



# NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

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**Date:** April 3, 2009

**To:** NCCTG Primary Clinical Research Associates

**From:** Lynn Flickinger  
Protocol Development Coordinator

**Re:** N0735, Phase II Trial of Albumin-Bound Paclitaxel in Combination with Gemcitabine and Bevacizumab in Patients with Metastatic Breast Cancer

The purpose of this memorandum is to provide investigators with a recent industry report of an adverse event that has occurred in association with Bevacizumab at a non-NCCTG institution. You may have also received this communication directly from the drug manufacturer.

### **258964\_F1\_03Apr2009**

Please note that all risks currently cited in the NCCTG consent form cannot 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 Lynn Flickinger at [Flickinger.lynn@mayo.edu](mailto:Flickinger.lynn@mayo.edu) or 507-538-7034.

LF/kjm  
enclosure

# Genentech

IN BUSINESS FOR LIFE

Date: 17 October 2008

Axel Grothey, MD  
Mayo Clinic  
200 First Street S.W.  
Rochester, MN 55905

**RE: IND Safety Report/Expedited Case Safety Report**

Investigational Product(s): **Bevacizumab**

GNE MCN: **258964**

Other Reference Number(s):

**Follow Up #1**

**ROCHE 556768**

Dear Dr. Grothey,

Attached is a case summary of a serious and unexpected adverse drug reaction that occurred in a subject exposed to bevacizumab. Good Clinical Practice regulations require that you promptly submit a copy of this IND safety report/expedited case safety report to your Institutional Review Board or Independent Ethics Committee. File a copy of this IND safety report/expedited case safety report in your protocol file so that it is available for review during a Sponsor monitoring visit and/or regulatory audit.

In the European Economic Area (EEA) Genentech, Inc. or its designee will directly inform the Institutional Review Boards/Ethics Committees, as appropriate.

This IND safety report/expedited case safety report must be filed with your Investigator Brochure (IB) for information only. This IND safety report/expedited case safety report is not considered an addendum to your safety reference document.

Although this adverse event has been documented and reported to the appropriate Regulatory agencies, the report does not necessarily reflect a conclusion by Genentech or the Regulatory agencies that bevacizumab contributed to the adverse event.

If questions arise, please contact the undersigned.

Sincerely,



Eric Hedrick  
Medical Monitor  
AVF3918s AVF3870s

# MEDWATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

Mfr report #	556768
US/Importer report #	
FDA Use only	

## A. PATIENT INFORMATION

1. Patient Identifier	2. Age at time of event: or <b>55 YEARS</b> Date of birth:	3. Sex <input checked="" type="checkbox"/> female <input type="checkbox"/> male	4. Weight <b>141.1 lbs</b> or <b>64 kgs</b>
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In confidence

## 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/ 31 /2008 (mm/dd/yyyy)
<input type="checkbox"/> life threatening	<input type="checkbox"/> congenital anomaly/birth defect
<input type="checkbox"/> hospitalization-initial or prolonged	<input type="checkbox"/> required intervention to prevent permanent impairment/damage (devices)
<input type="checkbox"/> disability or permanent damage	<input type="checkbox"/> other serious (important medical events)
3. Date of event (mm/dd/yyyy)	03/ 31 /2008
4. Date of this report (mm/dd/yyyy)	10/ 13 /2008

5. Describe event or problem

BO20603  
MULTI-CENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE III TRIAL COMPARING THE EFFICACY OF BEVACIZUMAB IN COMBINATION WITH RITUXIMAB AND CHOP (RA-CHOP) VERSUS RITUXIMAB AND CHOP (R-CHOP) IN PREVIOUSLY UNTREATED PATIENTS WITH CD20-POSITIVE DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL).

A 55-YEAR-OLD FEMALE PATIENT DIED OF ACTIVE HEMOPTYSIS DURING PARTICIPATION IN THE ABOVE STUDY.

