A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 1; Record ID: 1	Gender: M; Age at time of inclusion: 71; Height (cm): 168; Weight (kg) prior to SAE: 71; Signature of consent: 9May2020	Epigastric pain and intermittent constipation at baseline, start date unknown, ongoing at start of treatment	Paracetamol, Clexan, Tradonal, Pantomed, Tavanic	Start date SAE: 03-Jun-2020; Time of event occurrence: Post-operative; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Abdominal pain; SAE lead event (verbatim): Panabdominal pain; Severity (CTCAE v5 grade): Grade 2; SAE associated events & grades: Diarrhea (clostridium+) gr. 1; Ascites gr. 2; Fever gr.1; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Tavanic 500mg: QD (31May20-04Jun20); Piperacilline 4g Tazobactam 0,5g: QID (04Jun20-10Jun20); Vancomycin 125mg QID (7Jun20-14Jun20); Taradyl 10mg: PRN (04Jun20-13Jun20); Dafalgan 500mg codeïne 30mg: PRN (13Jun20-17Jun20); Dafalgan forte 1g: PRN (29May20-13Jun20); Tradonal odis 50mg: PRN (29May20-16Jun20); Contramal retard 100mg: BID (29May20-16Jun20); Movicol 13,8g: BID (03Jun20-04Jun20); Ultra K 20mEq: TID (08Jun20-12Jun20); Procedures due to SAE: 31May20: CT abdomen; 03Jun20: RX abdomen; 04Jun20; 06Jun20: CT abdomen; 08Jun20; 09Jun20: Echo-guided ascites puncture ; Outcome: Recovered; Duration of SAE (days): 12; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	31May2020: WBC 11,71 10**9/L , ANC 9,0 10**9/L, ALP 216 U/L, ALT 122 U/L, AST 92U/L, GGT 308 U/L, Na 142,3 mmol/L, CRP 188 mg/L, Glucose 142 mg/dL; 03Jun2020: WBC 11,89 10**9/L, ANC 9,1 10**9/L; 10Jun2020: PLT 535 10**9/L; 12Jun2020: PLT 502 10**9/L; 15Jun2020: ALP 230 U/L, ALT 28 U/L, AST 26U/L, GGT 304 U/L, Na 142,9 mmol/L, CRP 16,2 mg/L.	Durvalumab and tremelimumab: 15-05-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 0; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): Not applicable. Not ADR.; Date MIS-MWA: 28-05-2020; Causality MIS-MWA: Yes	SAE narrative: Patient was included in the MIMIPAC trial and had first infusion 15May2020. The MIS-MWA was performed on 28May2020 and patient left the hospital after surgery on 29May2020. The post operative course was uncomplicated. On 31May2020 patient presented to ER with fever and pain. Clinical, biochemical and CT findings were reassuring (no leakage, no intra abdomnal collection). Fever was possibly due to immune response. Tavanic 500mg was started empirically. On 03Jun2020 patient presented again to ER with persisting abdominal pain and was admitted to the hospital. At this date the event met the definition of SAE. Additional follow-up information: FU-1: The RX abdomen of 03Jun2020 showed fecal impaction for which laxatives were started. On CT of 04Jun2020 and 08Jun2020 intra-abdominal collection can be seen, probably in the context of limited leakage after the MWA. On 31May2020 Tavanic was started but the patient developed a Clostridium infection (diarrhea) post antibiotic. For this, Vancomycin was started on 07Jun2020. Due to the presence of dyspnea, echo-guided punctures of the abdomen for ascites were indicated and performed on 08Jun2020 and 09Jun2020. A drain was placed and fell out on 14/06/2020. Cultures on fluid were negative (lab 08Jun2020). On 15Jun2020 there was a favourable biochemical and clinical evolution. Pain and fever disappeared and the patient was allowed to leave the hospital. A FU-2 report was completed due to changes in AE reporting form.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 2; Record ID: 1	Gender: M; Age at time of inclusion: 71; Height (cm): 168; Weight (kg) prior to SAE: 71.7; Signature of consent: 9May2020	Epigastric pain and intermittent constipation at baseline, start date unknown, ongoing at start of treatment. Previous episode of abdominal pain.	