投与 117 日後の 11 時 0 分，被験者は前述の症状の持続を訴え，来院した。血圧は 113/69 mmHg，脈拍数は 92 bpm，体温は 36.7°C であった。12 時 0 分，血液検査が行われた。アクメイン注射液 500 mL 及びソルデムの点滴投与が開始された。13 時 0 分，発熱，腹痛及び下痢が続くため，入院が必要と判断された。同日，被験者は治療のため入院した。同日夜の体温は 37.7°C で悪寒があった。夜間に 3 回の水様便の排泄があった。

投与 118 日後，アクメイン注射液 500 mL 及びソルデムの点滴投与は継続された。7 時 0 分，体温は 36.7°C であった。腹痛，倦怠感及び蕁麻疹は続いていた。被験者は食欲不振を訴えた。排便回数は減少し，悪心は改善した。11 時 0 分，皮膚科医による診察が行われ，被験者の蕁麻疹は中毒疹と診断された。ビラノア錠が処方された。19 時 0 分，体温は 37.8°C であった。24 時 0 分，体温は 37.1°C であった。

投与 119 日後，アクメイン注射液 500 mL 及びソルデムの点滴投与は継続された。7 時 30 分，腹痛，倦怠感，蕁麻疹は続いていた（腹部の皮疹の悪化は認められなかった）。血便が認められた。夜間，排便が 2 回あった。17 時 0 分，体温は 37.0°C であった。食欲は改善した。被験者は治験薬投与の中止を求めた。20 時 0 分，体温は 37.4°C であった。投与 156 日後，被験者は退院した。

投与された薬剤は，エンタイビオ，プレドニン，フェジン，フラジール，アセリオ，ビタメジン，バクトラミン，5%ブドウ糖加リンゲル液，ソルデム，アクメイン及びエルネオパであった。

The patient's past medications include:

HUMIRA for CROHN'S DISEASE ([redacted])

REMICADE for CROHN'S DISEASE ([redacted])

STELARA for CROHN'S DISEASE ([redacted])

PREDONINE for CROHN'S DISEASE ([redacted])

LEVOFLOXACIN for INFLAMMATORY ATHEROMA OF VULVA ([redacted])

CLARITH for INFLAMMATORY ATHEROMA OF VULVA ([redacted])

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): 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 CROHN'S DISEASE AGGRAVATED

- Investigator: Not applicable

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL ULTRASOUND:** WALL THICKENING WAS SHOWN FROM THE TRANSVERSE COLON TO A PART OF THE RECTUM.

[redacted] 20[redacted] BLOOD PRESSURE: 113/69 mmHg

[redacted] 20[redacted] PULSE: 92 BPM

[redacted] 20[redacted] TEMPERATURE: 38.7 Degrees C

[redacted] **20[redacted] TEMPERATURE:** Between [redacted] 20[redacted] and [redacted] 20[redacted], the temperature ranged between 38.0-38.9 degrees Celsius.

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

[redacted] 20[redacted] UPPER ENDOSCOPY: SHOWED NO FINDINGS.

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

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 2 の臨床経過：

関連する病歴は，クローン病，A型インフルエンザ及び飲酒者（1日2杯未満）であった。

投与162日後，被験者はクローン病増悪を発現した。投与184日後，クローン病増悪は消失した。

投与162日後，エンタイビオの投与後，夜間に被験者は40°C台の発熱があった。投与163日後の夕方，被験者は発熱の継続，左下腹部の腹痛及び水様便のため来院した。投与168日後，被験者は解熱しなかったため，症状の治療のため入院した。投与169日後，被験者の症状は悪化し，絶飲食となった。投与172日後，被験者の腹痛は改善した。投与173日後，被験者は解熱した。投与177日後，軟食が開始され，食事形態が段階的に上げられた。投与184日後，被験者は便が形成されるようになり，他の症状も改善が続いていた。投与184日後，被験者は退院した。

投与された薬剤は，プレドニン，大建中湯，アセリオ，ビタメジン，フルマリン及びエンシュアであった。

The patient's past medications include:

FESIN for CROHN'S DISEASE AGGRAVATED ([redacted])

FLAGYL for CROHN'S DISEASE AGGRAVATED ([redacted])

VITAMEDIN for CROHN'S DISEASE AGGRAVATED ([redacted])

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

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CROHN'S DISEASE AGGRAVATED

- Investigator: Relapse of Crohns Disease

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] 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. Small intestine: The oedema image of the small intestine is nimble.

[redacted] **20[redacted] ALBUMIN:** 3.3 G/DL (normal 4.1 to 5.1)

[redacted] **20[redacted] ALBUMIN:** 2.8 G/DL (normal 4.1 to 5.1)

[redacted] **20[redacted] ALBUMIN:** 3.7 G/DL (normal 4.1 to 5.1)

[redacted] 20[redacted] BLOOD PRESSURE: 116/80 mmHg

[redacted] **20[redacted] BODY TEMPERATURE:** Fever of 38.0-39.9 degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 36.9 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 39.3 Degrees C

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

[redacted] **20[redacted] CRP:** 9.99 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CRP:** 1.64 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CRP:** 0.37 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CT SCAN:** The increased inflammation was confirmed in the intestines including the small intestine.

[redacted] **20[redacted] EGFR:** 97.15 ML/MIN/1.73M2 (normal <90)

[redacted] **20[redacted] EGFR:** 110.76 ML/MIN/1.73M2 (normal <90)

[redacted] **20[redacted] EGFR:** 128.54 (No units) (normal <90)

[redacted] **20[redacted] ESR:** 65 MM (normal 3 to 15)

[redacted] **20**[redacted] **ESR:** 22 MM (normal 3 to 15)

[redacted] **20**[redacted] **ESR:** 23 MM (normal 3 to 15)

[redacted] 20[redacted] HEART RATE: 97 BPM

[redacted] **20**[redacted] **HGB:** 12.0 G/DL (normal 11.6 to 14.8)

[redacted] **20**[redacted] **HGB:** 11.0 G/DL (normal 11.6 to 14.8)

[redacted] **20**[redacted] **HGB:** 13.1 G/DL (normal 11.6 to 14.8)

[redacted] 20[redacted] OXYGEN SATURATION: 97 %

[redacted] **20**[redacted] **PLATELET COUNT:** 38.1 10*4/UL (normal 15.8 to 34.8)

[redacted] **20**[redacted] **PLATELET COUNT:** 38.1 10*4/UL (normal 15.8 to 34.8)

[redacted] **20**[redacted] **PLATELET COUNT:** 38.7 10*4/UL (normal 15.8 to 34.8)

[redacted] **20**[redacted] **STOOL CULTURE:** Negative for Enteropathic E. coli

[redacted] **20**[redacted] **STOOL CULTURE:** Negative for C. difficil

[redacted] **20**[redacted] **WBC:** 12.8 X10**3/MCL (normal 3.3 to 8.6)

[redacted] **20**[redacted] **WBC:** 4.8 X10**3/MCL (normal 3.3 to 8.6)

[redacted] **20**[redacted] **WBC:** 7.3 X10**3/MCL (normal 3.3 to 8.6)

Subject [redacted] (Investigator [redacted])

Reason for Narrative

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

Treatment Group	Age at M16-006 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	5[redacted]	MALE	ASIAN

Medical History	Onset Year
CROHN'S DISEASE	19[redacted]
OTHER: ANAL FISTULA	20[redacted]
OTHER: LOW BACK PAIN	20[redacted]
OTHER: POLLINOSIS	20[redacted]
OTHER: LEFT WRIST GANGLION	20[redacted]
ANEMIA: IRON DEFICIENCY ANAEMIAS	20[redacted]
PNEUMONIA: BRONCHIAL PNEUMONIA	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
SURGERY: STRICTUREPLASTY	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	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] / 22	[redacted]20[redacted] / 22	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 50	[redacted]20[redacted] / 50	1

RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 83	[redacted]20[redacted] / 83	1
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] / 188	[redacted]20[redacted] / 188	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 244	[redacted]20[redacted] / 244	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 302	[redacted]20[redacted] / 302	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 363	[redacted]20[redacted] / 363	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 419	[redacted]20[redacted] / 419	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
MESALAZINE	1000 mg	TID	Y-M: 20[redacted]
KETOPROFEN	PROPER DOSE OTHER: PROPER DOSE	PRN	Y-M: 20[redacted] / -17
AMINO ACIDS NOS W/CARBOHYDRATES NOS	160 g	PRN	Y-M: 20[redacted] / 1
PREGABALIN	75 mg	QD	Y-M: 20[redacted] / 44

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
AMINO ACIDS NOS W/CARBOHYDRATES NOS	160 g	PRN	Y-M: 20[redacted] / 1	NOT REPORTED
BIO-THREE	3 OTHER: TABLETS	BID	Y-M: 20[redacted] / 141	Y-M: 20[redacted] / 447
IRON	120 mg	OTHER: ONCE EVERY TWO MONTHS	Y-M: 20[redacted] / 363	NOT REPORTED
FLUTICASONE	PROPER SPRAY OTHER: PROPER SPRAY	PRN	Y-M: 20[redacted] / 412	NOT REPORTED
SODIUM PICOSULFATE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 445	Y-M: 20[redacted] / 445
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446

COLYTE	137.155 g	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
GASTROGRAFIN	APPROPRIATE AMOUNT OTHER: APPROPRIATE AMOUNT	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
LIDOCAINE	APPROPRIATE AMOUNT OTHER: APPROPRIATE AMOUNT	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
PENTAZOCINE	1 mL	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
POTACOL R	500 mg	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
PROPOFOL	58.5 mg	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
MEROPENEM	1 g	OTHER: ONCE	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 447
OSMOSAL	1200 mL	OTHER: ONCE	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 447
PARACETAMOL	600 mg	PRN	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 447
RINGER-LACTATE	2000 mL	OTHER: ONCE	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 447
VITAMEDIN	1 OTHER: VIAL	OTHER: ONCE	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 447
MEROPENEM	1 g	TID	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 449
CLOSTRIDIUM BUTYRICUM	3 OTHER: TABLET	BID	Y-M: 20[redacted] / 447	Y-M: 20[redacted] / 455
IRON	80 mg	QD	Y-M: 20[redacted] / 448	Y-M: 20[redacted] / 449
KETOPROFEN	1 OTHER: TAPE	QD	Y-M: 20[redacted] / 449	Y-M: 20[redacted] / 450
AMOXICILLIN	1.25 g	TID	Y-M: 20[redacted] / 450	Y-M: 20[redacted] / 456
AUGMENTIN	1 OTHER: TABLET	TID	Y-M: 20[redacted] / 450	Y-M: 20[redacted] / 456
BIO-THREE	3 OTHER: TABLET	BID	Y-M: 20[redacted] / 455	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	PYREXIA
Preferred Term	発熱
AE Onset Date / Rx Day	[redacted]20[redacted] / 447 (28 DAYS AFTER LAST TREATMENT)
Age at AE Onset	5[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 447): Leukocytes: 13.3 [3 - 8] 10^9/L; NPTST160-CRP: 2.74 [0 - 0.3] MG/DL;
[redacted]20[redacted] (Rx Day 448): Leukocytes: 5.2 [3 - 8] 10^9/L; NPTST160-CRP: 7.25 [0 - 0.3] MG/DL
Microbiology
[redacted]20[redacted] (Rx Day 447): BLOOD VENOUS BLOOD CEELTURE: Negative
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 446): PER ORAL AND PER ANAL SMALL BOWEL ENDOSCOPY ENDOSCOPIC BALLOON DILATION FOR SMALL BOWEL STRICTURES:ENDOSCOPIC BALLOON DILATION WAS PERFORMED FOR TWO ILEAL STRICTURES DURING PER ORAL APPROACH.; [redacted]20[redacted] (Rx Day 447): CT OF THE ABDOMEN AND PELVIS:NO PERFORATION OF THE SMALL INTESTINE.A PART OF THE LUNG WAS SCANNED DURING CT OF THE ABDOMEN AND PELVIS, AND A MOIST SHADOW WAS SEEN IN THE LEFT LUNG.

AE Stopped Rx Day	475 (56 DAYS AFTER LAST TREATMENT)
Duration of AE	29 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	SUSPECTED ASPIRATION PNEUMONIA DUE TO ORAL ENDOSCOPIC SMALL BOWEL ENDOSCOPY.
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5[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，発熱の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，腸切除，狭窄形成，鉄欠乏性貧血，気管支肺炎，非喫煙者及び元飲酒者（1 日 2 杯未満）であった。

投与 447 日後，被験者は発熱を発現した。投与 475 日後，発熱は消失した。

本事象発現前の投与 446 日後，被験者は内視鏡検査のため入院し，翌日退院する予定であった。同日，小腸狭窄に対して経口及び経肛門小腸内視鏡検査及び内視鏡的バルーン拡張が行わ

れた。

投与 447 日後，被験者の体温が 38.9°C に上昇したため，入院が延長された。CT スキャン検査が実施され，小腸の穿孔は認められなかった。CT 中に肺の一部がスキャンされ，左肺に湿潤影が認められた。臨床検査及び血液培養が行われた。症状が軽快するまで入院が延長されることとなった。抗生物質の投与が開始された。投与 450 日後，被験者の体温は 36.5°C であった。被験者は退院し，抗生物質の経口投与となった。

投与された薬剤は，ソルラクト，オーグメンチン，カロナール，ビタメジン静注用，ソルデム 3AG，ワイドシリン及びメロペネムであった。

Causality for RISANKIZUMAB (Blinded)

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1) Pyrexia (10037660) (Pyrexia (10037660)) [v.23.1] [10037660]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of PYREXIA

- Investigator: Suspected aspiration pneumonia due to oral endoscopic small bowel endoscopy.

- AbbVie: Risk factors include suspected aspiration pneumonia secondary to endoscopy procedure as reported by PI and pre-existing crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BODY TEMPERATURE: 38.9 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 36.5 Degrees C

[redacted] **20[redacted] CRP:** 2.74 mg/dL (normal 0.00 to 0.30)

[redacted] **20[redacted] CRP:** 7.25 mg/dL (normal 0.00 to 0.30)

[redacted] **20[redacted] CT OF THE ABDOMEN AND PELVIS:** NO PERFORATION OF THE SMALL INTESTINE.A PART OF THE LUNG WAS SCANNED DURING CT OF THE ABDOMEN AND PELVIS, AND A MOIST SHADOW WAS SEEN IN THE LEFT LUNG.

[redacted] 20[redacted] PER ORAL AND PER ANAL SMALL BOWEL ENDOSCOPY; ENDOSCOPIC BALLOON DILATION FOR SMALL BOWEL STRICTURES: endoscopic balloon dilation was performed for two ileal strictures during per oral approach

[redacted] 20[redacted] VENOUS BLOOD CULTURE: Negative

[redacted] **20[redacted] WBC:** 5.2 X10**3/MCL (normal 3.0 to 8.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 13.3 X10**3/MCL (normal 3.0 to 8.0)

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
Placebo SC Q8W	2[redacted]	MALE	ASIAN

Medical History	Onset Year
OTHER: POLLINOSIS	20[redacted]
CROHN'S DISEASE	20[redacted]
OTHER: HEADACHE	20[redacted]
OTHER: PSORIASIS VULGARIS	20[redacted]
OTHER: HYPERURICEMIA	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: ANAL FISTULA SURGERY	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	10 CIGARETTE	2	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
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] / 59	[redacted]20[redacted] / 59	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 89	[redacted]20[redacted] / 89	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 138	[redacted]20[redacted] / 138	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 201	[redacted]20[redacted] / 201	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 211	[redacted]20[redacted] / 211	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 257	[redacted]20[redacted] / 257	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 313	[redacted]20[redacted] / 313	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 369	[redacted]20[redacted] / 369	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 425	[redacted]20[redacted] / 425	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]
BUFFERIN A	2 OTHER: TABLETS	PRN	Y-M: 20[redacted]
IRON	100 mg	QD	Y-M: 20[redacted]
BETAMETHASONE BUTYRATE PROPIONATE W/MAXACALCI	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
FEBUXOSTAT	10 mg	QD	Y-M: 20[redacted]
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	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
DEXTROSE IN LACTATED RINGER'S	500 mL	QD	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 211
RINGER-LACTATE	500 mL	TID	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 211
VITAMEDIN	100 mg	QD	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 218
CARBOHYDRATES NOS W/POTASSIUM CHLORIDE/SODIUM	500 mL	QD	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 219
DEXTROSE IN LACTATED RINGER'S	500 mL	BID	Y-M: 20[redacted] / 212	Y-M: 20[redacted] / 212
FELBINAC	1 OTHER: SHEET	PRN	Y-M: 20[redacted] / 212	Y-M: 20[redacted] / 215
RINGER-LACTATE	500 mL	QD	Y-M: 20[redacted] / 212	Y-M: 20[redacted] / 218

DEXTROSE IN LACTATED RINGER'S	500 mL	QD	Y-M: 20[redacted] / 213	Y-M: 20[redacted] / 218
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	BID	Y-M: 20[redacted] / 214	Y-M: 20[redacted] / 220
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	QD	Y-M: 20[redacted] / 221	NOT REPORTED
LOXOPROFEN	60 mg	PRN	Y-M: 20[redacted] / 236	Y-M: 20[redacted] / 237

Event #1: Serious Adverse Event

Event Description	EXACERBATION OF CD
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 211
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 211): Hematocrit: 0.27 [0.41 - 0.5] FRACTION OF 1; Hematocrit: 0.29 [0.41 - 0.5] FRACTION OF 1; Hemoglobin: 92 [137 - 168] G/L; Hemoglobin: 92 [137 - 168] G/L; NPTST160-CRP: 6.92 [0 - 0.14] MG/DL; NPTST160-CRP: 7.33 [0 - 0.14] MG/DL; [redacted]20[redacted] (Rx Day 212): Hematocrit: 0.19 [0.41 - 0.5] FRACTION OF 1; Hemoglobin: 64 [137 - 168] G/L; NPTST160-CRP: 6.56 [0 - 0.14] MG/DL; [redacted]20[redacted] (Rx Day 213): Hematocrit: 0.27 [0.41 - 0.5] FRACTION OF 1; Hemoglobin: 88 [137 - 168] G/L; [redacted]20[redacted] (Rx Day 215): Hematocrit: 0.27 [0.41 - 0.5] FRACTION OF 1; Hemoglobin: 89 [137 - 168] G/L; NPTST160-CRP: 2.63 [0 - 0.14] MG/DL; [redacted]20[redacted] (Rx Day 218): Hematocrit: 0.3 [0.41 - 0.5] FRACTION OF 1; Hemoglobin: 93 [137 - 168] G/L; NPTST160-CRP: 1.02 [0 - 0.14] MG/DL

Microbiology

[redacted]20[redacted] (Rx Day 211): BLOOD BLOOD CULTURE: Negative; [redacted]20[redacted] (Rx Day 212): STOOL STOOL CULTURE: Positive-ENTEROCOCCUS SP 2+

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 211): CT ABDOMINAL:BOWL WALL THICKENING BUT NO ACTIVE BLEEDING; TRANSFUSION:4 UNITS OF RBC TRANSFUSION; [redacted]20[redacted] (Rx Day 212): TRANSFUSION:4 UNITS OF RBC TRANSFUSION

AE Stopped Rx Day	257
Duration of AE	47 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CD
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，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，元喫煙者（1日10本を2年間）及び現飲酒者（1日2杯未満）であった。

投与211日後，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211日後，被験者はクローン病増悪を発現した。投与257日後，クローン病増悪は消失した。

本入院の前，被験者はクローン病（CD）増悪（非重篤）を発現した。

投与211日後，クローン病増悪が重篤化した。投与211日後，被験者は大量の血便があり，血圧が低く，クローン病増悪で入院した。CTスキャン検査が実施され，腸壁肥厚が認められたが，活動性の出血は認められなかった。貧血（非重篤）に対して赤血球が4単位輸血され，炎症マーカーの上昇に対して抗生物質が投与された。被験者は絶食となり，補液療法が開始された。投与212日後，血便が発現し，貧血が悪化した。4単位の輸血が行われた。投与215日後，エレンタールの投与が開始された。投与216日後，食事が開始された。投与219日後，抗生物質の静脈内投与は終了となり，投与220日後，被験者は退院した。

投与された薬剤は，エレンタール，フェルビナク，RBC輸血，ラクテックD，ラクテック，ビタメジン，ソルデム3A，フィニバックス，ボラギノールA及びゼンタコートであった。

Causality for RISANKIZAB (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) (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

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of EXACERBATION OF CD

- Investigator: Exacerbation of crohn's disease.

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of EXACERBATION OF CD

- Investigator: Exacerbation of Crohn's disease.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BLOOD CULTURE: Negative

[redacted] **20[redacted] CRP:** 7.33 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CRP:** 6.92 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CRP:** 6.56 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CRP:** 2.63 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CRP:** 1.02 mg/dL (normal 0 to 0.14)

[redacted] **20[redacted] CT ABDOMINAL:** Bowel wall thickening but no active bleeding.

[redacted] **20[redacted] HEMATOCRIT:** 28.7 % (normal 40.7 to 50.1)

[redacted] **20[redacted] HEMATOCRIT:** 27.2 % (normal 40.7 to 50.1)

[redacted] **20[redacted] HEMATOCRIT:** 19.0 % (normal 40.7 to 50.1)

[redacted] **20[redacted] HEMATOCRIT:** 26.5 % (normal 40.7 to 50.1)

[redacted] **20[redacted] HEMATOCRIT:** 27.3 % (normal 40.7 to 50.1)

[redacted] **20[redacted] HEMATOCRIT:** 29.6 % (normal 40.7 to 50.1)

[redacted] **20[redacted] HEMOGLOBIN:** 9.2 G/DL (normal 13.7 to 16.8)

[redacted] **20[redacted] HEMOGLOBIN:** 6.4 G/DL (normal 13.7 to 16.8)

[redacted] **20[redacted] HEMOGLOBIN:** 8.8 G/DL (normal 13.7 to 16.8)

[redacted] **20[redacted] HEMOGLOBIN:** 8.9 G/DL (normal 13.7 to 16.8)

[redacted] **20[redacted] HEMOGLOBIN:** 9.3 G/DL (normal 13.7 to 16.8)

[redacted] **20[redacted] STOOL CULTURE:** Positive- ENTEROCOCCUS SP 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
クローン病	X	X		

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

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

Prior Procedures	Procedure Year
CROHN'S DISEASE HISTORY: COLONOSCOPY	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	CURRENT	15 CIGARETTE	1	
CIGARS	NEVER			
E-CIGARETTES	CURRENT	10 SESSIONS	1	
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] / 36	[redacted]20[redacted] / 36	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 36	[redacted]20[redacted] / 36	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 64	[redacted]20[redacted] / 64	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 64	[redacted]20[redacted] / 64	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 81	[redacted]20[redacted] / 81	1

PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 134	[redacted]20[redacted] / 134	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	240 g	TID	Y-M: 20[redacted]
MESALAZINE	3000 mg	TID	Y-M: 20[redacted]
AZATHIOPRINE	25 mg	QD	Y-M: 20[redacted] / -283
INFLIXIMAB	5 mg/kg	OTHER: 2M	Y-M: 20[redacted] / -279
BUDESONIDE	9 mg	QD	Y-M: 20[redacted] / -107
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted] / -65

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
LANSOPRAZOLE	15 mg	QD	Y-M: 20[redacted] / 172	ONGOING
DEXTROSE IN LACTATED RINGER'S	500 mg	BID	Y-M: 20[redacted] / 172	Y-M: 20[redacted] / 172
PARACETAMOL	1000 mg	QD	Y-M: 20[redacted] / 172	Y-M: 20[redacted] / 172
SODIUM PICOSULFATE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 172	Y-M: 20[redacted] / 172
HYOSCINE	20 mg	OTHER: ONCE	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 173
LIDOCAINE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 173
MIDAZOLAM	10 mg	OTHER: ONCE	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 173
MOVIPREP	1 OTHER: BAG	OTHER: ONCE	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 173
SIMETICONE	10 mL	OTHER: ONCE	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 173
AMINO ACIDS NOS W/ELECTROLYTES NOS/GLUCOSE/TH	1000 mL	QD	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 180
RINGER-LACTATE	1000 mL	QD	Y-M: 20[redacted] / 173	Y-M: 20[redacted] / 180

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

Event Description	WORSENING OF CROHN'S DESEASE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 171 (37 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 172): Hemoglobin: 135 [130 - 170] G/L; Leukocytes: 9.7 [4 - 9] 10^9/L; NPTST160-CRP: 10.6 [0 - 0.3] MG/DL; Platelets: 268 [140 - 350] 10^9/L; [redacted]20[redacted] (Rx Day 176): Hemoglobin: 125 [130 - 170] G/L; Leukocytes: 6.1 [4 - 9] 10^9/L; NPTST160-CRP: 0.94 [0 - 0.3] MG/DL; Platelets: 279 [140 - 350] 10^9/L

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 172): CT(ABDOMEN, PELVIS):THICKENING OF THE ASCENDING COLON FROM THE ILEOCECAL AREA, INCREASED SURROUNDING FATTY TISSUE CONCENTRATION; [redacted]20[redacted] (Rx Day 173): COLONOSCOPY:IRREGULAR ULCERATION, SURROUNDING REDNESS, MUCOSAL EDEMA, AND APHTHA WERE OBSERVED THROUGHOUT THE LARGE INTESTINE FROM THE TERMINAL ILEUM, AND IT WAS DETERMINED THAT CROHN'S DISEASE HAD RECURRED. INF

AE Stopped Rx Day	183 (49 DAYS AFTER LAST TREATMENT)
Duration of AE	13 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	THE EVENT OCCURRED LONG AFTER THE INITIATION OF THE STUDY DRUG. CROHN'S DISEASE RELAPSE
Discontinued Study Drug Due to the Event	YES
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，喫煙者（1 日 15 本を 1 年間），電子タバコ喫煙者（1 日 10 回を 1 年間）及び非飲酒者であった。

投与 171 日後，被験者はクローン病増悪を発現した。

投与 171 日後，被験者は下腹部痛，発熱，頭痛及び 1 日数回の水様便があった。投与 172 日後，被験者はクローン病増悪の疑いで入院した。身体的診察で，右下腹部付近全体に圧痛が認

められた。投与 173 日後，結腸内視鏡検査及び CT スキャン検査が行われ，クローン病増悪と診断された。投与 176 日後，腹痛及び圧痛は顕著な改善を示し，炎症反応は低下した。投与 183 日後，被験者は退院した。

投与された薬剤は，エレンタール，ステラーラ，ビーフリード，ラクテック D，アセリオ及びゼンタコートであった。

The patient's past medications include:

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

Causality for RISANKIZUMAB (Blinded)

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1) 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 OF CROHN'S DISEASE

- Investigator: The event occurred long after the initiation of the study drug. Crohn’s disease relapse.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **COLONOSCOPY:** IRREGULAR ULCERATION, SURROUNDING REDNESS, MUCOSAL EDEMA, AND APHTHA WERE OBSERVED THROUGHOUT THE LARGE INTESTINE FROM THE TERMINAL ILEUM, AND IT WAS DETERMINED THAT CROHN'S DISEASE HAD RECURRED. INFLAMMATORY POLYPS WERE SCATTERED IN THE TRANSVERSE COLON.

