
Operations Office

Telephone (507) 266-3853



Date: May 16, 2003

To: NCCTG Primary Clinical Research Associates

From: Linda S. Long

Re: N0177, Pilot and Phase II Trial of OSI-774 and Radiation in Glioblastoma Multiforme Patients

The purpose of this memorandum is to provide investigators with a recent report of an adverse event that has occurred in association with OSI-774 for a study where the Division of Cancer Treatment and Diagnosis (DCTD), National Cancer Institute (NCI) is distributing this agent. You may have also received this communication directly from DCTD.

AE_2003000438_F1

Please note that all risks currently cited in the NCCTG consent form can not be omitted; it is at the discretion of your local IRB as to whether they wish to add risks based on the enclosed information. If a determination has been made by the NCCTG Research Base that a protocol amendment is necessary, you will receive the NCI-approved protocol addendum at a later date; for purposes of cross-reference, this communication will cite the adverse event noted above.

Please submit this adverse event to your Institutional Review Board.

If you have any questions concerning this communication, please contact Linda S. Long at 507-266-3853.

lsl
enclosure

MED WATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

OSI Pharmaceuticals
For use by user-facilities,
distributors and manufacturers for
MANDATORY reporting

Page 1 of 2

FDA Facsimile Approval 09/25/95 (Classroom)

MRB report #	2003000438
UR/Dist report #	
FDA Use Only	

A. Patient information			
1. Patient identifier MBS	2. Age at time of event or Date of birth: 01/30/1944	3. Sex <input type="checkbox"/> female <input checked="" type="checkbox"/> male	4. Weight ____ lbs or 74 kgs
B. Adverse event or product problem			
1. <input checked="" type="checkbox"/> Adverse event and/or <input type="checkbox"/> Product problem (e.g., defects/malfunctions)			
2. Outcomes attributed to adverse event (check all that apply)			
<input checked="" type="checkbox"/> death 03/04/03 (mo/day/yr)		<input type="checkbox"/> disability	
<input type="checkbox"/> life-threatening		<input type="checkbox"/> congenital anomaly	
<input type="checkbox"/> hospitalization - initial or prolonged		<input type="checkbox"/> required intervention to prevent permanent impairment/damage	
<input type="checkbox"/> other: _____			
3. Date of event (mo/day/yr) 03/04/03	4. Date of this report (mo/day/yr) 04/14/03		
5. Describe event or problem			
MALIGNANT NEOPLASM PROGRESSION (Cancer Death), DEHYDRATION (Dehydration)			
This 59-year-old male patient enrolled into OSI Protocol BR.21, a randomized, placebo-controlled study of erlotinib HCl (Tarceva) in patients with incurable stage IIIB/IV non-small cell lung cancer who have failed standard therapy for advanced or metastatic disease. The patient was diagnosed with lung adenocarcinoma on 18-Oct-2002 and has metastatic disease involving the lymph nodes. Previous interventions for the underlying disease included chemotherapy consisting of cisplatin and etoposide, ending on 13-Dec-2002. Protocol therapy consisting of erlotinib/placebo 150 mg po daily commenced on 13-Feb-2003.			
The patient was admitted to hospital on 04-Mar-2003 with grade 4 dehydration and was gasping. The patient died in hospital and the cause of death was due to lung cancer.			
The investigator assessed the events as Cont...			
6. Relevant tests/laboratory data, including dates			
Unk			
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)			
Unk			

