

Merck Human Health Division

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

Merck Facsimile of FDA Form 3500A
Approved by FDA (10/21/1993)

MedWatch

The FDA Medical Products Reporting Program

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Mfr report #	WAES 0710USA02499
UF/Dist report #	
	FDA Use Onl

A. Patient information			
1. Patient Identifier Unk AN 62504 in confidence	2. Age at time of event: or 77 years Date of Birth: 06/15/1930	3. Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	4. Weight 125 lbs

B. Adverse event or product problem	
1. <input checked="" type="checkbox"/> Adverse event and/or <input type="checkbox"/> Product problem (e.g., defects/malfunctions) (check all that apply)	
2. Outcomes attributed to adverse event (check all that apply)	
<input type="checkbox"/> Death (mm/dd/yyyy)	<input type="checkbox"/> Disability or Permanent Damage
<input type="checkbox"/> Life-threatening	<input type="checkbox"/> Congenital Anomaly/Birth Defect
<input checked="" type="checkbox"/> Hospitalization-initial or prolonged	<input type="checkbox"/> Other Serious(important Medical Events)
<input type="checkbox"/> Required Intervention to Prevent Permanent Impairment/Damage (Devices)	

3. Date of event (mm/dd/yyyy)	10/05/2007	4. Date of this report (mm/dd/yyyy)	03/19/2009
5. Describe event or problem			
This is in follow-up to report(s) previously submitted on 10/15/2007; 10/19/2007; 11/1/2007; 11/9/2007; 11/19/2007; 11/20/2007; 11/21/2007; 12/3/2007; 12/12/2007; 1/23/2008; 1/29/2008; 2/7/2008; 2/20/2008; 4/10/2008; 6/12/2008; 7/3/2008; 7/28/2008; 7/30/2008; 8/14/2008; 2/19/2009; 3/6/2009			

A Phase II/III Randomized, Double-Blind Study of Paclitaxel plus Carboplatin in Combination with Vorinostat (MK-0683) or Placebo in Patients with Stage IIIB (with pleural effusion) or Stage IV Non-Small-Cell Lung Cancer (NSCLC)

Initial information has been received from an investigator concerning a 77 year old white male with chronic obstructive pulmonary disease (grade 2), arthrosis of great joints, dry cough, Forestier's disease hay fever, increasing dyspnoea, latent hyperthyroidism, loss of appetite, mild night sweats, spondylosis deformans small pulmonary embolisms and varicose veins and history of who bronchoscopy, bone scan, radiotherapy

(Continued on Additional Page)

6. Relevant tests/laboratory data, including dates
Refer to Additional Page

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)
MEDICAL HISTORY: Deep vein thrombosis; Tobacco abuse; Prostatic operation; Hernia repair; Pneumonia; Radiotherapy; Surgery; Spirometry; Bronchoscopy; Radiotherapy; Bone scan CONCURRENT CONDITIONS: Arthrosis; Chronic obstructive pulmonary disease; Latent hypothyroidism; Spondylosis deformans; Forestier

(Continued on Additional Page)

C. Suspect medication(s)	
1. Name (Give labeled strength & mfr/labeler)	
# 1	CAP 0683-blinded therapy Unk
# 2	
(Continued on Additional Page)	

2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration) from/to (or best estimate)
# 1 Unk/Unk/PO	# 1 09/27/2007 - 10/07/2007
# 2	# 2

4. Diagnosis for use (indication)	5. Event abated after use stopped or dose reduced.
# 1 Non-small cell lung cancer	yes no N/A unk
# 2	# 1 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	# 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. Lot #	7. Exp. Date	8. Event reappeared after reintroduction.
# 1	# 1	yes no N/A unk
# 2	# 2	# 1 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
		# 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9. NDC # or Unique ID	10. Concomitant medical products and therapy dates (excluded treatment of event)
Unknown	ATROVENT 09/24/2007-10/06/2007 CIPRALEX 10/01/2007-10/06/2007

(Continued on Additional Page)

G. All manufacturers	
1. Contact office - name/address	2. Phone Number
Merck Human Health Division Merck & Co., Inc. P.O. Box 4 West Point, Pa. 19486-0004 Attn: World Wide Product Safety	(215) 652-8071
	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 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 (mm/dd/yyyy)	03/11/2009	5. (A)NDA #	
		IND #	58915
6. If IND, protocol #	0560012	STN #	
		PMA/510(k) #	