Paracetamol	Start date SAE: 23-Jun-2020; Time of event occurrence: Post-operative; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Abdominal pain; SAE lead event (verbatim): Abdominal pain; Severity (CTCAE v5 grade): Grade 3; SAE associated events & grades: Ascites gr. 3; Nausea gr. 1; Vomiting gr.1 ; Action taken: Hospitalisation,Non-drug therapy,Further investigation performed; List medication used to treat SAE: Augmentin 875mg: TID (23Jun20-01Jul20); Paracetamol 1g: PRN; Procedures due to SAE: 23Jun20: CT abdomen 23Jun20: Laparoscopy for ascites draining ; Outcome: Recovered; Duration of SAE (days): 4; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	None available	Durvalumab and tremelimumab: 12-06-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 0; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): Not applicable. Not ADR.; Date MIS-MWA: 28-05-2020; Causality MIS-MWA: Yes	SAE narrative: Patient with MIS MWA on 28May2020, hospitalised on 03Jun2020 in UZ Leuven with a previous episode of abdominal pain, treated with antibiotics and echo-guided puncture on 08Jun2020 and 09Jun2020 and discharged on 15Jun2020. On 23Jun2020 the patient was hospitalised in AZ.Delta - Roeselare with recurrence of severe abdominal pain. CT-scan showed ascites (grade 3) without perforation. An exploratory laparoscopy was done. During procedure ascites was found, which was aspirated and the abdomen was drained, all via laparoscopy. There was no perforation or other severe life-threatening conditions. Prof. Topal recieved a phonecall at 24Jun2020 and was informed about the situation of his patient. The patient is stable as of 24Jun2020. Additional follow-up information: Good evolution of pain complaints postoperative; cultures negative; empirical treatment with Augmentin with clinical and biochemical good evolution. Patient was discharged on 27Jun2020.
SAE case number: 3; Record ID: 1	Gender: M; Age at time of inclusion: 71; Height (cm): 168; Weight (kg) prior to SAE: 66.7; Signature of consent: 9May2020	Epigastric pain and intermittent constipation at baseline, start date unknown, ongoing at start of treatment.Previous episodes off abdominal pain.	Paracetamol, Ferogradumet, Zolpidem	Start date SAE: 17-Jul-2020; Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Colitis; SAE lead event (verbatim): Colitis grade 3; Severity (CTCAE v5 grade): Grade 3; Considered Adverse event of special interest (AESI) per protocol. SAE associated events & grades: Bacteremia gr.2; Ascites gr.2; Fever gr.1; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Metronidazol 500mg: TID (17Jul20-27Jul20); Augmentin dose UNK switched to Ciproxin 500 mg: BID (17Jul20-27Jul20); ; Procedures due to SAE: CT pancreas: 17Jul20 Faeces culture: 17Jul20; Outcome: Recovered; Duration of SAE (days): 5; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	None available	Durvalumab and tremelimumab: 10-07-2020; Gemcitabine 17-07-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Related; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Related; Dose Gemcitabine in mg prior to SAE: 1741; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Related; Expectedness of Event (in case of SAE): Expected; Date MIS-MWA: 28-05-2020; Causality MIS-MWA: No	SAE narrative: Patient admitted with abdominal pain and fever on 17Jul20. CT pancreas showed thickening of colon wall, possible colitis; CRP elevated (85,6 mg/l); positive faeces culture (Bacteroides Fragilis). Antibiotics started with good evolution (to be continued upto 27Jul20). Patient could leave hospital on 22Jul20.; Additional follow-up information: NA

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 5; Record ID: 1	Gender: M; Age at time of inclusion: 71; Height (cm): 168; Weight (kg) prior to SAE: 66.7; Signature of consent: 9May2020	Epigastric pain and intermittent constipation at baseline, start date unknown, ongoing at start of treatment. Previous episodes of abdominal pain and colitis.	