIMAL ANUS DUE TO CROHN'S DISEASE.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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，結腸閉塞の事象を発現した。

Event 1 の臨床経過：

投与 506 日後，被験者は結腸閉塞を発現した。投与 514 日後，結腸閉塞は消失した。

投与 503 日後，便秘が発現した。投与 505 日後，腹痛が悪化した。投与 506 日後，被験者は入院した。腹部 X 線検査及び CT 検査の結果，結腸閉塞の診断が確認された。被験者の直腸に便が留まっていた。同日，摘便及び内視鏡を介した吸引が行われ，被験者は排便することができた。投与 514 日後，被験者は退院した。

投与された薬剤は，ソルデム 3AG，アセリオ，ガストログラフイン，酸化マグネシウム，ソルラクト及びエレンタールであった。

The patient's past medications include:

LEUKERIN for CROHN'S DISEASE ([redacted])

PREDNISOLONE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Colonic obstruction (10010000) (Large intestinal obstruction (10062062)) [v.23.1] [10010000]

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 COLONIC OBSTRUCTION

- **Investigator:** The event was caused by stool clogging in the narrowed area of the proximal anus due to Crohn's disease.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ABDOMINAL X-RAY: Colonic obstruction

[redacted] 20[redacted] **ABDOMINAL X-RAY:** Gas has accumulated in the right colon.

[redacted] 20[redacted] **ABDOMINAL X-RAY:** The right colon was still slightly dilated but improved compared with that on [redacted] 20[redacted]. Fecal retention in the left colon was also less noticeable.

[redacted] 20[redacted] **ABDOMINAL X-RAY:** Colonic gas became less.

[redacted] 20[redacted] CONTRAST ENHANCED CT: Colonic obstruction

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
クロストリジウム・ディフィシレ感染	X			X

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	4[redacted]	FEMALE	ASIAN

Medical History	Onset Year
OTHER: SCARLET FEVER	19[redacted]
CROHN'S DISEASE	19
OTHER: ECZEMA ASTEATOTIC	19
OTHER: INSOMNIA	20
ANEMIA: IRON-DEFICIENCY	20
OTHER: HEMORRHOID	20
OTHER: MYOPIC ASTIGMATISM	20
OTHER: SEBORRHEIC DERMATITIS	20
OTHER: MACULAR HOLE(LEFT)	20
OTHER: MACULAR HOLE(RIGHT)	20
OTHER: CATARACT(LEFT)	20
OTHER: SUBCUTANEOUS ABSCESS(BUTTOCKS)	20
OTHER: FRACTURE(RIGHT FIFTH FINGER)	20
OTHER: ACNE VULGARIS	20
OTHER: FOLLICULITIS	20
OTHER: CATARACT(RIGHT)	20
ANEMIA: DUE TO CROHN'S DISEASE	20

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20
SURGERY: LASIK EYE SURGERY	20
SURGERY: VITRECTOMY(RIGHT)	20
SURGERY: VITRECTOMY(LEFT)	20
SURGERY: INTRAOCULAR LENS IMPLANT(LEFT)	20

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	20 CIGARETTE	6	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 56	[redacted]20[redacted] / 56	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 84	[redacted]20[redacted] / 84	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 84	[redacted]20[redacted] / 84	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 140	[redacted]20[redacted] / 140	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 140	[redacted]20[redacted] / 140	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 196	[redacted]20[redacted] / 196	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 196	[redacted]20[redacted] / 196	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 203	[redacted]20[redacted] / 203	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 252	[redacted]20[redacted] / 252	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 308	[redacted]20[redacted] / 308	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 364	[redacted]20[redacted] / 364	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 420	[redacted]20[redacted] / 420	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
RABEPRAZOLE	10 mg	QD	Y-M: 20[redacted]-[redacted]

EMEDASTINE	1 mg	BID	Y-M: 20[redacted]
BROTIZOLAM	0.25 mg	QD	Y-M: 20[redacted]
CLOBETASOL	PROPER DOSE OTHER: APPLICATION	PRN	Y-M: 20[redacted]
HEPARINOID	PROPER DOSE OTHER: APPLICATION	PRN	Y-M: 20[redacted]
LOPERAMIDE	1 mg	PRN	Y-M: 20[redacted]
POSTERISAN F	2 g	PRN	Y-M: 20[redacted]
MESALAZINE	1000 mg	QD	Y-M: 20[redacted] / -119
MESALAZINE	2000 mg	QD	Y-M: 20[redacted] / -119
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	PRN	Y-M: 20[redacted] / -14
IRON	100 mg	QD	Y-M: 20[redacted] / 36

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
RABEPRAZOLE	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
EMEDASTINE	1 mg	BID	Y-M: 20[redacted]	NOT REPORTED
BROTIZOLAM	0.25 mg	QD	Y-M: 20[redacted]	NOT REPORTED
HEPARINOID	PROPER DOSE OTHER: APPLICATION	PRN	Y-M: 20[redacted]	NOT REPORTED
LOPERAMIDE	1 mg	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / 313
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	PRN	Y-M: 20[redacted] / -14	Y-M: 20[redacted] / 313
MOMETASONE	PROPER DOSE OTHER: APPLICATION	PRN	Y-M: 20[redacted] / 196	NOT REPORTED
IRON	120 mg	OTHER: ONCE	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 196
IRON	105 mg	QD	Y-M: 20[redacted] / 196	Y-M: 20[redacted] / 202
IRON	120 mg	OTHER: ONCE	Y-M: 20[redacted] / 203	Y-M: 20[redacted] / 203
IRON	100 mg	QD	Y-M: 20[redacted] / 203	Y-M: 20[redacted] / 252
AMINO ACIDS NOS W/ELECTROLYTES NOS/GLUCOSE/TH	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 214	Y-M: 20[redacted] / 214