[redacted] 20[redacted] **CRP:** 10.60 mg/dL (normal 0 to 0.3)

[redacted] **20[redacted] CRP:** 0.94 mg/dL (normal 0 to 0.3)

[redacted] **20[redacted] CT ABDOMEN PELVIS:** THICKENING OF THE ASCENDING COLON FROM THE ILEOCECAL AREA, INCREASED SURROUNDING FATTY TISSUE CONCENTRATION

[redacted] **20[redacted] HEMOGLOBIN:** 13.5 G/DL (normal 13 to 17)

[redacted] **20[redacted] HEMOGLOBIN:** 12.5 G/DL (normal 13 to 17)

[redacted] **20[redacted] PLATELET COUNT:** 268 X10**3/MCL (normal 140 to 350

[redacted] **20[redacted] PLATELET COUNT:** 279 X10**3/MCL (normal 140 to 350)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 9.7 X10**3/MCL (normal 4 to 9)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 6.1 X10**3/MCL (normal 4 to 9)

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
アラニンアミノトランスフェラーゼ増加				X
アスパラギン酸アミノトランスフェラーゼ増加				X
クローン病	X			

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

Medical History	Onset Year
OTHER: ALLERGIC RHINITIS	NOT REPORTED
CROHN'S DISEASE	20[redacted]
OTHER: OLD PLEURITIS	20[redacted]
OTHER: INSOMNIA	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 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 28	[redacted]20[redacted] / 28	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 54	[redacted]20[redacted] / 54	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 80	[redacted]20[redacted] / 80	1

M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 80	20[redacted] / 80	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 108	20[redacted] / 108	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 136	20[redacted] / 136	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 136	20[redacted] / 136	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 164	20[redacted] / 164	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 213	20[redacted] / 213	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 269	20[redacted] / 269	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 325	20[redacted] / 325	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 376	20[redacted] / 376	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 390	20[redacted] / 390	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 441	20[redacted] / 441	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 497	20[redacted] / 497	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	2 OTHER: TABLETS	TID	Y-M: 20[redacted]
LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted] / -236
MECOBALAMIN	500 mg	QD	Y-M: 20[redacted] / -84
METRONIDAZOLE	250 mg	BID	Y-M: 20[redacted] / -56
BUDESONIDE	9 mg	QD	Y-M: 20[redacted] / 46
MICONAZOLE	ADEQUATE g	TID	Y-M: 20[redacted] / 74
ECABET	1.5 g	BID	Y-M: 20[redacted] / 113
LOPERAMIDE	1 g	TID	Y-M: 20[redacted] / 120

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	80 mg	PRN	Y-M: 20[redacted] / 295	Y-M: 20[redacted] / 390
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / 385	Y-M: 20[redacted] / 392

REBAMIPIDE	100 mg	PRN	Y-M: 20[redacted] / 385	Y-M: 20[redacted] / 392
SOLULACT S	1000 mL	QD	Y-M: 20[redacted] / 392	Y-M: 20[redacted] / 393
IRON	80 mg	QD	Y-M: 20[redacted] / 392	Y-M: 20[redacted] / 402
BROTIZOLAM	0.25 mg	QD	Y-M: 20[redacted] / 392	Y-M: 20[redacted] / 476
REBAMIPIDE	100 mg	QD	Y-M: 20[redacted] / 393	Y-M: 20[redacted] / 463
SOLULACT S	500 mL	QD	Y-M: 20[redacted] / 394	Y-M: 20[redacted] / 402
IRON	80 mg	QD	Y-M: 20[redacted] / 404	Y-M: 20[redacted] / 409
ZOLPIDEM	5 mg	QD	Y-M: 20[redacted] / 477	Y-M: 20[redacted] / 496
INFLUENZA VACCINE	0.5 mL	QD	Y-M: 20[redacted] / 482	Y-M: 20[redacted] / 482
AMINO ACIDS NOS W/CARBOHYDRATES NOS	80 g	QD	Y-M: 20[redacted] / 497	Y-M: 20[redacted] / 510
BROTIZOLAM	0.25 mg	QD	Y-M: 20[redacted] / 497	Y-M: 20[redacted] / 552
URSODEOXYCHOLIC ACID	100 mg	TID	Y-M: 20[redacted] / 511	NOT REPORTED
SODIUM PICOSULFATE	10 mL	QD	Y-M: 20[redacted] / 530	Y-M: 20[redacted] / 530
DIAZEPAM	7.5 mg	QD	Y-M: 20[redacted] / 531	Y-M: 20[redacted] / 531
DOMPERIDONE	5 mg	QD	Y-M: 20[redacted] / 531	Y-M: 20[redacted] / 531
HYOSCINE	10 mg	QD	Y-M: 20[redacted] / 531	Y-M: 20[redacted] / 531
MAGNESIUM CITRATE	100 g	QD	Y-M: 20[redacted] / 531	Y-M: 20[redacted] / 531
METOCLOPRAMIDE	10 mg	QD	Y-M: 20[redacted] / 531	Y-M: 20[redacted] / 531
SOLULACT S	500 mL	QD	Y-M: 20[redacted] / 531	Y-M: 20[redacted] / 531

Event #1: Serious Adverse Event

Event Description	WORSENING OF CROHN'S DISEASE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 392
Age at AE Onset	3[redacted]

Laboratory Testing
NOT REPORTED

Microbiology
NOT REPORTED
SAE Supplemental Procedure
NOT REPORTED

AE Stopped Rx Day	411
Duration of AE	20 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INADEQUATE RESPONSE OF IP
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #2: Event of Interest - Hepatic Events

Event Description	ABNORMAL VALUES OF LIVER FUNCTION TEST(ALT INCREASED)
Preferred Term	アラニンアミノトランスフェラーゼ増加
AE Onset Date / Rx Day	[redacted]20[redacted] / 497
Age at AE Onset	3[redacted]

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

AE Stopped Rx Day	531 (34 DAYS AFTER LAST TREATMENT)
Duration of AE	35 DAYS
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

Event #3: Event of Interest - Hepatic Events

Event Description	ABNORMAL VALUES OF LIVER FUNCTION TEST(AST INCREASED)
Preferred Term	アスパラギン酸アミノトランスフェラーゼ増加
AE Onset Date / Rx Day	[redacted]20[redacted] / 497
Age at AE Onset	3[redacted]

Laboratory Testing
NOT APPLICABLE
Microbiology
NOT APPLICABLE

SAE Supplemental Procedure	
NOT APPLICABLE	
AE Stopped Rx Day	531 (34 DAYS AFTER LAST TREATMENT)
Duration of AE	35 DAYS
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

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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及びリサンキズマブが投与され，クローン病悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，胸膜炎，アレルギー性鼻炎，非喫煙者及び非飲酒者であった。

20[redacted]年[redacted]月[redacted]日，レスキュー治療としてリサンキズマブの非盲検投与が開始された。

投与 392 日後，被験者はクローン病悪化を発現した。投与 411 日後，クローン病悪化は消失した。

投与 392 日後，被験者は前週 1 週間に直腸出血が増加したため，入院した。徴候・症状は下痢，動悸及び頭痛であった。低用量のプレドニゾロンによる支持療法及び鉄補給により，症状を軽減させる効果が認められた。投与 411 日後，被験者は退院し，帰宅した。

投与された薬剤は，プレドニゾロン，フェジン及びソルラクト S 輸液であった。

The patient's past medications include:

ZENTACORT for CROHN'S DISEASE ([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 OF CROHN'S DISEASE

- Investigator: Inadequate response of IP.

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of WORSENING OF CROHN'S DISEASE

- Investigator: Inadequate response of IP.

- 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
小腸閉塞	X			

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

Medical History	Onset Year
OTHER: ATOPIC DERMATITIS	19[redacted]
CROHN'S DISEASE	20
OTHER: ILEUS	20
CHOLELITHIASIS: CBD STONE	20
EYE DISEASE/DISORDER: ALLERGIC CONJUNCTIVITIS	20
OTHER: GANGLION OF TENDON SHEATH	20

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	20
SURGERY: PERIANAL ABSCESS	20
CROHN'S DISEASE SURGICAL HISTORY: OSTOMY	20
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENT OF TOTAL PARENTERAL NUTRITION	20
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20
CROHN'S DISEASE SURGICAL HISTORY: REANASTOMOSIS	20
SURGERY: ILEOCECOTOMY	20
SURGERY: CALCIFYING EPITHELIOMA	20
CROHN'S DISEASE HISTORY: COLONOSCOPY	20

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

Alcohol Use	Status	Number/Day
ALCOHOL	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] / 1	[redacted] / 1	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 29	[redacted] / 29	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 57	[redacted] / 57	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 78	[redacted] / 78	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 78	[redacted] / 78	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 113	[redacted] / 113	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 141	[redacted] / 141	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 141	[redacted] / 141	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 169	[redacted] / 169	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 225	[redacted] / 225	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 287	[redacted] / 287	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted] / 308	[redacted] / 308	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 337	[redacted] / 337	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 393	[redacted] / 393	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 449	[redacted] / 449	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 505	[redacted] / 505	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]
BETAMETHASONE	ADEQUATE g	PRN	Y-M: 20[redacted]
HEPARINOID	ADEQUATE g	PRN	Y-M: 20[redacted]
FLUOROMETHOLONE	ADEQUATE OTHER: DROPS	QID	Y-M: 20[redacted]
LEVOCABASTINE	ADEQUATE OTHER: DROPS	QID	Y-M: 20[redacted]

URSODEOXYCHOLIC ACID	200 mg	TID	Y-M: 20[redacted]
LOPERAMIDE	1 mg	BID	Y-M: 20[redacted] / 162

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
BENIDIPINE	2 mg	QD	Y-M: 20[redacted] / 252	Y-M: 20[redacted] / 289
DIAZEPAM	10 mg	QD	Y-M: 20[redacted] / 290	Y-M: 20[redacted] / 290
PENTAZOCINE	15 mg	QD	Y-M: 20[redacted] / 290	Y-M: 20[redacted] / 290
SOLULACT S	3000 mL	QD	Y-M: 20[redacted] / 290	Y-M: 20[redacted] / 290
FLURBIPROFEN	50 mg	QD	Y-M: 20[redacted] / 290	Y-M: 20[redacted] / 291
OSMOSAL	1000 mL	QD	Y-M: 20[redacted] / 290	Y-M: 20[redacted] / 294
LYO-DIAMIN	10 mL	QD	Y-M: 20[redacted] / 290	Y-M: 20[redacted] / 296
SOLULACT S	2000 mL	QD	Y-M: 20[redacted] / 291	Y-M: 20[redacted] / 292
SOLULACT S	1500 mL	QD	Y-M: 20[redacted] / 293	Y-M: 20[redacted] / 293
LOPERAMIDE	1 mg	BID	Y-M: 20[redacted] / 294	NOT REPORTED
RABEPRAZOLE	10 mg	QD	Y-M: 20[redacted] / 294	NOT REPORTED
URSODEOXYCHOLIC ACID	200 mg	TID	Y-M: 20[redacted] / 294	NOT REPORTED
SOLULACT S	1000 mL	QD	Y-M: 20[redacted] / 294	Y-M: 20[redacted] / 294
OSMOSAL	2000 mL	QD	Y-M: 20[redacted] / 295	Y-M: 20[redacted] / 296
MEQUITAZINE	3 mg	BID	Y-M: 20[redacted] / 296	Y-M: 20[redacted] / 300
SOLULACT S	1000 mL	QD	Y-M: 20[redacted] / 297	Y-M: 20[redacted] / 298
IRON	80 mg	QD	Y-M: 20[redacted] / 297	Y-M: 20[redacted] / 302
CARBOHYDRATES NOS W/ELECTROLYTES NOS/LIPIDS N	200 mL	BID	Y-M: 20[redacted] / 302	Y-M: 20[redacted] / 308

Event #1: Serious Adverse Event

Event Description	SMALL BOWEL OBSTRUTION
Preferred Term	小腸閉塞

AE Onset Date / Rx Day	[redacted]20[redacted] / 290
Age at AE Onset	4[redacted]

Laboratory Testing
NOT REPORTED
Microbiology
NOT REPORTED
SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 290): INTESTINAL DECOMPRETION TUBING:SMALL BOWEL OBSTRUCTION WAS RAPIDLY IMPROVED WITHIN 72 HOURS

AE Stopped Rx Day	302
Duration of AE	13 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORTHNING OF CD
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

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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，小腸閉塞の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，アトピー性皮膚炎，クローン病，瘻孔切開，肛門周囲膿瘍，イレウス，胆石症（総胆管結石），瘻造設，腸切除，回腸盲腸吻合術，再吻合，非喫煙者及び非飲酒者であった。

投与 290 日後，被験者は小腸閉塞を発現した。投与 302 日後，小腸閉塞は消失した。

投与 290 日後，被験者は腹痛，嘔吐及び発熱のため入院した。回腸結腸吻合部位に小腸閉塞が認められた。同日，腸管用ドレナージチューブ（腸管減圧チューブ）が一時的に留置されたことにより，小腸閉塞は改善した。小腸閉塞は 72 時間以内に急速に改善した。投与 302 日後，被験者は退院した。

以前，投与の約 6 年前に被験者はイレウスを発現していた。

投与された薬剤は，ロピオン，KN3 号輸液，ソセゴン及びソルラクト S 輸液であった。

Causality for RISANKIZUMAB (Blinded)

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

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of SMALL BOWEL OBSTRUTION

- Investigator: Worsening of CD.

- AbbVie: Event is more likely related to pre-existing crohn's disease. Additional risk factors include bowel resection surgery and prior history of ileus.

Subject [redacted] (Investigator [redacted])

Reason for Narrative

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

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

Medical History	Onset Year
DEPRESSION: DEPRESSION	NOT REPORTED
CROHN'S DISEASE	20[redacted]
OTHER: GASTRITIS, UNSPECIFIED	20[redacted]
OTHER: HEMORRHOIDS	20[redacted]
OTHER: ANAL FISTULA	20[redacted]
GASTROESOPHAGEAL REFLUX DISEASE: GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	20[redacted]
OTHER: HEMATOCHEZIA	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: DRAINAGE OF PERINEAL ABSCESS	20[redacted]
SURGERY: 'PERINEAL 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	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] / 60	[redacted]20[redacted] / 60	1

PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 92	20[redacted] / 92	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 150	20[redacted] / 150	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 212	20[redacted] / 212	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 316	20[redacted] / 316	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 326	20[redacted] / 326	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 373	20[redacted] / 373	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 428	20[redacted] / 428	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]
BCG Vaccine	NOT REPORTED	NOT REPORTED	Y-M: 19[redacted]
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
BUSPIRONE	2.5 mg	QD	Y-M: 20[redacted]
ESCITALOPRAM	5 mg	QD	Y-M: 20[redacted]
MESALAZINE	1200 mg	TID	Y-M: 20[redacted]
MARVELON	80 mg	QD	Y-M: 20[redacted] / -39

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]	NOT REPORTED
BUSPIRONE	2.5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ESCITALOPRAM	5 mg	QD	Y-M: 20[redacted]	NOT REPORTED
MARVELON	80 mg	QD	Y-M: 20[redacted] / -39	NOT REPORTED
ACETYLCYSTEINE	600 mg	BID	Y-M: 20[redacted] / 255	Y-M: 20[redacted] / 255
PROPACETAMOL	5 mL	QD	Y-M: 20[redacted] / 255	Y-M: 20[redacted] / 255
SELENIUM	10 mL	QD	Y-M: 20[redacted] / 255	Y-M: 20[redacted] / 255
LIPIDEM	500 mL	QD	Y-M: 20[redacted] / 255	Y-M: 20[redacted] / 257

MEIJI SEKIDOME	20 mL	TID	Y-M: 20[redacted] / 255	Y-M: 20[redacted] / 257
ROXITHROMYCIN	300 mg	BID	Y-M: 20[redacted] / 255	Y-M: 20[redacted] / 260
FREAMINE	500 mL	QD	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 256
PROPACETAMOL	5 mL	QID	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 256
VITAMINS NOS	5 mL	QD	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 256
ASCORBIC ACID	5 mL	QID	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 259
CLONAZEPAM	0.5 mg	QD	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 259
ESCITALOPRAM	20 mg	QD	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 259
THIAMINE	200 mg	BID	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 259
CODEINE	20 mL	BID	Y-M: 20[redacted] / 256	Y-M: 20[redacted] / 265
PROPACETAMOL	5 mL	BID	Y-M: 20[redacted] / 257	Y-M: 20[redacted] / 257
LEVOCLOPERASTINE	8 mL	TID	Y-M: 20[redacted] / 257	Y-M: 20[redacted] / 268
FREAMINE	500 mL	QD	Y-M: 20[redacted] / 258	Y-M: 20[redacted] / 258
MULTIBLUE5	5 mL	QD	Y-M: 20[redacted] / 258	Y-M: 20[redacted] / 258
RED BLOOD CELLS	320/ PACK OTHER: PACK	QD	Y-M: 20[redacted] / 259	Y-M: 20[redacted] / 259
LEVOFLOXACIN	750 mg	QD	Y-M: 20[redacted] / 260	Y-M: 20[redacted] / 260
LEVOCLOPERASTINE	8 mL	TID	Y-M: 20[redacted] / 309	Y-M: 20[redacted] / 313
LEVOFLOXACIN	750 mg	QD	Y-M: 20[redacted] / 309	Y-M: 20[redacted] / 313

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

Event Description	PNEUMONIA
Preferred Term	肺炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 247
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 255): Hemoglobin: 87 [120 - 160] G/L; NPTST160-CRP: 11.31 [0 - 0.5] MG/DL; NPTST384-O2SAT: 94.8 [95 - 99] %; NPTST431-PO2: 71.5 [83 - 108] MMHG; [redacted]20[redacted] (Rx Day 259): Hemoglobin: 69 [120 - 160] G/L; NPTST160-CRP: 4.81 [0 - 0.5] UG/DL; [redacted]20[redacted] (Rx Day 260): Hemoglobin: 94 [120 - 160] G/L

Microbiology
[redacted]20[redacted] (Rx Day 255): BLOOD LEGIONELLA AG: Negative; [redacted]20[redacted] (Rx Day 256): SPUTUM EXAMINATION FOR SPUTUM: Negative; BLOOD LG-M,PNEUMONIA: Negative

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 255): CHEST CT CONTRAST:MULTIFOCAL PNEUMONIAS IN RML, INF. LINGULAR DEGMENT AND BLL. NO PLEURAL CHANGE. NO CARDIOMEGALY.; CHEST P-A,CHEST LT,LATERAL:BRONCHITIS OR MILD BRONCHIECTASIS. PATCHY CONSOLIDATIOON AND NODULA RINFILTRATIONS AT BOTH PERICARDIAC AND LOWE RLUNG FIELD ARE DEVELOPED. DDX 1,. PNEUMONIA 2. TB OR NTM ORIGIN; TEMPERATURE:38.2; [redacted]20[redacted] (Rx Day 259): CT SCAN, CHEST PA:PROGRESION OF PATCHY CONSOLIDATION AND ATELECTATIC CHANGE AT BOTH PERICARDIAC AND LOWER LUNG FIELD; [redacted]20[redacted] (Rx Day 260): TEMPERATURE:36.5; [redacted]20[redacted] (Rx Day 271): CHESTBP-A LT,LAT.:MINIMAL MORE IMPROVING STATUS OF PATCHY CONSOLIDATION. OTHERWISE NO INTERVAL CHANGE. ADVICE CLINICAL CORRELATION AND FOLLOW UP STUDY.; [redacted]20[redacted] (Rx Day 309): CT SCAN - CHEST PA, CHEST LT. LAT.:R/O PROGRESSION OF CONSOLIATION AT RLL; [redacted]20[redacted] (Rx Day 313): CT, CHEST PA, CHEST LT. LAT.:IMPROVING STATUS OF RLL CONSOLIDATION

AE Stopped Rx Day	313
Duration of AE	67 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	INFLUENZA PNEUMONIA
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

韓国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 ABBV-066（リサンキズマブ）の治験で盲検化された治験薬が投与され，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（L3：回腸結腸），胃炎（詳細不明），食道炎を伴う胃食道逆流性疾患，血便排泄，うつ病，非喫煙者及び非飲酒者であった。

投与 247 日後，被験者は肺炎を発現した。投与 313 日後，肺炎は消失した。

入院前，被験者は A 型インフルエンザに対してタミフルによる治療を 5 日間受けていたが，症状は改善せず，咳嗽が悪化していた。投与 255 日後，被験者は発熱，咳嗽，頭痛，及び筋肉痛のため入院し，肺炎と診断された。貧血（非重篤）も診断された。抗生剤が開始され，発熱は改善し始めた。しかし，軽度の発熱は持続し，投与 259 日後の胸部 CT スキャン検査の結果，左下肺野に硬化の悪化が認められた。改善が乏しいため，入院の継続が決定された。投与 259 日後，ヘモグロビンが 6.9 mg/dL であった。被験者は輸血を受けた。被験者は退院を希望した。投与 260 日後，被験者は，経口抗生剤を処方され，退院した。

投与 309 日後，咳嗽及び痰が重度であり，胸部 CT スキャン検査の結果，右下肺に硬化の進行が認められた。抗生剤が再度処方された。投与 313 日後日までには，肺炎は消失した。

スクリーニング時，被験者の潜伏結核リスク評価では，リスク因子として陰性であった。

投与された薬剤は，levrastine fendizoate，Tamipool，FreAmine，コデインリン酸塩，エスシタロプラム，クロナゼパム，ビタミン B1，Merit C，Privituss，Multiblue 5，ルリッド，Selinew，レボフロキサシン，Paceta，ロキシスロマイシン，Trison KIT，アセチルシステイン，Lipidem 20% 及び Codaewon であった。

Causality for ABBV-066 (Blinded)

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1) Pneumonia (10035664) (Pneumonia (10035664)) [v.21.1] [10035664]

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

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

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for ABBV-066 (Blinded)

Event of PNEUMONIA

- Investigator: Influenza pneumonia

- AbbVie: Not applicable

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] AROSENS (SPUTUM): NEGATIVE

[redacted] 20[redacted] BODY TEMPERATURE: 39.8 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 38.2 Degrees C

[redacted] 20[redacted] BODY TEMPERATURE: 36.5 Degrees C

[redacted] **20[redacted] CHEST CT CONTRAST:** MULTIFOCAL PNEUMONIAS IN RML, INFERIOR. LINGULAR SEGMENT AND BLL. NO PLEURAL CHANGE. NO CARDIOMEGALY.

[redacted] **20[redacted] CHEST CT SCAN:** Progression of patchy consolidation and atelectasic change at both pericardiac and lower lung field.

[redacted] **20[redacted] CHEST CT SCAN:** progression of consolidation at RLL.

[redacted] **20[redacted] CHEST CT SCAN:** improving status of RLL consolidation

[redacted] **20[redacted] CHEST P-A LT,LATERAL:** MINIMAL MORE IMPROVING STATUS OF PATCHY CONSOLIDATION. OTHERWISE NO INTERVAL CHANGE.

[redacted] **20[redacted] CHEST P-A,CHEST LT,LATERAL:** BRONCHITIS OR MILD BRONCHIECTASIS. PATCHY CONSOLIDATION AND NODULAR INFILTRATIONS AT BOTH PERICARDIAC AND LOWER LUNG FIELD DEVELOPED. Diagnosis 1,. PNEUMONIA; 2. TB OR TNM (Non-Tuberculosis Mycobacteria) ORIGIN

[redacted] **20[redacted] CRP:** 11.309 mg/dL (normal 0 to 0.5)

[redacted] **20[redacted] CRP:** 4.808 mg/dL (normal 0 to 0.5)

[redacted] **20[redacted] HEMOGLOBIN:** 8.7 G/DL (normal 12 to 16)

[redacted] **20[redacted] HEMOGLOBIN:** 6.9 G/DL (normal 12 to 16)

[redacted] **20[redacted] HEMOGLOBIN:** 9.4 G/DL (normal 12 to 16)

[redacted] 20[redacted] LEGIONELLA AG (BLOOD): NEGATIVE

[redacted] **20[redacted] O2 SATURATION:** 94.8 % (normal 95 to 99)

[redacted] **20[redacted] PO2:** 71.5 mmHg (normal 83 to 108)

[redacted] 20[redacted] ST, PNEUMONIA (BLOOD): 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
腰筋膿瘍	X			X

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

Medical History	Onset Year
OTHER: ANAL FISTULA	20[redacted]
CROHN'S DISEASE	20[redacted]

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

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	2 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 /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] / 64	[redacted]20[redacted] / 64	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 92	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 149	[redacted]20[redacted] / 149	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 205	[redacted]20[redacted] / 205	1

PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 261	[redacted]20[redacted] / 261	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 322	[redacted]20[redacted] / 322	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 366	[redacted]20[redacted] / 366	1
PLACEBO	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
ARONAMIN GOLD	1 OTHER: TABLET	QD	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted] / -106
MESALAZINE	2 g	BID	Y-M: 20[redacted] / -106
ARONAMIN C PLUS	1 OTHER: TAB	QD	Y-M: 20[redacted] / 73
ARONAMIN C PLUS	618.56 mg	QD	Y-M: 20[redacted] / 73

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
ARONAMIN GOLD	1 OTHER: TABLET	QD	Y-M: 20[redacted]	NOT REPORTED
FILGRASTIM	300 OTHER: MCG	QD	Y-M: 20[redacted] / 481	Y-M: 20[redacted] / 481
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted] / 481	Y-M: 20[redacted] / 499
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 481	Y-M: 20[redacted] / 512
PROPACETAMOL	1 g	QD	Y-M: 20[redacted] / 481	Y-M: 20[redacted] / 512
SMOFLIPID	500 mL	QD	Y-M: 20[redacted] / 482	Y-M: 20[redacted] / 484
AMINO ACIDS	724 mL	QD	Y-M: 20[redacted] / 483	Y-M: 20[redacted] / 483
PETHIDINE	25 mg	QD	Y-M: 20[redacted] / 483	Y-M: 20[redacted] / 483
MULTITRACE-4	0.5 mL	QD	Y-M: 20[redacted] / 485	Y-M: 20[redacted] / 500
SMOFKABIVEN PERIFER	1 OTHER: PKG	QD	Y-M: 20[redacted] / 485	Y-M: 20[redacted] / 500
VITAMINS NOS	2.5 mL	QD	Y-M: 20[redacted] / 485	Y-M: 20[redacted] / 512
POTASSIUM	3 g	QD	Y-M: 20[redacted] / 486	Y-M: 20[redacted] / 486

ISOPRENALINE	0.2 mg	QD	Y-M: 20[redacted] / 486	Y-M: 20[redacted] / 490
DOPAMINE	800 mg	QD	Y-M: 20[redacted] / 492	Y-M: 20[redacted] / 492
METOCLOPRAMIDE	5 mg	QD	Y-M: 20[redacted] / 492	Y-M: 20[redacted] / 493
FUROSEMIDE	10 mg	QD	Y-M: 20[redacted] / 495	Y-M: 20[redacted] / 495
LIDOCAINE	400 mg	QD	Y-M: 20[redacted] / 497	Y-M: 20[redacted] / 497
TETRACOSACTIDE	250 mg	QD	Y-M: 20[redacted] / 498	Y-M: 20[redacted] / 498
LAFUTIDINE	10 mg	BID	Y-M: 20[redacted] / 499	Y-M: 20[redacted] / 513
FESTAL PLUS	1 OTHER: TAB	BID	Y-M: 20[redacted] / 499	Y-M: 20[redacted] / 827
ORNITHINE	10 g	QD	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 512
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 512	Y-M: 20[redacted] / 545
ULTRACET	1 OTHER: TAB	TID	Y-M: 20[redacted] / 513	Y-M: 20[redacted] / 515
MAGNESIUM OXIDE	250 mg	TID	Y-M: 20[redacted] / 513	Y-M: 20[redacted] / 545

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

Event Description	RT. PSOAS MUSCLE ABSCESS
Preferred Term	腰筋膿瘍
AE Onset Date / Rx Day	[redacted]20[redacted] / 480 (60 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 481): Hemoglobin: 67 [140 - 170] G/L; Leukocytes: 1.1 [4 - 11] 10^9/L; Platelets: 87 [140 - 400] 10^9/L; [redacted]20[redacted] (Rx Day 483): NPTST102-CALPROTECTIN: 228.23 [0 - 50] MG/KG; [redacted]20[redacted] (Rx Day 485): Hemoglobin: 110 [140 - 170] G/L; [redacted]20[redacted] (Rx Day 490): Platelets: 189 [140 - 400] 10^9/L; [redacted]20[redacted] (Rx Day 492): Leukocytes: 4.3 [4 - 11] 10^9/L

Microbiology

[redacted]20[redacted] (Rx Day 483): OTHER PUS FUNGUS CULTURE(PUS): Negative; OTHER PUS FUNGUS STAIN: Negative; OTHER PUS OTHER CULTURE(PUS): Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 481): CT ABDOMEN:IT IS ACCOMPANIED BY ACTIVE INVESTMENT OF MULTI-FORMAL CRON'S DISEASE, ALONG WITH PROXIMAL ILEUM, SELF ILEAL LOOP, AND DIGITAL ILEUM. IT IS THOUGHT THAT THE DISTANCE ILEUM IS ACCOMPANIED BY A PHENETR; RT. PSOAS M.PIGTAIL CATHETER DRAINAGE INSERTION:RT. PSOAS ABSCESS DRAINAGE WAS DONE. NO IMMEDIATE COMPLICATIONS.; TRANSFUSION:LEUCOCYTE REDUCTION FILTERED RED CELL 400ML TRANSFUSION DONE; [redacted]20[redacted] (Rx Day 482): TRANSFUSION:LEUCOCYTE REDUCTION FILTERED RED CELL 400ML TRANSFUSION DONE; [redacted]20[redacted] (Rx Day 483): TRANSFUSIPN:LEUCOCYTE REDUCTION FILTERED RED CELL 400ML TRANSFUSION DONE; [redacted]20[redacted] (Rx Day 487): CT ABDOMEN:CRON'S DISEASE PATIENT IN THE

FISTULIZING STATE. COMPARED TO THE PREVIOUS CT, THE ABSCCESS IN THE FRONT OF THE RIGHT PSOAS BUSCLE LOOKS BETTER AFTER THE PIG-TAIL CATHETER INSERT. OTHERWISE, NO INTER; [redacted]20[redacted] (Rx Day 494): GASTROGRAPHY:SUSPECT CONTRAST LEAKAGE DUE TO THE DOWNSTREAM OF THE CECUM AND CONSIDER THE POSSIBILITY OF FISTULA CONNECTED TO THE ABSCESS OF THE CT (20[redacted]) AND THE RETROPERITONEAL SPACE DURING REFLATION.; [redacted]20[redacted] (Rx Day 499): CT ABDOMEN:COMPARED TO PREVIOUS CTS, COMPLEX FOISTULA IS OBSERVED IN TERMINAL ILEUM, CECUM, AND ABSCESS LESION. THESE LESIONS ARE THE SAME AS BEFORE. OTHER MULTIPLE SMALL BOWELS AND COLONS' WALL THICKNESSING F; [redacted]20[redacted] (Rx Day 511): CT ABDOMEN:1. INTERVAL DECREASED EXTENT OF ABSCESS FORMATION IN THE RT. LOWER QUADRANT. 2. OTHERWISE NO INTERVAL CHANGE OF WALL THICKENING IN THE CECUM AND IC VALVE AND TERMINAL ILEUM DUE TO CROHN'S DISEASE.

AE Stopped Rx Day	513 (93 DAYS AFTER LAST TREATMENT)
Duration of AE	34 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN'S DISEASE PROGRESSION
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

韓国の治験責任医師からの報告。本被験者は2[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，右腰筋膿瘍の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，痔瘻，クローン病（B1，L2），喫煙者（1 日 2 本を 2 年間）及び非飲酒者であった。

投与 480 日後，被験者は右腰筋膿瘍を発現した。投与 513 日後，右腰筋膿瘍は消失した。

入院前日，被験者は，脇腹の疼痛のため，近医を受診した。

投与 481 日後，被験者は，白血球低値，発熱の持続，及び腰痛のため，入院した。被験者は解熱剤（詳細不明）を服用したが，1 時間後に発熱がぶり返した。投与 481 日後，被験者は経皮ドレナージ用カテーテル（PCD）挿入による右腰筋膿瘍ドレナージを受けた。投与 481 日後，投与

482 日後，及び投与 483 日後，被験者は白血球除去フィルター付赤血球の輸血 400 mL を受けた。入院中，徐脈及び低血圧を合併していた。投与 512 日後，カテーテルが抜去された。投与 513 日後，被験者は退院した。

投与された薬剤は，Leucostim，Trison KIT，Pantoline，Dopamine Premix，Omapone Peri，ペチジン，タゾバクタム，Furtman，Smofkabiven Peripheral，M.V.H，Isuprel，塩化カリウム，Trizele，Denogan 及び SMOFlipid であった。

Causality for RISANKIZUMAB (Blinded)

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1) Psoas abscess (10056517) (Psoas abscess (10056517)) [v.24.0] [10056517]

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

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

Dechallenge: Yes

Rechallenge: rechallenge was done, reaction did not recur

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of RT. PSOAS MUSCLE ABSCESS

- Investigator: Crohn's Disease progression.