Paracetamol, Ferogradumet, Zolpidem	Start date SAE: 05-Aug-2020; Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Investigations (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Other; SAE lead event (verbatim): Liver enzymes increased; Severity (CTCAE v5 grade): Grade 3; SAE associated events & grades: ALP increased gr.3; AST increased gr.1; ALT increased gr.2; Abdominal pain gr.2; Action taken: Hospitalisation,Non-drug therapy,Further investigation performed; List medication used to treat SAE: Tavanic 500mg: QD (07Aug20-11Aug20); Paracetamol 1g: max 4/day (05Aug20-07Aug20); Pethisom 50mg: max 4/day (06Aug20-07Aug20); ; Procedures due to SAE: Ultrasound abdomen: 05Aug20; ERCP: 06Aug20; ; Outcome: Recovered; Duration of SAE (days): 2; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	05Aug2020: Alb 32,4 g/L, AP 1728 U/L, ALT 158 U/L, AST 58 U/L, GGT 1576 U/L, LDH 230 U/L; 07Aug2020: Hb 11,2 g/dl, Alb 28,8 g/L, AP 1195 U/L, ALT 87 U/L, AST 25 U/L, GGT 1154 U/L, LDH 239 U/L, CRE CL 113 mL/min, CRP 43,8 mg/L	Durvaluamb and tremelimumab: 10-07-2020; Gemcitabine: 24-07-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 1719; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): Not applicable. Not ADR.; Date MIS-MWA: 28-05-2020; Causality MIS-MWA: No	SAE narrative: Patient was included into MIMIPAC trial and had first infusion 15May20. The MIS-MWA was performed on 28May20. Patient was previously hospitalised on 03Jun20 in UZ Leuven for abdominal pain and on 23Jun20 in AZ. Delta-Roeselare for recurrence of severe abdominal pain. Patient underwent laparoscopy for ascites draining. One drain stayed in situ. On 17Jul20 patient was again hospitalised for colitis. After discharge, rapid improvement of pain symptoms, antibiotics to be continued upto 27Jul20. Patient is now hospitalised in UZ Leuven for abdominal pain and elevated ALP, ALT and AST on 05Aug20. Ultrasound abdomen was performed on 05Aug20 but showed no clear cause of symptoms. On 06Aug20 an ERCP was performed. The existing plastic stent was partly obstructed at the level of distal ductus choledochus. A Wallflex stent was placed with successful drainage. Patient had fever (38,2 °C) one day after the ERCP for which Tavanic was started. Good evolution with decreasing cholestasis and transaminase levels. Patient was discharged on 07Aug2020 with status improved. Additional follow-up information: Good evolution with decreasing cholestasis and transaminase levels. Patient could leave the hospital on 07Aug20 and could proceed with the study protocol on 07Aug20 (Tremelimumab-Durvalumab-Gemcitabine).

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 4; Record ID: 3	Gender: M; Age at time of inclusion: 34; Height (cm): 172; Weight (kg) prior to SAE: 73; Signature of consent: 25Jun2020	Abdominal pain started in 01Jun2020 and ongoing at start of treatment		Start date SAE: 27-Jul-2020; Time of event occurrence: Post-operative; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Colitis; SAE lead event (verbatim): Colitis; Severity (CTCAE v5 grade): Grade 3; Considered Adverse event of special interest (AESI) per protocol. SAE associated events & grades: Diarrhea gr3 ; Abdominal pain gr3 ; Fever gr2; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Paracetamol 1g, PRN (27Jul20-ongoing); Oxynorm instant 10mg: PRN (27Jul20-28Jul20); Oxycontin retard 20mg: BID (27Jul20-31Jul20); Immodium instant 2mg: PRN (27Jul20-ongoing) Litican 50mg, IV: PRN (27Jul20-ongoing); Solumedrol 125mg, IV: EQ (28Jul20-31Jul20); Solumedrol 40mg, IV: QD (28Jul20-31Jul20); Tavanic 500mg: QD (28Jul20-06Aug20); Tiberal 1g: QD (28Jul20-31Jul20) Vimovo 500mg/20mg QD (31Jul20-ongoing) Medrol 32mg QD (01Aug20-ongoing) ; Procedures due to SAE: CT abdomen 27Jul20; Coloscopy with biopsy 28Jul20; Hemocultures 27Jul20 Coproculture 27Jul20; Outcome: Recovered; Duration of SAE (days): 4; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	27Jul2020: Hb 13,2 g/dL, Alb 35,7 g/L, AP 106 U/L, ALT 37 U/L, AST 21 U/L, GGT 91 U/L ; LDH 198 U/L, LIP 250 U/L, CRE CL 126 mL/min, CRP 181,2 mg/L , Glc 238 mg/dL; 28Jul2020: Hb 12,9 g/dL, Alb 34,3 g/L, CRP 270,9 mg/L , Glc 140 mg/dL; 30Jul2020: Hb 10,7 g/dL, Alb 29,8 g/L, Glc 146 mg/dL ; 31Jul2020: Hb 11,3 g/dL, Alb 33,3 