7. Type of report	9. Mfr. report number
<input type="checkbox"/> 5-day <input type="checkbox"/> 30-day	WAES 0710USA02499
<input type="checkbox"/> 7-day <input type="checkbox"/> Periodic	
<input type="checkbox"/> 10-day <input type="checkbox"/> Initial	
<input checked="" type="checkbox"/> 15-day <input checked="" type="checkbox"/> Follow-up# 21	

8. Adverse event term(s)
FEBRILE NEUTROPENIA; DIARRHOEA; ASTHENIA; DIARRHOEA; UPPER RESPIRATORY TRACT INFECTION

E. Initial reporter	
1. Name, address & phone #	

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

FDA

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

B. Adverse event or product problem**5. Describe event or problem**

a computed tomography of skull (X2), upper abdomen (X2) and thorax (X2), deep vein thrombosis, nicotine abuse, pneumonia, prostate surgery, spirometry, and surgery of inguinal hernia who on 27-SEP-2007, was allocated/ randomized to a study, title as stated above.

On 27-SEP-2007, the patient was placed on blinded study therapy administered on day(s) -4 through 10 of cycle 1 (cycle equivalent to 25 days) (or days 1 through 14 for each subsequent cycle) for treatment of non-small cell lung cancer. (diagnosed 15-NOV-2006, current staging 27-SEP-2007 T3/N2/M1 stage IV).

Concomitant study therapy included paclitaxel, 200 mg/m² total dose 340mg IV and carboplatin 6 AUC total dose 456 mg administered intravenous (IV) on day 1 of each treatment cycle). Other concomitant therapy included sodium chloride, albuterol sulfate (SULTANOL), ipratropium bromide (ATROVENT), fluticasone propionate (+) salmeterol xinafoate (VIANI DISC), tiotropium bromide (SPIRIVA), dequalinium chloride (OPTIPECT), pantoprazole sodium (PANTOZOL), prednisolone (DECORTIN H), magnesium (unspecified), dexamethasone sodium phosphate (FORTECORTIN), ranitidine, clemastine fumarate (TAVEGIL), ondansetron hydrochloride (ZOFTRAN), KHCO₃/K citrate (KALINOR), escitalopram oxalate (CIPRALEX), simvastatin (SIMVAHEXAL) and carbimazole.