- AbbVie: Event is more likely a complication of pre-existing Crohn's disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] CALPROTECTIN: 228.23 mg/kg (normal 0 to 50)

[redacted] 20[redacted] CT ABDOMEN: IT IS ACCOMPANIED BY ACTIVE INVESTMENT OF MULTI-FORMAL CRON'S DISEASE, ALONG WITH PROXIMAL ILEUM, SELF ILEAL LOOP, AND DIGITAL ILEUM. IT IS THOUGHT THAT THE DISTANCE ILEUM IS ACCOMPANIED BY A PHENETRATING MANIFESTATION, WHICH IS OBSERVED WITH PERITONITIS AS WELL AS AN ABSCASS POCKET ALONG THE PSOAS MUSSICLE. THIS MAY CAUSE THE RIGHT KEY TO BE COMPINED WITH THE APN ACCOMPANYING THE UETERITIS. THIS RESULTS IN RIGHT HYDRONEPHROSIS OBSERVED.

[redacted] **20[redacted] CT ABDOMEN:** CRON'S DISEASE PATIENT IN THE FISTULIZING STATE. COMPARED TO THE PREVIOUS CT, THE ABSCCESS IN THE FRONT OF THE RIGHT PSOAS BUSCLE LOOKS BETTER AFTER THE PIG-TAIL CATHETER INSERT. OTHERWISE, NO INTERVAL CHANGE.

[redacted] **20[redacted] CT ABDOMEN:** COMPARED TO PREVIOUS CTS, COMPLEX FOISTULA IS OBSERVED IN TERMINAL ILEUM, CECUM, AND ABSCESS LESION. THESE LESIONS ARE THE SAME AS BEFORE. OTHER MULTIPLE SMALL BOWELS AND COLONS' WALL THICKNESSING FINDINGS ARE OBSERVED, AND THIS IS THE SAME AS BEFORE.

[redacted] **20[redacted] CT ABDOMEN:** 1. INTERVAL DECREASED EXTENT OF ABSCESS FORMATION IN THE RT. LOWER QUADRANT. 2. OTHERWISE NO INTERVAL CHANGE OF WALL THICKENING IN THE CECUM AND IC VALVE AND TERMINAL ILEUM DUE TO CROHN'S DISEASE.

[redacted] 20[redacted] FUNGAL CULTURE: negative

[redacted] 20[redacted] FUNGUS STAIN: negative

[redacted] **20[redacted] GASTROGRAPHY:** SUSPECT CONTRAST LEAKAGE DUE TO THE DOWNSTREAM OF THE CECUM AND CONSIDER THE POSSIBILITY OF FOISTULA CONNECTED TO THE ABSCESS OF THE CT (20[redacted]) AND THE RETROPERITONEAL SPACE DURING REFLATION.

[redacted] **20[redacted] HEMOGLOBIN:** 8.1 G/DL (normal 13.5 to 17.5)

[redacted] **20[redacted] HEMOGLOBIN:** 6.7 G/DL (normal 14.0 to 17.0)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 14.68 mg/dL (normal 0 to 0.5)

[redacted] **20[redacted] PLATELET COUNT:** 87 X10**3/MCL (normal 140 to 400)

[redacted] 20[redacted] PUS CULTURE: Negative

[redacted] **20[redacted] WHITE BLOOD CELLS:** 2.21 X10**3/MCL (normal 4.0 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 1.09 X10**3/MCL (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
アラニンアミノトランスフェラーゼ増加				X
イレウス	X			

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

Medical History	Onset Year
OTHER: ANAL FISTULA	19[redacted]
CROHN'S DISEASE	20[redacted]
HYPERTENSION	20[redacted]
OTHER: SMALL BOWEL PERFORATION	20[redacted]
OTHER: LEFT ANKLE PAIN(ARTHRITIS)	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: FISTULOTOMY	19[redacted]
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	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] / 30	[redacted]20[redacted] / 30	1

M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 30	20[redacted] / 30	1
M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	20[redacted] / 62	20[redacted] / 62	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 62	20[redacted] / 62	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 91	20[redacted] / 91	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 148	20[redacted] / 148	1
RISANKIZUMAB	2400 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 210	20[redacted] / 210	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 255	20[redacted] / 255	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 315	20[redacted] / 315	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 371	20[redacted] / 371	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 434	20[redacted] / 434	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]
FIMASARTAN	120 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	5MG/KG mg/kg	OTHER: (WK 0, WK 2, AND WK 6	Y-M: 20[redacted]
INFLIXIMAB	5MG/KG mg/kg	Q2M	Y-M: 20[redacted]
AMLODIPINE	5 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	10MG/KG mg/kg	OTHER: (WK 0, WK 2, AND WK 6	Y-M: 20[redacted]
INFLIXIMAB	10MG/KG mg/kg	Q2M	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	40MG mg	OTHER: WK0	Y-M: 20[redacted]
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]
CELECOXIB	200 mg	BID	Y-M: 20[redacted] / -357
SULFASALAZINE	1000 mg	BID	Y-M: 20[redacted] / -349

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]	NOT REPORTED
CALCIUM CARBONATE	1 OTHER: TAB	QD	Y-M: 20[redacted] / 148	NOT REPORTED

AMINO ACIDS NOS W/ELECTROLYTES NOS/GLUCOSE/LI	1904 mL	QD	Y-M: 20[redacted] / 177	Y-M: 20[redacted] / 179
CIMETROPIUM	5 mg	QD	Y-M: 20[redacted] / 462	Y-M: 20[redacted] / 462
MIDAZOLAM	5 mg	QD	Y-M: 20[redacted] / 462	Y-M: 20[redacted] / 462
PETHIDINE	25 mg	QD	Y-M: 20[redacted] / 462	Y-M: 20[redacted] / 462
PICO-SALAX	170 mL	QD	Y-M: 20[redacted] / 462	Y-M: 20[redacted] / 462
AMLODIPINE	10 mg	QD	Y-M: 20[redacted] / 671	NOT REPORTED
EDARBYCLOR	12.5 mg	QD	Y-M: 20[redacted] / 671	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	ILEUS
Preferred Term	イレウス
AE Onset Date / Rx Day	[redacted]20[redacted] / 104
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 104): C Reactive Protein: 13.4 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 105): C Reactive Protein: 42.7 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 107): C Reactive Protein: 7.6 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 111): C Reactive Protein: 1 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 113): C Reactive Protein: 1 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 119): C Reactive Protein: 3.4 [0 - 6] MG/L

Microbiology

[redacted]20[redacted] (Rx Day 104): BLOOD CULTURE: Negative; STOOL CULTURE/GRAM STAIN: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 104): CT, ENTEROGRAPHY:NO CHANGE OR SLIGHT PROMINENT-LOOKING ACTIVE CROHN'S DISEASE INVOLVING DISTAL JEJUNUM, PELVIC ILEAL LOOP AND TERMINAL ILEUM; [redacted]20[redacted] (Rx Day 105): DXR,ABDOMEN SUPINE & UPRIGHT:ILEUS; [redacted]20[redacted] (Rx Day 108): DXR,ABDOMEN SUPINE & UPRIGHT:NONSPECIFIC BOWEL GAS PATTERN.

AE Stopped Rx Day	113
Duration of AE	10 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	IT IS RELATED TO CROHN'S DISEASE.
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	ILEUS
Preferred Term	イレウス
AE Onset Date / Rx Day	[redacted]20[redacted] / 176

Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 177): C Reactive Protein: 166 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 178): C Reactive Protein: 79.8 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 205): C Reactive Protein: 38 [0 - 6] MG/L

Microbiology

[redacted]20[redacted] (Rx Day 176): BLOOD CULTER: Negative; STOOL CULTURE/GRAM STAIN: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 176): CT, ABDOMEN & PELVIS:DECREASED DISEASE SEVERITY AND MULTIFOCAL RESIDUAL MILD INFLAMMATION. - NO PENETRATING DISEASE. - BOWEL OBSTRUCTION D/T STRICTURE WITHOUT INFLAMMATION AT THE MID ILEUM.

AE Stopped Rx Day	205
Duration of AE	30 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CRHON'S DISEASE AGGRAVATION
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #3: Event of Interest - Hepatic Events

Event Description	INCREASED ALT
Preferred Term	アラニンアミノトランスフェラーゼ増加
AE Onset Date / Rx Day	[redacted]20[redacted] / 462 (28 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	NOT REPORTED
Duration of AE	NOT REPORTED
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

韓国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，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，腸切除，クローン病，小腸穿孔，機械的イレウス及び非喫煙者であった。

投与104日後，被験者はイレウスを発現した。投与113日後，イレウスは消失した。

投与104日後，被験者は腹痛及び嘔吐（4回）を発現した。腹部X線の結果，イレウスが認められた。被験者は，救急治療室で静脈内補液及び絶食維持による治療を受けた。投与104日後，被験者は経過観察のため入院した。投与113日後，被験者は退院した。

投与された薬剤は，Disoline，Winuf及びTridolであった。

Causality for RISANKIZUMAB (Blinded)

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1) Ileus (10021328) (Ileus (10021328)) [v.22.1] [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: It is related to Crohn's disease.

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

Relevant Laboratory & Other Diagnostic Tests

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

[redacted] **20[redacted] CT SCAN:** Enterography: No change or slight prominent looking active Crohn's disease (distal jejunum, pelvic ileal loop and terminal ileum).

[redacted] 20[redacted] HIGH SENSITIVITY C REACTIVE PROTEIN: 1.34 mg/dL (normal 0 to 0.6)

[redacted] 20[redacted] HIGH SENSITIVITY C REACTIVE PROTEIN: 4.27 mg/dL (normal 0 to 0.6)

[redacted] 20[redacted] HIGH SENSITIVITY C REACTIVE PROTEIN: 0.76 mg/dL (normal 0 to 0.6)

[redacted] 20[redacted] STOOL CULTURE: Negative

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

韓国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，イレウスの事象を発現した。

Event 2 の臨床経過：

関連する病歴は，痔瘻，瘻孔切開，腸切除，クローン病，小腸穿孔，非喫煙者及び元飲酒者（1 日 2 杯未満）であった。

投与 176 日後，被験者はイレウスを発現した。投与 205 日後，イレウスは消失した。

以前，投与 104 日後から投与 113 日後まで，被験者はイレウスのため入院していた（AER# [redacted]）。

投与 176 日後，被験者は腹痛のため入院した。CT スキャン検査が行われた結果，腸閉塞及び軽度の炎症が認められた。絶食下での静脈内補液，及び TPN が開始された。投与 179 日後，被験者は退院した。

投与された薬剤は，シプロフロキサシン，メトロニダゾール及び Omapone Peri（TPN）であった。

The patient's past medications include:

INFLIXIMAB 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])

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

Causality for RISANKIZUMAB (Blinded)

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1) Ileus (10021328) (Ileus (10021328)) [v.23.0] [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:** Crohn's disease aggravation

- **AbbVie:** Event is more likely relatedto pre-existing crohns disease.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] HIGH-SENSITIVITY C-REACTIVE PROTEIN: 16.6 mg/dL (normal 0 to 0.6)

[redacted] **20[redacted] CT SCAN:** abdomen and pelvis: Bowel obstruction d/t stricture without inflammation at the mid ileum, Decreased disease severity and multifocal residual mild inflammation. No penetrating disease.

[redacted] 20[redacted] CULTURE (BLOOD): Negative.

[redacted] 20[redacted] CULTURE/GRAM STAIN (STOOL): 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			

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

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

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: PLACEMENTS OF SETONS	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	[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] / 85	[redacted]20[redacted] / 85	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 162	[redacted]20[redacted] / 162	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 197	[redacted]20[redacted] / 197	1

PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 251	20[redacted] / 251	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 314	20[redacted] / 314	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 370	20[redacted] / 370	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 426	20[redacted] / 426	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]
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	320~500 mg	QM	Y-M: 20[redacted]
MESALAZINE	500 mg	BID	Y-M: 20[redacted]
INFLIXIMAB	500 mg	QM	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY WEEK	Y-M: 20[redacted] / -303
ADALIMUMAB	80 mg	OTHER: INDUCTION	Y-M: 20[redacted] / -290
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted] / -275
CIPROFLOXACIN	500 mg	BID	Y-M: 20[redacted] / -183
FEROBA	256 mg	BID	Y-M: 20[redacted] / -57
LEKOVIT CA	1000 mg	QD	Y-M: 20[redacted] / -57
METHOTREXATE	15 mg	OTHER: 1WEEKS	Y-M: 20[redacted] / -24
PREDNISOLONE	20 mg	QD	Y-M: 20[redacted] / -24
TRIMEBUTINE	300 ug	BID	Y-M: 20[redacted] / -24

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]	NOT REPORTED
LEKOVIT CA	1000 mg	QD	Y-M: 20[redacted] / -57	NOT REPORTED
FEROBA	256 mg	BID	Y-M: 20[redacted] / -57	Y-M: 20[redacted] / 369
METHOTREXATE	15 mg	OTHER: 1WEEKS	Y-M: 20[redacted] / -24	NOT REPORTED
TRIMEBUTINE	300 ug	BID	Y-M: 20[redacted] / -24	NOT REPORTED
AMINO ACIDS NOS W/CARBOHYDRATES NOS	1450 mL	QD	Y-M: 20[redacted] / 140	Y-M: 20[redacted] / 145
CHLORPHENAMINE	4 mg	PRN	Y-M: 20[redacted] / 144	Y-M: 20[redacted] / 151
AMBROXOL	15 mg	TID	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 148

FAMOTIDINE	20 mg	BID	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 148
RAMOSETRON	0.3 mg	QD	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 148
BEMIPARIN	0.2 mL	QD	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 150
PETHIDINE	25 mg	PRN	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 153
TRAMADOL	50 mg	PRN	Y-M: 20[redacted] / 146	Y-M: 20[redacted] / 153
NALOXONE W/OXYCODONE	5 mg	BID	Y-M: 20[redacted] / 149	Y-M: 20[redacted] / 153
NATURES WAY PRIMADOPHILUS ORIGINAL	20 mg	TID	Y-M: 20[redacted] / 149	Y-M: 20[redacted] / 153
PANCREATIN	1 OTHER: CAP	TID	Y-M: 20[redacted] / 149	Y-M: 20[redacted] / 153
ECABET	1.5 g	BID	Y-M: 20[redacted] / 150	Y-M: 20[redacted] / 153
CHLORPHENAMINE	4 mg	QD	Y-M: 20[redacted] / 153	Y-M: 20[redacted] / 153

Event #1: Serious Adverse Event

Event Description	CROHNS' DISEASE AGGRAVATION
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 139
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 139): C Reactive Protein: 220.9 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 140): C Reactive Protein: 170.3 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 141): C Reactive Protein: 84 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 145): C Reactive Protein: 9.2 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 147): C Reactive Protein: 33.5 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 149): C Reactive Protein: 101.7 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 151): C Reactive Protein: 70.5 [0 - 6] MG/L; [redacted]20[redacted] (Rx Day 153): C Reactive Protein: 45.1 [0 - 6] MG/L

Microbiology

[redacted]20[redacted] (Rx Day 139): STOOL CULTURE: Negative; BLOOD CULTURE: Negative

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 139): CT, ABDOMEN & PELVIS:IMPROVED CROHN'S DISEASE EXCEPT FOR ILEOCECAL LESION AND APPENDIX SINCE 20[redacted]. 2. INCREASED INFLAMMATION IN THE ILEOCECAL LESION DUE TO GANGRANEOUS APPENDICITIS (ASSOCIATED WITH CROHN'S DISEASE IN; [redacted]20[redacted] (Rx Day 146): LAPAROSCOPIC RIGHT HEMICOLECTOMY:ILEOCECAL VALVE ABSCESS

AE Stopped Rx Day	153
Duration of AE	15 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN'S DISEASE AGGRAVATION.
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

韓国の治験責任医師からの報告。本被験者は2[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，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，肛門周囲膿瘍，シートン留置，非喫煙者及び非飲酒者であった。

投与 139 日後，被験者はクローン病増悪を発現した。投与 153 日後，クローン病増悪は消失した。

投与 140 日後，被験者は腹痛悪化のため入院した。腸間膜フレグモーネを伴うクローン病増悪に対して診断検査が行われた。投与 146 日後，被験者は腹腔鏡下右半結腸切除を受け，その結果，回盲弁アクセスが認められた。投与 153 日後，被験者は退院した。

投与された薬剤は，ファモチジン／ガスター，Winuf（TPN），ラモセトロン塩酸塩／ナゼア，アンブロキソール／Nadoxol，クロルフェニラミン／Peniramin，ペチジン塩酸塩，トラマドール塩酸塩／Tridol，bemiparin sodium／Zibor，セフォタキシムナトリウム，オキシコドン／ナロキソン，エカベトナトリウム／Gastrex 顆粒，Lacidofil 及びメトロニダゾールであった。

The patient's past medications include:

Infliximab for CROHNS DISEASE ([redacted])

Adalimumab for CROHN'S DISEASE ([redacted])

FEROBA YOU for CROHN'S DISEASE ([redacted])

SOLONDO for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Crohns disease aggravated (10011408) (Crohn's disease (10011401)) [v.24.0] [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 AGGRAVATION

- Investigator: Crohns disease aggravation.

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BLOOD CULTURE: Negative

[redacted] 20[redacted] CT SCAN: Not reported

[redacted] **20[redacted] CT, ABDOMEN & PELVIS:** IMPROVED CROHN'S DISEASE EXCEPT FOR ILEOCECAL LESION AND APPENDIX SINCE [redacted] 20[redacted] Increased inflammation in the ileocecal lesion due to gangrenous appendicitis (assoc with crohn's involvement)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 22.09 mg/dl (normal 0 to 0.6)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 8.4 mg/dl (normal 0 to 0.6)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 0.92 mg/dL (normal 0 to 0.6)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 3.35 mg/dL (normal 0 to 0.6)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 10.17 mg/dl (normal 0 to 0.6)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 7.05 mg/dl (normal 0 to 0.6)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 4.51 mg/dL (normal 0 to 0.6)

[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
骨粗鬆症	X			

Treatment Group	Age at M16-006 Study Start	Sex	Race
Placebo SC Q8W	5[redacted]	FEMALE	ASIAN

Medical History	Onset Year
OTHER: CHOLECYSTITIS	20[redacted]
OTHER: CHRONIC NON-ATROPHIC GASTRITIS WITH EROSION	20[redacted]
CROHN'S DISEASE	20[redacted]
OSTEOPOROSIS: OSTEOPOROSIS	20[redacted]
OTHER: OSTEALGIA	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
SURGERY: APPENDECTOMY	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 /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] / 24	[redacted]20[redacted] / 24	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 24	[redacted]20[redacted] / 24	1

M16006 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 64	[redacted]20[redacted] / 64	1
M16006 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 64	[redacted]20[redacted] / 64	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 92	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 143	[redacted]20[redacted] / 143	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 207	[redacted]20[redacted] / 207	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 269	[redacted]20[redacted] / 269	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 322	[redacted]20[redacted] / 322	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 372	[redacted]20[redacted] / 372	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 428	[redacted]20[redacted] / 428	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
FOLIC ACID	5 mg	TID	Y-M: 20[redacted] / -298
LEKOVIT CA	1 OTHER: PC	QD	Y-M: 20[redacted] / -298
FLURBIPROFEN	40 mg	BID	Y-M: 20[redacted] / -53
METHOTREXATE	15 mg	OTHER: QW	Y-M: 20[redacted] / -53
OTHER NUTRIENTS	400 g	QD	Y-M: 20[redacted] / -34
CALCITRIOL	0.25 ug	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
FLURBIPROFEN	40 mg	BID	Y-M: 20[redacted] / -53	ONGOING
CELECOXIB	200 mg	OTHER: ONCE	Y-M: 20[redacted] / 333	Y-M: 20[redacted] / 333
ZOLEDRONIC ACID	5 mg	OTHER: ONCE	Y-M: 20[redacted] / 333	Y-M: 20[redacted] / 333
IOHEXOL	100 mL	OTHER: ONCE	Y-M: 20[redacted] / 428	Y-M: 20[redacted] / 428
MACROGOL	205.68 g	OTHER: ONCE	Y-M: 20[redacted] / 455	Y-M: 20[redacted] / 456
FENTANYL	0.05 mg	OTHER: ONCE	Y-M: 20[redacted] / 456	Y-M: 20[redacted] / 456
PROPOFOL	0.2 g	OTHER: ONCE	Y-M: 20[redacted] / 456	Y-M: 20[redacted] / 456

SIMETICONE	30 mL	OTHER: ONCE	Y-M: 20[redacted] / 456	Y-M: 20[redacted] / 456

Event #1: Serious Adverse Event

Event Description	OSTEOPOROSIS
Preferred Term	骨粗鬆症
AE Onset Date / Rx Day	[redacted]20[redacted] / 332
Age at AE Onset	5[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 333): C Reactive Protein: 27.7 [0 - 6] MG/L; NPTST224-FERRITIN: 696 [10 - 291] UG/L; NPTST302-IMMUNOGLOBULIN IGG: 16.5 [7.51 - 15.6] G/L; NPTST327-LIGHT CHAIN KAP: 1420 [629 - 1350] MG/DL; NPTST459-RED CELL DISTRIBUTION WITH: 14.6 [11 - 14.5] %

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 333): ANTERIOR AND LATERAL POSITION OF LUMBAR SPINE:THE VERTEBRAL BODIES OF T12, L2 AND L3 ARE FLATTENED AND COMPRESSION FRACTURES ARE CONSIDERED. PLEASE COMBINE THE MEDICAL HISTORY.LUMBAR DEGENERATIVE CHANGES, OSTEOPOROSIS.; CHEST SCAN:BENIGN SPOTS AND SMALL NODULES WERE CONSIDERED IN BOTH LUNGS. COMPARED WITH [redacted] 20[redacted], NO NODULES WERE FOUND IN THE LOWER LOBE OF THE RIGHT LUNG, AND NODULES WERE NEWLY FOUND IN THE LOWER LOBE OF; ULTRASONOGRAPHY OF LIVER, GALLBLADDER, PANCREAS AND SPLEEN:ROUGH GALLBLADDER WALL AND LARGE SPLEEN

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	CONSIDER OSTEOPOROSIS MEDICAL HISTORY
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

中国の治験責任医師からの報告。本被験者は 5[redacted] 歳女性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，骨粗鬆症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，腸切除，クローン病，骨粗鬆症，骨痛，非喫煙者及び非飲酒者であった。

投与 332 日後，被験者は骨粗鬆症を発現した。

投与 332 日後，被験者は骨粗鬆症に対する二次治療のため，病院の内分泌科に入院した。被験者には「胸腰椎」圧迫骨折を伴う重度の骨粗鬆症があり，骨密度維持の指示が出ていた。被験者は二次治療，普通食，及び対症療法を休止した。投与 333 日後，関連する禁忌を排除後，被験者は，骨密度維持のため，抗骨粗鬆症剤の点滴静注の単回投与による治療を 5 mg まで受けた。入院中，被験者に合併症の発現は認められなかった。投与 334 日後，被験者は退院した。

投与された薬剤は，セレコキシブ，ゾレドロン酸注，Roguet 及び炭酸カルシウム／ビタミン D3 であった。

The patient's past medications include:

UNKNOWN DRUG for OSTEOPOROSIS PREVENTION ([redacted] 20[redacted] - [redacted] 20[redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Osteoporosis (10031282) (Osteoporosis (10031282)) [v.23.1] [10031282]

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 OSTEOPOROSIS

- Investigator: Consider osteoporosis medical history.

- AbbVie: Event more likely related to pre-existing osteoporosis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] **ANTERIOR AND LATERAL POSITION OF LUMBAR SPINE:** THE VERTEBRAL BODIES OF T12, L2 AND L3 ARE FLATTENED AND COMPRESSION FRACTURES ARE CONSIDERED.

[redacted] 20[redacted] **CHEST SCAN:** Benign spots and small nodules were considered in both lungs. Compared with [redacted] 20[redacted], no nodules were found in the lower lobe of the right lung, and nodules were newly found in the lower lobe of the right lung ("IM 85"). Both lungs are scattered in fibrous foci with slightly thicker apical pleura.

[redacted] 20[redacted] EGFR: Not reported

[redacted] 20[redacted] FERRITIN: 696.00 G/L

[redacted] 20[redacted] HIGH SENSITIVITY C REACTIVE PROTEIN: 27.7 MG/L (normal 0 to 6.0)

[redacted] 20[redacted] IMMUNOGLOBULIN G: 16.50 G/L

[redacted] 20[redacted] LIGHT CHAIN KAPPA: 1420 mg/dL

[redacted] 20[redacted] **LUMAR SPINE CT:** 1. Degenerative changes of the lumbar spine, degeneration of some intervertebral discs, and bulging of t11/12 intervertebral discs. 2. Flattening of the vertebral bodies in T11, T12 and L3, and xu's nodules at the upper margin of L2., osteoporosis was diagnosed.