ON 12 MARCH THE PATIENT REPORTED AN IMPROVEMENT IN HER DISEASE, LESS PAIN AND HER COUGHING ALMOST DISAPPEARING. ON 14 MARCH 2008, INTRAVENOUS (IV) BLINDED BEVACIZUMAB WAS STARTED. THE FOLLOWING DAY, IV RITUXIMAB (375 MG/M2, ONCE EVERY THREE WEEKS), IV CYCLOPHOSPHAMIDE (750 MG/M2, ONCE EVERY THREE WEEKS), IV VINCRISTINE (1 MG/M2, ONCE EVERY THREE WEEKS), IV DOXORUBICIN (50 MG/M2, ONCE EVERY THREE WEEKS) AND ORAL PREDNISONE (100 MG

CONTINUED

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.)
Medical History Terms DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0 NON-HODGKIN'S LYMPHOMA/NON-HODGKIN'S LYMPHOMA/MEDDRA 11.0 31-MAR-2008

## C. SUSPECT PRODUCT(S)

1. Name (give labeled strength & mfr/labeler)		
#1 BEVACIZUMAB (BEVACIZUMAB)		
#2 RITUXIMAB (RITUXIMAB)		
2. Dose, frequency & route		3. Therapy dates (if unk. give duration) from/to (or best estimate)
#1 15 MG/KG 1 per 3 WEEK INTRAVENOUS		#1 14-MAR-2008 / 14-MAR-2008
#2 375 MG/M2 1 per 3 WEEK INTRAVENOUS		#2 15-MAR-2008 / 15-MAR-2008
4. Diagnosis for use (Indication)		5. Event abated after use stopped or dose reduced
#1 DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0		#1 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply
#2 DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0		#2 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply
6. Lot #	7. Exp. date	8. Event reappeared after reintroduction
#1 See attached	#1 UNK	#1 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply
#2 UNK	#2 UNK	#2 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply
9. NDC # or Unique ID		
#1 NA #2 NA		
10. Concomitant medical products and therapy dates (exclude treatment of event)		
UNK		

## G. ALL MANUFACTURERS

1. Contact Office-name/address (& mfring site for devices)	2. Phone Number
4. Date received by manufacturer (mm/dd/yyyy)	5. (ANDA#)
10 / 03 /2008	
6. If IND, protocol #	IND #
BO20603	
7. Type of report (check all that apply)	STN #
<input type="checkbox"/> 5 - day <input checked="" type="checkbox"/> 15 - day	PMA/510(k)#
<input type="checkbox"/> 7 - day <input type="checkbox"/> periodic	Combination product <input type="checkbox"/> yes
<input type="checkbox"/> 10 - day <input type="checkbox"/> 30 - day	pre-1938 <input type="checkbox"/> yes
<input type="checkbox"/> initial <input checked="" type="checkbox"/> follow-up # 1	OTC product <input type="checkbox"/> yes
8. MFR. report number	6. Adverse event term(s)
556768	ACTIVE HEMOPTYSIS/HAEMOPTYSIS/MEDDRA 11.0 +++
	+++ adverse event that generated submission
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:	

## E. INITIAL REPORTER

1. Name, address	Phone #

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2. Health professional?	3. Occupation	4. Initial reporter also sent report to FDA
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	DOCTOR OF MEDICINE	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" 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.



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**B.5. Describe event or problem - continued**

GIVEN DAYS 1-5 OF THREE WEEK CYCLE) WERE STARTED. APPROXIMATELY ELEVEN DAYS LATER, ON 26 MARCH 2008, SHE COMPLAINED OF A DRY COUGH AGAIN AND WAS ADVISED TO VISIT THE OUTPATIENT CLINIC, HOWEVER SHE DID NOT ARRIVE. TWO DAYS LATER, SHE COMPLAINED OF CHEST PAIN AND WAS AGAIN ADVISED TO GO TO THE CLINICAL; AGAIN SHE DID NOT ARRIVE. ON 29 MARCH 2008, THE PATIENT WAS ADMITTED TO HOSPITAL DUE TO RESPIRATORY INSUFFICIENCY, FEVER, COUGH, PHLEGM AND SUDDEN CARDIOVASCULAR FAILURE. SHE EXPERIENCED HAEMOPTYSIS AND WAS TRANSFUSED WITH ONE UNIT OF BLOOD. NO ACTION WAS TAKEN WITH STUDY THERAPY, WHICH WAS ONGOING AT THE TIME OF DEATH.

