Run Date : 03/10/2012 6:47:05 AM

(Site Reported)

Adverse Event Expedited Report

Protocol Number :8231 **CTC Version :**CTCAE v4.0 **Principal Investigator :**

Title : Phase I Trial of the Combination of GDC-0449 and Erlotinib

Institution : Duke University Medical Center **Report Type :** Original **Ticket #:** **Amendment #:** 0

Created Date :02/23/2012

Reporter Information

Reporter Name : Phyllis Vance
Phone : 555-555-5555 **Fax :** 555-555-5555 **Email :** p.v@email.com

Submitter Name : Phyllis Vance
Phone : 555-555-5555 **Fax :** 555-555-5555 **Email :** p.v@email.com

Physician Name : Leonard McCoy
Phone : 555-555-5555 **Fax :** **Email :** lm@email.com

Patient Information

Patient ID :	1	**Birth Date :**	02/ 22/ 1965	**Gender :**	Male
Race :	White	**Ethnicity :**	Not Reported		
Height(Centimeter) :	174.5	**Weight(Kilogram) :**	79.3	**Body Surface Area :**	1.9447

Baseline performance status at initiation of protocol - ECOG/Zubrod scale : 1
Disease Name : Solid tumor, NOS
Disease Name Not Listed : Adenocarcinoma
Primary Site of Disease : Colon
Date of Initial Diagnosis : 07/2008

Course Information

Treatment Assignment Code : A4
Description : Cycle = 28 days: GDC-0449: 150 mg PO QD Erlotinib: 150 mg PO QD
Start date of first course : 12/03/2009
Start date of course associated with Expedited Report : 12/03/2009
Start date of primary AE : 12/09/2009
End date of primary AE :
Course Number on which event(s) occurred : 1
Total number of courses to date : 1
Was Investigational Agent(s) administered on this protocol?: Yes

Description of Event

Description and Treatment of Event : Patient developed severe maculapapular rash on his face, scalp, back and chest areas after 1 cycle of therapy. It formed large scabs that bled. On day 27, patient called and reported problems with hiccups. He was given a prescription for Baciofen, the

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	longest period of hiccups that he experience was 26 hrs. Patient received IV fluids outpatient for nausea, vomiting, anorexia, and dehydration. Pt had grade 2 alk phos at baseline, the health care provider felt agents were helping the alk phos. Abd pain is improperly treated. A prescription for OxyContin has been given in addition to the Oxycodone as needed for break through pain Patient decided not to stay on the study because of poor tolerance to the chemotherapy.		
Present Status :	Not recovered/Not resolved	**Date of Recovery or Death :**	
Retreated :	No		
Removed from Protocol Treatment (to date) :	Yes	**Date Removed from Protocol Treatment :**	12/31/2009
Cause of Death :			
Death Date :		**Autopsy Performed :**	

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Prior Therapies

Therapy	Therapy Start Date	Therapy End Date	Comments	Chemotherapy Agents
Chemotherapy multiple agents systemic	10//2008	02//2009	Avastin, 5FU, Leucovori	
Chemotherapy multiple agents systemic	03//2009	05//2009	Also received leucovorin, 5F	Camptosar
Chemotherapy multiple agents systemic	09//2009	09//2009		Platinol Adriamycin, RUBEX Mutamycin
Drug and/or Immunotherapy	06//2009	07//2009	Sorafenib and Avasti	

Sites of Metastatic Disease

Liver
Lymphnode

Protocol Agents

Treatment Assignment Code : A4

Agent	Total Dose Administered this Course	Last Administered Date	Comments	Agent Adjustment	Agent Delayed	Delay
GDC-0449	3750mg	12/29/2009			No	
OSI-774 (erlotinib; Tarceva)	3750mg	12/29/2009			No	

Other Contributing Causes

Dehydration

Adverse Events (CTCAE)

CTCAE CATEGORY	Adverse Event	Grade	Hospitalization/ Prolongation of Hospitalization	Start Date of AE	End Date of AE	Is Primary AE?	Comments
Skin and subcutaneous tissue disorders	Stevens-Johnson syndrome	4	No	12/09/2009		Yes	Maculapapular rash on his face, scalp, back and chest area
Respiratory, thoracic and mediastinal disorders	Hiccups	3	No	12/29/2009		No	Hiccups
Metabolism and nutrition disorders	Hyponatremia	3	No	12/31/2009		No	Sodium deficit
Investigations	Alkaline phosphatase increased	2	No	12/03/2009		No	Increased level of alkaline phosphatase
Gastrointestinal disorders	Nausea	3	No	12/20/2009		No	Sick to stomach
Skin and subcutaneous tissue disorders	Pruritus	2	No	12/09/2009		No	Itchy skin
Respiratory, thoracic and mediastinal disorders	Dyspnea	2	No	12/26/2009		No	Shortness of breath

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Metabolism and nutrition disorders	Dehydration	2	No	12/20/2009	No	Dehydration
Investigations	Aspartate aminotransferase increased	2	No	12/31/2009	No	Increased level of aspartate aminotransferase
Gastrointestinal disorders	Vomiting	2	No	12/20/2009	No	Throwing up
Metabolism and nutrition disorders	Anorexia	3	No	12/20/2009	No	Malnourished due to loss of appetite

Attribution for Adverse Events

Attribute to **Gr.4 Stevens-Johnson syndrome: Maculapapular rash on his face, scalp, back and chest area**

Course	
GDC-0449	Definite
OSI-774 (erlotinib; Tarceva)	Definite
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely

Attribute to **Gr.3 Hiccups: Hiccups**

Course	
GDC-0449	Probable
OSI-774 (erlotinib; Tarceva)	Probable
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely

Attribute to **Gr.3 Hyponatremia: Sodium deficit**

Course	
GDC-0449	Possible
OSI-774 (erlotinib; Tarceva)	Possible
Other causes	
Dehydration	Possible
Disease	
Solid tumor, NOS	Unlikely

Attribute to **Gr.2 Alkaline phosphatase increased: Increased level of alkaline phosphatase**

Course

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GDC-0449	Possible
OSI-774 (erlotinib; Tarceva)	Possible
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely
Attribute to	**Gr.3 Nausea: Sick to stomach**

Course	
GDC-0449	Probable
OSI-774 (erlotinib; Tarceva)	Probable
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely
Attribute to	**Gr.2 Pruritus: Itchy skin**

Course	
GDC-0449	Probable
OSI-774 (erlotinib; Tarceva)	Probable
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely
Attribute to	**Gr.2 Dyspnea: Shortness of breath**

Course	
GDC-0449	Possible
OSI-774 (erlotinib; Tarceva)	Possible
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely
Attribute to	**Gr.2 Dehydration: Dehydration**

Course	
GDC-0449	Probable
OSI-774 (erlotinib; Tarceva)	Probable
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely

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Attribute to	**Gr.2 Aspartate aminotransferase increased: Increased level of aspartate aminotransferase**
Course	
GDC-0449	Possible
OSI-774 (erlotinib; Tarceva)	Possible
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely

Attribute to	**Gr.2 Vomiting: Throwing up**
Course	
GDC-0449	Probable
OSI-774 (erlotinib; Tarceva)	Probable
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely

Attribute to	**Gr.3 Anorexia: Malnourished due to loss of appetite**
Course	
GDC-0449	Probable
OSI-774 (erlotinib; Tarceva)	Probable
Other causes	
Dehydration	Unlikely
Disease	
Solid tumor, NOS	Unlikely

Abnormal and Relevant Normal Lab Results

Lab	Baseline date	Value	Worst Date	Value	Recovery/Latest Date	Value	Microbiology Site	Date	Infectious Agent
Sodium - blood	12/03/2009	135 mEq/L	12/31/2009	129 mEq/L	12/31/2009	129 mEq/L			
Glutamic-oxaloacetic transferase (AST, SGOT)	12/03/2009	92 U/L	12/31/2009	125 U/L	12/31/2009	125 U/L			