C. Suspect medication(s)			
1. Name (give labeled strength & mfr/labeler, if known)			
#1 Erlotinib HCl (Tablets)			
#2 _____			
Cont...			
2. Dose, frequency & route used		3. Therapy dates (if unknown, give duration) (mo/da (or best estimate))	
#1 150 mg (QD), Oral		#1 01/23/03 - Unk	
#2 _____		#2 _____	
4. Diagnosis for use (indication)		5. Event abated after use stopped or dose reduced	
#1 NON SMALL CELL LUNG CANCER NOS		#1 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply	
#2 _____		#2 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply	
6. Lot# (if known)		7. Exp. date (if known)	
#1 Unk		#1 Unk	
#2 _____		#2 _____	
9. NDC # - for product problems only (if known)			
10. Concomitant medical products and therapy dates (exclude treatment of event)			
1) MORPHINE 10/24/02 - Unk			
2) BROMAZEPAM 10/24/02 - Unk			
3) FLUOXETINE 10/24/02 - Unk			
G. All manufacturers			
1. Contact office - name/address (& mfring site for devices)		2. Phone number	
OSI Pharmaceuticals Boulder Safety 2860 Wilderness Place Boulder, CO 80301 USA (Informing Unit)		303-444-5893	
3. Report source (check all that apply)			
<input checked="" type="checkbox"/> foreign			
<input checked="" type="checkbox"/> study			
<input type="checkbox"/> literature			
<input type="checkbox"/> consumer			
<input checked="" type="checkbox"/> health professional			
<input type="checkbox"/> user facility			
<input type="checkbox"/> company representative			
<input type="checkbox"/> distributor			
<input type="checkbox"/> other: _____			
4. Date received by manufacturer (mo/day/yr)		5. (A)NDA #	
04/02/03		IND # 53,728	
6. If IND, protocol #		PLA #	
BR. 21		pre-1938 <input type="checkbox"/> yes	
7. Type of report (check all that apply)		OTC product <input type="checkbox"/> yes	
<input type="checkbox"/> 5-day <input checked="" type="checkbox"/> 15-day			
<input type="checkbox"/> 10-day <input type="checkbox"/> periodic			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> follow-up # 1			
8. Adverse event term(s)			
1) CANCER DEATH (Malignant neoplasm progression)			
2) DEHYDRATION (Dehydration)			
9. Mfr. report number			
2003000438			
E. Initial reporter			
1. Name & address		phone# 3214 8143	
Dr Jeferson Vinholes Irmandade Santa Casa de Misericordia de Porto Alegre Irmandade Santa Casa de Misericordia 285 2nd Andar Unidade de Apolo a Pesquisa		Cont...	
2. Health professional?		3. Occupation	
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Study Investigator	
4. Initial reporter also sent report to FDA			
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unk			

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

OSI Pharmaceuticals
Boulder Safety
2860 Wilderness Place
Boulder, CO 80301
USA

Continuation Sheet for FDA-3500A Form

Page 2 of 2

Mfr. report # : 2003000438

Date of this report : 04/14/03

B. Adverse event or product problem

B.5 Describe event or problem (Cont...)

unlikely related to protocol therapy.

Followup information received on 02-Apr-2003. New event term of dehydration added to the toxicity table, unlikely related to protocol therapy. Cause of death was due to lung cancer.

C. Suspect medication (Cont...)

Seq No.	: 1
C.1 Suspect medication	: Erlotinib HCl (Tablets)
C.5 Dechallenge	: 2) Not Applicable
C.8 Rechallenge	: 2) Not Applicable

E. Initial Reporter(Cont...)

Dr Jeferson Vinholes
Irmandade Santa Casa de Misericordia de Porto
Alegre
Irmandade Santa Casa de Misericordia
285 2nd Andar
Unidade de Apolo a Pesquisa
Porto Alegre, RS
BRAZIL

(osi) pharmaceuticals |

Drug Safety Department

Tarceva™ (erlotinib HCl, OSI774)
Serious Adverse Event Report 15 Day Investigator Notification
Report # 2003000438 (FollowUp) Preferred Term: Malignant Neoplasm
Progression

Re: **BR:21** (A randomized, placebo-controlled study of erlotinib HCl/placebo in patients with incurable stage III/IV non-small cell lung cancer)

Follow-Up

According to the investigator, the patient's death was due to the progression of his underlying disease.

Event Narrative

This 59-year-old male patient enrolled into OSI Protocol BR.21, a randomized, placebo-controlled study of erlotinib HCl (Tarceva) in patients with incurable stage IIIB/IV non-small cell lung cancer who have failed standard therapy for advanced or metastatic disease. The patient was diagnosed with lung adenocarcinoma on 18-Oct-2002 and has metastatic disease involving the lymph nodes. Previous interventions for the underlying disease included chemotherapy consisting of cisplatin and etoposide, ending on 13-Dec-2002. Protocol therapy consisting of erlotinib/placebo 150 mg po daily commenced on 13-Feb-2003.

The patient was admitted to hospital on 04-Mar-2003 with grade 4 dehydration and was gasping. The patient died in hospital and the cause of death was lung cancer.

The investigator assessed the events as unlikely related to protocol therapy.

Company Medical Assessment

Follow-up information suggests that the patient died of progressive disease. Death due to disease progression is expected in this population. This case is no longer a safety alert.