On 03-OCT-2007, the patient experienced nausea (grade 1) (NSAE) and vertigo (grade 1) (NSAE). On 04-OCT-2007, the patient recovered from the vertigo. The patient had no blood, stools 4-8 stools/day, incontinence in the beginning (as also defined by giving "CTC" grade 3). On 05-OCT-2007 (Cycle 1, Day 9) the patient experienced diarrhea (grade 3) for 2 days, and was hospitalized he could not eat or drink. The patient was orthostatic on presentation, no evaluation of the stool was performed. Sodium chloride and Ringer IV and MCP IV was administered. On 07-OCT-2007, the patient arrived as an emergency case due to worsening of general condition with nausea, vomiting and absence of appetite few days after first cycle of chemotherapy. On 07-OCT-2007 (Cycle 1, Day 11) at 16:56, the patient developed febrile neutropenia (grade 3) and was hospitalized. The patient also developed thrombocytopenia (grade 3) (NSAE). He suffered from weakness, diarrhea, uneasiness, fever and loss of appetite. Examinations showed low absolute neutrophil count (0.07 10³/uL), low platelets (34 10³/uL), decreased hemoglobin values 9.6 and 9.1 g/dL and fever of 39.1 C. The patient also revealed increased inflammatory parameter serum C-reactive protein test (CRP) was 97 mg/l and pronounced neutropenia (0.1 Giga/l). The patient was not hypotensive, tachypneic or tachycardiac at presentation. No oxygen saturation measurement was done. On 07-OCT-2007, the patient experienced thrombocytopenia (Grade 3) (non-serious). On 07-OCT-2007, the patient was treated with metoclopramide, lenograstim (GRANOCYTE) 34 MioIE, sodium chloride, ringer solution IV and "MCP" IV, pantoprazole sodium (PANTOZOL), fluconazole (DIFLUCAN), enoxaparin sodium (CLEXANE), potassium chloride, lorazepam, amoxicillin (+) clavulanate potassium (AUGMENTIN), prednisone (DECORTIN), potassium (unspecified), magnesium aspartate (+) magnesium citrate (+) magnesium glutamate (+) magnesium sulfate (MAGNESIUM VERLA), piperacillin 4 grams once daily IV injection, prednisolone sodium succinate (SOLU-DECORTIN H) 25 mg twice daily and sulbactam sodium (COMBACTAM) 1 gram once daily or TID IV injection for febrile neutropenia (grade 3). No blood cultures, no urinalysis or chest x-ray was obtained before antibiotic therapy. On 07-OCT-2007 loperamide hcl (IMODIUM) 2 mg was administered sublingual PRN for diarrhea. Therapy with blinded therapy was reduced. On 08-OCT-2007 blood hemoglobin test was 8.1g/dL. On 08-OCT-2007, the patient received transfusion of 2 units of packed red blood cells for tumor anemia for decreased values of erythrocytes and hemoglobin. On 08-OCT-2007, the patient recovered from nausea. On 09-OCT-2007 serum potassium test was 2.8 mmol/L and blood hemoglobin test was 11.7g/dL Examinations showed low ANC, low platelets, decreased hemoglobin values, fever was 39.1 degrees celcius. On 10-OCT-2007, platelet were 64 Giga/L, hemoglobin was 10.1 g/dL. On 10-OCT-2007 the patient's ANC improved to 2.7 giga/l. On 10-OCT-2007 the patient recovered from febrile neutropenia (grade 3). The treatment was continued. Oral study medication was interrupted due to diarrhea and not due to febrile neutropenia (grade 3). Infusion was reduced due to all combined symptoms/AE's in the discretion of the investigator. On 15-OCT-2007, the patient recovered from the thrombocytopenia (grade 3). On 15-OCT-2007 amoxicillin (+) clavulanate potassium (AUGMENTIN) was administered twice daily for febrile neutropenia (grade 3). On 15-OCT-2007 serum potassium test was 3.9 mmol/l. On 18-OCT-2007 a one time dose of loperamide hcl (IMODIUM) 2 mg was administered sublingual PRN for diarrhea. On 18-OCT-2007 the patient recovered from diarrhea (grade 3). After treatment the general condition improved and the lab parameters normalized. On 22-OCT-2007, the patient was discharged from the hospital in good general condition. CTX was postponed again. Patient was weak and could not eat. No special lab findings. The investigator considered the thrombocytopenia, vertigo, and nausea not related to study therapy. On 28-OCT-2007, the patient was hospitalized. On 29-OCT-2007 (Cycle 1, Day 34) the patient experienced general weakness (grade 2). It was reported that "the patient came regular to his postponed second cycle but his condition was bad". Therapy was postponed again. The patient has not recovered from general weakness. On 29-Oct-2007 the serum creatine kinase test was 28 U/L. Symtomatic treatment included hydration, nutrition (due to inappetence), no vomiting or significant dehydration. The patient's general weakness improved during hospitalization and the next cycle could be given on 06-NOV-2007. At the time of the report, the patient was recovering from the weakness. It was noted that the patient's condition returned to baseline, inappetence improved, weakness better but reported as still not recovered.

On 06-NOV-2007, the patient was placed on cycle two of blinded study therapy which was completed on 19-NOV-2007. On 07-NOV-2007, the patient was discharged from the hospital. On 07-NOV-2007 the patient had recovered from general weakness (grade 2). On 07-NOV-2007 the patient developed asthenia (grade 1) (NSAE) and persisted. On 10-NOV-2007 (Cycle 2, Day 5) the patient experienced diarrhea (grade 2) and was hospitalized. The patient suffered from diarrhea, he did not eat or drink. On 12-NOV-2007 the patient was administered *Saccharomyces boulardii* (PERENTEROL) four times daily and loperamide hcl (IMODIUM) 2 mg was administered sublingual PRN for diarrhea. On 16-NOV-2007 the patient recovered from diarrhea (grade 2) and was discharged from the hospital.

On 27-NOV-2007 the patient was placed on cycle three blinded study therapy which was completed on 06-DEC-2007.

On 18-DEC-2007 the patient was placed on cycle four blinded study therapy which was completed on 31-DEC-2007.