g/L, TP 60 g/L, AP 77 U/L, ALT 21 U/L, AST 18 U/L, GGT 64 U/L ; LDH 185 U/L, LIP 94 U/L, CRE CL 123 mL/min, CRP 39,6 mg/L , Glc 118 mg/dL	Durvalumab and tremelimumab: 03-07-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: Temporarily interrupted; Causality Durvalumab: Related; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: Temporarily interrupted; Causality Tremelimumab: Related; Dose Gemcitabine in mg prior to SAE: 0; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): Expected; Date MIS-MWA: 17-07-2020; Causality MIS-MWA: No	SAE narrative: A 34 years old patient presents on 27Jul20 to emergency with fever, abdominal pain and watery diarrhoea. He has been diagnosed with a pancreas adenocarcinoma on 12Jun2020. As part of the Mimipac study, he underwent a MIS-MWA on 17Jul20. A CT abdomen was taken and is suggestive of colitis. Patient is hospitalized on 27Jul2020 and haemocultures are taken. On 28Jul2020 a coloscopy is done with biopsy. Clear image of colitis probably immunotherapy related. Haemocultures: negative. Coproculture: negative. Biopsy of sigmoid: CMV negative. Patient discharged from hospital on 31Jul20. Additional follow-up information: NA.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 6; Record ID: 3	Gender: M; Age at time of inclusion: 34; Height (cm): 172; Weight (kg) prior to SAE: 72.8; Signature of consent: 25Jun2020	Abdominal pain started in 01Jun2020 and ongoing at start of treatment. Previous episode of colitis.	Pantomed, Oxynorm, Oxycontin retard, Litican, Paracetamol, Uni Diamicron, Zyrtec	Start date SAE: 25-Sep-2020;Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Colitis; SAE lead event (verbatim): Colitis; Severity (CTCAE v5 grade): Grade 3; SAE associated events & grades: Diarrhea gr. 3 Abdominal pain gr. 2; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Solumedrol 60mg: QD (25Sep20-28Sep20) Paracetamol 1g: PRN (25Sep20-ongoing); Oxynorm instant 10mg: PRN (25Sep20); Oxycontin retard 20mg: BID (25Sep20-28Sep20); Immodium instant 2mg: PRN (26Sep20-28Sep20); Litican 50mg, IV: PRN (26Sep20) ; Procedures due to SAE: Hemocultures 25Sep20; Coproculture 25Sep20 ; Outcome: Recovered; Duration of SAE (days): 3; Patient permanently discontinued due to event?: Yes; Date of death: NA; Cause of death: NA	25Sep2020: ALC 0,9 10**9/L, Hb 12,6 g/dL, PLT 201 10**9/L, AP 104 U/L, LDH 224 U/L, CRE CL 130 mL/min, CRP 54,8 mg/L, Glc 139 mg/dL; 27Sep2020: ALC 2,8 10**9/L, Hb 11,7, PLT 414 10**9/L, AP 74 U/L, CRE CL 121 mL/min, CRP 7,8 mg/L, Glc 124 mg/dLg/dL.	Durvalumab and tremelimumab: 01-09-2020; Gemcitabine: 15-09-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: Stopped permanently; Causality Durvalumab: Related; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: Stopped permanently; Causality Tremelimumab: Related; Dose Gemcitabine in mg prior to SAE: 1858; Action taken regarding Gemcitabine: Temporarily interrupted; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): Expected; Date MIS-MWA: 17-07-2020; Causality MIS-MWA: No	SAE narrative: A 34 years old patient presents on 27Jul20 to emergency with fever, abdominal pain and watery diarrhoea. He has been diagnosed with a pancreas adenocarcinoma on 12Jun2020. As part of the Mimipac study, he underwent a MIS-MWA on 17Jul20. A CT abdomen was taken and is suggestive of colitis. Patient is hospitalized on 27Jul2020 and haemocultures are taken. On 28Jul2020 a coloscopy is done with biopsy. Clear image of colitis probably immunotherapy related. Haemocultures: negative. Coproculture: negative. Biopsy of sigmoid: CMV negative. Patient discharged from hospital on 31Jul20. Additional follow-up information: Hemocultures and coproculture were negative. Therapy by boosting and IV administration of corticoids followed by clinical and biochemical favourable evolution; the patient could leave the hospital on 28Sep20. Slow reduction of Medrol (cfr 8 weeks to stop) is foreseen. In view of the relapse of AE colitis grade 3, the study protocol with immunotherapy will be permanently interrupted. Gemcitabine can, however, be continued off study.