LOXOPROFEN	60 mg	PRN	Y-M: 20[redacted] / 214	Y-M: 20[redacted] / 214
AMINO ACIDS NOS W/ELECTROLYTES NOS/GLUCOSE/TH	1000 mL	QD	Y-M: 20[redacted] / 215	Y-M: 20[redacted] / 216
IRON	120 mg	QD	Y-M: 20[redacted] / 215	Y-M: 20[redacted] / 222
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	1000 mL	QD	Y-M: 20[redacted] / 217	Y-M: 20[redacted] / 222

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

Event Description	CLOSTRIDIUM DIFFICILE INFECTION
Preferred Term	クロストリジウム・ディフィシレ感染
AE Onset Date / Rx Day	[redacted]20[redacted] / 214
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 214): Leukocytes: 11.2 [3 - 7.8] 10^9/L; NPTST209-ERYTHROCYTE SEDIMENTATION RATE: 40 [3 - 15] MM/H; [redacted]20[redacted] (Rx Day 215): Leukocytes: 15.3 [3 - 7.8] 10^9/L; NPTST209-ERYTHROCYTE SEDIMENTATION RATE: 73 [3 - 15] MM/H; [redacted]20[redacted] (Rx Day 218): Leukocytes: 4.8 [3 - 7.8] 10^9/L; NPTST209-ERYTHROCYTE SEDIMENTATION RATE: 79 [3 - 15] MM/H; [redacted]20[redacted] (Rx Day 223): Leukocytes: 4.7 [3 - 7.8] 10^9/L; NPTST209-ERYTHROCYTE SEDIMENTATION RATE: 75 [3 - 15] MM/H

Microbiology

[redacted]20[redacted] (Rx Day 215): STOOL C.DIFFICILE TEST: Positive-C.DIFFICILE ANTIGEN POSITIVE AND C.DIFFICILE TOXIN POSITIVE.; [redacted]20[redacted] (Rx Day 219): STOOL C.DIFFICILE TEST: Negative-C.DIFFICILE ANTIGEN NEGATIVE AND C.DIFFICILE TOXIN NEGATIVE

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 214): CT SCAN(CHEST AND ABDOMINAL):THE LESION WHICH CAUSED THE FEVER WAS NOT FOUND.

AE Stopped Rx Day	223
Duration of AE	10 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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及びリサンキズマブが投与され，クロストリジウム・ディフィシレ感染の事象を発現した。

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20本を6年間），腸切除，皮下組織膿瘍（殿部），貧血（クローン病に起因）及び元飲酒者（1日2杯未満）であった。

20[redacted]年[redacted]月[redacted]日，被験者は，非盲検化されたレスキュー治療の初回静脈内投与を受けた。治験薬の投与は継続された。

投与214日後，被験者はクロストリジウム・ディフィシレ感染を発現した。投与223日後，クロストリジウム・ディフィシレ感染は消失した。

投与214日後，被験者は40.2°Cの発熱があり，ロキソプロフェンを服用したが，解熱しなかった。投与215日後，被験者は発熱，悪心及び嘔吐のため入院した。便検査が行われ，クロストリジウム・ディフィシレが陽性であった。投与223日後，被験者の状態は改善し，退院した。

投与された薬剤は，ロキソプロフェン，ビーフリード，レボフロキサシン及びフラジールであった。

Causality for RISANKIZUMAB (Blinded)

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1) Clostridium difficile infection (10054236) (Clostridium difficile infection (10054236)) [v.23.0] [10054236]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Clostridium difficile infection (10054236) (Clostridium difficile infection (10054236)) [v.23.0] [10054236]

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 CLOSTRIDIUM DIFFICILE INFECTION

- Investigator: Immuno suppression

- AbbVie: Clostridium difficile related enteritis occurs in up to 10 percent of patients with underlying inflammatory bowel disease at some point. Its prevalence has increased more than 2 fold in the population with higher increases in those with inflammatory bowel disease irrespective of antibiotic use.

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of CLOSTRIDIUM DIFFICILE INFECTION

- Investigator: Immuno suppression

- AbbVie: Clostridium difficile related enteritis occurs in up to 10 percent of patients with underlying inflammatory bowel disease at some point. Its prevalence has increased more than 2 fold in the population with higher increases in those with inflammatory bowel disease irrespective of antibiotic use.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BODY TEMPERATURE: 40.2 Degrees C

[redacted] 20[redacted] CHEST CT: No lesions found

[redacted] **20[redacted] CT CHEST AND ABDOMEN:** THE LESION WHICH CAUSED THE FEVER WAS NOT FOUND.

[redacted] 20[redacted] **STOOL ANALYSIS:** Clostridium difficile test: C.difficile antigen positive and C.difficile toxin positive.

[redacted] 20[redacted] **STOOL ANALYSIS:** Clostridium difficile test: C.difficile antigen negative and C.difficile toxin negative.