[redacted] 20[redacted] RBC DISTRIBUTION WIDTH: 14.6 %

[redacted] 20[redacted] ULTRASONOGRAPHY OF LIVER, GALLBLADDER, PANCREAS AND SPLEEN: ROUGH GALLBLADDER WALL AND LARGE SPLEEN

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
肥満	X			

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

Medical History	Onset Year
OTHER: MORBID OBESITY	20[redacted]
OTHER: IUD	20
OTHER: ARTHRITIS, RHEUMATIC	20
OTHER: ANKLOSIS SPONDYLITIS+SACROLIITIS	20
ANEMIA: ANEMIA	20
OTHER: PERIPHERAL ARTHROPATHY	20
TUBERCULOSIS: LATENT TB	20
CROHN'S DISEASE	20
OTHER: LEFT CALF VARICOSE	20
OTHER: HIATAL HERNIA	20

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	10 CIGARETTE	25	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
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	20[redacted] / 64	20[redacted] / 64	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 99	20[redacted] / 99	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 99	20[redacted] / 99	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 113	20[redacted] / 113	1
M16006 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 147	20[redacted] / 147	1
M16006 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 147	20[redacted] / 147	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 163	20[redacted] / 163	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 163	20[redacted] / 163	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 219	20[redacted] / 219	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 219	20[redacted] / 219	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 275	20[redacted] / 275	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 275	20[redacted] / 275	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 331	20[redacted] / 331	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 331	20[redacted] / 331	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 388	20[redacted] / 388	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 388	20[redacted] / 388	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 444	20[redacted] / 444	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 444	20[redacted] / 444	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 500	20[redacted] / 500	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 500	20[redacted] / 500	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
ESOMEPRAZOLE	20 mg	BID	Y-M: 20[redacted]-[redacted] / 293	ONGOING

PARACETAMOL	1000 mg	PRN	Y-M: 20[redacted] / 293	Y-M: 20[redacted] / 297

Event #1: Serious Adverse Event

Event Description	WORSENING OF OBESITY
Preferred Term	肥満
AE Onset Date / Rx Day	[redacted]20[redacted] / 293
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 293): LAPAROSCOPIC SLEEVE GASTRECTOMY.LAPAROSCOPIC REPAIRE OF HIATAL HERNIA.:WEIGHT LOSS TO 10[redacted]KG	
AE Stopped Rx Day	295
Duration of AE	3 DAYS
Severity	MILD
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ELECTIVE ADMISSION TO LAPAROSCOPIC SLEEVE GASTRECTOMY PLANNED FOR MORBID OBESITY TREATMENT
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

イスラエル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，肥満悪化の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，病的肥満，リウマチ性関節炎，強直性脊椎炎及び仙腸骨炎，強直性脊椎炎及び仙腸骨炎，元紙巻タバコ喫煙者（1 日 10 本を 25 年間），クローン病，貧血並びに非飲酒者であった。

投与 293 日後，被験者は肥満悪化を発現した。投与 295 日後，肥満悪化は消失した。

投与 293 日後，被験者は入院した。同日，被験者は，体重減少の目的で，腹腔鏡下袖状胃切除及び裂孔ヘルニア修復を受けた。手術後，被験者の体重は減少した。投与 295 日後，被験者は退院した。

投与された薬剤は，paracetamol であった。

Causality for RISANKIZUMAB (Blinded)

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1) Obesity (10029883) (Obesity (10029883)) [v.23.1] [10029883]

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 OBESITY

- Investigator: ELECTIVE ADMISSION TO LAPAROSCOPIC SLEEVE GASTRECTOMY PLANNED FOR MORBID OBESITY TREATMENT

- AbbVie: Event more likely related to pre-existing morbid obesity

Relevant Laboratory & Other Diagnostic Tests

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

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

[redacted] 20[redacted] WEIGHT: 11[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
低血圧	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Placebo SC Q8W	6[redacted]	FEMALE	BLACK OR AFRICAN AMERICAN

Medical History	Onset Year
DRUG ALLERGIES/REACTIONS: ALLERGY TO CODEINE	19[redacted]
DRUG ALLERGIES/REACTIONS: ALLERGY TO OXYCODONE	19
GASTROESOPHAGEAL REFLUX DISEASE	19
HYPERTENSION	19
OTHER: POTASSIUM DEFICIENCY	19
CROHN'S DISEASE	20
OTHER: FIBROMYALGIA	20
OTHER: INSOMNIA	20
OTHER: B 12 DEFICIENCY	20
OTHER: GUILLAIN-BARRE SYNDROME	20
OTHER: GAIT INSTABILITY	20
OTHER: NEUROPATHIC PAIN	20
DEGENERATIVE DISC DISEASE: DEGENERATIVE DISC DISEASE	20
OTHER: DIFFICULTY SWALLOWING	20
OTHER: LOWER BACK PAIN	20
OTHER: BURSITIS TO RIGHT SHOULDER	20
OTHER: CHRONIC BILATERAL KNEE PAIN	20
OTHER: MUSCLE WEAKNESS	20
OTHER: ARTHROPY LUMBAR FACET	20
EMPHYSEMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE: COPD	20
OTHER: STOMACH PAIN	20
DEPRESSION: MILD DEPRESSION	20
ANEMIA: ANEMIA	20
OTHER: ARTHRITIS	20
OTHER: DIFFICULTY WALKING	20
OTHER: LOWER LEG SWELLING	20
OTHER: YEAST INFECTION	20
OTHER: VITAMIN D DEFICIENCY	20

Prior Procedures	Procedure Year
SURGERY: PARTIAL HYSTERECTOMY	19[redacted]

SURGERY: CHOLECYSTECTOMY	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: EXPLORATORY LAPAROTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: ILEOCECAL VALVE REMOVED	20[redacted]
SURGERY: WEAKNESS LOWER LIMBS	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: LAPAROTOMY	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	20 CIGARETTE	43	
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)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	20[redacted] / 1	20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	20[redacted] / 34	20[redacted] / 34	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	20[redacted] / 61	20[redacted] / 61	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 103	20[redacted] / 103	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 159	20[redacted] / 159	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 217	20[redacted] / 217	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 281	20[redacted] / 281	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ATENOLOL	50.0 mg	QD	Y-M: 19[redacted]
OMEPRAZOLE	20.0 mg	QD	Y-M: 19[redacted]
POTASSIUM	20.0 OTHER: MEQ	QD	Y-M: 19[redacted]
ADALIMUMAB	160/80/40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
INFLIXIMAB	UN mg	OTHER: Q2, Q6	Y-M: 20[redacted]
PREGABALIN	200.0 mg	BID	Y-M: 20[redacted]
TRAZODONE	50.0 mg	PRN	Y-M: 20[redacted]
MELOXICAM	7.5 mg	QD	Y-M: 20[redacted]

CITALOPRAM	20.0 mg	QD	Y-M: 20[redacted]
DICYCLOVERINE	20.0 mg	PRN	Y-M: 20[redacted]
SERETIDE	100/50 OTHER: MCG	PRN	Y-M: 20[redacted]
CERTOLIZUMAB	400 mg	QM	Y-M: 20[redacted]
DICLOFENAC	2.0 g	QID	Y-M: 20[redacted]
CYANOCOBALAMIN	100.0 OTHER: MCG	QD	Y-M: 20[redacted] / -27
ERGOCALCIFEROL	50,000 IU	OTHER: WEEKLY	Y-M: 20[redacted] / -25
FUROSEMIDE	37.5 mg	QD	Y-M: 20[redacted] / 33
CALCITE D	1 OTHER: TABLET	BID	Y-M: 20[redacted] / 59

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	SYMPTOMATIC HYPOTENSION
Preferred Term	低血圧
AE Onset Date / Rx Day	[redacted]20[redacted] / 324 (43 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 324): Blood Urea Nitrogen: 37 [NOT REPORTED - 23] mg/dL; Creatinine: 274 [44 - 124] UMOL/L; Potassium: 3.2 [3.5 - 5.1] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 324): CT ABDOMEN PELVIS WITHOUT CONTRAST:IMAGES OF THE LOWER THORAX ARE REMARKABLE FOR VAGUE TREE IN BUD LIKE NODULAR OPACITY WITHIN THE PERIPHERY OF THE RIGHT LOWER LOBE, NEAR THE FISSURE. THERE IS MINIMAL DEPENDANT ATELECTASIS.; CT CERVICAL SPINE WITHOUT CONTRAST:THERE IS A DISC SPACE NARROWING C3-4 AND C5-6 WITH DISC OSTEOPHYTE COMPLEX. NO SIGNIFICANT SUBLUXATION. CERVICAL RIBS NOTED. NO ACUTE FRACTURES SEEN.; CT HEAD WITHOUT CONTRAST:THE SUBCUTANEOUS TISSUE ARE UNREMARKABLE, THE BONY CALVARIUM IS INTACT. PARANASAL SINUSES ARE UNREMARKABLE. THE MASTOID AIR CELLS ARE CLEAR. THE ORBITS AND INTRAORBITAL CONTENTS ARE WITHIN NORMAL LIMI; ELECTROCARDIOGRAM:NORMAL SINUS RHYTHM WITH SINUS ARRHYTHMIA; US RETROPERITONEAL COMPLETE:ELEVATED BILATERAL RENAL RESISTIVE. INDICES. LARGE LEFT RENAL CYST. TYPICALLY THESE REPRESENT NO OBSTRUCTING RENAL STONES OR VASCULAR CALCIFICATIONS.

AE Stopped Rx Day	329 (48 DAYS AFTER LAST TREATMENT)
Duration of AE	6 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	GENERALIZED WEAKNESS
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

米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，症候性低血圧の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，胃食道逆流性疾患，高血圧，カリウム欠乏，クローン病，線維筋痛，ギラン・バレー症候群，肺気腫／慢性閉塞性肺疾患，貧血，現紙巻タバコ喫煙者（1 日 1 箱を 43 年間）及び非飲酒者であった。

投与 324 日後，被験者は症候性低血圧を発現した。投与 329 日後，症候性低血圧は消失した。

投与 324 日後，被験者は入院した。来院時，被験者は低血圧であり，悪心，嘔吐及び下痢が認められた。補液の静脈内投与及び経験的抗生剤投与が行われた。本事象発現前の 3 週間，被験者は，低血圧，脱力，悪心，嘔吐，下痢及び頻繁な転倒を発現していた。投与 329 日後，被験者は退院した。

本事象により治験薬の投与が完全に中止された。

The patient's past medications include:

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

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

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

CODEINE for UNKNOWN INDICATION

OXYCODONE for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Hypotension symptomatic (10021105) (Hypotension (10021097)) [v.22.1] [10021105]

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 SYMPTOMATIC HYPOTENSION

- Investigator: Generalized weakness.

- AbbVie: Event more likely due to subject's pre-existing Crohn's disease, long term use of Furosemide and Atenolol.

Relevant Laboratory & Other Diagnostic Tests

Unknown date BODY WEIGHT: 13[redacted] Pounds

[redacted] **20[redacted] BUN:** 23 mg/dL (normal 8 to 23)

[redacted] **20[redacted] BUN:** 23 mg/dL (normal 8 to 23)

[redacted] **20[redacted] BUN:** 29 mg/dL (normal 8 to 23)

[redacted] **20[redacted] BUN:** 37 mg/dL (normal 8 to 23)

[redacted] **20[redacted] CREATININE:** 1.0 mg/dL (normal 0.54 to 1.4)

[redacted] **20[redacted] CREATININE:** 1.5 mg/dL (normal 0.54 to 1.4)

[redacted] **20[redacted] CREATININE:** 3.1 mg/dL (normal 0.54 to 1.4)

[redacted] **20[redacted] CT ABDOMEN PELVIS WITHOUT CONTRAST:** Images of the lower thorax are remarkable for avgue trr in bud like nodular opacity within the periphery of the right lower lobe, near the fissure. There is minimal dependent atelectasis.

[redacted] **20[redacted] CT CERVICAL SPINE WITHOUT CONTRAST:** THERE IS A DISC SPACE NARROWING C3-4 AND C5-6 WITH DISC OSTEOPHYTE COMPLEX. NO SIGNIFICANT SUBLUXATION.

CERVICAL RIBS NOTED. NO ACUTE FRACTURES SEEN.

[redacted] **20[redacted] CT HEAD WITHOUT CONTRAST:** The subcutaneous tissue are unremarkable, The bony calvarium is intact. Paranasal sinuses are unremarkable. The mastoid air cells are clear. The orbits and intraorbital contents are within normal limits.

[redacted] **20[redacted] ELECTROCARDIOGRAM:** Normal sinus rhythm with sinus arrhythmia

[redacted] **20[redacted] POTASSIUM:** 3.02 MMOL/L (normal 3.5 to 5.1)

[redacted] **20[redacted] US RETROPERITONEAL COMPLETE:** ELEVATED BILATERAL RENAL RESISTIVE INDICES. LARGE LEFT RENAL CYST. TYPICALLY THESE REPRESENT NO OBSTRUCTING RENAL STONES OR VASCULAR CALCIFICATIONS

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
胃腸炎	X			X

Treatment Group	Age at M15-991 Study Start	Sex	Race
Placebo SC Q8W	2[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
ANEMIA: LOW HEMOGLOBIN	20[redacted]
OTHER: LOWER ABDOMINAL PAIN	20[redacted]
OTHER: RECURRENT ENTEROCUTANEOUS FISTULA	20[redacted]
OTHER: PERIRECTAL ABCESS	20[redacted]
OTHER: RECURRENT INFECTION OF FISTULA	20[redacted]

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

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	6 CIGARETTE	4	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)
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 63	[redacted]20[redacted] / 63	1

PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 91	20[redacted] / 91	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 142	20[redacted] / 142	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 203	20[redacted] / 203	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 254	20[redacted] / 254	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 324	20[redacted] / 324	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 379	20[redacted] / 379	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 437	20[redacted] / 437	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
VEDOLIZUMAB	300 mg	QM	Y-M: 20[redacted]
ADALIMUMAB	160 mg	QM	Y-M: 20[redacted]
OXYCOCET	10-325 mg	PRN	Y-M: 20[redacted] / -283
PREDNISONE	20 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
METRONIDAZOLE	500 mg	TID	Y-M: 20[redacted] / 121	Y-M: 20[redacted] / 124
MORPHINE	1 mg	PRN	Y-M: 20[redacted] / 121	Y-M: 20[redacted] / 124
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 121	Y-M: 20[redacted] / 124
PARACETAMOL	650 mg	PRN	Y-M: 20[redacted] / 121	Y-M: 20[redacted] / 124
SODIUM CHLORIDE	10 mL	PRN	Y-M: 20[redacted] / 121	Y-M: 20[redacted] / 124
MACROGOL	238 g	OTHER: Q15MINUTES	Y-M: 20[redacted] / 448	Y-M: 20[redacted] / 448
OXYCOCET	325/5 mg	TID	Y-M: 20[redacted] / 477	Y-M: 20[redacted] / 481
ONDANSETRON	4MG/2ML OTHER: MG/ML	PRN	Y-M: 20[redacted] / 478	Y-M: 20[redacted] / 481
MACROGOL 3350	I PACK OTHER: PACK	QD	Y-M: 20[redacted] / 480	Y-M: 20[redacted] / 481

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

Event Description	GASTROENTERITIS
Preferred Term	胃腸炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 120
Age at AE Onset	2[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 120): CT OF ABDOMEN WITH PELVIS WITH CONTRAST:THICKENING OF COLON	
AE Stopped Rx Day	123
Duration of AE	4 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PRE EXISTING CROHNS FLARE UP
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	C-DIFF 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] / 475 (38 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]
Laboratory Testing	
[redacted]20[redacted] (Rx Day 479): NPTST088-C-DIFF- STOOL CULTURE: POSITIVE, C-DIFF ANT [NOT REPORTED - NOT REPORTED] POSITIVE	
Microbiology	
[redacted]20[redacted] (Rx Day 479): STOOL STOOL CULTURE: Positive-POSITIVE C-DIFF ANTIGEN	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 478): CT-ABDOMEN:MILD COLITIS WITHOUT OBSTRCUTON	
AE Stopped Rx Day	483 (46 DAYS AFTER LAST TREATMENT)
Duration of AE	9 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	C-DIFF INFECTION AS PER DISCHARGE NOTES
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

米国の治験責任医師からの報告。本被験者は2[redacted]歳男性であり，AbbVie の ABBV-066（リサンキズマブ）の治験で盲検化された治験薬が投与され，胃腸炎の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，再発性腸管皮膚瘻，下腹部痛，直腸周囲膿瘍，元喫煙者（1 日 6 本を 4 年間）及び元飲酒者（1 日 2 杯未満）であった。

投与 120 日後，被験者は胃腸炎を発現した。投与 123 日後，胃腸炎は消失した。

投与 120 日後，被験者は腹痛及び嘔吐のため入院した。入院中，被験者は腹痛に対する治療を受け，投与 123 日後，被験者は退院した。本事象に関連するリスク因子は認められなかったが，被験者は過去，本治験登録前に本事象を何回も発現していた。

投与された薬剤は，アセトアミノフェン，シプロフロキサシン，フラジール，モルヒネ，オンダンセトロン，prednisone 及びインスリンリスプロであった。

The patient's past medications include:

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

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

Causality for ABBV-066 (Blinded)

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1) Gastroenteritis (10017888) (Gastroenteritis (10017888)) [v.21.0] [10017888]

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

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

Dechallenge: Not Applicable

Alternative Etiology for ABBV-066 (Blinded)

Event of GASTROENTERITIS

- Investigator: pre existing crohns flare up

- AbbVie: Risk factor includes pre-existing crohn's disease and subject has history of similar episodes prior to enrollment in the study.

Relevant Laboratory & Other Diagnostic Tests

[redacted] [redacted] **20[redacted] CT SCAN OF ABDOMEN/PELVIS WITH CONTRAST:** Thickening of terminal ileum due to Crohn's disease

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

米国の治験責任医師からの報告。本被験者は 2[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，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 2 の臨床経過：

関連する病歴は，クローン病，再発性腸管皮膚瘻，元紙巻タバコ喫煙者（1 日 6 本を 4 年間），下腹部痛，左下腹部腫脹，直腸周囲膿瘍及び元飲酒者（1 日 2 杯未満）であった。

投与 475 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 483 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 477 日後，被験者は腹痛，下痢，悪心及び発熱のため入院した。投与 483 日後，被験者は退院した。

投与された薬剤は，ゾフラン，ゾシン，prednisone，アセトアミノフェン＋オキシコドン及び MiraLAX であった。

The patient's past medications include:

VEDOLIZUMAB for CROHN'S DISEASE ([redacted])

ADALIMUMAB for CROHN'S DISEASE ([redacted])

PREDNISONE for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Clostridium difficile infection (10054236) (Clostridium difficile infection (10054236)) [v.22.1] [10054236]

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 C-DIFF INFECTION

- **Investigator:** C-Diff infectionas per discharge notes

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **CT ABDOMEN:** mild colitis without obstruction

[redacted] ILEOCOLONOSCOPY: Not reported

[redacted] ILEOCOLONOSCOPY: Not reported

[redacted] **STOOL CULTURE:** positive c-diff antigen

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
ウイルス性気管支炎	X			X

Treatment Group	Age at M15-991 Study Start	Sex	Race
Risankizumab 360 mg SC Q8W	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: LOW BACK PAIN	19[redacted]
OTHER: ERYTHEMA NODOSUM	20[redacted]
CROHN'S DISEASE	20[redacted]
DEPRESSION: DEPRESSION	20[redacted]
OTHER: ANXIETY	20[redacted]
OTHER: MUSCLE SPASMS	20[redacted]
OTHER: JOINT PAIN/PERIPHERAL ARTHROPATHY	20[redacted]
OTHER: ABDOMINAL ABSCESS	20[redacted]
OTHER: FISTULA	20[redacted]
OTHER: HEARTBURN	20[redacted]
OTHER: INSOMNIA	20[redacted]
OTHER: SMALL BOWEL OBSTRUCTION	20[redacted]
OTHER: ELEVATED WHITE BLOOD CELL COUNT	20[redacted]

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

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	20 CIGARETTE	26	
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)
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	20[redacted] / 1	20[redacted] / 1	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	20[redacted] / 29	20[redacted] / 29	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	20[redacted] / 57	20[redacted] / 57	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	20[redacted] / 101	20[redacted] / 101	1
M15991 /UNKNOWN		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 101	20[redacted] / 101	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	20[redacted] / 127	20[redacted] / 127	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	20[redacted] / 148	20[redacted] / 148	1
M15991 /RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 148	20[redacted] / 148	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 173	20[redacted] / 173	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 235	20[redacted] / 235	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 282	20[redacted] / 282	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 337	20[redacted] / 337	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 394	20[redacted] / 394	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 458	20[redacted] / 458	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 514	20[redacted] / 514	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
CYCLOBENZAPRINE	10 mg	PRN	Y-M: 20[redacted]
VICODIN	1 OTHER: TABLET	PRN	Y-M: 20[redacted]
DOZOL	1 OTHER: TABLET	PRN	Y-M: 20[redacted]
PARACETAMOL	1000 mg	PRN	Y-M: 20[redacted]
CALCIUM CARBONATE	1 OTHER: TABLET	PRN	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
TRAMADOL	200 mg	PRN	Y-M: 20[redacted] / -179
TRAMADOL	200 mg	QD	Y-M: 20[redacted] / -179

PREDNISONE	10 mg	QD	Y-M: 20[redacted] / 19

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
NOT REPORTED				

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

Event Description	ACUTE BRONCHITIS DUE TO RHINOVIRUS
Preferred Term	ウイルス性気管支炎
AE Onset Date / Rx Day	[redacted]20[redacted] / 239
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 239): C Reactive Protein: 7.4 [NOT REPORTED - 0.9] mg/dL

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 239): CT OF ABDOMEN AND PELVIS WITH CONTRAST:NO ACUTE INTRA-ABDOMINAL PROCESS IS SEEN

AE Stopped Rx Day	243
Duration of AE	5 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	Reasonable Possibility
Investigator Alternative Etiology	NOT REPORTED
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

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

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

米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が投与され，ライノウイルスによる急性気管支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，現喫煙者（1 日 1 箱を 26 年間）及び非飲酒者であった。

投与 239 日後，被験者はライノウイルスによる急性気管支炎を発現した。投与 243 日後，ライノウイルスによる急性気管支炎は消失した。

以前，本治験開始以降，被験者には 3 回発熱があった。投与 239 日後，被験者は，24 時間持続している発熱及び筋肉痛のため，救急治療室を受診した。被験者の自宅で測定された体温は 101°F であり，救急治療室で測定された体温と一致していた。被験者によると，咳嗽，胸痛や新たな胃腸症状はなかった。被験者は鼻詰まりの音がしていたが，被験者によると，上気道感染の症状は何もなかった。同日，被験者は入院した。入院中に発熱は消失した。投与 240 日後，被験者は退院した。

投与された薬剤は，オンダンセトロン，モルヒネ，ヒドロコドン・アセトアミノフェン合剤，アセトアミノフェン及び生理食塩液であった。

The patient's past medications include:

PREDNISONE for CROHNS DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Rhinovirus infection (10061494) (Rhinovirus infection (10061494)) [v.22.0] [10061494]

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

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

Dechallenge: Not Applicable

2) Bronchitis acute viral (10061735) (Bronchitis viral (10053160)) [v.22.0] [10061735]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of ACUTE BRONCHITIS DUE TO RHINOVIRUS

- Investigator: Not applicable.

- AbbVie: Event common in the general population. Additional risk factor is smoking history.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] BODY TEMPERATURE: 101 Degrees Fahrenheit

[redacted] **20[redacted] C-REACTIVE PROTEIN:** 7.4 mg/dL (normal 0 to 0.9)

[redacted] 20[redacted] CT SCAN - ABDOMEN PELVIS WITH CONTRAST: No acute intra-abdominal process is seen

[redacted] **20[redacted] CXR:** Unremarkable.

[redacted] 20[redacted] GASTROINTESTINAL PCR: Negative

[redacted] 20[redacted] RESPIRATORY PANEL: Positive for RHINOVIRUS

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	X		
クローン病	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: BACK PAIN	19[redacted]
OTHER: LEG CRAMPS	19
OTHER: TONSILLITIS	19
OTHER: APPENDICITIS	19
INFLAMMATORY BOWEL DISEASE: DIARRHEA RELATED TO CROHN'S DX	19
INFLAMMATORY BOWEL DISEASE: INTERMITTENT ABDOMINAL CRAMPS	19
OTHER: CYSTIC LUMP OF BREAST	19
CROHN'S DISEASE	19
OTHER: ITCHING OF RECTO-VAGINAL AREA	19
ANEMIA: ANEMIA	19
OTHER: SMALL BOWEL OBSTRUCTION	19
OTHER: POST MENOPAUSE	19
OTHER: HYPEROSMIA	20
OTHER: CATARACTS	20
OTHER: ANAL FISSURE	20
OTHER: NON DRAINING PERIANAL FISTULA	20
OTHER: RECTOVAGINAL FISTULA	20
OTHER: ACID REFLUX	20
OTHER: ESPPHAGITIS	20
OTHER: GASTRITIS	20
OTHER: HEMMORRHOIDS	20
OTHER: INTERMITTENT HEMATOCHEZIA	20
OTHER: ALLERGIC TO: CODEINE,MORPHINE,DEMEROL,FENTANYL,PERCOCET,VICODIN,OXYCODONE, KEFLEX,ERYTHROMYCIN,FLAGYL,BENADRYL,PENICILLIN,COMPAZINE,TETR ACYCLINES.	20
OTHER: ASTHMA	20[redacted]
OTHER: CHOLELITHIASIS	20
OTHER: MILD ECTASIA OF THORACIC AORTA	20
OTHER: PERIANAL SKIN TAG	20
OTHER: POLYPECTOMY	20

OTHER: POLYPS COLON	20[redacted]
OTHER: SCOLIOSIS OF THORACOLUMBAR SPINE	20[redacted]
OTHER: SHINGLES - PERIANAL	20[redacted]
INFLAMMATORY BOWEL DISEASE: PAIN - ABDOMINAL (RELATED TO CROHN'S DX)	20[redacted]
INFLAMMATORY BOWEL DISEASE: RECTAL PAIN RELATED TO CROHN'S DISEASE	20[redacted]
OTHER: ENLARGED HEART	20[redacted]
OTHER: VAGINAL FUNGAL INFECTION	20[redacted]

Prior Procedures	Procedure Year
SURGERY: ANAL FISSURECTOMY	19[redacted]
SURGERY: TONSILLECTOMY	19[redacted]
SURGERY: APPENDECTOMY	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: HEMICOLECTOMY	19[redacted]
SURGERY: BREAST CYSTECTOMY- BENIGN	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: REVISION OF ANASTOMOSIS	19[redacted]
SURGERY: LYSIS OF ADHESIONS	19[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)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 25	[redacted]20[redacted] / 25	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 25	[redacted]20[redacted] / 25	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 50	[redacted]20[redacted] / 50	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 50	[redacted]20[redacted] / 50	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 78	20[redacted] / 78	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 78	20[redacted] / 78	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 135	20[redacted] / 135	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 135	20[redacted] / 135	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 190	20[redacted] / 190	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 190	20[redacted] / 190	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 246	20[redacted] / 246	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 246	20[redacted] / 246	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 295	20[redacted] / 295	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 295	20[redacted] / 295	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 351	20[redacted] / 351	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 351	20[redacted] / 351	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 401	20[redacted] / 401	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 401	20[redacted] / 401	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
LOPERAMIDE	2 mg	PRN	Y-M: 19[redacted]
HYDROCORTISONE	0.5 %	BID	Y-M: 19[redacted]
HYOSCYAMINE	0.125 mg	PRN	Y-M: 19[redacted]
NAPROXEN	220 mg	PRN	Y-M: 20[redacted]
HYLAND'S LEG CRAMPS	2 OTHER: TABLETS	PRN	Y-M: 20[redacted]-[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
DIPHENHYDRAMINE	25 mg	OTHER: Q6HRS	Y-M: 20[redacted]-[redacted] / 85	Y-M: 20[redacted]-[redacted] / 88
DOCUSATE	100 mg	BID	Y-M: 20[redacted]-[redacted] / 85	Y-M: 20[redacted]-[redacted] / 88

FAMOTIDINE	20 mg	BID	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
IPRATROPIUM W/SALBUTAMOL	0.5 - 3.0 mg	OTHER: Q 6 HRS	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
METHYLPREDNISOLONE	30 mg	BID	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
NALOXONE	0.1-0.4 mg	PRN	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
ONDANSETRON	4 mg	OTHER: Q 6 HRS	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
PARACETAMOL	650 mg	OTHER: Q6HRS	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
TEMAZEPAM	15 mg	OTHER: QHS	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
VICODIN	5/325 mg	OTHER: Q4HRS	Y-M: 20[redacted] / 85	Y-M: 20[redacted] / 88
SODIUM CHLORIDE	500 mL	OTHER: 3 BOLUS	Y-M: 20[redacted] / 86	Y-M: 20[redacted] / 86
LOPERAMIDE	2 mg	PRN	Y-M: 20[redacted] / 194	ONGOING
TRAMADOL	50 mg	PRN	Y-M: 20[redacted] / 471	ONGOING
DEXAMETHASONE	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
ERTAPENEM	1000 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
FLEBOBAG RING LACT	800 mL	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
HYDROMORPHONE	2 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
LIDOCAINE	30 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
MIDAZOLAM	1 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
ONDANSETRON	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
PHENYLEPHRINE	200 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
PROPOFOL	150 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
ROCURONIUM	60 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
SUGAMMADEX	100 mg	OTHER: ONCE	Y-M: 20[redacted] / 471	Y-M: 20[redacted] / 471
FAMOTIDINE	20 mg	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 472
FLEBOBAG RING LACT	400 mL	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 472

LIDOCAINE	20 mg	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 472
PHENYLEPHRINE	1000 mg	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 472
PROPOFOL	124.8 mg	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 472
PROPOFOL	50 mg	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 472
ALVIMOPAN	12 mg	OTHER: Q12HRS	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 475
ASPERCREME	Q OTHER: PATCH	QD	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 475
CEPACOL ANESTHETIC	3 mg	TID	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 475
HYDROMORPHONE	0.5 mg	OTHER: Q4HRS	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 475
HYOSCINE	1.5MG mg	OTHER: ONCE	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 475
ONDANSETRON	4 mg	OTHER: Q6HRS	Y-M: 20[redacted] / 472	Y-M: 20[redacted] / 475
EPHEDRINE	10 mg	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
FLEBOBAG RING LACT	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
PHENYLEPHRINE	150 mg	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
PROPOFOL	225.4 mg	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
PROPOFOL	70 mg	OTHER: ONCE	Y-M: 20[redacted] / 506	Y-M: 20[redacted] / 506
LIDOCAINE	20 mg	OTHER: ONCE	Y-M: 20[redacted] / 550	Y-M: 20[redacted] / 550
PROPOFOL	150 mg	OTHER: ONCE	Y-M: 20[redacted] / 550	Y-M: 20[redacted] / 550

Event #1: Serious Adverse Event

Event Description	CROHN'S FLARE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 85
Age at AE Onset	6[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 85): Chloride: 95 [98 - 109] MMOL/L; Creatinine: 53 [62 - 115] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 23.9 [24.5 - 32] PG; Ery. Mean Corpuscular Volume: 75.7 [77 - 96] FL; Hematocrit: 0.32 [0.36 - 0.46] FRACTION OF 1; Hemoglobin: 100 [105 - 150] G/L; Leukocytes: 9.2 [4.8 - 11.8] 10^9/L; Lipase: 23 [10 - 70] U/L; Lymphocytes/Leukocytes: 3.8 [7 - 40] %; NPTST298-IMMATURE GRANULOCYTES ABS: 0.05 [0 - 0.02] BILLLION/L; NPTST533-TROPONIN T: 0.01 [0.03 - 0.03] NG/ML; Neutrophils/Leukocytes: 86.4 [45 - 85] %; Sodium: 130 [134 - 147] MMOL/L; [redacted]20[redacted] (Rx Day 86): C Reactive Protein: 57 [0 - 8] MG/L; Erythrocytes: 4 [0 - 3] /HPF; Leukocytes: 12 [0 - 5] /HPF; NPTST067-

BLOOD CULTURE: NO GROWTH [NOT REPORTED - NOT REPORTED] CFU/ML; NPTST359-MRSA: NO MSRSA [NOT REPORTED - NOT REPORTED] MRSA; NPTST545-URINE CULTURE: 10,000 TO 50,000 MIX [NOT REPORTED - NOT REPORTED] CFU/ML; NPTST562-WESTERGREN: 31 [0 - 30] MM/H; Specific Gravity: 1.032 [1.002 - 1.03] UNIT NOT REPORTED; [redacted]20[redacted] (Rx Day 87): Albumin: 30 [32 - 46] G/L; Creatinine: 35 [62 - 115] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 24.2 [24.5 - 30] PG; Ery. Mean Corpuscular Volume: 75.3 [77 - 96] FL; Hematocrit: 0.31 [0.32 - 0.46] FRACTION OF 1; Hemoglobin: 101 [105 - 150] G/L; NPTST297-IMMATURE GRANULOCYTES %: 0.09 [0 - 0.5] %; NPTST298-IMMATURE GRANULOCYTES ABS: 0.05 [0 - 0.02] BILLION/L; NPTST299-IMMAURE GRANULOCYTES ABS: 0.07 [0 - 0.02] BILLION/L; [redacted]20[redacted] (Rx Day 88): Albumin: 28 [32 - 46] G/L; Creatinine: 35 [62 - 115] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 24.2 [24.5 - 30] PG; Ery. Mean Corpuscular Volume: 75.3 [77 - 96] FL; Hematocrit: 0.29 [0.32 - 0.46] FRACTION OF 1; Hemoglobin: 93 [105 - 150] G/L; Leukocytes: 8.5 [4.8 - 11.8] 10^9/L; Lymphocytes/Leukocytes: 6.5 [7 - NOT REPORTED] %; NPTST297-IMMATURE GRANULOCYTES %: 0.08 [0 - 0.5] %; NPTST524-TOTAL PROTEIN: 5.7 [6.3 - 8.2] G/L; Neutrophils/Leukocytes: 87.2 [45 - 85] %

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 85): CHEST XRAY:HEART MILDLY ENLARGED WITH INCREASED PULMONARY VASCULATURE. IMPRESSION: MILD CARDIOMEGALY AND PULMONARY VASCULAR CONGESTION; [redacted]20[redacted] (Rx Day 86): CT ABD PEL:CHOLELITHIASIS; CT ABD PEL:IMPRESSION: MODERATE DISTAL TRANSVERSE AND RECTOSIGMOID COLITIS

AE Stopped Rx Day	190
Duration of AE	106 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CROHN'S FLARE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

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

Event Description	ANAL STRICTURE
Preferred Term	肛門狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 424 (23 DAYS AFTER LAST TREATMENT)
Age at AE Onset	6[redacted]

Laboratory Testing

NOT REPORTED

Microbiology

[redacted]20[redacted] (Rx Day 472): OTHER HISTOPHATOLOGY SAMPLE PATHOLOGY RESECTED: Negative-POST OP VISITS DO NOT REPORT MALIGNANCY.SEGMENT OF COLON WITH PATCHY ULCERATIONS IN ADJACENT ARCHITECTURAL CHANGES. NO DYSPLASIA. SEGMENTS OF COLON WITH PROMINENT LYMPHOID AGGREGATES GRANULOMA.