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 7; Record ID: 6	Gender: F; Age at time of inclusion: 69; Height (cm): 163; Weight (kg) prior to SAE: 71; Signature of consent: 16Sep2020	No relevant medical history	Deanxit, Dafalgan codeine, Nurofen, Paracetamol, Pantomed, Tradozeone, Wellbutrin	Start date SAE: 8-Dec-2020; Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Duodenal stenosis; SAE lead event (verbatim): Duodenal obstruction; Severity (CTCAE v5 grade): Grade 3; Considered Adverse event of special interest (AESI) per protocol. SAE associated events & grades: Nausea grade 2 Abdominal pain grade 2 Stomach pain grade 2 Anorexia grade 2; Action taken: Hospitalisation,Non-drug therapy; List medication used to treat SAE: ; Procedures due to SAE: Placement of nasogastric feeding tube 08Dec20; EUS with gastroenterostomy 09Dec20. ; Outcome: Recovered; Duration of SAE (days): 3; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	9Dec2020: WBC 2,87 10**9/L, RBC 3,69 10**12/L, ANC 1,6 10**9/L, ALC 1,1 10**9/L, Hb 10,7/ g/dL, PLT 125 10**9/L	Durvalumab and tremelimumab: 27-11-2020; Gemcitabine: 04-12-2020; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 1758; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): NA (not related to treatment); Date MIS-MWA: 12-10-2020; Causality MIS-MWA: No	SAE narrative: A 69 years old patient included in the Mimipac trial, was hospitalized on 08Dec20 for a planned endoscopic ultrasound with gastroenterostomy indicated for duodenal stenosis possibly due to the invasion of the primary tumour in the duodenum. This was previously documented on the baseline MRI of 01Sep20 and the CT of 30Oct20 showing possible invasion of primary tumor in the duodenum (D4). Since 04Dec2020 the patient presented associated nausea (gr2), abdominal pain (gr2), stomach pain (gr2) and anorexia (gr2). A nasogastric feeding tube was placed on 08Dec20. EUS with gastroenterostomy was planned and performed on 09Dec2020. Additional follow-up information: The patient received Gemcitabine therapy (in Mimipac protocol) on 11Dec20. The SAE recovered and associated events were recovering on 11Dec20. Patient was discharged from hospital on 11Dec20. On 28Dec20 the patient received next cycle of immunotherapy + gemcitabine.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 8; Record ID: 9	Gender: F; Age at time of inclusion: 81; Height (cm): 153; Weight (kg) prior to SAE: 47; Signature of consent: 07Oct2020	Glaucoma started Feb2007 and ongoing. Cystocele started 25Jun2020 and ongoing.	Dualkopt, Monoprost, Movicol, Zolpidem, Coversyl, Imodium, Uri-Cran, Promagnor, Bioflow (Ginkgo biloba), Thealoz duo	Start date SAE: 25-Jan-2021; Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): General disorders and administration site conditions (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Fever; SAE lead event (verbatim): Fever; Severity (CTCAE v5 grade): Grade 1; SAE associated events & grades: Anorexia gr.1; Rash gr.2; Malaise gr.1; Action taken: Hospitalisation,Further investigation performed; List medication used to treat SAE: Dafalgan 500 mg: PRN (26Jan21-27Jan21); Bellozal 20mg: TID (26Jan21-29Jan21); Elocom Lipo 0,1% crème: QD (26jan21-29Jan21); Procedures due to SAE: RX thorax: 25Jan21; Ultrasound abdomen: 25Jan21; Biopsy skin upper leg: 25Jan21; Hemocultures: 25Jan21, 26Jan21, 27Jan21; Faeces culture: 26Jan21 ; Outcome: Recovered; Duration of SAE (days): 4; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	22Jan2021: WBC 1,55 10**9/L, RBC 3,5 10**12/L, ANC 0.8 10**9/L, ALC 0.5 10**9/L, Hb 10,7/ g/dL, PLT 64 10**9/L, ALT 40 U/L, AST 37 U/L, GGT 54 U/L, Amylase 143 U/L; 25Jan2021: WBC 2,13 10**9/L, RBC 3,82 10**12/L, ANC 1.8 10**9/L, ALC 0.2 10**9/L, Hb 11,9/ g/dL, PLT 64 10**9/L, ALT 40 U/L, AST 47 U/L, GGT 58 U/L, Na+ 128,9 mmol/L; 26Jan2021: WBC 2.51 10**9/L, RBC 3,42 10**12/L, ANC 2 10**9/L, ALC 0.4 10**9/L, Hb 10,7/ g/dL, PLT 82 10**9/L, Albumin 30,9 g/L, AST 38 U/L, GGT 45 U/L, Na+ 127,5 mmol/L; 28Jan2021: WBC 4.53 10**9/L, RBC 3,32 10**12/L, ANC 3.7 10**9/L, ALC 0.5 10**9/L, Hb 10,3/ g/dL, PLT 82 10**9/L, Albumin 31,2 g/L, ALT 36 U/L, AST 55 U/L, GGT 51 U/L, Na+ 134,1 mmol/L	Durvalumab and tremelimumab: 08-01-2021; Gemcitabine: 15-01-2021; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 1436; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Related; Expectedness of Event (in case of SAE): Expected; Date MIS-MWA: 27-11-2020; Causality MIS-MWA: No	SAE narrative: Pt experienced 2 episodes of fever gr.1 (23-25Jan2021) after pt had neutropenia gr.3 on 22Jan2021. Patient was admitted on 25Jan2021. Neutrophils on 25Jan = 1.8x10**9/L (= gr1), negative RX and ultrasound, no clear focus for infection. Pt had also generalised rash, dermatology consult is performed -> rash has probably a toxico-medicinal or para-infectious origin, biopsy is taken for differential diagnosis, oral medication is started + topical creme. Additional follow-up information: Spontaneous favourable evolution of the general clinical condition and biochemical inflammation during hospitalisation. Suspected viral infection. Patient could leave the hospital in good condition on 29Jan21.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 10; Record ID: 11	Gender: F; Age at time of inclusion: 58; Height (cm): 162; Weight (kg) prior to SAE: 58.2; Signature of consent: 26Mar2021	Epigastric pain starting in Nov-2020 and ongoing.	Redomex, Pandomed, Angelica, Tramadol	Start date SAE: 10-Apr-2021; Time of event occurrence: Post-operative; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Ileus; SAE lead event (verbatim): Ileus; Severity (CTCAE v5 grade): Grade 3; SAE associated events & grades: Fever gr. 1; Abdominal pain gr. ; Action taken: Medication,Hospitalisation; List medication used to treat SAE: Movicol 25ml: TID (09Apr21-ongoing); Taradyl 15mg: QD (13Apr21-15Apr21); Somatuline 90mg: 10Apr21; Meropenem 1g: TID (10Apr21-18Apr21); Motilium 10mg: TID (14Apr21-18Apr21) ; Procedures due to SAE: 10Apr21: Rad CT abdomen; Outcome: Recovered; Duration of SAE (days): 13; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	07Apr2021: WBC 8,51 10**9/L, RBC 4,1 10**12/L, ANC 5,8 10**9/L, ALC 2,1 10**9/L, Hb 12,8/ g/dL, PLT 204 10**9/L, PR (sec) 12,4, aPTT (sec) 27,8, INR 1,1; Albumin 47,3 g/L, ALP 50 U/L, LDH 131 U/L, Na 141,6 mmol/L, K 4,44 mmol/L, Cre CL 82 mL/min, CRE 0,8 mg/dL, Urea 28 mg/dL, CRP mg/L 3.1 23Apr2021: WBC 23,53 10**9/L, RBC 2,63 10**12/L, ANC 15,6 10**9/L, ALC 1,4 10**9/L, Hb 8/ g/dL, PLT 326 10**9/L, PR (sec) 14,1, aPTT (sec) 33,9, INR 1,3; Albumin 35,4 g/L, ALP 85 U/L, LDH 190 U/L, Na 138,4 mmol/L, K 3,61 mmol/L, Cre CL 33 mL/min, CRE 1,7 mg/dL, Urea 41 mg/dL, CRP mg/L 242,5.	Durvalumab and tremelimumab: 26-03-2021; Gemcitabine: Not given; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 0; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): Not applicable. Not ADR.; Date MIS-MWA: 08-04-2021; Causality MIS-MWA: Yes	SAE narrative: As part of the MIMIPAC trial patient starts with immunotherapy with Tremelimumab / Durvalumab on 26Mar21. This was followed on 08Apr21 by the microwave ablation of the pancreatic tumour. Normally the patient is discharged day after the MWA procedure. The day after surgery, 09Apr21, surgeons already observed ileus and pancreatic leakage in this patient. As this leak was adequately drained, they only started antibiotics and somatostatin analogues. The patient occasionally has a small amount of stool but the abdomen remains painful and swollen. On 17 April 21 the patient was able to defecate 3 times in 24 hours and the ileus was resolved. On 18Apr21 this patient start to bleed because of an aortoduodenal fistula, related to the MWA. This was managed by placing a covered stent in the aorta at the department of interventional radiology. For this reason, hospitalisation was prolonged. Additional follow-up information: see SAE case 9.