[redacted] 20[redacted] **WBC:** 11.2 X10**3/MCL (normal 3 to 7.8)

[redacted] 20[redacted] **WBC:** 15.3 X10**3/MCL (normal 3 to 7.8) m

[redacted] 20[redacted] **WBC:** 4.7 X10**3/MCL (normal 3 to 7.8)

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
肛門狭窄	X			
回腸狭窄	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	4[redacted]	MALE	ASIAN

Medical History	Onset Year
ANEMIA: IRON-DEFICIENCY ANEMIA	20[redacted]
CROHN'S DISEASE	20[redacted]
ASTHMA: COUGH VARIANT ASTHMA	20[redacted]
OTHER: KNEE ARTHRALGIA	20[redacted]
HEARING DISORDER: RIGHT EAR SENSORINEURAL HEARING LOSS	20[redacted]
OTHER: HEADACHE	20[redacted]
LIVER DISEASE (EXCLUDING HEPATITIS): FATTY LIVER	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENT OF TOTAL PARENTERAL NUTRITION	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: LAPAROSCOPIC PARTIAL ILEOSECTOMY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1

M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 27	20[redacted] / 27	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 55	20[redacted] / 55	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 90	20[redacted] / 90	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 139	20[redacted] / 139	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 202	20[redacted] / 202	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 258	20[redacted] / 258	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 314	20[redacted] / 314	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 370	20[redacted] / 370	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 419	20[redacted] / 419	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
INFLIXIMAB	380 mg	OTHER: ONCE	Y-M: 20[redacted]
INFLIXIMAB	380 mg	OTHER: ONCE	Y-M: 20[redacted]
AZATHIOPRINE	25 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	380 mg	OTHER: ONCE	Y-M: 20[redacted]
INFLIXIMAB	790 mg	Q2M	Y-M: 20[redacted]
LOPERAMIDE	3 mg	TID	Y-M: 20[redacted]
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
LOXOPROFEN	100 mg	PRN	Y-M: 20[redacted] / -205
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	QD	Y-M: 20[redacted] / -149
HYOSCINE	10 mg	PRN	Y-M: 20[redacted] / -149
PARACETAMOL	300 mg	PRN	Y-M: 20[redacted] / -149
PREDNISOLONE	5 mg	QD	Y-M: 20[redacted] / -43
IRON	105 mg	QD	Y-M: 20[redacted] / 55

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	3 mg	TID	Y-M: 20[redacted]	Y-M: 20[redacted] / 157
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 157

LOXOPROFEN	100 mg	PRN	Y-M: 20[redacted] / - 205	NOT REPORTED
HYOSCINE	10 mg	PRN	Y-M: 20[redacted] / - 149	NOT REPORTED
PARACETAMOL	300 mg	PRN	Y-M: 20[redacted] / - 149	NOT REPORTED
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	QD	Y-M: 20[redacted] / - 149	Y-M: 20[redacted] / 157
IRON	105 mg	QD	Y-M: 20[redacted] / 55	Y-M: 20[redacted] / 157
COLYTE	1 OTHER: BAG	OTHER: ONCE	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 134
POTACOL R	500 mL	OTHER: TWICE PER DAY	Y-M: 20[redacted] / 157	Y-M: 20[redacted] / 157
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	OTHER: THREE TIMES PER DAY	Y-M: 20[redacted] / 158	Y-M: 20[redacted] / 158
AMINO ACIDS NOS W/ELECTROLYTES NOS/GLUCOSE/TH	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 158	Y-M: 20[redacted] / 164
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	OTHER: FOUR TIMES PER DAY	Y-M: 20[redacted] / 159	Y-M: 20[redacted] / 159
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	OTHER: TWICE PER DAY	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
PARACETAMOL	1000 mg	OTHER: ONCE	Y-M: 20[redacted] / 160	Y-M: 20[redacted] / 160
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	OTHER: THREE TIMES PER DAY	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 161
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	QD	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 594
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 691
IRON	105 mg	QD	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 691
LOPERAMIDE	3 mg	TID	Y-M: 20[redacted] / 161	Y-M: 20[redacted] / 691
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 162	Y-M: 20[redacted] / 165
DEQUALINIUM	0.25 mg	PRN	Y-M: 20[redacted] / 162	Y-M: 20[redacted] / 168
DIMETICONE	5 mL	OTHER: ONCE	Y-M: 20[redacted] / 164	Y-M: 20[redacted] / 164
LACTULOSE	90 mL	OTHER: ONCE	Y-M: 20[redacted] / 164	Y-M: 20[redacted] / 164

LIDOCAINE	15 mL	OTHER: ONCE	Y-M: 20[redacted] / 164	Y-M: 20[redacted] / 164
SODIUM PICOSULFATE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 164	Y-M: 20[redacted] / 164
DEXTROMETHORPHAN	0.3 g	PRN	Y-M: 20[redacted] / 199	Y-M: 20[redacted] / 280
PA	1 g	PRN	Y-M: 20[redacted] / 199	Y-M: 20[redacted] / 280
TRANEXAMIC ACID	250 mg	PRN	Y-M: 20[redacted] / 199	Y-M: 20[redacted] / 280
PARACETAMOL	600 mg	PRN	Y-M: 20[redacted] / 254	NOT REPORTED
SENNOSIDE A+B	24 mg	OTHER: ONCE	Y-M: 20[redacted] / 301	Y-M: 20[redacted] / 301
SODIUM PICOSULFATE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 301	Y-M: 20[redacted] / 301
COLYTE	1000 mL	OTHER: ONCE	Y-M: 20[redacted] / 302	Y-M: 20[redacted] / 302
DIMETICONE	5 mL	OTHER: ONCE	Y-M: 20[redacted] / 302	Y-M: 20[redacted] / 302
LACTULOSE	90 mL	QD	Y-M: 20[redacted] / 302	Y-M: 20[redacted] / 302
LIDOCAINE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 302	Y-M: 20[redacted] / 302
SENNOSIDE A+B	24 mg	QD	Y-M: 20[redacted] / 392	Y-M: 20[redacted] / 392
SODIUM PICOSULFATE	10 mL	QD	Y-M: 20[redacted] / 392	Y-M: 20[redacted] / 392
COLYTE	1000 mL	QD	Y-M: 20[redacted] / 393	Y-M: 20[redacted] / 393
DIMETICONE	5 mL	QD	Y-M: 20[redacted] / 393	Y-M: 20[redacted] / 393
LACTULOSE	90 mL	QD	Y-M: 20[redacted] / 393	Y-M: 20[redacted] / 393
LIDOCAINE	15 mL	OTHER: ONCE	Y-M: 20[redacted] / 393	Y-M: 20[redacted] / 393
POTACOL R	500 mL	QD	Y-M: 20[redacted] / 393	Y-M: 20[redacted] / 393