THE INVESTIGATOR ASSESSED THE EVENT AS NOT RELATED TO RITUXIMAB AND BLINDED BEVACIZUMAB AS SHE IMPROVED CLINICALLY SOON AFTER THE TREATMENT WAS ADMINISTERED BUT AS POSSIBLY RELATED TO LYMPHOMA NON-HODGKIN. NO OTHER INFORMATION WAS AVAILABLE.

THE DRUG CODE WAS BROKEN DUE TO REGULATORY REQUIREMENTS ON 08 APRIL 2008. THE PATIENT RECEIVED BEVACIZUMAB (15 MG/KG, ONCE EVERY THREE WEEKS).

UPDATE INFORMATION WAS RECEIVED AND THE FOLLOWING WAS ADDED TO THE CASE: THE CAUSE OF DEATH HAS BEEN PROVIDED.

**C.1. thru C.9. Suspect medication(s) - continued**

Suspect medication #1

C6. Lot # (if known)  
14040, 14376, 11395

Suspect medication #3

C.1. Name and Strength (give mfr/labeler, if known)  
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE)

C.2. Dose, frequency and route  
750 MG/M2 1 per 3 WEEK INTRAVENOUS

C.3. Therapy dates (if unk. give duration) from/to or best estimate  
15-MAR-2008 / 15-MAR-2008

C.4. Diagnosis for use (indication)  
DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0

C.5. Event abated after use stopped or dose reduced  
DOESN'T APPLY

C.6. Lot # (if known)  
UNK

C.7. Exp. date  
UNK

C.8. Event reappeared after reintroduction  
DOESN'T APPLY

C.9. NDC # - for product problems only  
NA

Suspect medication #4

C.1. Name and Strength (give mfr/labeler, if known)  
VINCRISTINE (VINCRISTINE)

C.2. Dose, frequency and route  
1 MG/M2 1 per 3 WEEK INTRAVENOUS

C.3. Therapy dates (if unk. give duration) from/to or best estimate  
15-MAR-2008 / 15-MAR-2008

C.4. Diagnosis for use (indication)  
DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0

C.5. Event abated after use stopped or dose reduced  
DOESN'T APPLY

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C.6. Lot # (if known)  
UNK

C.7. Exp. date  
UNK

C.8. Event reappeared after reintroduction  
DOESN'T APPLY

C.9. NDC # - for product problems only  
NA

Suspect medication #5

C.1. Name and Strength (give mfr/labeler, if known)  
DOXORUBICIN (DOXORUBICIN)

C.2. Dose, frequency and route  
50 MG/M2 1 per 3 WEEK INTRAVENOUS

C.3. Therapy dates (if unk. give duration) from/to or best estimate  
15-MAR-2008 / 15-MAR-2008

C.4. Diagnosis for use (indication)  
DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0

C.5. Event abated after use stopped or dose reduced  
DOESN'T APPLY

C.6. Lot # (if known)  
UNK

C.7. Exp. date  
UNK

C.8. Event reappeared after reintroduction  
DOESN'T APPLY

C.9. NDC # - for product problems only  
NA

Suspect medication #6

C.1. Name and Strength (give mfr/labeler, if known)  
PREDNISONE (PREDNISONE) 50 MG

C.2. Dose, frequency and route  
60 MG/M2 5 per 3 WEEK ORAL

C.3. Therapy dates (if unk. give duration) from/to or best estimate  
15-MAR-2008 / 20-MAR-2008

C.4. Diagnosis for use (indication)  
DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0

C.5. Event abated after use stopped or dose reduced  
DOESN'T APPLY

C.6. Lot # (if known)  
UNK

C.7. Exp. date  
UNK

C.8. Event reappeared after reintroduction  
DOESN'T APPLY

C.9. NDC # - for product problems only  
NA

E.1. Initial reporter (Name, address & phone #) - continued

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# SUSPECT ADVERSE EVENT REPORT