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SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 9; Record ID: 11	Gender: F; Age at time of inclusion: 58; Height (cm): 162; Weight (kg) prior to SAE: 58.2; Signature of consent: 26Mar2021	Epigastric pain starting in Nov-2020 and ongoing.	Redomex, Pandomed, Angelica, Tramadol	Start date SAE: 18-Apr-2021; Time of event occurrence: Post-operative; SAE criteria: Results in death,Requires or prolongs inpatient hospitalization,Is considered as an important medical event; SOC (NCI CTCAE v.5.0): Injury, poisoning and procedural complications (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Postoperative hemorrhage; SAE lead event (verbatim): Hemorrhage; Severity (CTCAE v5 grade): Grade 5; SAE associated events & grades: Haemorrhagic shock gr 5; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Mereopenem 1g: (10Apr21-ongoing); Paracetamol 1g: QID (08Apr21-ongoing); Tradonal 50 mg: QID (16Apr21-ongoing); Exacel 1000 mg: QD (18Apr21); Fentanyl 2500 mcg: (18Apr21-ongoing); RBPC 5units: 18Apr21. Treatment was stopped (see SAE narrative).; Procedures due to SAE: 18Apr21: Angio-CT abdomen; 18Apr21: RX angiography; 18Apr: Gastroscopy; 18Apr21: Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA); 18Apr21: Hemocultures. Treatment was stopped (see SAE narrative).; Outcome: Fatal; Duration of SAE (days): 5; Patient permanently discontinued due to event?: Yes; Date of death: 23-04-2021; Cause of death: Post-operative aorto-duodenal fistulisation with hemorrhagic shock.	07Apr2021: WBC 8,51 10**9/L, RBC 4,1 10**12/L, ANC 5,8 10**9/L, ALC 2,1 10**9/L, Hb 12,8/ g/dL, PLT 204 10**9/L, PR (sec) 12,4, aPTT (sec) 27,8, INR 1,1; Albumin 47,3 g/L, ALP 50 U/L, LDH 131 U/L, Na 141,6 mmol/L, K 4,44 mmol/L, Cre CL 82 mL/min, CRE 0,8 mg/dL, Urea 28 mg/dL, CRP mg/L 3.1 23Apr2021: WBC 23,53 10**9/L, RBC 2,63 10**12/L, ANC 15,6 10**9/L, ALC 1,4 10**9/L, Hb 8/ g/dL, PLT 326 10**9/L, PR (sec) 14,1, aPTT (sec) 33,9, INR 1,3; Albumin 35,4 g/L, ALP 85 U/L, LDH 190 U/L, Na 138,4 mmol/L, K 3,61 mmol/L, Cre CL 33 mL/min, CRE 1,7 mg/dL, Urea 41 mg/dL, CRP mg/L 242,5.	Durvalumab and tremelimumab: 26-03-2021; Gemcitabine: Not given; Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: Temporarily interrupted then death; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: Temporarily interrupted then death; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 0; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): This expectability assessment is not applicable for events not related to study medication. This is a severe, fatal postoperative complication and is reported as a Serious Adverse Event to Astra Zeneca and the UZ Leuven CTC and EC.; Date MIS-MWA: 08-04-2021; Causality MIS-MWA: Yes	SAE narrative: Previous event: As part of the MIMIPAC trial this patient 58 years old starts with immunotherapy with Tremelimumab / Durvalumab on 26Mar21. This was followed on 08Apr21 by the microwave ablation of the pancreatic tumour. The course was complicated by a pancreatic leak for which Somutaline and Meronem were started on 09Apr21. On 16Apr21 syncope occurs during defecation, caused by hypotension and suspision of hypovolaemia. Drainage of old blood on 17Apr21. On18Apr21 the patient presents with syncope again and blood is observed in her drain. An angio-CT abdomen is performed, showing active bleeding in the infra-renal aorta due to an aorto-duodenal fistula. After CT, the patient became haemodynamically unstable and progressed to deep haemorrhagic shock with haematemesis. Gastroscopy showed no signs of active bleeding. During angiography, a 14 mm occlusion balloon is placed. Additionally, an endoprothesis is placed. There is a suspicion of abdominal compartment syndrome, for which a decompressive laparotomy is performed, drains were left in place. Post-intervention, the patient was transferred to Intensive Care Unit. Current event: On 23Apr21 re-bleeding with hemodynamically instability due to an recurrent aorto-duodenal fistula on CT. In consultation with Prof. Casaer (ICU), Prof. Maleux (Interventional Radiology) and Prof. Fourneau (Vascular Surgery) the decision was made to stop all therapy as no further benefit of any treatment was expected in this patient with infaust prognosis; Additional follow-up information: Patient deceased due to the event on 23-04-2021.