Event #1: Serious Adverse Event

Event Description	STENOSIS OF THE ANAL
Preferred Term	肛門狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 156
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 156): Alanine Aminotransferase: 26 [10 - 42] U/L; Aspartate Aminotransferase: 19 [13 - 30] U/L; Bilirubin: 56 [7 - 26] UMOL/L; [redacted]20[redacted] (Rx Day 157): Alanine Aminotransferase: 22 [10 - 42]

U/L; Aspartate Aminotransferase: 16 [13 - 30] U/L; Bilirubin: 62 [7 - 26] UMOL/L; NPTST086-C REACTIVE PROTEIN: 7.98 [0 - 0.14] MG/DL; NPTST187-DIRECT BILIRUBIN: 0.8 [0 - 0.3] MG/DL; [redacted]20[redacted] (Rx Day 160): Alanine Aminotransferase: 14 [10 - 42] U/L; Alkaline Phosphatase: 328 [106 - 322] U/L; Aspartate Aminotransferase: 11 [13 - 30] U/L; Bilirubin: 39 [7 - 26] UMOL/L; NPTST086-C REACTIVE PROTEIN: 5.22 [0 - 0.14] MG/DL; NPTST187-DIRECT BILIRUBIN: 0.5 [0 - 0.3] MG/DL; [redacted]20[redacted] (Rx Day 167): Alanine Aminotransferase: 13 [10 - 42] U/L; Alkaline Phosphatase: 310 [106 - 322] U/L; Aspartate Aminotransferase: 13 [13 - 30] U/L; Bilirubin: 19 [7 - 26] UMOL/L; NPTST086-C REACTIVE PROTEIN: 0.42 [0 - 0.14] MG/DL; NPTST187-DIRECT BILIRUBIN: 0.2 [0 - 0.3] MG/DL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 156): CHEST, ABDOMEN AND PELVIS PLAIN CT SCAN:GASTRIC DILATATION; [redacted]20[redacted] (Rx Day 157): ILEUS TUBE INSETION:20[redacted] ILEUS TUBE REMOVAL; [redacted]20[redacted] (Rx Day 161): CHEST PLAIN RADIOGRAPHY:NORMAL; [redacted]20[redacted] (Rx Day 164): ENDOSCOPIC ANAL BALLOON DILATATION:THE PATIENT WAS DISCHARGED ON [redacted] 20[redacted] DUE TO GOOD PROGRESS FINDINGS OF UPPER ENDOSCOPY AND COLONOSCOPY:MILD STENOSIS OF THE COLON

AE Stopped Rx Day	168
Duration of AE	13 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	COMPLICATIONS OF CROHN'S DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	STENOSIS OF THE TERMINAL ILEUM
Preferred Term	回腸狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 156
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 156): Alanine Aminotransferase: 26 [10 - 42] U/L; Aspartate Aminotransferase: 19 [13 - 30] U/L; Bilirubin: 56 [7 - 26] UMOL/L; [redacted]20[redacted] (Rx Day 157): Alanine Aminotransferase: 22 [10 - 42] U/L; Aspartate Aminotransferase: 16 [13 - 30] U/L; Bilirubin: 62 [7 - 26] UMOL/L; NPTST086-C REACTIVE PROTEIN: 7.98 [0 - 0.14] MG/DL; NPTST187-DIRECT BILIRUBIN: 0.8 [0 - 0.3] MG/DL; [redacted]20[redacted] (Rx Day 160): Alanine Aminotransferase: 14 [10 - 42] U/L; Alkaline Phosphatase: 328 [106 - 322] U/L; Aspartate Aminotransferase: 11 [13 - 30] U/L; Bilirubin: 39 [7 - 26] UMOL/L; NPTST086-C REACTIVE PROTEIN: 5.22 [0 - 0.14] MG/DL; NPTST187-DIRECT BILIRUBIN: 0.5 [0 - 0.3] MG/DL; [redacted]20[redacted] (Rx Day 167): Alanine Aminotransferase: 13 [10 - 42] U/L; Alkaline Phosphatase: 310 [106 - 322] U/L; Aspartate Aminotransferase: 13 [13 - 30] U/L; Bilirubin: 19 [7 - 26] UMOL/L; NPTST086-C REACTIVE PROTEIN: 0.42 [0 - 0.14] MG/DL; NPTST187-DIRECT BILIRUBIN: 0.2 [0 - 0.3] MG/DL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 156): CHEST, ABDOMEN AND PELVIS PLAIN CT SCAN:GASTRIC DILATATION; [redacted]20[redacted] (Rx Day 157): ILEUS TUBE INSETION:20[redacted]/9/30 ILEUS TUBE REMOVAL; [redacted]20[redacted] (Rx Day 161): CHEST PLAIN RADIOGRAPHY:NORMAL; [redacted]20[redacted] (Rx Day 164): ENDOSCOPIC ANAL

BALLOON DILATATION:THE PATIENT WAS DISCHARGED ON [redacted] 20[redacted] DUE TO GOOD PROGRESS FINDINGS OF UPPER ENDOSCOPY AND COLONOSCOPY:MILD STENOSIS OF THE COLON

AE Stopped Rx Day	168
Duration of AE	13 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	COMPLICATIONS OF CROHN'S DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #3: Serious Adverse Event

Event Description	STENOSIS OF THE TERMINAL ILEUM
Preferred Term	回腸狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 253
Age at AE Onset	4[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 302): ENDOSCOPIC BALLOON DILATATION:THE SUBJECT MAY RECUR INTESTINAL STENOSIS. THE INVESTIGATOR DETERMINED THAT PERIODIC ENDOSCOPIC BALLOON DILATION IS NEEDED.