It was reported that on 28-DEC-2007 (Cycle 4, Day 11), the patient was hospitalized in another clinic due to fatigue as consequence of reduced drinking. Examination revealed no fever, no significant neutropenia exsiccosis, upper respiratory infection (grade 2) and tumor anemia (hemoglobin was 6.8g/dL). On 28-DEC-2007 the patient was hospitalized for upper respiratory infection (grade 2) and tumor anemia. On 28-DEC-2007, the patient was treated with ciprofloxacin hydrochloride (CIPRO-SAAR) codeine and acetylcysteine (ACC) for bronchitis acetaminophen (+) codeine phosphate (CODICAPS). On 29-DEC-2007, the patient was treated with 2 units of packed red blood cells for tumor anemia.

On 08-JAN-2008, the patient was discharged and subsequently recovered from upper respiratory infection (grade 2) and returned to baseline condition. Discharge diagnosis was general weakness. On 14-JAN-2008, the patient was seen for his regular visit. On an unspecified date, the patient experienced a fall (non-serious). It was reported that the patient on 14-JAN-2008, the patient had visit "UN5" and was discontinued from the study due to physician's decision. The action taken regarding febrile neutropenia (grade 3) study therapy was reduced and diarrhea (grade 3) study therapy was interrupted and general weakness (grade 2), diarrhea (grade 2) and upper respiratory infection (grade 2) was none.

Other medications administered included: sodium chloride for ringer's solution for hydration therapy, metoclopramide hcl (MCP) for nausea, acetated ringer liquid and sodium chloride as a carrier colution for medication, fluconazole (DIFLUCAN) for prophylaxis candidosis, pantoprazole sodium (PANTOZOL) for gastric protection, heparin sodium (THROMBRAEDUCT) and enoxaparin sodium (CLEXANE) for prophylaxis thrombosis, potassium chloride KALIUM and potassium chloride for prophylaxis hypokalemia, lormetazepam, flurazepam (STAURODORM) and zopiclone (XIMOVAN) for prophylaxis sleeplessness, codeine phosphate (CODEINTROPFEN) for dry cough, prednisolone (DECORTIN H) for COPD, vitamins (unspecified) (CERNEVIT) potassium chloride (KCL), potassium chloride KALIUM and magnesium aspartate (+) magnesium citrate (+) magnesium glutamate (+) magnesium sulfate (MAGNESIUM VERLA) for mineral supplementation, aspirin (ASS 100) for suspected intrarenal aortic aneurysm, dexamethasone sodium phosphate (FORTECORTIN) for prophylaxis vomiting, sodium perchlorate (IRENAT) for preparation of computed tomography, iohexol (ACCUAQUE), iomeprol (IMERON) and barium sulfate (BARILUX) for contrast medium for CT, sodium perchlorate (IRENAT) liquid for hyperthyroidism; aspirin (ASS 100) for suspected intrarenal aortic aneurysm; ranitidine and clemastine fumarate (TAVEGIL) for concomitant medication for chemotherapy.

The reporting investigator felt that upper respiratory infection (grade 2), general weakness (grade 2) and diarrhea (grade 2) were not related to blinded study therapy, carboplatin and paclitaxel.

The reporting investigator felt the febrile neutropenia (grade 4) was related to blinded study therapy, carboplatin and paclitaxel.

The reporting investigator felt that diarrhea (grade 3) was related to blinded study therapy, but not related to carboplatin and paclitaxel.

Febrile neutropenia (grade 3) was no longer considered to be immediately life-threatening.

Additional information is not expected.

A 7 calendar day phone call was made to the FDA on 12-OCT-2007 and 06-AUG-2008.

5. Relevant tests/laboratory data, including dates

DIAGNOSTIC TEST

Tests	Date	Value	Unit	Normal Range
diagnostic laboratory test	10/07/2007		0.1 Giga/L	
blood pressure measurement			140/80 mmHg	
physical examination				
Comment: showed exsiccosis, bronchitis				