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 471): HEMICOLECTOMY WITH POUCH:PATIENT HAD HEMICOLECTOMY WITH DIVERING POUCH PLUS ANAL STRICTURE DILATION.; [redacted]20[redacted] (Rx Day 472): FLEXIBLE SIGMOIDOSCOPY AND DISTAL ANAL DILATION.:PERFORMED SIGMOIDOSCOPY AND DISTAL ANAL DILATION.; [redacted]20[redacted] (Rx Day 506): FLEXIBLE SIGMOIDOSCOPY AND ANAL DILATION:FLEXIBLE SIGMOIDOSCOPY AND ANAL DILATION.; [redacted]20[redacted] (Rx Day 528):

ABDMONEN AND PELVS CT SCAN WITH CONTRAST:SIGNIFICANT THICKENING IN TJE RECTO SIGMOID REGION AND EVIDENCE OF AN HEMICOLECTOMY WITH OSTOMY; [redacted]20[redacted] (Rx Day 550): COLONOSCOPY:A STRICTURE WAS PRESENT IN ANAL CANAL. THE STRICTURE WAS DIGITALLY DILATED. ANOTHER STRICTURE JUST PROXIMAL TO THE MORE DISTAL ONE WAS PRESENT AND NOT TRAVERSABLE. A TEAR SEEN WITH SEEN DIGITAL DILAT

AE Stopped Rx Day	ONGOING
Duration of AE	ONGOING
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PROGRESSION OF UNDERLYING DISEASE ANAL STRICTURE.
Discontinued Study Drug Due to the Event	YES
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

米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，クローン病のフレアの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，背部痛，裂肛切除，腸切除，半結腸切除，炎症性腸疾患，クローン病の診断に関連している下痢，炎症性腸疾患，間欠性腹部仙痛，腸管再吻合，クローン病，直腸膣領域のそう痒，貧血，腸管癒着部剥離，小腸閉塞，癒着部剥離術，排膿のない肛門周囲瘻，直腸膣瘻，胆石症，閉経後，腹痛，クローン病に関連している直腸痛，非喫煙者及び非飲酒者であった。

投与 85 日後，被験者はクローン病のフレアを発現した。投与 190 日後，クローン病のフレアは消失した。

投与 85 日後，被験者は，数日前からの全身脱力，疲労，及び間欠性息切れの増加のため入院した。被験者は，その前週のヘモグロビンが 9.9（単位なし）であり，これらの症状は以前被験者が貧血性で輸血が必要となった時の典型的なものであると報告した。直近の輸血は 6 年前であった。被験者は，排便時の直腸痛を伴う全身性腹痛もあり，以前のクローン病のフレアに特有のものであると報告した。身体的診察の結果，発熱，疲労だけではなく恥骨上痛及び右下腹部

痛も認められた。被験者は抗生剤及び補液の投与を受けた。投与 88 日後，発熱及び脱水が改善した後，被験者は退院した。投与 135 日後，被験者は，体調は良くなってきており，軽快していると報告した。

投与された薬剤は，Benadryl，docusate，ファモチジン，Norco，オンダンセトロン，prednisone，エルタペネム，タイレノール，塩化ナトリウム 0.9%及びメチルプレドニゾロンであった。

The patient's past medications include:

LOMOTIL, OTC for DIARRHEA (20[redacted] - [redacted] 20[redacted])

BENADRYL for UNKNOWN INDICATION

CODEINE for UNKNOWN INDICATION

COMPAZINE for UNKNOWN INDICATION

DEMEROL for UNKNOWN INDICATION

ERYTHROMYCIN for UNKNOWN INDICATION

FENTANYL for UNKNOWN INDICATION

FLAGYL for UNKNOWN INDICATION

KEFLEX for UNKNOWN INDICATION

MORPHINE for UNKNOWN INDICATION

OXYCODONE for UNKNOWN INDICATION

PENICILLIN for UNKNOWN INDICATION

PERCOCET for UNKNOWN INDICATION

TETRACYCLINES for UNKNOWN INDICATION

VICODIN for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Crohn's aggravated (10011399) (Crohn's disease (10011401)) [v.22.1] [10011399]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CROHN'S FLARE

- Investigator: Crohn's flare

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALBUMIN:** 3.0 G/DL (normal 3.2 to 4.6)

[redacted] **20[redacted] ALBUMIN:** 2.8 G/DL (normal 3.2 to 4.6)

[redacted] 20[redacted] BLOOD CULTURE: No growth.

[redacted] **20[redacted] CHEST X-RAY:** Heart mildly enlarged with increased pulmonary vasculature. IMPRESSION: mild cardiomegaly and pulmonary vascular congestion.

[redacted] **20[redacted] CHEST X-RAY:** Mild dextro scoliosis of thoracolumbar junction. Impression mild cardiomegaly and pulmonary vascular congestion.

[redacted] **20[redacted] CHLORIDE:** 95 MMOL/L (normal 98 to 109)

[redacted] **20[redacted] CREATININE:** 0.6 mg/dL (normal 0.7 to 1.3)

[redacted] **20[redacted] CREATININE:** 0.4 mg/dL (normal 0.7 to 1.3)

[redacted] **20[redacted] CT ABDOMEN AND PELVIS:** Multiple small gallstones seen but impression was moderate distal transverse and rectosigmoid colitis.

[redacted] 20[redacted] CT ABDOMEN AND PELVIS: Cholelithiasis.

[redacted] **20[redacted] HCT:** 28.9 % (normal 32.0 to 46.0)

[redacted] **20[redacted] HEMATOCRIT:** 31.4 % (normal 32 to 46)

[redacted] **20[redacted] HEMOGLOBIN:** 10 G/DL (normal 10.5 to 15.0)

[redacted] **20**[redacted] **HEMOGLOBIN:** 9.3 G/DL (normal 10.5 to 15.0)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 5.7 mg/dL (normal 0.0 to 0.8)

[redacted] 20[redacted] IMMATURE GRANULOCYTES %: 0.09 % (normal 0.00 to 0.5)

[redacted] **20**[redacted] **IMMATURE GRANULOCYTES ABS:** 0.05 BILLLION/L (normal 0.00 to 0.02)

[redacted] **20**[redacted] **IMMATURE GRANULOCYTES ABS:** 0.07 BILLLION/L (normal 0.00 to 0.02)

[redacted] **20**[redacted] **LYMPHOCYTES:** 6.5 % (normal 7 to 40)

[redacted] **20**[redacted] **MCH:** 23.9 PG (normal 24.5 to 32.0)

[redacted] **20**[redacted] **MCH:** 24.2 PG (normal 24.5 to 30)

[redacted] **20**[redacted] **MCV:** 75.3 FL (normal 77 to 96)

[redacted] 20[redacted] NASAL MRSA: No MRSA.

[redacted] **20**[redacted] **NEUTROPHILS %:** 86.4 % (normal 45.0 to 85.0)

[redacted] **20**[redacted] **NEUTROPHILS %:** 87.2 % (normal 45.0 to 85.0)

[redacted] **20**[redacted] **SODIUM:** 130 MMOL/L (normal 134 to 147)

[redacted] **20**[redacted] **TOTAL PROTEIN:** 5.7 G/L (normal 6.3 to 8.2)

[redacted] **20**[redacted] **TROPONIN I:** 0.01 NG/ML (normal 0.03 to 0.03)

[redacted] 20[redacted] URINE CULTURE: 10,000-50,000 MIX.

[redacted] 20[redacted] URINE RED BLOOD CELLS: 4 /HPF (normal 0 to 3)

[redacted] **20**[redacted] **URINE SPECIFIC GRAVITY:** 1.032 No unit (normal 1.002 to 1.030)

[redacted] 20[redacted] URINE WHITE BLOOD CELLS: 12 /HPF (normal 0 to 5)

[redacted] **20**[redacted] **WESTERGREN:** 31 mm/h (normal 0 to 30)

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

米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，肛門狭窄の事象を発現した。

Event 2 の臨床経過：

関連する病歴は，裂肛切除，クローン病に関連している下痢，半結腸切除，間欠性腹部仙痛，クローン病，貧血，小腸閉塞，癒着部剥離，裂肛，間欠性血便排泄，排膿のない肛門周囲瘻，直腸腟瘻，痔核，腹痛（クローン病に関連），クローン病に関連している直腸痛，非喫煙者及び非飲酒者であった。

投与 424 日後，被験者は肛門狭窄を発現した。

投与 471 日後，被験者は，肛門狭窄，直腸腟瘻，腹痛，回腸瘻造設ヘルニア及びクローン病のフレアのため入院した。被験者は，便流変更嚢及び肛門狭窄拡張術を伴う半結腸切除，並びに S 状結腸鏡検査及び肛門側拡張術を受けた。被験者はヘルニアを発現し，狭窄は依然として通過不可能であった。投与 475 日後，被験者は退院した。

投与 506 日後，被験者は軟性 S 状結腸鏡及び肛門拡張術を受けた。

投与 628 日後，被験者は，回腸嚢肛門吻合及び便流変更ループ式回腸瘻造設を伴う開放性総直腸結腸切除を受けた。

本事象により治験薬の投与が中止された。

治験責任医師によると，被験者の肛門狭窄を伴う穿通型回腸結腸クローン病の病歴が本事象に関連するリスク因子であった。

投与された薬剤は，デキサメタゾン，alvimopan，ヒドロモルフォン，Aspercreme，Cepacol，スコポラミン，オンダンセトロン，6-MP，メトロニダゾール，トラマドール，エフェドリン，フェニレフリン，ステラーラ，ファモチジン及び ertapenem であった。

The patient's past medications include:

PREDNISONE for CROHNS FLARE ([redacted])

BENADRYL for UNKNOWN INDICATION

CODEINE for UNKNOWN INDICATION

COMPAZINE for UNKNOWN INDICATION

DEMEROL for UNKNOWN INDICATION

ERYTHROMYCIN for UNKNOWN INDICATION

FENTANYL for UNKNOWN INDICATION

FLAGYL for UNKNOWN INDICATION

KEFLEX for UNKNOWN INDICATION

MORPHINE for UNKNOWN INDICATION

OXYCODONE for UNKNOWN INDICATION

PENICILLIN for UNKNOWN INDICATION

PERCOCET for UNKNOWN INDICATION

TETRACYCLINE for UNKNOWN INDICATION

VICODIN for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Anal stricture (10002177) (Anal stenosis (10002176)) [v.24.0] [10002177]

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 ANAL STRICTURE

- Investigator: progression of underlying disease anal stricture.

- AbbVie: event is more likely related to pre-existing crohn's disease with anal fissures and fistulas.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMEN AND PELVIS CT SCAN WITH CONTRAST:** SIGNIFICANT THICKENING IN TJE RECTO SIGMOID REGION AND EVIDENCE OF AN HEMICOLECTOMY WITH OSTOMY

[redacted] 20[redacted] **COLONOSCOPY:** A STRICTURE WAS PRESENT IN ANAL CANAL. THE STRICTURE WAS DIGITALLY DILATED. ANOTHER STRICTURE JUST PROXIMAL TO THE MORE DISTAL ONE WAS PRESENT AND NOT TRAVERSABLE. A TEAR SEEN WITH SEEN DIGITAL DILATION.

[redacted] 20[redacted] **HISTOPATHOLOGY:** Negative - POST OP VISITS DO NOT REPORT MALIGNANCY.SEGMENT OF COLON WITH PATCHY ULCERATIONS IN ADJACENT ARCHITECTURAL CHANGES. NO DYSPLASIA. SEGMENTS OF COLON WITH PROMINENT LYMPHOID AGGREGATES GRANULOMA.

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 M15-991 Study Start	Sex	Race
Placebo SC Q8W	3[redacted]	MALE	BLACK OR AFRICAN AMERICAN

Medical History	Onset Year
ANEMIA: IRON DEFICIENCY	NOT REPORTED
CROHN'S DISEASE	20[redacted]

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: STRICTUREPLASTY	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)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 22	[redacted]20[redacted] / 22	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 92	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 155	[redacted]20[redacted] / 155	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 205	[redacted]20[redacted] / 205	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 263	[redacted]20[redacted] / 263	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 330	[redacted]20[redacted] / 330	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 386	[redacted]20[redacted] / 386	1
RISANKIZUMAB	2400 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 428	[redacted]20[redacted] / 428	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
COLECALCIFEROL	2000 IU	QD	Y-M: 20[redacted]
COLECALCIFEROL	50000 IU	OTHER: ONCE A WEEK	Y-M: 20[redacted]
CYANOCOBALAMIN	1000 ug	OTHER: EVERY 30 DAYS	Y-M: 20[redacted] / -242

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
EXCEDRIN	250/250/65 mg	PRN	Y-M: 20[redacted] / 149	NOT REPORTED
PARACETAMOL	500 mg	PRN	Y-M: 20[redacted] / 149	NOT REPORTED
ELECTROLYTE	1000 mL	OTHER: ONCE	Y-M: 20[redacted] / 411	Y-M: 20[redacted] / 411
ONDANSETRON	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 411	Y-M: 20[redacted] / 411
HEPARIN	5000 IU	BID	Y-M: 20[redacted] / 411	Y-M: 20[redacted] / 414
PARACETAMOL	650 mg	PRN	Y-M: 20[redacted] / 411	Y-M: 20[redacted] / 414
SODIUM CHLORIDE	75 OTHER: ML/HOUR	OTHER: CONTINUOUS	Y-M: 20[redacted] / 411	Y-M: 20[redacted] / 414
MOVIPREP	1000 mL	OTHER: ONCE	Y-M: 20[redacted] / 413	Y-M: 20[redacted] / 413
ELECTROLYTE	400 mL	OTHER: ONCE	Y-M: 20[redacted] / 414	Y-M: 20[redacted] / 414
FENTANYL	50 ug	OTHER: ONCE	Y-M: 20[redacted] / 414	Y-M: 20[redacted] / 414
IRON	125 mg	OTHER: ONCE	Y-M: 20[redacted] / 414	Y-M: 20[redacted] / 414
LIDOCAINE	50 mg	OTHER: ONCE	Y-M: 20[redacted] / 414	Y-M: 20[redacted] / 414

MIDAZOLAM	2 mg	OTHER: ONCE	Y-M: 20[redacted] / 414	Y-M: 20[redacted] / 414
PROPOFOL	330.3 mg	OTHER: ONCE	Y-M: 20[redacted] / 414	Y-M: 20[redacted] / 414

Event #1: Serious Adverse Event

Event Description	CD FLARE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 411
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 411): Albumin: 27 [35 - 49] G/L; C Reactive Protein: 50.2 [0 - 5] MG/L; Ery. Mean Corpuscular Hemoglobin: 25.2 [27 - 32] PG; Hematocrit: 0.38 [0.42 - 0.52] FRACTION OF 1; Hemoglobin: 118 [139 - 163] G/L; Leukocytes: 6 [4.5 - 11] 10^9/L; Lymphocytes: 0.7 [1 - 4.5] 10^9/L; Lymphocytes/Leukocytes: 11 [15 - 50] %; Monocytes/Leukocytes: 11.8 [2 - 11] %; NPTST211-ESR: 32 [0 - 15] MM/H; NPTST453-RDW: 16.1 [11.5 - 15] %; Neutrophils Band Form/Leukocytes: 0.8 [0 - 0.7] %; [redacted]20[redacted] (Rx Day 412): Albumin: 25 [35 - 49] G/L; C Reactive Protein: 66.8 [0 - 5] MG/L; Calcium: 2.02 [2.12 - 2.62] MMOL/L; Ery. Mean Corpuscular Hemoglobin: 24.8 [27 - 32] PG; Erythrocytes: 4.4 [4.5 - 6] 10^12/L; Hematocrit: 0.35 [0.42 - 0.52] FRACTION OF 1; Hemoglobin: 108 [139 - 163] G/L; Leukocytes: 4.7 [4.5 - 11] 10^9/L; Lymphocytes: 0.5 [1.9 - 8] 10^9/L; Lymphocytes/Leukocytes: 9.7 [15 - 50] %; NPTST334-MCHC: 30.7 [31 - 36.5] G/DL; NPTST453-RDW: 16 [11.5 - 15] %; Neutrophils/Leukocytes: 84.3 [40 - 78] %; Protein: 59 [60 - 83] G/L; [redacted]20[redacted] (Rx Day 413): Albumin: 25 [35 - 49] G/L; Calcium: 2.05 [2.12 - 2.62] MMOL/L; Chloride: 110 [96 - 108] MMOL/L; Ery. Mean Corpuscular Hemoglobin: 24.8 [27 - 32] PG; Erythrocytes: 4 [4.5 - 6] 10^12/L; Glucose: 6.2 [3.3 - 5.6] MMOL/L; Hematocrit: 0.32 [0.42 - 0.52] FRACTION OF 1; Hemoglobin: 99 [139 - 163] G/L; Leukocytes: 8.7 [4.5 - 11] 10^9/L; Lymphocytes: 0.5 [1 - 4.5] 10^9/L; Lymphocytes/Leukocytes: 5.5 [15 - 50] %; NPTST334-MCHC: 30.7 [31 - 36.5] G/DL; NPTST453-RDW: 15.9 [11.5 - 15] %; Neutrophils/Leukocytes: 90.9 [40 - 78] %; Protein: 58 [60 - 83] G/L; [redacted]20[redacted] (Rx Day 414): Albumin: 23 [35 - 49] G/L; C Reactive Protein: 16.3 [0 - 5] MG/L; Calcium: 1.95 [2.12 - 2.62] MMOL/L; Chloride: 109 [96 - 108] MMOL/L; NPTST028-ANION GAP: 5.9 [7 - 16] MEQ/L; NPTST131-CO2: 30.1 [22 - 30] MEQ/L; NPTST211-ESR: 25 [0 - 15] MM/H; NPTST310-IRON: 17 [50 - 200] UG/DL; NPTST521-TIBC: 17 [250 - 400] UG/DL; NPTST529-TRANSFERRIN SATURATION: 7 [15 - 50] %; NPTST557-VITAMIN C: 0.3 [0.4 - 2] MG/DL; Protein: 54 [60 - 83] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 411): MRI ENTEROGRAPHY WITH WITHOUT CONTRAST:THREE SHORT SEGMENTS OF SMALL BOWEL (DISTAL ILEUM AND NEOTERMINAL ILEUM) WITH WALL THICKENING, MUCOSAL HYPERENHANCEMENT, AND LUMINAL NARROWING COMPATIBLE WITH ACTIVE CROHN'S DISEASE AS DESCRIBED; [redacted]20[redacted] (Rx Day 414): COLONOSCOPY:ULCERS GREATER THAN 2 CM IN SIZE, GREATER THAN 30% ULCERATED SURFACES, GREATER THAN 75% OF SURFACES AFFECTED AND NARROWING(S) THAT CANNOT BE PASSED. SEGMENT SCORE: 12. TOTAL SES-CD: 12.

AE Stopped Rx Day	414
Duration of AE	4 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	WORSENING CHRON'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

米国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，クローン病のフレアの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，腸切除，狭窄形成，鉄欠乏性貧血，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

被験者はサブスタディ 1 に組み入れられていた。

投与 411 日後，被験者はクローン病のフレアを発現した。投与 414 日後，クローン病のフレアは消失した。

投与 410 日後，被験者は，嘔吐及び下腹部痛とともに，血性下痢を突然発現した。被験者は血性下痢が 5 回あったと報告した。投与 411 日後，被験者は入院した。MRI 検査の結果は活動性クローン病と一致していた。薬物療法が開始され，被験者は改善した。投与 414 日後，結腸内視鏡検査の結果，潰瘍及び腸狭窄が認められた。同日，被験者は prednisone を処方され，退院した。

投与された薬剤は，アセトアミノフェン，オンダンセトロン，塩化ナトリウム 0.9%，prednisone，Electrolyte-A 及びメチルプレドニゾロンであった。

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

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of CROHN'S DISEASE FLARE

- Investigator: Worsening Crohn's disease

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALBUMIN:** 2.7 G/DL (normal 3.5 to 4.9)

[redacted] **20[redacted] ALBUMIN:** 2.3 G/DL (normal 3.5 to 4.9)

[redacted] **20[redacted] CALCIUM:** 7.8 mg/dL (normal 8.5 to 10.5)

[redacted] **20[redacted] CHLORIDE:** 109 MEQ/L (normal 96 to 108)

[redacted] **20[redacted] COLONOSCOPY:** ULCERS GREATER THAN 2 CM IN SIZE, GREATER THAN 30% ULCERATED SURFACES, GREATER THAN 75% OF SURFACES AFFECTED AND NARROWING(S) THAT CANNOT BE PASSED. SEGMENT SCORE: 12. TOTAL SES-CD: 12.

[redacted] **20[redacted] ESR:** 32 MM/HR (normal 0 to 15)

[redacted] **20[redacted] ESR:** 25 MM/HR (normal 0 to 15)

[redacted] **20[redacted] HEMATOCRIT:** 37.7 % (normal 42 to 52)

[redacted] **20[redacted] HEMATOCRIT:** 32.2 % (normal 42 to 52)

[redacted] **20[redacted] HEMOGLOBIN:** 11.8 G/DL (normal 13.9 to 16.3)

[redacted] **20[redacted] HEMOGLOBIN:** 9.9 G/DL (normal 13.9 to 16.3)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 50.2 MG/L (normal 0 to 5)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 66.8 MG/L (normal 0 to 5)

[redacted] 20[redacted] HIGH-SENSITIVITY C REACTIVE PROTEIN: 16.3 MG/L (normal 0 to 5)

[redacted] **20[redacted] IRON:** 17 ug/dL (normal 50 to 200)

[redacted] **20[redacted] LYMPHOCYTE %:** 11 % (normal 15 to 50)

[redacted] **20[redacted] LYMPHOCYTES ABS:** 0.7 X10**3/MCL (normal 1 to 4.5)

[redacted] **20[redacted] MRI ENTEROGRAPHY:** THREE SHORT SEGMENTS OF SMALL BOWEL (DISTAL ILEUM AND NEOTERMINAL ILEUM) WITH WALL THICKENING, MUCOSAL HYPERENHANCEMENT, AND LUMINAL NARROWING COMPATIBLE WITH ACTIVE CROHN'S DISEASE AS DESCRIBEDABOVE .MILD DILATATION OF THE ADJACENT SMALL BOWEL. NO FISTULOUS DISEASE OR ABSCESS.

[redacted] **20[redacted] PROTEIN:** 5.4 G/DL (normal 6 to 8.3)

[redacted] **20[redacted] RBC:** 4.36 X10**6/MCL (normal 4.5 to 6)

[redacted] **20[redacted] TIBC:** 17 ug/dL (normal 250 to 400)

[redacted] **20[redacted] WBC:** 6 X10**3/MCL (normal 4.5 to 11)

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
子宮平滑筋腫	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: TONSILITIES	19[redacted]
OTHER: TONSILITIS	19
OTHER: OBESITY	19
OTHER: HEMORRHOIDS	20
OTHER: SEASONAL ALLERGIES	20
OTHER: CHRONIC BACK PAIN	20
OTHER: MUSCLE SPASMS	20
OTHER: PINCHED SCIATIC NERVE	20
OBESITY	20
OTHER: ALLERGY TO AZITHROMYCIN	20
DEPRESSION: MINOR DEPRESSION BEING TREATED WITH ANTIDEPRESSANTS.	20
OTHER: HX OF UTERINE FIBROIDS	20
OTHER: UTERINE ABLATION	20
GASTROESOPHAGEAL REFLUX DISEASE	20
MIGRAINE HEADACHE	20
OTHER: ANXIETY	20
OTHER: INSOMNIA	20
OTHER: SEVERE DYSMENORRHEA	20
OTHER: PERIPHERAL ARTHROPATHY	20
OTHER: INTERMITTENT SKIN RASH	20
CROHN'S DISEASE	20
OTHER: INTERMITTENT ARTHRALGIAS	20
OTHER: INTERMITTENT MOUTH ULCERS	20
OTHER: INTERMITTENT ABDOMINAL CRAMPING	20[redacted]

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY FOR RECURRENT TONSILLITIS	19[redacted]
SURGERY: LYMPH NODE REMOVAL OF LEFT EAR	19
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)
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted] 1	[redacted] 1	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted] 36	[redacted] 36	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] 57	[redacted] 57	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 92	[redacted] 92	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 92	[redacted] 92	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 148	[redacted] 148	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 148	[redacted] 148	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 209	[redacted] 209	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 209	[redacted] 209	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 261	[redacted] 261	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 261	[redacted] 261	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 322	[redacted] 322	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 322	[redacted] 322	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 372	[redacted] 372	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 372	[redacted] 372	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] 428	[redacted] 428	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] 428	[redacted] 428	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
FLUTICASONE	1 OTHER: ONE SPRAY PER NOSTRIL	QD	Y-M: 20[redacted]
METHOCARBAMOL	500 mg	PRN	Y-M: 20[redacted]
PANADEINE CO	300-30 mg	PRN	Y-M: 20[redacted]
PAROXETINE	40 mg	QD	Y-M: 20[redacted]
ALPRAZOLAM	0.25 mg	QD	Y-M: 20[redacted]
BUSPIRONE	10 mg	TID	Y-M: 20[redacted]
CLONAZEPAM	1 mg	QD	Y-M: 20[redacted]
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]
HYDROCORTISONE	1 OTHER: APPLICATION	PRN	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted] / -267
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted] / -267
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted] / -236
LEVOCETIRIZINE	5 mg	QD	Y-M: 20[redacted] / -69
AMFEPRAMONE	25 mg	QD	Y-M: 20[redacted] / 68
ARIPIPRAZOLE	10 mg	QD	Y-M: 20[redacted] / 68
CYANOCOBALAMIN	1000 ug	OTHER: MONTHLY	Y-M: 20[redacted] / 86

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
AMFEPRAMONE	25 mg	QD	Y-M: 20[redacted] / 68	NOT REPORTED
ARIPIPRAZOLE	10 mg	QD	Y-M: 20[redacted] / 68	NOT REPORTED
CYANOCOBALAMIN	1000 ug	OTHER: MONTHLY	Y-M: 20[redacted] / 86	NOT REPORTED
BUSPIRONE	30 mg	BID	Y-M: 20[redacted] / 328	NOT REPORTED
LITHIUM	300 mg	QD	Y-M: 20[redacted] / 328	NOT REPORTED
ANESTHETICS, GENERAL	NOT REPORTED	OTHER: ONCE	Y-M: 20[redacted] / 407	Y-M: 20[redacted] / 407
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 407	Y-M: 20[redacted] / 428
VICODIN	10-325 mg	PRN	Y-M: 20[redacted] / 407	Y-M: 20[redacted] / 428

Event #1: Serious Adverse Event

Event Description	UTERINE FIBROIDS
Preferred Term	子宮平滑筋腫

AE Onset Date / Rx Day	[redacted]20[redacted] / 407
Age at AE Onset	4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 408): Basophils/Leukocytes: 0.03 [0 - 0.45] UNIT NOT REPORTED; Basophils/Leukocytes: 0.3 [0 - 2] %; Blood Urea Nitrogen: 4.3 [2.5 - 6.4] MMOL/L; Calcium: 2.12 [2.12 - 2.72] MMOL/L; Chloride: 103 [100 - 108] MMOL/L; Creatinine: 97 [53 - 115] UMOL/L; Eosinophils: 0 [0.16 - 0.9] 10^9/L; Eosinophils/Leukocytes: 0 [0 - 6.04] %; Ery. Mean Corpuscular Volume: 91.7 [79.1 - 97.9] FL; Erythrocytes: 4.1 [3.4 - 5.3] 10^12/L; Glucose: 6.7 [3.9 - 6.1] MMOL/L; Hematocrit: 0.38 [0.3 - 0.47] FRACTION OF 1; Hemoglobin: 115 [99 - 159] G/L; Leukocytes: 10.5 [4.8 - 11.7] 10^9/L; Lymphocytes: 1.43 [0.55 - 3.16] 10^9/L; Lymphocytes/Leukocytes: 13.6 [8.6 - 45.3] %; Monocytes: 0.89 [0.16 - 0.9] 10^9/L; Monocytes/Leukocytes: 8.5 [3.38 - 11.8] %; NPTST077-BUN/CREAT: 10.9 [5.4 - 30] UNIT NOT REPORTED; NPTST106-CARBON DIOXIDE: 28 [21 - 32] MMOL/L; NPTST242-GFR: 54 [NOT REPORTED - NOT REPORTED] ML/MIN/1.73M 2; NPTST334-MCHC: 30.4 [32.4 - 35.2] G/DL; NPTST358-MPV: 11 [6.64 - 11.5] FL; NPTST362-MRVCS: 0 [0 - 0.2] %; NPTST434-PREGNANCY TEST: NEGATIVE [NOT REPORTED - NOT REPORTED] NO UNITS; NPTST453-RDW: 14 [11.1 - 17.3] %; NPTST535-TYPE/SCREEN: O POSITIVE [NOT REPORTED - NOT REPORTED] NO REFERENCE RANGE; Neutrophils: 8.06 [1.07 - 7.96] 10^9/L; Neutrophils/Leukocytes: 76.8 [42.2 - 82] %; Platelets: 285 [138 - 386] 10^9/L; Potassium: 4.1 [3.6 - 5.5] MMOL/L; Sodium: 137 [135 - 145] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 399): CHEST X-RAY:NEGATIVE CHEST; EKG:SINUS RHYTHM; [redacted]20[redacted] (Rx Day 407): LAPROSCOPIC-ASSISTED VAGINAL HYSTERECTOMY:UTERUS REMOVED; [redacted]20[redacted] (Rx Day 408): RENAL ULTRASOUND:UNREMARKABLE SONOGRAPHIC APPEARANCE OF THE KIDNEYS. THERE IS NO HYDRONEPHROSIS

AE Stopped Rx Day	408
Duration of AE	2 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	PELVIC PAIN
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

米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が投与され，子宮類線維症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，肥満，子宮類線維症，子宮アブレーション，重度の月経困難症，クローン病，間欠性腹部仙痛，非喫煙者及び非飲酒者であった。

投与 407 日後，被験者は子宮類線維症を発現した。投与 408 日後，子宮類線維症は消失した。

本事象発現前，被験者は，骨盤痛悪化及び重度の月経困難症があり，年に 1 回の婦人科健診のため婦人科医を受診した。被験者は，骨盤痛について「アブレーション実施前よりも悪い」と述べた。骨盤部超音波画像では否定的であったが，担当医は，被験者は子宮摘出の必要があると告げた。投与 407 日後，被験者は両側卵管摘除を伴う腹腔鏡下腟式子宮摘除のため入院した。投与 408 日後，被験者は退院した。

投与された薬剤は，Norco 及びゾフランであった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

AZITHROMYCIN for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

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1) Uterine fibroids (10046784) (Uterine leiomyoma (10046798)) [v.23.1] [10046784]

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 UTERINE FIBROIDS

- Investigator: Pelvic pain.