AE Stopped Rx Day	303
Duration of AE	51 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THIS ADVERSE EVENT MAY HAVE BEEN CAUSED BY THE CONDITION OF CROHN'S DISEASE.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #4: Serious Adverse Event

Event Description	STENOSIS OF THE TERMINAL ILEUM
Preferred Term	回腸狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 392
Age at AE Onset	4[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 393): ENDOSCOPIC BALLOON DILATATION:THE SUBJECT MAY RECUR INTESTINAL STENOSIS AND OBSTRUCTION. THE INVESTIGATOR DETERMINED THAT PERIODIC ENDOSCOPIC BALLOON DILATATION IS NEEDED.

AE Stopped Rx Day	394
Duration of AE	3 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THIS ADVERSE EVENT MAY HAVE BEEN CAUSED BY PROGRESSIVELY DISEASE PROPERTY AND THEREBY THE CLINICAL CONDITION OF CROHN'S DISEASE.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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，回腸末端の狭窄及び肛門の狭窄の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，クローン病，腸切除，腹腔鏡下回腸部分切除，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 156 日後，被験者は回腸末端の狭窄及び肛門の狭窄を発現した。投与 168 日後，回腸末端の狭窄及び肛門の狭窄は消失した。

投与 156 日後，被験者は上腹部の緊張及び膨満感，腹痛，嘔吐及び微熱を訴えた。被験者は来院し，腹部及び骨盤部の CT スキャン検査を受けた。回腸末端及び肛門の狭窄のため，小腸が拡張していた。また，結腸全体に腸液の貯留が認められた。胃内部に胃液貯留及び胃拡張も認められた。治験責任医師は，亜イレウスは炎症に起因し，狭窄はクローン病に起因していると判断した。投与 157 日後，被験者は入院した。上部消化管内視鏡検査が行われ，イレウス管が挿入されて胃及び小腸の内容物が取り除かれ，狭窄が拡張された。投与 158 日後，イレウス管は抜去され，食事が開始された。投与 164 日後，内視鏡的肛門バルーン拡張が行われた。投与 168 日

後，経過は良好で被験者は退院した。

被験者は以前にも本事象を発現しており，投与の約 8 年前，小腸内視鏡による拡張術が行われた。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted])

PREDNISOLONE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Stenosis of ileum (10041984) (Ileal stenosis (10021307)) [v.22.1] [10041984]

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

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

Dechallenge: Not Applicable

2) Anal stenosis (10002176) (Anal stenosis (10002176)) [v.22.1] [10002176]

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 STENOSIS OF THE TERMINAL ILEUM

- Investigator: Complications of Crohn's disease

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

Event of STENOSIS OF THE ANAL

- Investigator:

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ALANINE AMINOTRANSFERASE: 26 U/L (normal 10 to 42)

[redacted] 20[redacted] ALANINE AMINOTRANSFERASE: 13 U/L (normal 10 to 42)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 101 U/L (normal 31 to 129)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 103 U/L (normal 31 to 129)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 328 U/L (normal 106 to 322)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 310 U/L (normal 106 to 322)

[redacted] 20[redacted] ASPARTATE AMINOTRANSFERASE: 19 U/L (normal 13 to 30)

[redacted] 20[redacted] ASPARTATE AMINOTRANSFERASE: 13 U/L (normal 13 to 30)

[redacted] **20[redacted] BILIRUBIN:** 3.3 mg/dL (normal 0.4 to 1.5)

[redacted] **20[redacted] BILIRUBIN:** 3.6 mg/dL (normal 0.4 to 1.5)

[redacted] **20[redacted] BILIRUBIN:** 2.3 mg/dL (normal 0.4 to 1.5)

[redacted] **20[redacted] BILIRUBIN:** 1.1 mg/dL (normal 0.4 to 1.5)

[redacted] **20[redacted] C REACTIVE PROTEIN:** 7.98 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] C REACTIVE PROTEIN:** 5.22 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] C REACTIVE PROTEIN:** 0.42 mg/dL (normal 0 to 0.14)

[redacted] 20[redacted] CT ABDOMEN AND PELVIS: gastric dilation

[redacted] **20[redacted] DIRECT BILIRUBIN:** 0.4 mg/dL (normal 0 to 0.3)

[redacted] **20[redacted] DIRECT BILIRUBIN:** 0.8 mg/dL (normal 0 to 0.3)

[redacted] **20[redacted] DIRECT BILIRUBIN:** 0.5 mg/dL (normal 0 to 0.3)

[redacted] **20[redacted] DIRECT BILIRUBIN:** 0.2 mg/dL (normal 0 to 0.3)

[redacted] **20[redacted] SGOT:** 28 U/L (normal 11 to 36)

[redacted] **20[redacted] SGOT:** 15 U/L (normal 11 to 36)

[redacted] **20[redacted] SGPT:** 40 U/L (normal 6 to 43)

[redacted] **20[redacted] SGPT:** 21 U/L (normal 6 to 43)

[redacted] **20[redacted] TOTAL BILIRUBIN:** 1.6 mg/dL (normal 0.2 to 1.2)

[redacted] **20[redacted] TOTAL BILIRUBIN:** 3.1 mg/dL (normal 0.2 to 1.2)