## I EVENT INFORMATION

PAGE 1 OF 3

1. PATIENT INITIALS (FIRST, LAST) (IN CONFIDENCE)	1A. COUNTRY	2. DATE OF BIRTH			2A. AGE (YRS) 55 YR	3. SEX F	4-6. EVENT ONSET			8-12. CHECK ALL APPROPRIATE
		DA	MO	YR			DA	MO	YR	
7. DESCRIBE REACTIONS INCLUDING RELEVANT TESTS/LAB DATA										
2006-005520-16. B020603 MULTI-CENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE III TRIAL COMPARING THE EFFICACY OF BEVACIZUMAB IN COMBINATION WITH RITUXIMAB AND CHOP (RA-CHOP) VERSUS RITUXIMAB AND CHOP (R-CHOP) IN PREVIOUSLY UNTREATED PATIENTS WITH CD20-POSITIVE DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL).  A 55-YEAR-OLD FEMALE PATIENT DIED OF ACTIVE HEMOPTYSIS DURING PARTICIPATION IN THE ABOVE STUDY.  ON 12 MARCH THE PATIENT REPORTED AN IMPROVEMENT IN HER DISEASE, LESS PAIN AND HER COUGHING ALMOST DISAPPEARING. ON 14 MARCH 2008, INTRAVENOUS (IV) BLINDED BEVACIZUMAB WAS STARTED. THE FOLLOWING DAY, IV RITUXIMAB (375 MG/M2, ONCE EVERY THREE WEEKS), IV CYCLOPHOSPHAMIDE (750 MG/M2, ONCE EVERY THREE WEEKS), IV VINCRIStINE (1 MG/M2, ONCE EVERY THREE WEEKS), IV DOXORUBICIN (50 MG/M2, ONCE										
CONTINUED										

## II SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUGS (INCLUDE GENERIC NAME) BEVACIZUMAB (BEVACIZUMAB)		20. DID EVENT ABATE AFTER STOPPING DRUGS?
CONTINUED		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) / STRENGTH 15 MG/KG 1 X per 3 WEEK /	16. ROUTE(S) OF ADMINISTRATION INTRAVENOUS	21. DID EVENT REAPPEAR AFTER REINTRODUCTION?
17. INDICATION(S) FOR USE DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES (FROM/TO) FROM 14-MAR-2008                      TO 14-MAR-2008	19. THERAPY DURATION 1 DAYS	

## III CONCOMITANT DRUGS AND HISTORY

22. CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (EXCLUDE THOSE USED TO TREAT EVENT)

23. OTHER RELEVANT HISTORY (E.G. DIAGNOSES, ALLERGIES, PREGNANCY, WITH LMP, ETC.)  
 MEDICAL HISTORY TERM(S):  
 DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0  
 NON-HODGKIN'S LYMPHOMA/NON-HODGKIN'S LYMPHOMA/MEDDRA 11.0

## IV MANUFACTURER INFORMATION

24. NAME AND ADDRESS OF MANUFACTURER	
24b. MFR. CONTROL NO. 556768	
24c. DATE RECEIVED BY MANUFACTURER 3-OCT-2008	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL
25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP	

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Where MedDRA is used the following format applies: Reported term/ MedDRA LLT/version number

## 7. DESCRIBE REACTIONS INCLUDING RELEVANT TESTS/LAB DATA - continued

EVERY THREE WEEKS) AND ORAL PREDNISONE (100 MG GIVEN DAYS 1-5 OF THREE WEEK CYCLE) WERE STARTED. APPROXIMATELY ELEVEN DAYS LATER, ON 26 MARCH 2008, SHE COMPLAINED OF A DRY COUGH AGAIN AND WAS ADVISED TO VISIT THE OUTPATIENT CLINIC, HOWEVER SHE DID NOT ARRIVE. TWO DAYS LATER, SHE COMPLAINED OF CHEST PAIN AND WAS AGAIN ADVISED TO GO TO THE CLINICAL; AGAIN SHE DID NOT ARRIVE. ON 29 MARCH 2008, THE PATIENT WAS ADMITTED TO HOSPITAL DUE TO RESPIRATORY INSUFFICIENCY, FEVER, COUGH, PHLEGM AND SUDDEN CARDIOVASCULAR FAILURE. SHE EXPERIENCED HAEMOPTYSIS AND WAS TRANSFUSED WITH ONE UNIT OF BLOOD. NO ACTION WAS TAKEN WITH STUDY THERAPY, WHICH WAS ONGOING AT THE TIME OF DEATH. THE INVESTIGATOR ASSESSED THE EVENT AS NOT RELATED TO RITUXIMAB AND BLINDED BEVACIZUMAB AS SHE IMPROVED CLINICALLY SOON AFTER THE TREATMENT WAS ADMINISTERED BUT AS POSSIBLY RELATED TO LYMPHOMA NON-HODGKIN.  
NO OTHER INFORMATION WAS AVAILABLE.