- **AbbVie:** Event is more likely related to pre-existing uterine fibroids.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] CHEST X RAY: Negative Chest

[redacted] **20[redacted] EKG:** Sinus Rhythm

[redacted] **20[redacted] GFR:** 54 mL/min/1.73m2

[redacted] **20[redacted] HCT:** 37.8 % (normal 29.6 to 46.8)

[redacted] **20[redacted] HGB:** 11.5 G/DL (normal 9.9 to 15.9)

[redacted] **20[redacted] LYMPHOCYTES:** 13.6 % (normal 8.6 to 45.3)

[redacted] **20[redacted] LYMPHOCYTES ABS:** 1.43 X10**3/MCL (normal 0.55 to 3.16)

Unknown date PATHOLOGY: Mild chronic inflammation of the cervix. Inactive endometrium with features suggestive of prior ablation of the endometrium. Myometrium revealed Leiomyomata and adenomyosis. Serosis had no significant diagnostic changes. Bilateral fallopian tubes revealed no significant diagnostic changes.

Unknown date PELVIC SONOGRAM: NEGATIVE

[redacted] **20[redacted] RENAL ULTRASOUND:** Unremarkable sonographic appearance of the kidneys. There is no hydronephrosis

[redacted] **20[redacted] WBC:** 10.49 X10**3/MCL (normal 4.9 to 11.7)

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
クローン病	X			
腸管穿孔	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	2[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: ADHD	20[redacted]
OTHER: ATTENTION-DEFICIT/HYPERACTIVITY DISORDER	20
OTHER: ABDOMINAL PAIN	20
OTHER: INSOMNIA	20
ANEMIA: IRON DEFICIENCY	20
ANEMIA: IRON DEFICIENCY ANEMIA DUE TO CHRONIC BLOOD LOSS	20
GASTROESOPHAGEAL REFLUX DISEASE	20
CROHN'S DISEASE	20
OTHER: ELEVATED GLUCOSE G1	20
OTHER: LOW TOTAL PROTEIN G2	20
OTHER: RECURRENT URINARY INFECTION	20
OTHER: BLOOD TRANSFUSION	20
OTHER: VITAMIN D DEFICIENCY	20
OTHER: HISTORY OF NAUSEA	20
OTHER: HX OF VOMITING	20
OTHER: NAUSEA	20
OTHER: RECURRENT URINARY INFECTION	20
OTHER: VOMITING	20
DRUG ALLERGIES/REACTIONS: SULFA ANTIBIOTICS	20
OTHER: HISTORY OF BLOODY STOOLS	20

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	5 CIGARETTE	0	
CIGARS	NEVER			
E-CIGARETTES	UNKNOWN			
PIPES	NEVER			

Alcohol Use	Status	Number/Day
ALCOHOL	NEVER	

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 36	[redacted]20[redacted] / 36	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 36	[redacted]20[redacted] / 36	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 91	[redacted]20[redacted] / 91	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 204	[redacted]20[redacted] / 204	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 204	[redacted]20[redacted] / 204	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 260	[redacted]20[redacted] / 260	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 260	[redacted]20[redacted] / 260	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / 316	[redacted]20[redacted] / 316	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ADALIMUMAB	160 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	80 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ETROLIZUMAB	UNKNOWN OTHER: INJECTION	EVERY 2 WEEKS	Y-M: 20[redacted] / -273

VEDOLIZUMAB	300 mg	OTHER: ONCE	Y-M: 20[redacted] / -273
VEDOLIZUMAB	300 mg	OTHER: ONCE	Y-M: 20[redacted] / -261
VEDOLIZUMAB	300 mg	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted] / -230
DICYCLOVERINE	20 mg	PRN	Y-M: 20[redacted] / -171
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
SUPREP BOWEL PREP	1 OTHER: KIT	OTHER: ONCE	Y-M: 20[redacted] / 287	Y-M: 20[redacted] / 287
HYDROMORPHONE	1 mg	OTHER: ONCE	Y-M: 20[redacted] / 288	Y-M: 20[redacted] / 288
IOPAMIDOL	100 mL	OTHER: ONCE	Y-M: 20[redacted] / 288	Y-M: 20[redacted] / 288
ONDANSETRON	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 288	Y-M: 20[redacted] / 288
PARACETAMOL	1000 mg	OTHER: ONCE	Y-M: 20[redacted] / 288	Y-M: 20[redacted] / 288
PROPOFOL	600 ug	OTHER: ONCE	Y-M: 20[redacted] / 288	Y-M: 20[redacted] / 288
SODIUM CHLORIDE	1000 mL	OTHER: ONCE	Y-M: 20[redacted] / 288	Y-M: 20[redacted] / 288
IOPAMIDOL	100 mL	OTHER: ONCE	Y-M: 20[redacted] / 431	Y-M: 20[redacted] / 431
MORPHINE	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 431	Y-M: 20[redacted] / 431
ONDANSETRON	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 431	Y-M: 20[redacted] / 431
SODIUM CHLORIDE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 431	Y-M: 20[redacted] / 431
SODIUM CHLORIDE	1000 mL	OTHER: CONTINUOUS	Y-M: 20[redacted] / 431	Y-M: 20[redacted] / 433

Event #1: Serious Adverse Event

Event Description	BOWEL PERFORATION
Preferred Term	腸管穿孔
AE Onset Date / Rx Day	[redacted]20[redacted] / 288
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 288): Blood Urea Nitrogen: 4.6 [4.3 - 7.1] MMOL/L; Calcium: 2.27 [2.1 - 2.55] MMOL/L; Creatinine: 81 [44 - 124] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 25.1 [26 - 34] PG; Ery. Mean Corpuscular Volume: 81.3 [79.3 - 94.8] FL; Erythrocytes: 5.4 [4.5 - 5.9] 10^12/L; Hematocrit: 0.44 [0.41 - 0.53] FRACTION OF 1; Hemoglobin: 136 [135 - 175] G/L; Leukocytes: 16.9 [4.5 - 11] 10^9/L; Platelets: 419 [150 - 450] 10^9/L; Potassium: 3.8 [3.5 - 5.3] MMOL/L; Sodium: 139 [137 - 145] MMOL/L; [redacted]20[redacted] (Rx

Day 289): Blood Urea Nitrogen: 3.6 [3.2 - 7.1] MMOL/L; Calcium: 2.07 [2.1 - 2.55] MMOL/L; Creatinine: 72 [44 - 124] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 24.9 [26 - 34] PG; Ery. Mean Corpuscular Volume: 78.2 [79.3 - 94.8] FL; Erythrocytes: 4.4 [4.5 - 5.9] 10^12/L; Hematocrit: 0.34 [0.41 - 0.53] FRACTION OF 1; Hemoglobin: 109 [135 - 175] G/L; Leukocytes: 17.4 [4.5 - 11] 10^9/L; Platelets: 289 [150 - 450] 10^9/L; Potassium: 4.2 [3.5 - 5.3] MMOL/L; Sodium: 137 [137 - 145] MMOL/L; [redacted]20[redacted] (Rx Day 290): Blood Urea Nitrogen: 2.1 [3.2 - 7.1] MMOL/L; Calcium: 2.2 [2.1 - 2.55] MMOL/L; Creatinine: 80 [44 - 124] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 25.4 [26 - 34] PG; Ery. Mean Corpuscular Volume: 79.2 [79.3 - 94.8] FL; Erythrocytes: 4 [4.5 - 5.9] 10^12/L; Hematocrit: 0.32 [0.41 - 0.53] FRACTION OF 1; Hemoglobin: 102 [135 - 175] G/L; Leukocytes: 8.6 [4.5 - 11] 10^9/L; Platelets: 227 [150 - 450] 10^9/L; Potassium: 4.3 [3.5 - 5.3] MMOL/L; Sodium: 138 [137 - 145] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 258): CT ABD PELVIS:1. LONG SEGMENT WALL THICKENING AND MUCOSAL HYPEREMIA AND MESENTERIC HYPEREMIA ASSOCIATED WITH THE COLON NEAR THE HEPATIC FLEXURE EXTENDING ACROSS THE TRANSVERSE COLON CONSISTENT WITH INFECTIOUS OR I; [redacted]20[redacted] (Rx Day 288): COLONOSCOPY:SIMPLE ENDOSCOPIC SCORE FOR CROHN'S DISEASE: 24, MUCOSAL INFLAMMATORY CHANGES SECONDARY TO CROHN'S DISEASE, WITH ILEITIS AND COLITIS. BIOPSIED; [redacted]20[redacted] (Rx Day 289): X-RAY ABD KUB:1. NON-OBSTRUCTED, NON-DILATED BOWEL GAS PATTERN.

AE Stopped Rx Day	291
Duration of AE	4 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	COLONOSCOPY
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

Event #2: Serious Adverse Event

Event Description	EXACERBATION OF CROHN'S DISEASE
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 431 (115 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 431): Alanine Aminotransferase: 14 [0 - 50] U/L; Aspartate Aminotransferase: 77 [17 - 59] U/L; Basophils: 0.2 [0 - 0.2] 10^9/L; Bilirubin: NEG [0.2923 - 1.2278] mg/dL; Chloride: 102 [100 - 108] MMOL/L; Eosinophils: 0.4 [0 - 0.7] 10^9/L; Ery. Mean Corpuscular Hemoglobin: 28.3 [26 - 34] PG; Erythrocytes: 5 [4.5 - 5.9] 10^12/L; Glucose: NEG [73.8646 - 106.2929] mg/dL; Hematocrit: 0.43 [0.41 - 0.53] FRACTION OF 1; Hemoglobin: 142 [135 - 175] G/L; Ketones: NEG [NOT REPORTED - NOT REPORTED] MG/DL; Leukocytes: 15.6 [4.5 - 11] 10^9/L; Lipase: 487 [23 - 300] U/L; Lymphocytes: 1.8 [1 - 4.8] 10^9/L; Monocytes: 0.6 [0 - 1.1] 10^9/L; NPTST020-ALBUMIN: 4.4 [3.9 - 5] G/DL; NPTST022-ALBUMIN/GLOBULIN RATIO: 1.5 [1.1 - 2] G/DL; NPTST023-ALKALINE PHOSPHATASE: 103 [38 - 126] IU/L; NPTST028-ANION GAP: 7 [8 - 16] MMOL/L; NPTST029-ANISOCYTOSIS: 1+ [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST031-APPEARANCE: CLEAR [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST041-BACTERIA: OCC [NOT REPORTED - NOT REPORTED] /HPF; NPTST054-BASOPHILIS RELATIVE: 1 [0 - 2] %; NPTST064-BILIRUBIN, TOTAL: 0.3 [0.2 - 1.3] MG/DL; NPTST066-BLOOD: NEG [NOT REPORTED - NOT REPORTED] mg/dL; NPTST075-BUN: 9 [9 - 20] MG/DL; NPTST081-BUN/CREATININE RATIO: 12 [12 -

20] UNIT NOT REPORTED; NPTST100-CALCIUM: 8.5 [8.4 - 10.2] MG/DL; NPTST133-CO2 BICARBONATE: 31.6 [22 - 30] MMOL/L; NPTST137-COLOR: YELLOW [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST158-CREATININE SER: 0.76 [0.5 - 1.4] MG/DL; NPTST201-EOSINOPHILIS RELATIVE: 3 [0 - 5] %; NPTST244-GFR MDRD AF AMER: 157 [60 - NOT REPORTED] ML/MIN; NPTST245-GFR MDRD NON AF AMER: 129 [60 - NOT REPORTED] ML/MIN; NPTST257-GLUCOSE: 85 [70 - 110] MG/DL; NPTST324-LEUKOCYTES ESTERASE: NEG [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST332-LYMPHOCYTES RELATIVE: 12 [24 - 44] %; NPTST334-MCHC: 33.3 [31 - 37] G/DL; NPTST335-MCV: 85 [79.3 - 94.8] FL; NPTST357-MONOCYTES RELATIVE: 4 [0 - 10] %; NPTST358-MPV: 7.6 [7.5 - 10.7] UM3; NPTST363-MUCUS: RARE [NOT REPORTED - NOT REPORTED] HPF; NPTST377-NITRITE: NEG [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST388-OSMOLLITY CALC: 279 [275 - 295] UNIT NOT REPORTED; NPTST440-PROTEIN, TOTAL: 7.4 [6.3 - 8.2] G/DL; NPTST452-RBC, UA: 1 [0 - 4] HPF; NPTST453-RDW: 17 [11.5 - 14.5] %; NPTST490-SEGS ABSOLUTE: 12.6 [1.8 - 7.7] 10^3/UL; NPTST491-SEGS RELATIVE: 80 [36 - 66] %; NPTST547-URINE PH: 7.0 [5 - 8] UNIT NOT REPORTED; NPTST549-UROBILINOGEN: 2 [2 - 2] MG/DL; NPTST561-WBC,UA: 3 [0 - 10] HPF; Platelets: 356 [150 - 450] 10^9/L; Potassium: 4.2 [3.5 - 5.3] MMOL/L; Protein: NEG [NOT REPORTED - NOT REPORTED] MG/DL; Sodium: 141 [137 - 145] MMOL/L; Specific Gravity: 1.018 [1.003 - 1.035] UNIT NOT REPORTED; [redacted]20[redacted] (Rx Day 433): Basophils/Leukocytes: 0 [0 - 2] %; Blood Urea Nitrogen: 1.8 [3.2 - 7.1] MMOL/L; Calcium: 2.35 [2.1 - 2.55] MMOL/L; Chloride: 103 [100 - 108] MMOL/L; Creatinine: 67 [44 - 124] UMOL/L; Ery. Mean Corpuscular Hemoglobin: 28.3 [26 - 34] PG; Ery. Mean Corpuscular Volume: 86.1 [79.3 - 94.8] FL; Erythrocytes: 4.3 [4.5 - 5.9] 10^12/L; Glucose: 7.3 [3.9 - 6.1] MMOL/L; Hematocrit: 0.37 [0.41 - 0.53] FRACTION OF 1; Hemoglobin: 123 [135 - 175] G/L; Leukocytes: 11.1 [4.5 - 11] 10^9/L; Lymphocytes: 0.7 [1 - 4.8] 10^9/L; Lymphocytes/Leukocytes: 7 [24 - 44] %; Monocytes: 0.6 [0 - 1.1] 10^9/L; Monocytes/Leukocytes: 5 [0 - 10] %; NPTST028-ANION GAP: 10 [8 - 16] MMOL/L; NPTST029-ANISOCYTOSIS: 1 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; NPTST081-BUN/CREATININE RATIO: 7 [12 - 20] RATIO; NPTST135-CO2-BICARBONATE: 26.5 [22 - 30] MMOL/L; NPTST244-GFR MDRD AF AMER: 157 [60 - NOT REPORTED] ML/MIN; NPTST245-GFR MDRD NON AF AMER: 129 [60 - NOT REPORTED] ML/MIN; NPTST334-MCHC: 32.9 [31 - 37] G/DL; NPTST358-MPV: 8.7 [7.5 - 10.7] UM3; NPTST387-OSMOLALITY CALC: 277 [275 - 295] UNIT NOT REPORTED; NPTST453-RDW: 17.1 [11.5 - 14.5] %; NPTST490-SEGS ABSOLUTE: 9.7 [1.8 - 7.7] 10^3/UL; NPTST491-SEGS RELATIVE: 88 [36 - 66] %; Platelets: 296 [150 - 450] 10^9/L; Potassium: 4.5 [3.5 - 5.3] MMOL/L; Sodium: 139 [137 - 145] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 431): CT ABDOMEN/PELVIS WITH CONTRAST:LONG SEGMENT WALL THICIENING INVOLVING THE PROXIMAL COLON MAY BE SECONDARY TO CHANGES FROM CHRONIC INFLAMMATION. CANNOT EXCLUDE EARLY INFLAMMATORY CHANGES. APPENDIX WITH MILD WALL THICKENING AND MUC

AE Stopped Rx Day	433 (117 DAYS AFTER LAST TREATMENT)
Duration of AE	3 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	ACTIVE CROHN'S DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	HOSPITALIZATION OR PROLONGED HOSPITALIZATION

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

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

米国の治験責任医師からの報告。本被験者は2[redacted]歳男性であり，AbbVieのリサンキズマブの治験で盲検化された治験薬が投与され，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，腹痛，胃食道逆流性疾患，クローン病，悪心，嘔吐，喫煙者（1日5本）及び非飲酒者であった。

投与288日後，被験者は腸穿孔を発現した。投与291日後，腸穿孔は消失した。

投与288日後，被験者は，急性下腹部痛のため入院し，腸穿孔と診断された。同日，被験者は結腸内視鏡検査を受けた。ゾシン及び腸管安静が開始された。投与291日後，被験者は，医師の助言に反して退院し，清澄流動食から医学的に進めることなく，朝食にマクドナルドを食べたと報告した。

投与された薬剤は，ゾフラン，ゾシン，アセトアミノフェン，Dilaudid及び塩化ナトリウム0.9%であった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

ETROLIZUMAB for CROHN'S DISEASE ([redacted])

VEDOLIZUMAB for CROHN'S DISEASE ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Bowel perforation (10006056) (Intestinal perforation (10022694)) [v.22.1] [10006056]

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

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

Dechallenge: Not Applicable

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of BOWEL PERFORATION

- Investigator: Colonoscopy

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ABDOMINAL X-RAY:** 1. NON-OBSTRUCTED, NON-DILATED BOWEL GAS PATTERN.

[redacted] **20[redacted] BUN:** 13 mg/dL (normal 12 to 20)

[redacted] **20[redacted] BUN:** 6 mg/dL (normal 12 to 20)

[redacted] **20[redacted] CALCIUM:** 9.1 mg/dL (normal 8.4 to 10.2)

[redacted] **20[redacted] COLONOSCOPY:** Simple endoscopic score for Crohns disease: 24, mucosal inflammatory changes secondary to Crohns disease, with ileitis and colitis. biopsied

[redacted] **20[redacted] CREATININE:** 0.92 mg/dL (normal 0.5 to 1.4)

[redacted] **20[redacted] CREATININE:** 0.90 mg/dL (normal 0.5 to 1.4)

[redacted] **20[redacted] CT ABOMEN PELVIS:** 1. LONG SEGMENT WALL THICKENING AND MUCOSAL HYPEREMIA AND MESENTERIC HYPEREMIA ASSOCIATED WITH THE COLON NEAR THE HEPATIC FLEXURE EXTENDING ACROSS THE TRANSVERSE COLON CONSISTENT WITH INFECTIOUS OR INFLAMMATORY COLITIS. 2. SMALL LOCALIZED SUSPECTED PERFORATION WITH SEQUESTERED AIR BEHIND THE TRANSVERSE COLON POSTERIOR MARGIN ON IMAGE 37, NO ABCESS AT PRESENT.

[redacted] **20[redacted] HEMATOCRIT:** 44.1 % (normal 41 to 53.0)

[redacted] **20[redacted] HEMATOCRIT:** 34.2 % (normal 41 to 53.0)

[redacted] **20[redacted] HEMATOCRIT:** 31.7 % (normal 41 to 53.0)

[redacted] **20[redacted] HEMOGLOBIN:** 13.6 G/DL (normal 13.5 to 17.5)

[redacted] **20[redacted] HEMOGLOBIN:** 10.9 G/DL (normal 13.5 to 17.5)

[redacted] **20[redacted] HEMOGLOBIN:** 10.2 G/DL (normal 13.5 to 17.5)

[redacted] **20[redacted] MCV:** 81.3 FL (normal 79.3 to 94.8)

[redacted] **20[redacted] MCV:** 78.2 FL (normal 79.3 to 94.8)

[redacted] **20[redacted] MCV:** 79.2 FL (normal 79.3 to 94.8)

[redacted] **20[redacted] PLATELET COUNT:** 419 K/UL (normal 150 to 450)

[redacted] **20[redacted] PLATELET COUNT:** 289 K/UL (normal 150 to 450)

[redacted] **20[redacted] PLATELET COUNT:** 227 K/UL (normal 150 to 450)

[redacted] **20[redacted] POTASSIUM:** 3.8 MMOL/L (normal 3.5 to 5.3)

[redacted] **20[redacted] RED BLOOD CELLS:** 5.43 MIL/UL (normal 4.5 to 5.9)

[redacted] **20[redacted] RED BLOOD CELLS:** 4.38 MIL/UL (normal 4.5 to 5.9)

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

[redacted] **20[redacted] WHITE BLOOD CELLS:** 16.9 K/UL (normal 4.5 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 17.4 K/UL (normal 4.5 to 11.0)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 8.6 K/UL (normal 4.5 to 11.0)

Investigator No.: [redacted]

Subject Number: [redacted]

Protocol Number: M16-000

米国の治験責任医師からの報告。本被験者は 2[redacted] 歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬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，腹痛，慢性失血，鉄欠乏，クローン病，ブドウ糖上昇，総蛋白 G2 低値，悪心，嘔吐，現喫煙者（1 日 0.25 箱）及び非飲酒者であった。

20[redacted] 年 [redacted] 月 [redacted] 日から 20[redacted] 年 [redacted] 月 [redacted] 日まで，被験者は盲検化された治験薬の投与を受けた。20[redacted] 年 [redacted] 月 [redacted] 日，被験者はレスキュー治療としてリサンキズマブの非盲検投与を受けた。

投与 431 日後，被験者はクローン病増悪を発現した。投与 433 日後，クローン病増悪は消失した。

投与 431 日後，被験者は，悪心及び嘔吐並びに鋭い疼痛を伴う慢性全身性腹痛のため，ER を受診した。これらの症状は触診で悪化した。治験責任医師によると，被験者はクローン病の病歴の中で様々な時期に同様の事象を発現していた。同日，被験者は入院した。被験者は水分補給及び抗生剤及びステロイド剤による治療を受けた。投与 433 日後，被験者は退院した。

投与された薬剤は，prednisone，モルヒネ，ピペラシリン・タゾバクタム合剤，オンダンセトロン，メチルプレドニゾロン，メチルプレドニゾロン及び塩化ナトリウム 0.9%であった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

ETROLIZUMAB for CROHN'S DISEASE ([redacted])

VEDOLIZUMAB for CROHN'S DISEASE ([redacted])

ZOSYN for CROHN'S DISEASE ([redacted])

PREDNISONE for CROHN'S DISEASE ([redacted])

SULFA for UNKNOWN INDICATION

Causality for RISANKIZUMAB (Blinded)

---

1) Crohn's disease aggravated (10011403) (Crohn's disease (10011401)) [v.22.1] [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) (Crohn's disease (10011401)) [v.22.1] [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 EXACERBATION OF CROHN'S DISEASE

- Investigator: Active Crohn's disease.

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

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of EXACERBATION OF CROHN'S DISEASE

- Investigator: ACTIVE CROHN'S DISEASE

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 103 IU/L (normal 38 to 126)

[redacted] **20[redacted] ANION GAP:** 7 MMOL/L (normal 8 to 16)

[redacted] **20[redacted] AST:** 77 IU/L (normal 17 to 59)

[redacted] 20[redacted] BLOOD URINE: Negative.

[redacted] **20[redacted] CT ABDOMEN PELVIS WITH CONTRAST:** Long segment wall thickening involving the proximal colon may be secondary to changes from chronic inflammation. Cannot exclude early inflammatory changes. Appendix with mild wall thickening and mucosal enhancement however no significant inflammatory changes of the adjacent fat. Findings may be secondary to changes from chronic inflammation. If there remains further clinical concern for acute appendicitis. Follow up study with oral contrast may be of value.

[redacted] **20[redacted] LIPASE:** 487 IU/L (normal 23 to 300)

[redacted] **20[redacted] RDW:** 17.0 % (normal 11.5 to 14.5)

[redacted] **20[redacted] RED BLOOD CELLS:** 5.01 MIL/UL (normal 4.50 to 5.90)

[redacted] **20[redacted] SEGS ABSOLUTE:** 12.6 K/UL (normal 1.8 to 7.7)

[redacted] **20[redacted] SEGS RELATIVE:** 80 % (normal 36 to 66)

[redacted] 20[redacted] URINE APPEARANCE: Clear.

[redacted] 20[redacted] URINE BACTERIA: Occ.

[redacted] 20[redacted] URINE BILIRUBIN: Negative.

[redacted] 20[redacted] URINE COLOR: Yellow.

[redacted] 20[redacted] URINE GLUCOSE: Negative.

[redacted] 20[redacted] URINE KETONES: Negative

[redacted] 20[redacted] URINE LEUKOCYTES ESTERASE: Negative.

[redacted] 20[redacted] URINE MUCUS: Rare.

[redacted] 20[redacted] URINE NITRITE: Negative.

[redacted] 20[redacted] URINE PROTEIN: Negative.