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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及びリサンキズマブが投与され，回腸末端の狭窄の事象を発現した。

Event 3 の臨床経過：

関連する病歴は，クローン病，手術（腸切除），手術（腹腔鏡下回腸部分切除），小腸内視鏡による拡張術，回腸末端の狭窄，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 253 日後，被験者は回腸末端の狭窄を発現した。

被験者は，20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日まで盲検化された治験薬が投与され，20[redacted] 年 [redacted] 月 [redacted] 日，非盲検化されたリサンキズマブによるレスキュー治療を受けた。

投与 253 日後，被験者は最高 39.4°C の発熱があり，排便回数が著しく減少していた。投与 254 日後，被験者の熱は下がり，排便は再開した。投与 280 日後，腹痛があった。

投与 301 日後，被験者は入院した。投与 302 日後，腸閉塞の予防のため，小腸内視鏡による内視鏡的バルーン拡張術が行われた。投与 303 日後，経過は良好で被験者は退院した。

治験責任医師によると，一時的亜イレウスは炎症に起因し，狭窄はクローン病に起因していた。治験責任医師はまた，腸管狭窄の再発があり，定期的な内視鏡的バルーン拡張が必要であると判断した。投与 303 日後，回腸末端の狭窄は消失した。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted])

PREDNISOLONE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

---

1) Stenosis of ileum (10041984) (Ileal stenosis (10021307)) [v.22.1] [10041984]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Stenosis of ileum (10041984) (Ileal stenosis (10021307)) [v.22.1] [10041984]

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 STENOSIS OF THE TERMINALILEUM

- Investigator: This adverse event may have caused by the condition of Crohn's disease.

- AbbVie: Reported event more likely related to Crohn's Disease

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of STENOSIS OF THE TERMINAL ILEUM

- Investigator: This adverse event may have caused by the condition of Crohn's disease.

- AbbVie: Reported event more likely related to Crohn's Disease

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BODY TEMPERATURE: 39.4 Degrees C

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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及びリサンキズマブが投与され，回腸末端の狭窄の事象を発現した。

Event 4 の臨床経過：

関連する病歴は，クローン病，腸切除，腹腔鏡下回腸部分切除，非喫煙者及び飲酒者（1 日 2 杯未満）であった。20[redacted] 年 [redacted] 月 [redacted] 日，被験者は内視鏡的バルーン拡張の他の併用療法を受けている。

20[redacted] 年 [redacted] 月 [redacted] 日，非盲検化されたリサンキズマブによるレスキュー治療が開始された。

投与 392 日後，被験者は回腸末端の狭窄を発現した。投与 394 日後，回腸末端の狭窄は消失した。

投与 392 日後，被験者は腹部膨満があり，腸閉塞の予防を目的とする直腸及び回腸の内視鏡的バルーン拡張のため入院し，投与 393 日後，内視鏡的バルーン拡張が行われた。本有害事象は，進行性の疾患の特性及びそれによるクローン病の臨床状態に起因する可能性があった。投与 394 日後，経過は良好で被験者は退院した。

被験者には，狭窄などの事象に関連するリスク因子があった。

投与された薬剤は，ポタコール R 輸液であった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted])

PREDNISOLONE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Stenosis ileum (10041979) (Ileal stenosis (10021307)) [v.23.0] [10041979]

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

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

Dechallenge: Not Applicable

Causality for RISANKIZUMAB (Open Label)

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1) Stenosis ileum (10041979) (Ileal stenosis (10021307)) [v.23.0] [10041979]

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 STENOSIS OF THE TERMINAL ILEUM

- Investigator: This adverse event may have been caused by progressively disease property and thereby the clinical condition of Crohn's Disease.

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of STENOSIS OF THE TERMINAL ILEUM

- Investigator: This adverse event may have been caused by progressively disease property and thereby the clinical condition of Crohn's Disease.

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

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
マイコプラズマ性肺炎	X			X

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	3[redacted]	FEMALE	MULTIPLE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: SHOULDER PAIN	20[redacted]
INFLAMMATORY BOWEL DISEASE: PERIANAL ABCESS	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
SURGERY: SURGERY WITH APPENDICITIS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 30	[redacted]20[redacted] / 30	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 79	[redacted]20[redacted] / 79	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 129	[redacted]20[redacted] / 129	1

RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 185	[redacted]20[redacted] / 185	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 248	[redacted]20[redacted] / 248	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 304	[redacted]20[redacted] / 304	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 353	[redacted]20[redacted] / 353	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 409	[redacted]20[redacted] / 409	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
CLOSTRIDIUM BUTYRICUM	40 mg	BID	Y-M: 20[redacted]
LOXOPROFEN	60 mg	PRN	Y-M: 20[redacted]
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]
MESALAZINE	1500 mg	BID	Y-M: 20[redacted]
LOXOPROFEN	60 mg	PRN	Y-M: 20[redacted]
TIQUIZIUM	10 mg	PRN	Y-M: 20[redacted]
CLOBETASONE	APPLICATION g	BID	Y-M: 20[redacted] / 30
HEPARINOID	APPLICATION mL	BID	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
CLOSTRIDIUM BUTYRICUM	40 mg	BID	Y-M: 20[redacted]	NOT REPORTED
ESOMEPRAZOLE	20 mg	QD	Y-M: 20[redacted]	Y-M: 20[redacted] / 353
LOXOPROFEN	60 mg	PRN	Y-M: 20[redacted]	ONGOING
TIQUIZIUM	10 mg	PRN	Y-M: 20[redacted]	NOT REPORTED
CLOBETASONE	APPLICATION g	BID	Y-M: 20[redacted] / 30	NOT REPORTED
HEPARINOID	APPLICATION mL	BID	Y-M: 20[redacted] / 30	NOT REPORTED
PARACETAMOL	600 mg	TID	Y-M: 20[redacted] / 207	Y-M: 20[redacted] / 207
DIMEMORFAN	20 mg	TID	Y-M: 20[redacted] / 207	Y-M: 20[redacted] / 209
ECABET	1.5 g	TID	Y-M: 20[redacted] / 207	Y-M: 20[redacted] / 209
PARACETAMOL	400 mg	PRN	Y-M: 20[redacted] / 208	Y-M: 20[redacted] / 209