THE DRUG CODE WAS BROKEN DUE TO REGULATORY REQUIREMENTS ON 08 APRIL 2008. THE PATIENT RECEIVED BEVACIZUMAB (15 MG/KG, ONCE EVERY THREE WEEKS).

UPDATE INFORMATION WAS RECEIVED AND THE FOLLOWING WAS ADDED TO THE CASE: THE CAUSE OF DEATH HAS BEEN PROVIDED.

## ADVERSE EVENT TERM(S):

ACTIVE HEMOPTYSIS/HEMOPTYSIS/MEDDRA 11.0 +++

( +++ denotes adverse event that generated submission)

## 14-19. SUSPECT DRUGS - continued

Suspect Drug: RITUXIMAB  
Generic Name: RITUXIMAB  
Daily Dose(s)/Strength: 375 MG/M2 1 X per 3 WEEK /  
Route: INTRAVENOUS  
Indication: DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0  
Therapy From Date: 15-MAR-2008  
Therapy To Date: 15-MAR-2008  
Therapy Duration: 1 DAYS

Suspect Drug: CYCLOPHOSPHAMIDE  
Generic Name: CYCLOPHOSPHAMIDE  
Daily Dose(s)/Strength: 750 MG/M2 1 X per 3 WEEK /  
Route: INTRAVENOUS  
Indication: DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0  
Therapy From Date: 15-MAR-2008  
Therapy To Date: 15-MAR-2008  
Therapy Duration: 1 DAYS

Suspect Drug: VINCRISTINE  
Generic Name: VINCRISTINE  
Daily Dose(s)/Strength: 1 MG/M2 1 X per 3 WEEK /  
Route: INTRAVENOUS  
Indication: DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0  
Therapy From Date: 15-MAR-2008  
Therapy To Date: 15-MAR-2008  
Therapy Duration: 1 DAYS

Suspect Drug: DOXORUBICIN  
Generic Name: DOXORUBICIN  
Daily Dose(s)/Strength: 50 MG/M2 1 X per 3 WEEK /  
Route: INTRAVENOUS  
Indication: DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL LYMPHOMA/MEDDRA 11.0  
Therapy From Date: 15-MAR-2008  
Therapy To Date: 15-MAR-2008  
Therapy Duration: 1 DAYS

Suspect Drug: PREDNISONE

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Generic Name: PREDNISON  
Daily Dose(s)/Strength: 60 MG/M2 5 X per 3 WEEK / 50 MG  
Route: ORAL  
Indication: DIFFUSE LARGE B-CELL LYMPHOMA/DIFFUSE LARGE B-CELL  
LYMPHOMA/MEDDRA 11.0  
Therapy From Date: 15-MAR-2008  
Therapy To Date: 20-MAR-2008  
Therapy Duration: 6 DAYS

**CIOMS TEXT**

A POSSIBLE ALTERNATIVE EXPLANATION FOR THIS FATAL ACTIVE HEMOPTYSIS IN THIS PATIENT RECEIVING BEVACIZUMAB AND RITUXIMAB IS THE PATIENT'S 5) PATIENT'S UNDERLYING DISEASE. BASED UPON THIS SINGLE REPORT, THERE IS NO CHANGE IN THE OVERALL SAFETY PROFILE OF THE PRODUCT.