[redacted] 20[redacted] URINE UROBILINOGEN: <2 mg/dL

[redacted] **20[redacted] WHITE BLOOD CELLS:** 15.6 K/UL (normal 4.5 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
憩室炎	X			X

Treatment Group	Age at M15-991 Study Start	Sex	Race
Placebo SC Q8W	4[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	19[redacted]
OSTEOARTHRITIS	20
OTHER: BACK PAIN	20
OTHER: PERIPHERAL ARTHROPATHY	20
OTHER: ERECTILE DYSFUNCTION	20
OTHER: VITAMIN D DEFICIENCY	20
OTHER: MUSCLE SPASMS	20
OTHER: DEGENERATIVE DISC DISEASE	20
OTHER: SACROILIAC PAIN	20
OTHER: OBESITY	20
OTHER: CHRONIC RIGHT SHOULDER PAIN	20
OTHER: RIGHT WRIST PAIN	20

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	20
SURGERY: APPENDECTOMY	20
SURGERY: MECKEL DIVERTICULUM EXCISION	20
SURGERY: CHOLECYSTECTOMY	20
SURGERY: VENTRAL HERNIA REPAIR	20
CROHN'S DISEASE HISTORY: COLONOSCOPY	20

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	CURRENT	20 CIGARETTE	15	
CIGARS	FORMER			
E-CIGARETTES	NEVER			
PIPES	FORMER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 1	20[redacted] / 1	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 28	20[redacted] / 28	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	20[redacted] / 57	20[redacted] / 57	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 85	20[redacted] / 85	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 144	20[redacted] / 144	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 207	20[redacted] / 207	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 256	20[redacted] / 256	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 312	20[redacted] / 312	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 368	20[redacted] / 368	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 424	20[redacted] / 424	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ERGOCALCIFEROL	50000 IU	QD	Y-M: 20[redacted]-
TADALAFIL	10 mg	PRN	Y-M: 20[redacted]-
CYCLOBENZAPRINE	10 mg	TID	Y-M: 20[redacted]-
OXYCOCET	10-325 mg	OTHER: 1 TAB Q6H PRN	Y-M: 20[redacted]-
ADALIMUMAB	40 MG/0.8 ML INJECTION mg	OTHER: EVERY 14 DAYS	Y-M: 20[redacted]
ETROLIZUMAB	UNKNOWN	NOT REPORTED	Y-M: 20[redacted]
BUDESONIDE	3 mg	TID	Y-M: 20[redacted]- / -52

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
ERGOCALCIFEROL	50000 IU	QD	Y-M: 20[redacted]-	ONGOING
TADALAFIL	10 mg	PRN	Y-M: 20[redacted]-	NOT REPORTED
NAPROXEN	500 mg	PRN	Y-M: 20[redacted]- / 159	ONGOING

OXYCODONE	5 mg	OTHER: Q4H-Q6H, PRN	Y-M: 20[redacted] / 377	NOT REPORTED
DIPHENHYDRAMINE	25 mg	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
FENTANYL	100 ug	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
FLUMAZENIL	0.5 mg	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
MIDAZOLAM	10 mg	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
NALOXONE	0.4 mg	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
SIMETICONE	1 OTHER: APPLICATION	OTHER: ONCE	Y-M: 20[redacted] / 446	Y-M: 20[redacted] / 446
CEFTRIAXONE	500 mg	OTHER: Q8H, PRN	Y-M: 20[redacted] / 456	Y-M: 20[redacted] / 459
ONDANSETRON	4 mg	OTHER: Q6H, PRN	Y-M: 20[redacted] / 456	Y-M: 20[redacted] / 459
MELATONIN	3 OTHER: TABS	OTHER: ONCE	Y-M: 20[redacted] / 457	Y-M: 20[redacted] / 457
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 457	Y-M: 20[redacted] / 459
HYDROMORPHONE	0.5 mg	OTHER: Q6H, PRN	Y-M: 20[redacted] / 458	Y-M: 20[redacted] / 459
CIPROFLOXACIN	500 mg	QD	Y-M: 20[redacted] / 459	Y-M: 20[redacted] / 466

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

Event Description DIVERTICULITIS

Preferred Term 憩室炎

AE Onset Date / Rx Day [redacted]20[redacted] / 456 (32 DAYS AFTER LAST TREATMENT)

Age at AE Onset 4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 456): Albumin: 46 [15 - 180] G/L; Alkaline Phosphatase: 59 [5 - 15000] U/L; Alkaline Phosphatase: 24 [3 - 25000] U/L; Aspartate Aminotransferase: 59 [3 - 50000] U/L; Eosinophils/Leukocytes: 0.6 [0 - 100] %; Lipase: 48 [6 - 6000] U/L; Lymphocytes/Leukocytes: 30.7 [0 - 100] %; Monocytes/Leukocytes: 7.5 [1 - 100] %; NPTST062-BILIRUBIN DIRECT: 0.2 [NOT REPORTED - 0.3] mg/dL; NPTST063-BILIRUBIN TOTAL: 0.6 [NOT REPORTED - 1.5] mg/dL; NPTST338-MEAN PLATLET VOLUME: 10.8 [9.4 - 12.4] FL; Neutrophils/Leukocytes: 60.3 [0 - 100] %; Protein: 78 [30 - 120] G/L; [redacted]20[redacted] (Rx Day 457): NPTST315-LACTATE: 0.9 [0 - 30] MMOL/L; [redacted]20[redacted] (Rx Day 458): Ery. Mean Corpuscular Hemoglobin: 33.2 [25.7 - 31] PG; Ery. Mean Corpuscular Volume: 93.6 [79 - 92.2] FL; Erythrocytes: 4.5 [4.6 - 6.1] 10^12/L; Hematocrit: 0.42 [0.4 - 0.51] FRACTION OF 1; Hemoglobin: 140 [137 - 175] G/L; Leukocytes: 6460 [300 - 440000] 10^9/L; NPTST451-RBC DISTRIBUTION: 13.4 [11.6 - 14.4] %; Platelets: 238 [163 - 337] 10^9/L; [redacted]20[redacted] (Rx Day 459): Chloride: 108 [50 - 200] MMOL/L; Glucose: 5.9 [0.6 - 133.2] MMOL/L; Potassium: 3.9 [1 - 10] MMOL/L; Sodium: 140 [50 - 200] MMOL/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 457): CT ABDOMEN/PELVIS WITH CONTRAST:FINDINGS SUGGESTIVE OF MILD UNCOMPLICATED DIVERTICULITIS ALONG THE PROXIMAL SIGMOID COLON. NO PERICOLONIC ABSCESS OR FREE INTRAPERITONEAL AIR.

AE Stopped Rx Day	459 (35 DAYS AFTER LAST TREATMENT)
Duration of AE	4 DAYS
Severity	MILD
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	DIVERTICULOSIS
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

米国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，憩室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，虫垂切除，腸切除，メッケル憩室切除，現喫煙者（1 日 20 本を 15 年間）及び元飲酒者（1 日 2～4 杯）であった。

投与 456 日後，被験者は憩室炎を発現した。投与 459 日後，憩室炎は消失した。

投与 456 日後，被験者は重度の腹痛のため入院した。被験者は最近の症状の再燃，主に悪心に関連している右側腹痛を報告した。被験者には嘔吐はなかったが，食欲が著しく減退していた。時々血液が混じっているゆるい便もあったが，大きな血餅はなかった。被験者は，失神や失神寸前の状態，動悸，息切れ，咳嗽，発熱，悪寒，寝汗及び意図しない体重減少はなかったと報告した。しかし，被験者は少しびまん性胸部不快感を発現した。最近受けた結腸内視鏡検査の結果，クローン病に改善が認められた。投与 457 日後，造影 CT 検査が行われ，近位 S 状結腸に沿って，軽度の合併症を伴わない憩室炎を疑う所見が認められた。結腸周囲膿瘍や腹腔内遊離ガスは認められなかった。被験者は抗生剤及び許容範囲内の食事による治療を受けた。投与 459 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，シプロフロキサシン，メラトニン，ヒドロモルフォン，セフトリアキソン及びフラジールであった。

The patient's past medications include:

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

HUMIRA 40MG/0.8ML for CROHN'S DISEASE (20[redacted] - [redacted] 20[redacted])Causality for RISANKIZUMAB (Blinded)

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1) Diverticulitis (10013538) (Diverticulitis (10013538)) [v.23.0] [10013538]

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 DIVERTICULITIS

- Investigator: Abdominal pain

- AbbVie: Risk factors include obesity and current smoking status for 15 years.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ALBUMIN:** 4.5 G/DL (normal 1.5 to 18.0)

[redacted] 20[redacted] ALKALINE PHOSPHATASE: 24 U/L (normal 3 to 2500)

[redacted] 20[redacted] ASPARTATE AMINO TRANSFERASE: 59 U/L (normal 3 to 5000)

[redacted] **20[redacted] BILIRUBIN DIRECT:** 0.2 mg/dL (normal 0 to 30)

[redacted] **20[redacted] BLIRUBIN TOTAL:** 70.6 mg/dL (normal 0 to 90)

[redacted] 20[redacted] C-DIFFICILE: Not reported

[redacted] **20[redacted] CHLORIDE:** 108 MMOL/L (normal 50 to 200)

[redacted] **20[redacted] CT ABDOMEN/PELVIS:** Findings suggestive of mild uncomplicated diverticulitis along the proximal sigmoid colon. No pericolonic abscess or free intraperitoneal air.

[redacted] **20[redacted] EOSINOPHILS:** 0.6 % (normal 0 to 100)

[redacted] **20[redacted] GLUCOSE:** 107 mg/dL (normal 10 to 2400)

[redacted] **20[redacted] HEMATOCRIT:** 42.2 % (normal 40.1 to 51.0)

[redacted] **20[redacted] HEMOGLOBIN:** 14.0 G/DL (normal 13.7 to 17.5)

[redacted] **20[redacted] LACTATE:** 0.9 MMOL/L (normal 0 to 30)

[redacted] **20[redacted] LIPASE:** 48 U/L (normal 6 to 6000)

[redacted] **20[redacted] LYMPHOCYTES:** 30.7 % (normal 0 to 100)

[redacted] **20[redacted] MCH:** 33.2 PG (normal 25.7 to 31.0)

[redacted] **20[redacted] MCV:** 93.6 FL (normal 79 to 92.2)

[redacted] 20[redacted] MEAN PLATELET VOLUME: 10.8 FL (normal 9.4 to 12.4)

[redacted] **20[redacted] MONOCYTES:** 7.5 % (normal 1 to 100)

[redacted] **20[redacted] NEUTORPHILS:** 60.3 % (normal 0 to 100)

[redacted] **20[redacted] PLATELET COUNT:** 238 10^3/uL (normal 163 to 337)

[redacted] **20[redacted] POTASSIUM:** 3.9 MMOL/L (normal 1.0 to 10.0)

[redacted] **20[redacted] PROTEIN:** 7.8 G/DL (normal 3.0 to 12)

[redacted] **20[redacted] RBC DISTRIBUTION:** 13.4 % (normal 11.6 to 14.4)

[redacted] **20[redacted] RED BLOOD CELLS:** 4.51 % (normal 4.63 to 6.00)

[redacted] **20[redacted] SODIUM:** 140 MMOL/L (normal 50 to 200)

[redacted] **20[redacted] WHITE BLOOD CELLS:** 6.46 10^6/uL (normal 1 to 100)

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
虚血性心筋症	X			
心嚢液貯留	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	6[redacted]	FEMALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	19[redacted]
OTHER: APPENDECTOMY	19
OTHER: POSTMENOPAUSAL	19
OTHER: RECURRENT ILEAL STRICTURE	20
EYE DISEASE/DISORDER: NARROW ANGLE GLAUCOMA	20
MYOCARDIAL INFARCTION: OLD	20
OTHER: NARROW ANGLE GLAUCOMA	20
OTHER: SHINGLES	20
ANEMIA: CHRONIC	20
GASTROESOPHAGEAL REFLUX DISEASE	20
OTHER: B-12 DEFICIENCY	20
OTHER: DYSPHAGIA	20
OTHER: JOINT PAIN	20
OTHER: LYMPHOPENIA	20
OTHER: SMALL HIATAL HERNIA	20
OTHER: OSTEOPENIA	20
OTHER: DIVERTICULOSIS	20
OTHER: MULTIPLE HEPATIC CYST	20
OTHER: RECTOVAGINAL FISTULA	20
OTHER: SLEEP APNEA	20
SEIZURE DISORDER/CONVULSIONS: NOCTURNAL SEIZURES	20
OTHER: ANAL STRICTURE	20
OTHER: ORAL APHTHOUS ULCERS	20
OTHER: HEMORRHOIDS	20
OTHER: LOW TOTAL PROTEIN	20

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: ILEAL RESECTION	19[redacted]
SURGERY: APPENDECTOMY	19
SURGERY: PELVIC ABSCESS DRAINED	19

SURGERY: LUMPECTOMY LEFT BREAST	19[redacted]
SURGERY: CHOLECYSTECTOMY	19[redacted]
SURGERY: REMOVAL OF BASAL CELL CARCINOMA ARM	20[redacted]
SURGERY: DILATED SCHANZKI'S RING	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: EXPLORATORY LAPAROTOMY	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: ILEOCOLIC RESECTION WITH SIDE TO SIDE STAPLED ILEOCOLIC ANASTOMOSIS	20[redacted]
CROHN'S DISEASE SURGICAL HISTORY: TWO LAYER HEINEKE-MIKULIEZ STRICTUROPLASTY AT SEPERATE SITE	20[redacted]
SURGERY: BILATERAL CATARACT	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)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 57	[redacted]20[redacted] / 57	1
M15991 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 92	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 92	[redacted]20[redacted] / 92	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 118	[redacted]20[redacted] / 118	1
M15991 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 148	[redacted]20[redacted] / 148	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 176	[redacted]20[redacted] / 176	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 176	[redacted]20[redacted] / 176	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 229	[redacted]20[redacted] / 229	1

RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 229	20[redacted] / 229	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 288	20[redacted] / 288	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 288	20[redacted] / 288	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 338	20[redacted] / 338	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 338	20[redacted] / 338	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	20[redacted] / 350	20[redacted] / 350	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 400	20[redacted] / 400	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 456	20[redacted] / 456	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 512	20[redacted] / 512	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
INFLIXIMAB	300 OTHER: MG/KG	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted]
CYANOCOBALAMIN	1000 mg	OTHER: EVERY MONTH	Y-M: 20[redacted]
FOLIC ACID	1 mg	QD	Y-M: 20[redacted]
INFLIXIMAB	600 OTHER: MG/KG	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY OTHER WEEK	Y-M: 20[redacted]
LAMOTRIGINE	50 mg	BID	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	OTHER: WEEK 0	Y-M: 20[redacted] / -337
VEDOLIZUMAB	300 mg	OTHER: WEEK 2	Y-M: 20[redacted] / -322
VEDOLIZUMAB	300 mg	OTHER: WEEK 6	Y-M: 20[redacted] / -294
VEDOLIZUMAB	300 mg	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted] / -231
CALCIUM	2 OTHER: TABLETS	QD	Y-M: 20[redacted] / -206
ERGOCALCIFEROL	1000 mg	QD	Y-M: 20[redacted] / -206
THIAMINE	1 OTHER: TABLET	QD	Y-M: 20[redacted] / -206
VITAMINS NOS	1 OTHER: TABLET	QD	Y-M: 20[redacted] / -206
COLESTYRAMINE	1 OTHER: PACKET	QD	Y-M: 20[redacted] / 118
DOXEPIN	10 mg	QD	Y-M: 20[redacted] / 118

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
MELATONIN	10 mg	QD	Y-M: 20[redacted] / 206	Y-M: 20[redacted] / 525
ANUSOL-HC	2.5 %	BID	Y-M: 20[redacted] / 338	NOT REPORTED
HYOSCYAMINE	0.125 mg	PRN	Y-M: 20[redacted] / 338	NOT REPORTED
ACETYLSALICYLIC ACID	81 mg	QD	Y-M: 20[redacted] / 483	NOT REPORTED
ATORVASTATIN	80 mg	QD	Y-M: 20[redacted] / 483	NOT REPORTED
LISINOPRIL	10 mg	QD	Y-M: 20[redacted] / 483	NOT REPORTED
CARVEDILOL	6.25 mg	BID	Y-M: 20[redacted] / 489	NOT REPORTED
CLOPIDOGREL	75 mg	QD	Y-M: 20[redacted] / 489	Y-M: 20[redacted] / 826

Event #1: Serious Adverse Event

Event Description	ISCHEMIC CARDIOMYOPATHY
Preferred Term	虚血性心筋症
AE Onset Date / Rx Day	[redacted]20[redacted] / 455
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 488): Hematocrit: 27.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 8.5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 6.79 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 349 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; [redacted]20[redacted] (Rx Day 489): Hematocrit: 24.4 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hematocrit: 25.0 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 8.1 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 20.42 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 363 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 488): 12 LEAD STANDARD PLACEMENT ECG:HR 81 QRSD 103 QT 392 QTC 454 PR 168 R-R PROBABLE LEFT VENTRICULAR HYPERTROPHY, INFERIOR INFARCT UNCONFIRMED REPORT RECEIVED.; A LIMITED TWO-DIMENSIONAL TRANSTHORACIC ECHOCARDIOGRAM:INTERPRETATION SUMMARY-EJECTION FRACTION=35%. LEFT VENTRICULAR SYSTOLIC FUNCTION IS MODERATELY REDUCED. THERE IS MODERATE MITRAL REGURGITATION. TRIVIAL PERICARDIAL EFFUSION NOT HEMODYNAMICALLY SIGNIF; ANGIOGRAPHY:RIGHT CORONARY ARTERY AROSE FROM THE RIGHT SINUS OF VALSALVA. IT WAS TOTALLY OCCLUDED IN ITS PROXIMAL SEGMENT. WELL-DEVELOPED COLLATERALS SEEMED TO BE FILLING THE DISTAL VESSEL, WHICH WAS A LARGE DO; CARDIO CATH:IMPRESSION-SUCCESSFUL CHRONIC TOTAL OCCLUSION PERCUTANEOUS

CORONARY INTERVENTION OF THE RIGHT CORONARY ARTERY USING ANTEGRADE REENTRANT TECHNIQUE WITH A STINGRAY BALLOON AND USING 2, 3.0 X 38 AND A 3.; INTRAVASCULAR ULTRASOUND:REVEALED DIFFUSE CALCIFIC ATHEROMA THROUGHOUT THE ENTIRE RCA. THE RCA DIAMETER WAS APPROXIMATELY 3.0-3.3; PERCUTANEOUS CORONARY INTERVENTION OF THE RIGHT CORONARY ARTERY:SUCCESSFUL, SUBJECT DISCHARGED THE FOLLOWING DAY WITH NO SYMPTOMS OF CHEST PAIN, SHORTNESS OF BREATH.; TRANSTHORACIC ECHO LIMITED:INTERPRETATION SUMMARY- THERE WAS A LARGE PERICARDIAL EFFUSION WITH EVIDENCE OF SUCCESSFUL CATHETER DRAINAGE. EJECTION FRACTION=50-55%; [redacted]20[redacted] (Rx Day 489): TRANSTHORACIC ECHO LIMITED:INTERPRETATION SUMMARY-LEFT VENTRICULAR SYSTOLIC FUNCTION IS MODERATELY REDUCED. EJECTION FRACTION =30-35% TRIVIAL PERICARDIAL EFFUSION. RIGHT VENTRICLE IS NORMAL IN SIZE AND FUNCTION. NORMAL LEFT A; [redacted]20[redacted] (Rx Day 854): 1 UNIT OF PRBC:DUE TO BLOOD LOSS FROM PROCEDURE HGB DROPPED AND PATIENT GIVEN A UNIT OF PRBC.

AE Stopped Rx Day	489
Duration of AE	35 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CORONARY ARTERY DISEASE
Discontinued Study Drug Due to the Event	NO
SAE Criteria	IMPORTANT MEDICAL OR SURGICAL INTERVENTION

Event #2: Serious Adverse Event

Event Description	PERICARDIAL EFFUSION
Preferred Term	心嚢液貯留
AE Onset Date / Rx Day	[redacted]20[redacted] / 488
Age at AE Onset	7[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 488): Hematocrit: 27.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 8.5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 6.79 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 349 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; [redacted]20[redacted] (Rx Day 489): Hematocrit: 24.4 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hematocrit: 25.0 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 8.1 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 20.42 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 363 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 488): 12 LEAD STANDARD PLACEMENT ECG:HR 81 QRSD 103 QT 392 QTC 454 PR 168 R-R PROBABLE LEFT VENTRICULAR HYPERTROPHY, INFERIOR INFARCT UNCONFIRMED REPORT RECEIVED.; A LIMITED TWO-DIMENSIONAL TRANSTHORACIC ECHOCARDIOGRAM:INTERPRETATION SUMMARY-EJECTION FRACTION=35%. LEFT VENTRICULAR SYSTOLIC FUNCTION IS MODERATELY REDUCED. THERE IS MODERATE MITRAL REGURGITATION. TRIVIAL PERICARDIAL EFFUSION NOT HEMODYNAMICALLY SIGNIF; ANGIOGRAPHY:RIGHT CORONARY ARTERY AROSE FROM THE RIGHT SINUS OF VALSALVA. IT WAS TOTALLY OCCLUDED IN ITS PROXIMAL SEGMENT. WELL-DEVELOPED COLLATERALS SEEMED TO BE FILLING THE DISTAL VESSEL, WHICH WAS A LARGE DO;

CARDIO CATH:IMPRESSION-SUCCESSFUL CHRONIC TOTAL OCCLUSION PERCUTANEOUS CORONARY INTERVENTION OF THE RIGHT CORONARY ARTERY USING ANTEGRADE REENTRANT TECHNIQUE WITH A STINGRAY BALLOON AND USING 2, 3.0 X 38 AND A 3.; INTRAVASCULAR ULTRASOUND:REVEALED DIFFUSE CALCIFIC ATHEROMA THROUGHOUT THE ENTIRE RCA. THE RCA DIAMETER WAS APPROXIMATELY 3.0-3.3; PERCUTANEOUS CORONARY INTERVENTION OF THE RIGHT CORONARY ARTERY:SUCCESSFUL, SUBJECT DISCHARGED THE FOLLOWING DAY WITH NO SYMPTOMS OF CHEST PAIN, SHORTNESS OF BREATH.; TRANSTHORACIC ECHO LIMITED:INTERPRETATION SUMMARY- THERE WAS A LARGE PERICARDIAL EFFUSION WITH EVIDENCE OF SUCCESSFUL CATHETER DRAINAGE. EJECTION FRACTION=50-55%; [redacted]20[redacted] (Rx Day 489): TRANSTHORACIC ECHO LIMITED:INTERPRETATION SUMMARY-LEFT VENTRICULAR SYSTOLIC FUNCTION IS MODERATELY REDUCED. EJECTION FRACTION =30-35% TRIVIAL PERICARDIAL EFFUSION. RIGHT VENTRICLE IS NORMAL IN SIZE AND FUNCTION. NORMAL LEFT A; [redacted]20[redacted] (Rx Day 854): 1 UNIT OF PRBC:DUE TO BLOOD LOSS FROM PROCEDURE HGB DROPPED AND PATIENT GIVEN A UNIT OF PRBC.

AE Stopped Rx Day	489
Duration of AE	2 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	CARDIAC TAMPONADE
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

米国の治験責任医師からの報告。本被験者は 7[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，虚血性心筋症及び心嚢液貯留の事象を発現した。

Event 1 及び 2 の臨床経過：

関連する病歴は，クローン病，閉経後，心筋梗塞，帯状疱疹，ビタミン B12 欠乏，慢性貧血，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，被験者はレスキュー治療としてリサンキズマブの非盲検投与を受けた。

投与 455 日後，被験者は虚血性心筋症を発現した。投与 488 日後，被験者は心嚢液貯留を発現した。投与 489 日後，虚血性心筋症及び心嚢液貯留は消失した。

入院前，被験者は，実際の失神を伴わない起立性めまい数回及び少し息切れを発現していた。投与 477 日後，被験者は心臓カテーテル検査を受け，その結果，右冠動脈（RCA）の 100%閉塞が認められ，側枝の状態は良好で，駆出率は 35%であった。

投与 488 日後，被験者は心臓カテーテル検査及び RCA の経皮的冠インターベンションのため入院し，RCA にステントが 2 ヵ所留置された。しかし，被験者は低血圧となり，心エコー像で心嚢液貯留が認められた時に RCA の微穿孔（非重篤）が疑われた。心膜穿刺が行われ，約 550 mL の血液性排液があり，被験者の血圧は改善した。Hemovac ドレーンが留置された。微穿孔も閉鎖された。被験者は，血液性排液量を一定（mL/h）にした大腿動脈シース及び右大腿静脈シースは留置されたまま，心臓血管集中治療室に転室となった。StatLab で採血した結果，ヘモグロビンが 8.5 であった。被験者が濃厚赤血球（PRBC）1 単位を受けた後すぐに，Levophed は休薬となった。両側尺径部シースは抜去された。投与 489 日後，被験者は安定し，退院した。

投与された薬剤は，クロピドグレル，リシノプリル，カルベジロール，アスピリン及びアトルバスタチンであった。

The patient's past medications include:

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

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

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

Causality for RISANKIZUMAB (Blinded)

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1) Ischemic cardiomyopathy (10055217) (Ischaemic cardiomyopathy (10048858)) [v.23.1] [10055217]

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

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

Dechallenge: Not Applicable

2) Pericardial effusion (10034474) (Pericardial effusion (10034474)) [v.23.1] [10034474]

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) Ischemic cardiomyopathy (10055217) (Ischaemic cardiomyopathy (10048858)) [v.23.1] [10055217]

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

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

Dechallenge: Not Applicable

2) Pericardial effusion (10034474) (Pericardial effusion (10034474)) [v.23.1] [10034474]

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 ISCHEMIC CARDIOMYOPATHY

- Investigator: Coronary Artery Disease.

- AbbVie: Event more likely related to pre-existing history of MI, with advanced age as an additional RF.

Event of PERICARDIAL EFFUSION

- Investigator: Cardiac tamponade

- AbbVie: Event is more likely a complication of recent heart catheterization and percutaneous coronary intervention of right coronary artery.

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of ISCHEMIC CARDIOMYOPATHY

- Investigator: Coronary Artery Disease.

- AbbVie: Event more likely related to pre-existing history of MI, with advanced age as an additional RF.

Event of PERICARDIAL EFFUSION

- Investigator: Cardiac tamponade

- AbbVie: Event is more likely a complication of recent heart catheterization and percutaneous coronary intervention of right coronary artery.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] ANGIOGRAPHY:** Right coronary artery arose from the right sinus of Valsalva. It was totally occluded in its proximal segment. Well-developed collaterals seemed to be filling the distal vessel, which was a large dominant vessel giving rise to a large PDA and posterolateral ventricular branch. The entire lesion length was approximately 70mm with TIMI 0 antegrade flow.

[redacted] **20[redacted] ECG:** 12-lead: HR 81, QRSD 103 QT 392 QTc 454 PR 168 R-R Probable left ventricular hypertrophy, Inferior infarct

[redacted] **20[redacted] ECHOCARDIOGRAM:** a limited two-dimensional transthoracic echocardiogram: Interpretation Summary-Ejection Fraction=35%. Left ventricular systolic function is moderately reduced. There is moderate mitral regurgitation. Trivial pericardial effusion not hemodynamically significant

[redacted] **20[redacted] ECHOCARDIOGRAM:** post-stent placement: transthoracic echo limited - Interpretation Summary- There was a large pericardial effusion with evidence of successful catheter drainage. Ejection Fraction=50-55%

[redacted] **20[redacted] ECHOCARDIOGRAM:** transthoracic echo limited: Interpretation summary-left ventricular systolic function is moderately reduced. Ejection fraction =30-35% trivial pericardial effusion. Right ventricle is normal in size and function. Normal left and right atrial size and function. Mitral valve is grossly normal. Tricuspid valve is not well visualized but is grossly normal. Aortic valve is normal in structure and function. Pulmonic valve is not well visualized. Aortic root is normal size. Trivial pericardial effusion.

[redacted] **20[redacted] HEART CATHETERIZATION:** 100% occlusion of Right Coronary Artery (RCA) with good collaterals.

[redacted] **20[redacted] HEART CATHETERIZATION:** Impression-Successful chronic total occlusion percutaneous coronary intervention of the right coronary artery using antegrade reentrant technique with a stingray balloon and using 2, 3.0 x 38 and a 3.0 x28 drug-eluting stents. Intravascular ultrasound of the right coronary artery. Emergent pericardiocentesis with pericardial drainage because of pericardial tamponade.

[redacted] 20[redacted] HEMATOCRIT: 27.8 no units

[redacted] 20[redacted] HEMATOCRIT: 25.0 no units

[redacted] 20[redacted] HEMATOCRIT: 24.4 no units

[redacted] **20[redacted] HEMOGLOBIN:** 8.5 G/DL (normal 12 to 16)

[redacted] 20[redacted] HEMOGLOBIN: 8.1 no units

[redacted] 20[redacted] PLATELET COUNT: 349 no units

[redacted] **20[redacted] ULTRASOUND:** intravascular: Revealed diffuse calcific atheroma throughout the entire RCA. The RCA diameter was approximately 3.0-3.3

[redacted] 20[redacted] WHITE BLOOD CELLS: 6.79 no units

[redacted] 20[redacted] WHITE BLOOD CELLS: 20.42 no units

Subject [redacted] (Investigator [redacted])

Reason for Narrative

Adverse Event Preferred Term(s)	Serious Adverse Event	Adverse Event Leading to Discontinuation of Study Drug	Death	Event of Interest
腹部ヘルニア	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Placebo SC Q8W	3[redacted]	FEMALE	BLACK OR AFRICAN AMERICAN

Medical History	Onset Year
CROHN'S DISEASE	20[redacted]
OTHER: JOINT PAIN	20[redacted]
OTHER: PERIPHERAL ARTHROPATHY	20[redacted]
OTHER: OBESITY	20[redacted]
OTHER: PLANTAR FASCITIS	20[redacted]

Prior Procedures	Procedure Year
SURGERY: DILATION AND CURETTAGE	20[redacted]
SURGERY: CHOLECYSTECTOMY	20[redacted]
SURGERY: HERNIA REPAIR	20[redacted]
CROHN'S DISEASE HISTORY: COLONOSCOPY	20[redacted]
SURGERY: VENTRAL HERNIA REPAIR	20[redacted]

Tobacco Use	Status	Number/Day	Number of Years	Year Stopped
CHEWING TOBACCO	NEVER			
CIGARETTES	FORMER	3 CIGARETTE	5	20[redacted]
CIGARS	NEVER			
E-CIGARETTES	NEVER			
PIPES	NEVER			

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 30	[redacted]20[redacted] / 30	1

M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 30	[redacted]20[redacted] / 30	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
M15991 /RISANKIZUMAB	600 MG	INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 150	[redacted]20[redacted] / 150	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 211	[redacted]20[redacted] / 211	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 261	[redacted]20[redacted] / 261	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 317	[redacted]20[redacted] / 317	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 380	[redacted]20[redacted] / 380	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 429	[redacted]20[redacted] / 429	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ETONOGESTREL	68 mg	OTHER: QD	Y-M: 20[redacted]
ADALIMUMAB	160 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	80 mg	OTHER: ONCE	Y-M: 20[redacted]
ADALIMUMAB	40 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	40 mg	OTHER: EVERY OTHER WEEK	Y-M: 20[redacted]
ISOFLAVONA DE SOYA + VIT. D + CALCIO COLMED	1.25 mg	OTHER: ONCE A WEEK	Y-M: 20[redacted] / 81

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
VICODIN	7.5 mg	PRN	Y-M: 20[redacted] / 155	ONGOING
MEDROXYPROGESTERONE	150 mg	OTHER: EVERY 13 WEEKS	Y-M: 20[redacted] / 221	ONGOING
DICLOFENAC	1 %	BID	Y-M: 20[redacted] / 240	Y-M: 20[redacted] / 378
RANITIDINE	150 mg	BID	Y-M: 20[redacted] / 305	Y-M: 20[redacted] / 378
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 317	Y-M: 20[redacted] / 377

SUCRALFATE	1 OTHER: GM	QD	Y-M: 20[redacted] / 317	Y-M: 20[redacted] / 378

Event #1: Serious Adverse Event

Event Description	VENTRAL HERNIA
Preferred Term	腹部ヘルニア
AE Onset Date / Rx Day	[redacted]20[redacted] / 388
Age at AE Onset	3[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	
SAE Supplemental Procedure	
[redacted]20[redacted] (Rx Day 388): VENTRAL HERNIA REPAIR WITH MESH.:AFTER EXAMINATION OF PERITONEAL SURFACE OF THE VENTRAL FASCIA WAS NOTED, THIS APPEARED TO BE A 6 CM DEFECT AND ELECTED TO PUT A 12 CM MESH. THE MESH WAS ANCHORED INFERIORLY USING A PROLENE SUTURE. CI	
AE Stopped Rx Day	390
Duration of AE	3 DAYS
Severity	MODERATE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	RECURRENT VENTRAL HERNIA
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

米国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，腹壁ヘルニアの事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，元紙巻タバコ喫煙者（1 日 3 本を 5 年間），ヘルニア修復，肥満，腹壁ヘルニア修復，現アルコール摂取（1 日 2 杯未満）及びオメプラゾールに対するアレルギーであった。

投与 388 日後，被験者は腹壁ヘルニアを発現した。投与 390 日後，腹壁ヘルニアは消失した。

投与 388 日後，被験者はヘルニア痛のため入院した。治験責任医師によると，被験者には嵌頓腹壁ヘルニアの既往歴があり，投与の約 2 ヵ月前にメッシュによる腹壁ヘルニア修復を受けていた。投与 388 日後，被験者はメッシュによるヘルニア修復を受けた。手術中，腹壁筋膜の腹膜表面の検査で，6 cm の欠損が認められ，12 cm のメッシュが留置された。被験者は手術に十分耐えた。投与 390 日後，被験者は退院した。

The patient's past medications include:

ADALIMUMAB for CROHNS DISEASE ([redacted])

OMEPRAZOLE for DYSPEPSIA ([redacted])

Causality for RISANKIZUMAB (Blinded)

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1) Ventral hernia (10047272) (Abdominal hernia (10060954)) [v.22.0] [10047272]

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 VENTRAL HERNIA

- Investigator: Recurrent Ventral Hernia

- AbbVie: Event is more likely related to prior history of ventral hernia and repair with mesh in [redacted].