LABORATORY RESULTS

Tests	Date	Value	Unit	Normal Range
hemoglobin Comment: Cycle 1 Day -4	10/07?/2007	9.6	g/dL	12.5 - 17.0
hemoglobin Comment: Cycle 1 Day 8	10/07?/2007	9.1	g/dL	12.5 - 17.0
platelet count Comment: Cycle 1 Day 8	10/07?/2007	34	10 ³ /uL	130 - 394
serum C-reactive protein	10/07/2007	97	mg/l	
total absolute blood neutrophil count Comment: Cycle 1 Day 8	10/07?/2007	0.07	10 ³ /uL	1.96 - 7.23
absolute neutrophil count Comment: low	10/08?/2007			
body temp	10/??/2007	39.1	C	
hemoglobin	10/08/2007	8.1	g/dl	14 - 18
body temp	10/09?/2007	39.1	C	
hemoglobin	10/09/2007	11.7	g/dl	14 - 18
serum potassium	10/09/2007	2.8	mmol/l	3.5 - 5.2
absolute neutrophil count	10/10/2007	2.7	giga/l	
hemoglobin	10/10/2007	10.1	g/dl	
platelet count	10/10/2007	64	Giga/L	
serum potassium	10/15/2007	3.9	mmol/l	3.6 - 5.2
serum creatine kinase	10/29/2007	28	U/L	0 - 175
hemoglobin	12/28/2007	6.8	g/dl	
WBC count Comment: Cycle 1 Day 8		0.77	10 ³ /uL	3.80 - 10.70
body temp		36.8	C	
hematocrit Comment: Cycle 1 Day -4		30	%	37 - 51
hematocrit Comment: Cycle 1 Day 8		28	%	37 - 51
lymphocyte count Comment: Cycle 1 Day 8		0.57	10 ³ /uL	0.80 - 3.00
neutrophil count Comment: Cycle 1 Day 8		0.07	10 ³ /uL	1.96 - 7.23
platelet count Comment: Cycle 1 Day -4		496	10 ³ /uL	130 - 394
serum LDH Comment: Cycle 1 Day -4		289	U/L	53 - 234
serum LDH Comment: Cycle 1 Day 8		253	U/L	53 - 235
serum albumin Comment: Cycle 1 Day -4		2.5	g/dL	3.3 - 4.6
serum albumin Comment: Cycle 1 Day 8		2.2	g/dL	3.3 - 4.6
serum calcium Comment: Cycle 1 Day 8		7.4	mg/dL	8.3 - 10.6
serum direct bilirubin Comment: Cycle 1 Day 8		2.3	mg/dL	0.0 - 0.4
serum glucose Comment: Cycle 1 Day -4		122	mg/dL	70 - 120
serum glucose Comment: Cycle 1 Day 8		135	mg/dL	70 - 120
serum phosphorus Comment: Cycle 1 Day 8		1.8	mg/dL	2.2 - 5.1
serum potassium Comment: Cycle 1 Day 8		2.9	mEq/L	3.4 - 5.4
serum uric acid Comment: Cycle 1 Day 8		1.4	mg/dL	2.5 - 8.3
total serum bilirubin Comment: Cycle 1 Day 8		2.9	mg/dL	0.2 - 1.2
total serum protein Comment: Cycle 1 Day 8		5.8	g/dL	6.0 - 8.0
urine RBC count		>150	HPF	0 - 3

Comment: Cycle 1 Day -4		
urine WBC count	>150 HPF	0 - 5
Comment: Cycle 1 Day -4		
urine blood	+2	negative -
Comment: Cycle 1 Day -4		
urine leukocyte esterase	+3	negative -
Comment: Cycle 1 Day -4		
urine protein	+2	negative -
Comment: Cycle 1 Day -4		
red blood cell count	3.5 10 6/uL	4.0 - 5.8
Comment: Cycle 1 Day -4		
serum amylase test	15 U/L	50 - 252
Comment: Cycle 1 Day 8		
total heartbeat count	76 beats/min	
red blood cell count	3.5 10 6/uL	4.0 - 5.8
Comment: Cycle 1 Day 8		

7. Other relevant history including preexisting medical conditions

disease; Pulmonary embolism; Hay fever; Dry cough; Dyspnoea; Latent hyperthyroidism; Appetite lost; Night sweats; Varicose vein; Chemotherapy

C. Suspect medication(s)

1. Name (Give labeled strength & mfr/labeler)

#1 CAP 0683-blinded therapy Unk
 #1 CAP 0683-blinded therapy Unk
 #1 CAP 0683-blinded therapy Unk
 #2 INJ carboplatin Unk
 #2 INJ carboplatin Unk
 #2 INJ carboplatin Unk
 #2 INJ carboplatin Unk
 #3 INJ paclitaxel Unk
 #3 INJ paclitaxel Unk
 #3 INJ paclitaxel Unk
 #3 INJ paclitaxel Unk