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**REPORTER INFORMATION**

Reporter: 1  
Name:  
Organisation:  
Address 1:  
Address 2:  
Address 3:  
Address 4:  
City:  
Country:  
Address Phone:  
Address Fax:  
Representative Phone:  
Representative Fax:  
Reporter Type: HEALTH PROFESSIONAL  
Occupation:

**CLINICAL TRIAL INFORMATION**

Clin. Study Id: B020603  
Clin. CRTN  
Design and Phase: DOUBLE BLIND IIIA  
Clin. Patient Id:  
Clin. Investigator Id:

**DRUG-EVENT INFORMATION**

Event: ACTIVE HEMOPTYSIS/HEMOPTYSIS/MEDDRA 11.0  
SOC: RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS  
Outcome: OUTCOME DEATH  
Severity:  
Seriousness: DEATH  
Onset Date: 31 MAR 2008  
Resolved Date:  
Duration Reported:

Relation To: BLINDED BEVACIZUMAB  
Unblinded: BEVACIZUMAB  
Drug Continued: NOT APPLICABLE  
AE Abated: NOT APPLICABLE  
AE Reappeared: NOT APPLICABLE  
Labeled US: NOT APPLICABLE  
Labeled Local: NOT APPLICABLE - MEX  
Labeled IB: YES  
Labeled SPC: YES  
Labeled Core: YES  
Drug Related (Comp): NO  
Drug Related (Rept): NO  
Latency Reported (First Dose):  
Latency Reported (Last Dose):

Relation To: RITUXIMAB  
Drug Continued: NOT APPLICABLE  
AE Abated: NOT APPLICABLE  
AE Reappeared: NOT APPLICABLE  
Labeled US: NOT APPLICABLE  
Labeled Local: NOT APPLICABLE - MEX  
Labeled IB: NO  
Labeled SPC: NO  
Labeled Core: NO  
Drug Related (Comp): NO  
Drug Related (Rept): NO  
Latency Reported (First Dose):  
Latency Reported (Last Dose):

Relation To: CYCLOPHOSPHAMIDE  
Drug Continued: NOT APPLICABLE  
AE Abated: NOT APPLICABLE

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AE Reappeared: NOT APPLICABLE  
Labeled US: NOT APPLICABLE  
Labeled Local: NOT APPLICABLE - MEX  
Labeled IB: NOT APPLICABLE  
Labeled SPC: NOT APPLICABLE  
Labeled Core: NOT APPLICABLE  
Drug Related(Comp): NO  
Drug Related(Rept): NO  
Latency Reported: (First Dose)  
Latency Reported (Last Dose):

Relation To: VINCRISTINE  
Drug Continued: NOT APPLICABLE  
AE Abated: NOT APPLICABLE  
AE Reappeared: NOT APPLICABLE  
Labeled US: NOT APPLICABLE  
Labeled Local: NOT APPLICABLE - MEX  
Labeled IB: NOT APPLICABLE  
Labeled SPC: NOT APPLICABLE  
Labeled Core: NOT APPLICABLE  
Drug Related(Comp): NO  
Drug Related(Rept): NO  
Latency Reported: (First Dose)  
Latency Reported (Last Dose):

Relation To: DOXORUBICIN  
Drug Continued: NOT APPLICABLE  
AE Abated: NOT APPLICABLE  
AE Reappeared: NOT APPLICABLE  
Labeled US: NOT APPLICABLE  
Labeled Local: NOT APPLICABLE - MEX  
Labeled IB: NOT APPLICABLE  
Labeled SPC: NOT APPLICABLE  
Labeled Core: NOT APPLICABLE  
Drug Related(Comp): NO  
Drug Related(Rept): NO  
Latency Reported: (First Dose)  
Latency Reported (Last Dose):

Relation To: PREDNISONE  
Drug Continued: NOT APPLICABLE  
AE Abated: NOT APPLICABLE  
AE Reappeared: NOT APPLICABLE  
Labeled US: NOT APPLICABLE  
Labeled Local: NOT APPLICABLE - MEX  
Labeled IB: NOT APPLICABLE  
Labeled SPC: NOT APPLICABLE  
Labeled Core: NOT APPLICABLE  
Drug Related(Comp): NO  
Drug Related(Rept): NO  
Latency Reported: (First Dose)  
Latency Reported (Last Dose):

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