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 M15-991 Study Start	Sex	Race
Placebo SC Q8W	2[redacted]	MALE	WHITE

Medical History	Onset Year
OTHER: CHRONIC ABDOMINAL PAIN	20[redacted]
OTHER: INTERMITTENT INTERNAL HEMORRHOIDS	20
CROHN'S DISEASE	20
GASTROESOPHAGEAL REFLUX DISEASE	20
OTHER: CHRONIC NAUSEA	20
OTHER: MILD RIGHT HYDRONEPHROSIS	20
OTHER: HERPES SIMPLEX VIRUS	20
OTHER: ORAL APHTHOUS ULCERS	20

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)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 30	[redacted]20[redacted] / 30	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 51	[redacted]20[redacted] / 51	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1

PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 142	20[redacted] / 142	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 205	20[redacted] / 205	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 260	20[redacted] / 260	1
PLACEBO	SUBCUTANEOUS	Every 8 Weeks	20[redacted] / 317	20[redacted] / 317	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
TRAMADOL	50 mg	PRN	Y-M: 20[redacted]
CYANOCOBALAMIN	1 OTHER: CC	OTHER: EVERY MONTH	Y-M: 20[redacted]
AZATHIOPRINE	150 mg	QD	Y-M: 20[redacted]
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]
ONDANSETRON	5 mg	PRN	Y-M: 20[redacted]
PREDNISONE	20 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
TRAMADOL	50 mg	PRN	Y-M: 20[redacted]	ONGOING
CYANOCOBALAMIN	1 OTHER: CC	OTHER: EVERY MONTH	Y-M: 20[redacted]	ONGOING
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]	ONGOING
ONDANSETRON	5 mg	PRN	Y-M: 20[redacted]	ONGOING
HYDROMORPHONE	1 mg	OTHER: ONCE	Y-M: 20[redacted] / 365	Y-M: 20[redacted] / 365
IOPAMIDOL	75 mL	OTHER: ONCE	Y-M: 20[redacted] / 365	Y-M: 20[redacted] / 365
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 365	Y-M: 20[redacted] / 365
SODIUM CHLORIDE	1000 mL	OTHER: ONCE	Y-M: 20[redacted] / 365	Y-M: 20[redacted] / 365
SODIUM CHLORIDE	500 mL	OTHER: ONCE	Y-M: 20[redacted] / 365	Y-M: 20[redacted] / 365

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

Event Description	EXACERBATION OF CROHNS
Preferred Term	クローン病
AE Onset Date / Rx Day	[redacted]20[redacted] / 365 (48 DAYS AFTER LAST TREATMENT)
Age at AE Onset	2[redacted]

Laboratory Testing
[redacted]20[redacted] (Rx Day 365): Ery. Mean Corpuscular Volume: 82.5 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hematocrit: 44.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 15.3 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 17.10 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 457 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; [redacted]20[redacted] (Rx Day 366): Ery. Mean Corpuscular Volume: 83.3 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hematocrit: 39.8 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Hemoglobin: 13.2 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Leukocytes: 12.70 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED; Platelets: 376 [NOT REPORTED - NOT REPORTED] UNIT NOT REPORTED

Microbiology
NOT REPORTED

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 365): CAT SCAN ABD/PELVIS IV ONLY:THERE IS FOCAL NARROWING AND INCREASD WALL THICKENING OF THE DISTAL ILEUM JUST PROXIMAL TO THE ILEOCECAL VALVE. THE ILEUM IS DECOMPRESSED DISTAL TO THIS REGION AND DILATED PROXIMAL TO THE NARROWED SE

AE Stopped Rx Day	367 (50 DAYS AFTER LAST TREATMENT)
Duration of AE	3 DAYS
Severity	SEVERE
Relation to Study Drug by Investigator	No Reasonable Possibility
Investigator Alternative Etiology	EXCERBATION OF CROHNS
Discontinued Study Drug Due to the Event	YES
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

米国の治験責任医師からの報告。本被験者は2[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬が投与され，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，慢性腹痛，間欠性内痔核，クローン病，胃食道逆流性疾患，慢性悪心，口腔アフタ性潰瘍，単純ヘルペスウイルス，非喫煙者及び飲酒者（1 日 2 杯未満）であった。

投与 365 日後，被験者はクローン病増悪を発現した。投与 367 日後，クローン病増悪は消失した。

被験者は，24 時間持続し，右下腹部に集中している，びまん性痙攣性の鋭い腹痛があると報告した。腹痛は増悪と寛解を繰り返していた。

投与 365 日後，被験者は腹痛の急速な進行，悪心，嘔吐 20 回，悪寒，冷汗，及び悪寒のため入院した。被験者によると，血便，胸痛，発熱，及び呼吸困難はなかった。被験者は，抗生剤及びステロイド剤による治療を受けた。投与 367 日後，被験者は退院した。

投与された薬剤は，ソル・メドロール，ゾフラン［オンダンセトロン］，フラジール，Rocephin，prednisone 及び Dilaudid であった。

The patient's past medications include:

PREDNISONE for CROHN'S DISEASE ([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: No

Alternative Etiology for RISANKIZUMAB (Blinded)

Event of EXACERBATION OF CROHNS

- Investigator: excerbation of crohns

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

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] CAT SCAN ABD/PELVIS:** there is focal narrowing and increasd wall thickening of the distal ileum just proximal to the ileocecal valve. the ileum is decompressed distal to this region and dilated proximal to the narrowed segment. findings are concerning for crohns disease and low-grade ileal stricture. stool distends the ileum proximal to the narrowed segment. there is no evidence of comlete obstruction. there is no evidence of appendicitis.

[redacted] **20[redacted] HCT:** 44.8 NO UNIT

[redacted] **20[redacted] HCT:** 39.8 NO UNIT

[redacted] **20[redacted] HGB:** 15.3 NO UNIT

[redacted] **20[redacted] HGB:** 13.2 NO UNIT

[redacted] **20[redacted] MCV:** 82.5 NO UNIT

[redacted] **20[redacted] MCV:** 83.3 NO UNIT

[redacted] 20[redacted] PLT: 457 NO UNIT

[redacted] 20[redacted] PLT: 376 NO UNIT

[redacted] **20[redacted] WBC:** 17.1 NO UNIT

[redacted] 20[redacted] WBC: 12.7 NO UNIT

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
大腸狭窄	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Risankizumab 180 mg SC Q8W	3[redacted]	FEMALE	WHITE

Medical History	Onset Year
OTHER: HIGH PLATELETS	NOT REPORTED
CROHN'S DISEASE	19[redacted]
INFLAMMATORY BOWEL DISEASE: ILEUM, COLON, RECTUM	19
COGNITIVE OR PSYCHIATRIC DISORDER: DEPRESSION	19
COGNITIVE OR PSYCHIATRIC DISORDER: DEPRESSION DUE TO CD	19
OSTEOARTHRITIS	19
OSTEOARTHRITIS: ARTHRITIS RELATED TO CD	19
MIGRAINE HEADACHE	19
OTHER: DIARRHEA ASSOCIATED WITH CD	20
OTHER: DIARRHEA ASSOCIATED WITH CROHN'S DISEASE	20
OTHER: NAUSEA DUE TO CD	20
GASTROESOPHAGEAL REFLUX DISEASE	20
GASTROESOPHAGEAL REFLUX DISEASE: GASTRITIS	20
OTHER: INSOMNIA	20
ANEMIA: HISTORY OF ANEMIA	20
OTHER: PYELONEPHRITIS	20
OTHER: HIGH PLATELETS	20

Prior Procedures	Procedure Year
CROHN'S DISEASE SURGICAL HISTORY: PARTIAL COLECTOMY, SIGMOIDECTOMY	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)
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted] / 1	[redacted] / 1	1
M15991 /UNKNOWN		INTRAVENOUS	Every 4 Weeks	[redacted] / 28	[redacted] / 28	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 60	[redacted] / 60	1
M15991 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 106	[redacted] / 106	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 106	[redacted] / 106	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 137	[redacted] / 137	1
M15991 /PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 165	[redacted] / 165	1
M15991 /RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 4 Weeks	[redacted] / 165	[redacted] / 165	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 193	[redacted] / 193	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 193	[redacted] / 193	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 242	[redacted] / 242	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 242	[redacted] / 242	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 298	[redacted] / 298	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 298	[redacted] / 298	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 360	[redacted] / 360	1
RISANKIZUMAB	180 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 360	[redacted] / 360	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted] / 387	[redacted] / 387	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 423	[redacted] / 423	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 478	[redacted] / 478	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 535	[redacted] / 535	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
SUMATRIPTAN	100 mg	PRN	Y-M: 19[redacted]
VITAMINS NOS	1 OTHER: TAB	QD	Y-M: 19[redacted]
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted]
METHYLPREDNISOLONE	8 mg	QD	Y-M: 20[redacted]
ADALIMUMAB	80 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	80 mg/kg	EVERY 2 WEEKS	Y-M: 20[redacted]
MESALAZINE	800 mg	BID	Y-M: 20[redacted]
ADALIMUMAB	160 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
ADALIMUMAB	160 mg/kg	EVERY 2 WEEKS	Y-M: 20[redacted]
CERTOLIZUMAB	400 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
CERTOLIZUMAB	400 mg	EVERY 2 WEEKS	Y-M: 20[redacted]
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]
ZOLPIDEM	10 mg	QD	Y-M: 20[redacted]
LOMOTIL	2.5 mg	PRN	Y-M: 20[redacted]
DROSPIRENONE W/ETHINYLESTRADIOL	1 OTHER: TAB	QD	Y-M: 20[redacted]
INFLIXIMAB	280 mg/kg	EVERY 2 WEEKS	Y-M: 20[redacted]
INFLIXIMAB	280 mg/kg	EVERY WEEK	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	BID	Y-M: 20[redacted] / -144

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
VITAMINS NOS	1 OTHER: TAB	QD	Y-M: 19[redacted]	NOT REPORTED
SUMATRIPTAN	100 mg	PRN	Y-M: 19[redacted]	Y-M: 20[redacted] / 247
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted]	Y-M: 20[redacted] / 247
OMEPRAZOLE	40 mg	QD	Y-M: 20[redacted]	NOT REPORTED
ZOLPIDEM	10 mg	QD	Y-M: 20[redacted]	NOT REPORTED
LOMOTIL	2.5 mg	PRN	Y-M: 20[redacted]	ONGOING
DROSPIRENONE W/ETHINYLESTRADIOL	1 OTHER: TAB	QD	Y-M: 20[redacted]	NOT REPORTED
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted] / 247	NOT REPORTED
MESALAZINE	800 mg	TID	Y-M: 20[redacted] / 247	NOT REPORTED
SUMATRIPTAN	100 mg	PRN	Y-M: 20[redacted] / 247	ONGOING

FAMOTIDINE	20 mg	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
HYDROMORPHONE	0.5 mg	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
IODINE	75 mg	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
IOPAMIDOL	75 mL	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
MORPHINE	2 mg	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
ONDANSETRON	4 mg	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
OXYCOCET	1 OTHER: TABLET	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
SODIUM CHLORIDE	0.9 %	OTHER: ONCE	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 247
CITALOPRAM	40 mg	QD	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
ENOXAPARIN	40 mg	QD	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
FAMOTIDINE	20 mg	OTHER: EVERY 12 HOURS	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
HYDROMORPHONE	1 mg	PRN	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
OXYCOCET	5/325 mg	PRN	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
PARACETAMOL	600 mg	PRN	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
ZOLPIDEM	10 mg	PRN	Y-M: 20[redacted] / 247	Y-M: 20[redacted] / 250
MOVIPREP	2000 mL	OTHER: ONCE	Y-M: 20[redacted] / 248	Y-M: 20[redacted] / 248
TRIAMCINOLONE	40 mg	OTHER: ONCE	Y-M: 20[redacted] / 249	Y-M: 20[redacted] / 249
ONDANSETRON	4 mg	PRN	Y-M: 20[redacted] / 250	ONGOING
IRON	325 mg	QD	Y-M: 20[redacted] / 872	ONGOING
LIDOCAINE	40 mg	OTHER: ONCE	Y-M: 20[redacted] / 1005	Y-M: 20[redacted] / 1005
PROPOFOL	200 mg	OTHER: ONCE	Y-M: 20[redacted] / 1005	Y-M: 20[redacted] / 1005
DILTIAZEM	60 mg	QD	Y-M: 20[redacted] / 1023	ONGOING
OTHER VIRAL VACCINES	1 OTHER: SHOT	OTHER: ONCE	Y-M: 20[redacted] / 1064	Y-M: 20[redacted] / 1064
OXYCOCET	5-325 mg	PRN	Y-M: 20[redacted] / 1073	NOT REPORTED

Event #1: Serious Adverse Event

Event Description	COLONIC STRICTURE
Preferred Term	大腸狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 242
Age at AE Onset	3[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 247): Hemoglobin: 97 [120 - 150] G/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 247): CT OF ABDOMEN:FOCAL STRICTURE AT THE LEVEL OF THE COLONIC ANASTOMOSIS WITH SIGNS OF HIGH-GRADE LUMINAL STENOSIS AND UPSTREAM DILATATION OF THE REMAINING PORTIONS OF THE COLON AND MILD DEGREE OF SMALL BOWEL DISTENTI; [redacted]20[redacted] (Rx Day 249): COLONOSCOPY WITH BALLOON DILATION, OTHER INJECTION(S):A STRICTURE 5 MM IN SIZE WAS NOTED. STRICTURE WAS IDENTIFIED ANASTOMOSIS. THE STRICTURE INVOLVES 75% OF THE LUMEN. INTERVENTION(S) INCLUDED BALLOON DILATION, TRIAMCINOLONE 40 MG WAS INJECTED AFTER DI; DILATION OF STENOTIC LESIONS, INTERVENTIONAL:PROGRESSING AS EXPECTED. MAY CONSIDER REPEAT DILATION IN ORDER TO MINIMIZE OR DECREASE THE RISK OF ADDITIONAL SURGERY

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	PATIENT REPORTED SYMPTOMS OF WORSENING CROHN'S DISEASE. PATIENT HOSPITALIZED SINCE [redacted]20[redacted] DUE TO SYMPTOMS AND DILATION OF COLON STRICTURE DUE TO SCAR TISSUE PROCEDURE.
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

米国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，結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，変形性関節症，片頭痛，クローン病に関連している下痢，クローン病による悪心，結腸部分切除，S 状結腸切除，胃炎，胃食道逆流性疾患，貧血，非喫煙者及び非飲酒者であった。

投与 242 日後，被験者は結腸狭窄を発現した。

投与 247 日後，被験者は腹痛，悪心，嘔吐及び血性下痢を訴え，救急治療室を受診した。被験者は入院し，結腸狭窄と診断された。結腸内視鏡検査及び CT スキャン検査が行われた。投与 249 日後，狭窄病変のインターベンションによる拡張術が行われ，被験者は予想通りに回復した。追加の手術のリスクを最小限に抑えたり低下させたりするため，再拡張が判断された。投与 250 日後，被験者は安定した状態で退院し，帰宅した。

投与された薬剤は，イオパミドール，モルヒネ，オンダンセトロン，ヒドロモルフォン，ファモチジン，タイレノール，オキシコドン・アセトアミノフェン合剤，アザチオプリン，Pepcid，Delzicol，炭酸カルシウム，ソル・メドロール，Percocet，スマトリプタン，Ambien，硫酸鉄水和物及びトリアムシノロンであった。

The patient's past medications include:

ADALIMUMAB for CROHN'S DISEASE ([redacted])

CERTOLIZUMAB for CROHN'S DISEASE ([redacted])

INFLIXIMAB for CROHN'S DISEASE ([redacted])

MEDROL

Causality for RISANKIZUMAB (Blinded)

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1) Colonic stricture (10010005) (Large intestinal stenosis (10074061)) [v.23.1] [10010005]

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 STRICTURE

- Investigator: Patient reported symptoms of worsening Crohn's disease. Patient hospitalized since [redacted] 20[redacted] due to symptoms and dilation of colon stricture due to scar tissue procedure.

- AbbVie: Event is more likely related to pre-existing Crohn's disease and partial colectomy, sigmoidectomy.

Relevant Laboratory & Other Diagnostic Tests

[redacted] **20[redacted] COLONOSCOPY:** A stricture 5 mm in size was noted. Stricture was identified anastomosis. The stricture involves 75% of the lumen. Intervention(s) included balloon dilation, triamcinolone 40 mg was injected after dilation at the level of the anastomosis. The intervention was successful.

[redacted] **20[redacted] CT OF THE ABDOMEN:** Focal stricture at the level of the colonic anastomosis with signs of high-grade luminal stenosis and upstream dilatation of the remaining portions of the colon and mild degree of small bowel distention without definitive signs of small bowel obstruction.

[redacted] **20[redacted] HEMOGLOBIN:** 9.7 G/DL (normal 12.0 to 15.0)

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
肺塞栓症	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Placebo SC Q8W	4[redacted]	FEMALE	WHITE

Medical History	Onset Year
INFLAMMATORY BOWEL DISEASE: CROHNS	19[redacted]
CROHN'S DISEASE	19[redacted]

Prior Procedures	Procedure Year
SURGERY: C SECTION	20[redacted]
SURGERY: C SECTION	20[redacted]
SURGERY: C SECTION	20[redacted]
SURGERY: HERNIA REPAIR	20[redacted]
SURGERY: TUBAL LIGATION	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)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 1	[redacted]20[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 29	[redacted]20[redacted] / 29	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted]20[redacted] / 58	[redacted]20[redacted] / 58	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / 93	[redacted]20[redacted] / 93	1

PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 148 148	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 205 205	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 260 260	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 274 274	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 317 317	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 373 373	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted]20[redacted] / [redacted]20[redacted] / 430 430	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
VEDOLIZUMAB	300 mg	OTHER: WEEK 0 WEEK 2 AND WEEK 6	Y-M: 20[redacted]
VEDOLIZUMAB	300 mg	OTHER: EVERY 8 WEEKS	Y-M: 20[redacted]

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

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day	Stop Year-Month / Rx Day
NOT REPORTED				

Event #1: Serious Adverse Event

Event Description PULMONARY EMBOLUS

Preferred Term 肺塞栓症

AE Onset Date / Rx Day [redacted]20[redacted] / 433 (3 DAYS AFTER LAST TREATMENT)

Age at AE Onset 4[redacted]

Laboratory Testing

[redacted]20[redacted] (Rx Day 433): Hemoglobin: 129 [117 - 160] G/L; Platelets: 237 [150 - 400] 10^9/L

Microbiology

NOT REPORTED

SAE Supplemental Procedure

[redacted]20[redacted] (Rx Day 433): CT PULMONARY ANGIOGRAM:EXTENSIVE PE-MILD LL CONSOLIDATION; [redacted]20[redacted] (Rx Day 434): ECHOCARDIOGRAM:DILATED RIGHT VENTRICLE-DILATED RIGHT ATRIUM-TRICUSPID REGURGITATION-MODERATE PULMONARY HYPERTENSION-TRACE PERICARDIAL EFFUSION

AE Stopped Rx Day 436 (6 DAYS AFTER LAST TREATMENT)

Duration of AE 4 DAYS

Severity MODERATE

Relation to Study Drug by Investigator No Reasonable Possibility

Investigator Alternative Etiology	SUBJECT WAS DISCHARGED ON XARALTO-CONTINUES TO IMPROVE AND BE MONITORED. THE CAUSE OF THE EVENT IS INSIDIOUS AS DETERMINED BY INVESTIGATOR AND PI
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

カナダ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，肺塞栓症の事象を発現した。

Event 1 の臨床経過：

関連する病歴は，クローン病，非喫煙者，飲酒者（1 日 2 杯未満）及び深部静脈血栓症の家族歴（母親）であった。

投与 433 日後，被験者は肺塞栓症を発現した。投与 436 日後，肺塞栓症は消失した。

投与 433 日後，被験者は息切れのため入院した。被験者は肺血管造影を受け，肺塞栓症と診断された。投与 436 日後，被験者は退院した。

被験者には深部静脈血栓症の家族歴（母親）があった。

投与された薬剤は，イグザレルトであった。

The patient's past medications include:

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

Causality for RISANKIZUMAB (Blinded)

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1) Pulmonary embolus (10037380) (Pulmonary embolism (10037377)) [v.23.1] [10037380]

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) Pulmonary embolus (10037380) (Pulmonary embolism (10037377)) [v.23.1] [10037380]

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 PULMONARY EMBOLUS

- Investigator: The patient was discharged on Xaralto. Continues to improve and be monitored. The cause of the event is insidious as determined by investigator an PI.

- AbbVie: Risk factors include pre-existing crohn's disease, obesity and mother with history of deep vein thrombosis.

Alternative Etiology for RISANKIZUMAB (Open Label)

Event of PULMONARY EMBOLUS

- Investigator: The patient was discharged on Xaralto. Continues to improve and be monitored.

- AbbVie: Risk factors include pre-existing crohn's disease, obesity and mother with history of deep vein thrombosis.

Relevant Laboratory & Other Diagnostic Tests

[redacted] 20[redacted] CHEMISTRY: Results not provided

[redacted] **20[redacted] ECHOCARDIOGRAM:** Dilated right ventricle-dilated right atrium-tricuspid regurgitation-moderate pulmonary hypertension-trace pericardial effusion

[redacted] 20[redacted] ELECTROCARDIOGRAM: Normal

[redacted] 20[redacted] HEMATOLOGY: Results not provided

[redacted] 20[redacted] HEMOGLOBIN: 129 G/DL

[redacted] **20[redacted] PLATELET COUNT:** 237 X10**3/MCL (normal 150 to 400)

[redacted] 20[redacted] PULMONARY ANGIOGRAM: Pulmonary embolus

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
帯状疱疹				X
腸管狭窄	X			

Treatment Group	Age at M15-991 Study Start	Sex	Race
Placebo SC Q8W	5[redacted]	MALE	WHITE

Medical History	Onset Year
CROHN'S DISEASE	19[redacted]
OTHER: ARTHRALGIA	19
ANEMIA: PERNICIOUS	19
LIVER DISEASE (EXCLUDING HEPATITIS): FATTY LIVER	20
OTHER: IDIOPATHIC THROMBOCYTOPENIA	20
GASTROESOPHAGEAL REFLUX DISEASE	20
OTHER: INSOMNIA	20
OTHER: HEMORRHOIDS	20
OTHER: HYPERLIPIDEMIA	20

Prior Procedures	Procedure Year
SURGERY: TONSILLECTOMY	19[redacted]
CROHN'S DISEASE SURGICAL HISTORY: BOWEL RESECTION	19
SURGERY: BILATERAL CATARACT REPAIR	20
SURGERY: LEFT ROTATOR CUFF REPAIR	20
SURGERY: RIGHT ACL REPAIR (KNEE)	20
SURGERY: CHOLECYSTECTOMY	20
SURGERY: LEFT BICEP REPAIR	20
CROHN'S DISEASE HISTORY: COLONOSCOPY	20

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

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

Study Drug Administration

Study Drug	Dose/Units	Route	Frequency	First Dose Date/Day	Last Dose Date/Day	Duration (Days)
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 1	[redacted] / 1	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 28	[redacted] / 28	1
M15991 /PLACEBO		INTRAVENOUS	Every 4 Weeks	[redacted] / 51	[redacted] / 51	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 86	[redacted] / 86	1
PLACEBO		SUBCUTANEOUS	Every 8 Weeks	[redacted] / 143	[redacted] / 143	1
RISANKIZUMAB	1200 MG	INTRAVENOUS	Every 8 Weeks	[redacted] / 197	[redacted] / 197	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 248	[redacted] / 248	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 310	[redacted] / 310	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 373	[redacted] / 373	1
RISANKIZUMAB	360 MG	SUBCUTANEOUS	Every 8 Weeks	[redacted] / 415	[redacted] / 415	1

Previous Therapy - Prior to baseline/enrollment

Medication Name (WHO Drug)	Dose/Units	Frequency	Start Year-Month / Rx Day
ULTRACET	1 OTHER: TAB	PRN	Y-M: 20[redacted]
LOMOTIL	1 OTHER: TAB	PRN	Y-M: 20[redacted]
AZATHIOPRINE	50 mg	QD	Y-M: 20[redacted]
ZOPICLONE	10 mg	PRN	Y-M: 20[redacted]
PANTOPRAZOLE	40 mg	QD	Y-M: 20[redacted]
ROSUVASTATIN	10 mg	QD	Y-M: 20[redacted]
DILTIAZEM	2 %	PRN	Y-M: 20[redacted]
OLOPATADINE	1 gtt	QD	Y-M: 20[redacted] / 27

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
VALACICLOVIR	1 g	TID	Y-M: 20[redacted] / 211	Y-M: 20[redacted] / 217
METOCLOPRAMIDE	10 mg	OTHER: ONCE	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 282
GABAPENTIN	100 mg	OTHER: EVERY 8 HOURS	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 284

LANSOPRAZOLE	30 mg	QD	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 284
MAGNESIUM SULFATE	1000 mg	OTHER: EVERY 6 HOURS	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 284
MELATONIN	10 mg	QD	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 284
PARACETAMOL	975 mg	OTHER: EVERY 6 HOURS	Y-M: 20[redacted] / 282	Y-M: 20[redacted] / 284
DIMENHYDRINATE	25 mg	PRN	Y-M: 20[redacted] / 283	Y-M: 20[redacted] / 283
DALTEPARIN	5000 OTHER: UNITS	QD	Y-M: 20[redacted] / 283	Y-M: 20[redacted] / 284
HYDROMORPHONE	2 mg	PRN	Y-M: 20[redacted] / 283	Y-M: 20[redacted] / 284
TRAMADOL	50 mg	OTHER: EVERY 6 HOURS	Y-M: 20[redacted] / 283	Y-M: 20[redacted] / 284

Event #1: Event of Interest - Herpes Zoster

Event Description	SHINGLES
Preferred Term	帯状疱疹
AE Onset Date / Rx Day	[redacted]20[redacted] / 210
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT APPLICABLE	
Microbiology	
NOT APPLICABLE	
SAE Supplemental Procedure	
NOT APPLICABLE	
AE Stopped Rx Day	223
Duration of AE	14 DAYS
Severity	MODERATE
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

Event #2: Serious Adverse Event

Event Description	CROHN'S STRICTURE
Preferred Term	腸管狭窄
AE Onset Date / Rx Day	[redacted]20[redacted] / 282
Age at AE Onset	5[redacted]
Laboratory Testing	
NOT REPORTED	
Microbiology	
NOT REPORTED	

SAE Supplemental Procedure
[redacted]20[redacted] (Rx Day 282): LEFT COLECTOMY WITH HANDSEWN COLOCOLONIC ANASTOMOSIS:LEFT COLECTOMY WITH HANDSEWN COLOCOLONIC ANASTOMOSIS

AE Stopped Rx Day	284
Duration of AE	3 DAYS
Severity	MODERATE
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

カナダの治験責任医師からの報告。本被験者は5[redacted]歳男性であり，AbbVie のリサンキズマブの治験で盲検化された治験薬及びリサンキズマブが投与され，クローン病による腸管狭窄の事象を発現した。

Event 2 の臨床経過：
20[redacted]年[redacted]月[redacted]日から 20[redacted]年[redacted]月[redacted]日まで，被験者は盲検化された治験薬の投与を受けた。20[redacted]年[redacted]月[redacted]日，被験者はレスキュー治療としてリサンキズマブの非盲検投与を受けた。

投与 282 日後，被験者はクローン病による腸管狭窄を発現した。投与 284 日後，クローン病による腸管狭窄は消失した。

被験者は，クローン病の症状の増加（複数回の腹部仙痛，悪心，下痢，及び腹部膨満感の発現）が数週間持続しており，これらの症状に日頃から悩まされていた。被験者は意見を求めて一般外科を受診することを決断し，手術が計画された。投与 282 日後，被験者は入院し，結腸手縫い吻合を伴う左結腸切除を受けた。投与 284 日後，被験者は退院した。

投与された薬剤は，メトクロプラミド，ジメンヒドリナート，ヒドロモルフォン，セファゾリン，トラマドール，硫酸マグネシウム，dalteparin，メラトニン，ランソプラゾール，ガバペンチン，フラジール及びタイレノールであった。