2. Dose, frequency & route used

#1 Unk/Unk/PO
 #1 Unk/Unk/PO
 #1 Unk/Unk/PO
 #2 456 mg/1X/IV
 #2 510 mg/1X/IV
 #2 430 mg/1X/IV
 #2 475 mg/1X/IV
 #3 340 mg/1X/IV
 #3 278 mg/1X/IV
 #3 241 mg/1X/IV
 #3 246 mg/1X/IV

3. Therapy dates (if unknown, give duration) from/to (or best estimate)

#1 11/06/2007 - 11/19/2007
 #1 11/27/2007 - 12/06/2007
 #1 12/18/2007 - 12/31/2007
 #2 10/01/2007 - 10/01/2007
 #2 11/06/2007 - 11/06/2007
 #2 11/27/2007 - 11/27/2007
 #2 12/18/2007 - 12/18/2007
 #3 10/01/2007 - 10/01/2007
 #3 11/06/2007 - 11/06/2007
 #3 11/27/2007 - 11/27/2007
 #3 12/18/2007 - 12/18/2007

4. Diagnosis for use (indication)

#1 Non-small cell lung cancer
#1 Non-small cell lung cancer
#1 Non-small cell lung cancer
#2 Non-small cell lung cancer
#2 Non-small cell lung cancer
#2 Non-small cell lung cancer
#2 Non-small cell lung cancer
#3 Non-small cell lung cancer
#3 Non-small cell lung cancer
#3 Non-small cell lung cancer
#3 Non-small cell lung cancer

5. Event abated after use stopped or dose reduced

	YES	NO	N/A	UNK
#1			X	
#1			X	
#1			X	
#2			X	
#2			X	
#2			X	
#2			X	
#3			X	
#3			X	
#3			X	
#3			X	

6. Lot # (if known)

#1
#1
#1
#2
#2
#2
#2
#3
#3
#3
#3

7. Exp date (if known)

#1
#1
#1
#2
#2
#2
#2
#3
#3
#3
#3

8. Event reappeared after reintroduction

	YES	NO	N/A	UNK
#1			X	
#1			X	
#1			X	
#2			X	
#2			X	
#2			X	
#2			X	
#3			X	
#3			X	
#3			X	
#3			X	

C. Suspect medication(s)

10. Concomitant medical products and therapy dates (exclude treatment of event)

CIPRALEX	12/28/2007 - Cont
DECORTIN H	11/17/2007 - 12/28/2007
FORTECORTIN	09/30/2007 - 09/30/2007
FORTECORTIN	10/01/2007 - 10/01/2007
FORTECORTIN	10/02/2007 - 10/04/2007
FORTECORTIN	11/05/2007 - 11/05/2007
FORTECORTIN	11/10/2007 - 12/09/2007
FORTECORTIN	12/17/2007 - 12/17/2007
FORTECORTIN	12/18/2007 - 12/18/2007
FORTECORTIN	12/19/2007 - 12/21/2007
KALINOR	11/29/2007 - 12/28/2007
OPTIPECT	09/26/2007 - 09/26/2007
PANTOZOL	10/10/2007 - Cont
SIMVAHEXAL	10/01/2007 - 10/06/2007
SPIRIVA	01/??/2007 - 10/06/2007
SULTANOL	09/24/2007 - 10/06/2007
TAVEGIL	10/01/2007 - 10/01/2007
TAVEGIL	11/06/2007 - 11/06/2007
TAVEGIL	12/18/2007 - 12/18/2007
VIANI	01/??/2007 - 10/06/2007
ZOFRAN	10/01/2007 - 10/02/2007
ZOFRAN	11/06/2007 - 11/07/2007
ZOFRAN	12/18/2007 - 12/19/2007
[therapy unspecified]	10/03/2007 - Cont
carbimazole	10/01/2007 - 10/06/2007
carbimazole	12/28/2007 - Cont
carbimazole	12/28/2007 - Cont
magnesium (unspecified)	11/17/2007 - 12/28/2007
ranitidine	10/01/2007 - 10/01/2007
ranitidine	11/06/2007 - 11/06/2007
ranitidine	12/18/2007 - 12/18/2007
sodium chloride	09/24/2007 - 09/26/2007
sodium chloride	12/17/2007 - 12/17/2007