OSMOSAL	500 mL	QD	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 209
PARACETAMOL	1000 mg	QD	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 209
BAKUMONDOTO	1 OTHER: PACK	TID	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 213
CODEINE	1 OTHER: PACK	PRN	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 216
BROMHEXINE	1 mg	TID	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 217
SALBUTAMOL	0.5 mL	TID	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 217
AMBROXOL	45 mg	QD	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 231
CARBOCISTEINE	500 mg	TID	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 231
CLOFEDANOL	25 mg	TID	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 231
MONTELUKAST	10 mg	QD	Y-M: 20[redacted] / 209	Y-M: 20[redacted] / 231
AMINOPHYLLINE	250 mg	QD	Y-M: 20[redacted] / 210	Y-M: 20[redacted] / 213
OSMOSAL	500 mL	QD	Y-M: 20[redacted] / 210	Y-M: 20[redacted] / 213
VITAMEDIN	1 OTHER: VIAL	QD	Y-M: 20[redacted] / 210	Y-M: 20[redacted] / 213
AZITHROMYCIN	500 mg	QD	Y-M: 20[redacted] / 217	Y-M: 20[redacted] / 219

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

Event Description	MYCOPLASMA PNEUMONIA
Preferred Term	マイコプラズマ性肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 206
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 209): NPTST365-MYCOPLASMA IGM: (+) [NOT REPORTED - NOT REPORTED] POSITIVE OR NEGATIVE

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 209): CT:MYCOPLASMA PNEUMONIA; [redacted]20[redacted] (Rx Day 216): CT:MYCOPLASMA PNEUMONIA IMPROVEMENT

AE Stopped Rx Day	248
Duration of AE	43 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility

Investigator Alternative Etiology	MYCOPLASMA PNEUMONIA IS AN INCIDENTAL EVENT. SEASONALITY.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted] 20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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，マイコプラズマ肺炎の事象を発現した。

Event 1 の臨床経過：

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

投与 206 日後，被験者はマイコプラズマ肺炎を発現した。投与 248 日後，マイコプラズマ肺炎は消失した。

投与 206 日後，被験者は発熱及び咳嗽があった。投与 209 日後，被験者は入院した。被験者はマイコプラズマ肺炎と診断され，ステロイド及び抗生物質が投与された。投与 217 日後，被験者は退院した。

投与された薬剤は，カルボシステイン，コデインリン酸塩，ムコソルバン L，アジスロマイシン，カロナール，コカール，コルドリン，クラリスロマイシン，ミノサイクリン塩酸塩，ゾレア，アミノフィリン，アセリオ及びソル・メドロールであった。

Causality for RISANKIZUMAB (Blinded)

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1) Mycoplasmal pneumonia (10028478) (Pneumonia mycoplasmal (10035724)) [v.22.1] [10028478]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of MYCOPLASMA PNEUMONIA

- Investigator: Mycoplasma pneumonia is an incidental event. Seasonality.

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CT:** Mycoplasma pneumonia

[redacted] 20[redacted] MYCOPLASMA IGM: POSITIVE

[redacted] 20[redacted] QUANTIFERON-TB GOLD OR EQUIVALENT: 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
クローン病	X	X		

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	2[redacted]	FEMALE	ASIAN

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: INSOMNIA	20[redacted]
OTHER: INFLUENZAA	20[redacted]
OTHER: TREMOR OF FINGER	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 85	[redacted]20[redacted] / 85	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	10000 mg	TID	Y-M: 20[redacted]
TRIMEBUTINE	100 mg	TID	Y-M: 20[redacted]
EUGYNON	1 OTHER: TABLET	QD	Y-M: 20[redacted]
ZOLPIDEM	5 mg	QD	Y-M: 20[redacted] / -117
PARACETAMOL	500 mg	TID	Y-M: 20[redacted] / -83
LACTOMIN	1 OTHER: TABLET	TID	Y-M: 20[redacted] / -54
PREDNISOLONE	10 mg	QD	Y-M: 20[redacted] / -34

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
LULICONAZOLE	APPROPRIATE mg	QD	Y-M: 20[redacted] / 107	Y-M: 20[redacted] / 110
OSMOSAL	500 mL	QD	Y-M: 20[redacted] / 117	ONGOING
JONOSTERIL	500 mL	QD	Y-M: 20[redacted] / 117	Y-M: 20[redacted] / 133
BILASTINE	20 mg	QD	Y-M: 20[redacted] / 118	ONGOING
IRON	40 mg	QD	Y-M: 20[redacted] / 122	Y-M: 20[redacted] / 154
PARACETAMOL	1000 mg	QD	Y-M: 20[redacted] / 125	Y-M: 20[redacted] / 125
METRONIDAZOLE	250 mg	TID	Y-M: 20[redacted] / 125	Y-M: 20[redacted] / 126
VITAMEDIN	1 OTHER: BOTTLE	QD	Y-M: 20[redacted] / 126	Y-M: 20[redacted] / 133
BACTRIM	1 OTHER: TABLET	QD	Y-M: 20[redacted] / 127	ONGOING
NUTRIENTS NOS	250 mL	QD	Y-M: 20[redacted] / 128	Y-M: 20[redacted] / 131
AMINO ACIDS NOS W/COPPER/ELECTROLYTES NOS/GLU	2000 mL	QD	Y-M: 20[redacted] / 134	Y-M: 20[redacted] / 142
NUTRIENTS NOS	250 mL	QD	Y-M: 20[redacted] / 136	Y-M: 20[redacted] / 142
AMINO ACIDS NOS W/COPPER/ELECTROLYTES NOS/GLU	1000 mL	QD	Y-M: 20[redacted] / 143	Y-M: 20[redacted] / 148
DAIKENCHUTO	2.5 g	TID	Y-M: 20[redacted] / 168	Y-M: 20[redacted] / 178
PARACETAMOL	1000 mg	QD	Y-M: 20[redacted] / 169	Y-M: 20[redacted] / 169