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 12; Record ID: 12	Gender: M; Age at time of inclusion: 48; Height (cm): 171; Weight (kg) prior to SAE: 69.5; Signature of consent: 02Jul2021	Back pain started pretreatment and ongoing at the time of SAE	Zaldiar, Dafalgan, Litican, Zyprexa, Asaflow, Bisoprolol, Magnecaps, Imodium, Nexiam, Lasix, Aldactone, Tradonal odis, Oxynorm, Durogesic, Contramal, Clexane	Start date SAE: 02-Jul-2022; Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): General disorders and administration site conditions (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Pain; SAE lead event (verbatim): Back pain radiating to flanks and abdomen; Severity (CTCAE v5 grade): Grade 2; SAE associated events & grades: Anorexia gr. 1; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Oxynorm instant 5mg: PRN (02JUL22-ongoing); Durogesic 12mcg/h : once every 3 days (03Jul22-04Jul22); Durogesic 25mcg/h: once every 3 days (05Jul22-ongoing) Contramal 100mg IV: only once (02Jul22-02Jul22); Clexane 40mg subcutane: QD (02Jul22-06Jul22); Dafalgan 1g: PRN (02Jul22-ongoing) ; Procedures due to SAE: CT abdomen: 02JUL22; Outcome: Recovered; Duration of SAE (days): 5; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	04Jul2022: Amylase 196 U/L, CRE 1,1 mg/dL, Glucose 160 mg/dL; 06Jul2022: CRE 1,1 mg/dL, Glucose 160 mg/dL	Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: Temporarily interrupted; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 1434; Action taken regarding Gemcitabine: Temporarily interrupted; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): The expectability assessment is not applicable for events not related to study medication. ; Date MIS-MWA: 26-07-2021; Causality MIS-MWA: No	SAE narrative: This 49 year old patient has been participating in the Mimipac study since 02Jul2021. He received his last administration of Durvalumab on 16May22 and Gemcitabine on 30May22. On 2 July22, the patient presented to the emergency department with increasing back pain, radiating to both flanks and abdomen, for 10 days. The pain has worsened since 4 days. There is decreased appetite but no fever or other complaints. Treatment with Dafalgan, Tradonal or Ibuprofen has no effect according to the patient. CT abdomen and a blood sample were performed on 02Jul22. Lipase and tumour markers increased significantly. Short admission of the patient for pain treatment. A new blood test will follow. Clexane was started as a preventive measure. With the start of Durogesic and Oxynorm, the pain is under control.; Additional follow-up information:CT abdomen showed no acute abnormalities without clear signs of pancreatitis. However, biochemical elevation of lipases led to a preferred diagnosis of pancreatitis. Treatment with intravenous fluid therapy and painkillers with favourable evolution. Decrease of lipases and good pain control under Dafalgan 1g, Durogesic 25 mcg and oxynorm 5mg if necessary. The next administration of Durvalumab and Gemcitabine in the Mimipac trial was postponed by 1 week to 11Jul22.

A1: LINE LISTINGS AND NARRATIVES OF SERIOUS ADVERSE EVENTS FROM DIBD TO 29-May-2024

SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 13; Record ID: 12	Gender: M; Age at time of inclusion: 48; Height (cm): 171; Weight (kg) prior to SAE: 69.5; Signature of consent: 02Jul2021	Back pain started pretreatment and ongoing at the time of SAE	Zaldiar, Dafalgan, Litican, Zyprexa, Asaflow, Bisoprolol, Magnecaps, Imodium, Nexiam, Lasix, Aldactone, Tradonal odis, Oxynorm, Durogesic, Contramal, Clexane	Start date SAE: 12-Jul-2022; Time of event occurrence: On treatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Abdominal pain; SAE lead event (verbatim): