Celgene	**CLINICAL SAFETY** **SERIOUS ADVERSE EVENT REPORT** *Reports should be sent to Celgene* ***within 24 hours*** **# of pages sent : _____**	**Page 1 of 5** Date _____ ☐ Initial report ☐ Additional information

A PHASE 3, DOUBLE-BLIND, RANDOMIZED, STUDY TO COMPARE THE EFFICACY AND SAFETY OF LUSPATERCEPT VERSUS PLACEBO FOR THE TREATMENT OF ANEMIA DUE TO VERY LOW TO INTERMEDIATE RISK MYELODYSPLASTIC SYNDROMES IN SUBJECTS WITH RING SIDEROBLASTS WHO REQUIRE RED BLOOD CELL TRANSFUSIONS

Protocol No.: ACE-536-MDS-001	**Indication: Anemia in Myelodysplastic Syndrome**
Investigator Name:	**Country:**
Site Number: ☐☐☐	**Subject Number:** ☐☐☐☐
Sex: ☐ Male ☐ Female	**Date of Birth:** ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy) **Age (years):** _____
Weight: ☐☐☐.☐ ☐ kg ☐ lb	**Height:** ☐☐☐.☐ ☐ cm ☐ in

Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Pacific Islander ☐ Other _____

Date of enrollment in study: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

Serious Adverse Event (enter **ONE** event term or diagnosis only. For additional events, complete page 3)
1.

Severity: ☐ Grade 1 (mild) ☐ Grade 2 (mod) ☐ Grade 3 (severe) ☐ Grade 4 (life-threat.) ☐ Grade 5 (death)

Was the event the result of an overdose of study drug? ☐ No ☐ **Yes***

***If yes:** Was overdose: ☐ **accidental or** ☐ **intentional**

Date of Onset: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)	**Date Resolved:** ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy) **OR** ☐ Ongoing

Serious Criteria: (check (✓) all that apply)	**Outcome of SAE:**
☐ 1. Death (report cause of death as an SAE)	☐ Recovered/resolved
☐ 2. Life threatening	☐ Not recovered/resolved
☐ 3. Inpatient hospitalization or prolongation of hospitalization	☐ Recovered/resolved with sequelae
☐ 4. Persistent/significant disability or incapacity	☐ Event ongoing at death
☐ 5. Congenital anomaly/birth defect	☐ Death (from SAE)
☐ 6. Other important medical event*	☐ Unknown
*Should be used only if no other serious criteria applies	

Date of death: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy) Autopsy done? ☐ Yes (attach report if available) ☐ No ☐ Unknown ☐ Planned	Dates of hospitalization: From: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy) To: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

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Causality / Relationship to Study Drug:

The event is ☐ Suspected/Related OR ☐ Not Suspected/Not Related to Study Drug (Note: If event is not applicable to study drug, ie: pre-treatment, please check "Not Suspected/ Not Related").

If Not Suspected/Not Related to Study Drug, please indicate the most likely cause of the event.

☐ Study Indication (MDS)_____
☐ Protocol Related, specify _____
☐ Concomitant Medications, specify _____
☐ Concurrent illness, specify _____
☐ Other Cause, specify _____

Study Period at the time of the Event: *Only choose one by placing a checkmark (✓)*

☐ Screening/Pre-treatment Period (up to 5 weeks)	☐ Placebo-controlled, Double Blinded-treatment Period (up to 24 weeks)	☐ Placebo-controlled, Double Blinded-Extension Treatment Period (25+ wks)	☐ Post–Treatment/ Follow-up Period (up to 42 days post-last dose)

Study Drug: Luspatercept (ACE-536) or Placebo

First Dose of Cycle 1:	Last Dose Prior to Event: Cycle: _____
☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)	☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)
Dose: _____ mg/kg SC injection/ every 21 days	Dose: _____ mg/kg SC injection/ every 21 days

Action taken with Study Drug (as a result of SAE):

☐ None

☐ Dose reduced Date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy) New Dose: _____mg/kg

☐ Permanently discontinued Date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

☐ Dose interrupted (temporarily discontinued) Date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

Date Study Drug Restarted: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

Did the event stop after dose reduction or discontinuing the study drug?

☐ Yes ☐ No ☐ Not Applicable

Did the event reappear after reintroduction of the study drug?

☐ Yes ☐ No ☐ Not Applicable

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Indication: Anemia in Myelodysplastic Syndrome

Site Number: ☐☐☐

Subject Number: ☐☐☐☐

Continuation – SAE Page for Multiple SAE Terms (make additional copies if >2 SAEs) ☐ Check if **NONE**

Serious Adverse Event	Serious Criteria	Severity	Onset/Resolution Dates (dd/mmm/yyyy)	Action Taken with Study Drug	SAE Outcome	Causality/Relationship Yes No
2.	☐ 1. Death ☐ 2. Life threatening ☐ 3. Inpatient hospitalization or prolongation of hospitalization ☐ 4. Persistent/significant disability or incapacity ☐ 5. Congenital anomaly/birth defect ☐ 6. Other important medical event: Specify _____	☐ Grade 1 (mild) ☐ Grade 2 (moderate) ☐ Grade 3 (severe) ☐ Grade 4 (Life-threat) ☐ Grade 5 (Death)	Onset Date: _____ Resolution Date: _____ **OR** ☐ Ongoing	☐ None ☐ Dose reduced Date: _____ dd mmm yyyy New Dose: _____mg ☐ Permanently discont. Date: _____ dd mmm yyyy ☐ Dose interrupted (temporarily discontinued) Date: _____ dd mmm yyyy Restart date: _____ dd mmm yyyy	☐ Recovered ☐ Not recovered ☐ Recovered with sequelae ☐ Event ongoing at death ☐ Death from SAE ☐ Unknown	☐ ☐ Study drug ☐ ☐ Protocol Related ☐ ☐ Con-Med* ☐ ☐ Con-Illness* ☐ ☐ Other Cause* *Specify _____

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CONCOMITANT MEDICATIONS

(Used within 28 days of SAE start date; Attach additional medication sheets if necessary)

Drug Name Generic or Trade name (generic name preferred)	Dose	Unit	Freq.	Route	Indication	Start Date (dd/mmm/yyyy)	Ongoing? (✓)	Stop Date (dd/mmm/yyyy)
							☐	
							☐	
							☐	
							☐	

TREATMENT MEDICATIONS

(Used to treat SAE; Attach additional medication sheets if necessary)

							☐	
							☐	
							☐	
							☐	
							☐	

Relevant medical and surgical history <u>pertaining to SAE</u>

(Please include dates; Attach additional sheets if necessary)

Data from eCRF may be attached, if data entry is current ☐ *List attached*

Relevant laboratory and diagnostic test results including dates <u>pertaining to SAE</u>

(Please include units and reference ranges if known; Attach additional sheets if necessary)

Laboratory Test	Date	Result	Normal Range

Data from eCRF may be attached, if data entry is current ☐ *List attached*

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SAE Narrative Description (Summarize chronologically using the SAE terms reported)

Investigator's Name and Signature:	**Date:** ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy
Reporter's Name and Signature:	**Date:** ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy

Reporter's Phone Number:	**Reporter's Fax Number:**	**Reporter's Email Address:**