VITAMEDIN	1 OTHER: BOTTLE	QD	Y-M: 20[redacted] / 169	Y-M: 20[redacted] / 178
NUTRIENTS NOS	1 OTHER: BOTTLE	QD	Y-M: 20[redacted] / 173	ONGOING
DAIKENCHUTO	2.5 g	TID	Y-M: 20[redacted] / 180	ONGOING

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

Event Description	CROHN'S DISEASE AGGRAVATED
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 113 (28 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 128): UPPER ENDOSCOPY:SHOWED NO FINDINGS.; [redacted]20[redacted] (Rx Day 133): ABDOMINAL ULTRASOUND:WALL THICKENING WAS SHOWN FROM THE TRANSVERSE COLON TO A PART OF THE RECTUM.

AE Stopped Rx Day	156 (71 DAYS AFTER LAST TREATMENT)
Duration of AE	44 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	YES
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	CROHN'S DISEASE AGGRAVATED
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 162 (77 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 168): Albumin: 33 [41 - 51] G/L; Hemoglobin: 120 [116 - 148] G/L; Leukocytes: 12.8 [3.3 - 8.6] 10^9/L; NPTST160-CRP: 9.99 [0 - 0.14] MG/DL; NPTST192-EGFR: 97.15 [90 - NOT REPORTED] mL/min/1.73m2; NPTST212-ESR 1HOUR: 65 [3 - 15] MM; NPTST436-PROCALCITONIN: 0.27 [0 - 0.05] NG/ML; Platelets: 381 [158 - 348] 10^9/L; [redacted]20[redacted] (Rx Day 170): Albumin: 26 [41 - 51] G/L; Hemoglobin: 107 [116 - 148] G/L; Leukocytes: 6.6 [3.3 - 8.6] 10^9/L; NPTST160-CRP: 11.31 [0 - 0.14] MG/DL; NPTST192-EGFR: 106.51 [90 - NOT REPORTED] mL/min/1.73m2; NPTST212-ESR 1HOUR: 70 [3 - 15] MM; NPTST436-PROCALCITONIN: 0.11 [0 - 0.05] NG/ML; Platelets: 391 [158 - 348] 10^9/L; [redacted]20[redacted] (Rx Day 175): Albumin: 28 [41 - 51] G/L; Hemoglobin: 110 [116 - 148] G/L; Leukocytes: 4.8 [3.3 - 8.6] 10^9/L; NPTST160-CRP: 1.64 [0 - 0.14] MG/DL; NPTST192-EGFR: 110.76 [90 - NOT REPORTED] mL/min/1.73m2; NPTST212-ESR 1HOUR: 22 [3 - 15] MM; NPTST436-PROCALCITONIN: 0.02 [0 - 0.05] NG/ML; Platelets: 381 [158 - 348] 10^9/L; [redacted]20[redacted] (Rx Day 182): Albumin: 37 [41 - 51] G/L; Hemoglobin: 131 [116 - 148] G/L; Leukocytes: 7.3 [3.3 - 8.6] 10^9/L; NPTST160-CRP: 0.37 [0 - 0.14]

MG/DL; NPTST192-EGFR: 128.54 [90 - NOT REPORTED] mL/sec/1.73m2; NPTST212-ESR 1HOUR: 23 [3 - 15] MM; Platelets: 387 [158 - 348] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 170): STOOL C.DIFFICIL: Negative; STOOL ENTEROPATHIC E.COLI: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 169): CT SCAN:THE INCREASED INFLAMMATION WAS CONFIRMED IN THE INTESTINES INCLUDING THE SMALL INTESTINE.; [redacted]20[redacted] (Rx Day 176): ABDOMINAL ECHOGRAPHY:LARGE INTESTINE: SAME AS LAST TIME([redacted]-20[redacted]), THERE IS THICKENING OF THE SUBMUCOSA IN THE SIGMOID COLON FROM THE VICINITY OF THE FLEXION OF THE SPLEEN. THE RECTUM IS ALSO A LITTLE HYPERTROPHIES. SM

AE Stopped Rx Day	184 (99 DAYS AFTER LAST TREATMENT)
Duration of AE	23 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	RELAPSE OF CROHN'S DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Generated: [redacted]20[redacted]:09:28
Program Source Code: [redacted]

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

日本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，クローン病増悪の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，クローン病増悪，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 113 日後，被験者はクローン病増悪を発現した。投与 156 日後，クローン病増悪は消失した。

投与 113 日後，被験者は 38.7°C の発熱があり，そう痒を伴う蕁麻疹が大腿及び背中に広がっていた。水様便が 1 日 10 回以上あり，血便及び腹痛もあった。同日，被験者はクローン病増悪及び中毒疹（非重篤）と診断された。投与 114 日後から投与 116 日後まで前述の症状は続いていた。体温は 38.0°C～38.9°C であった。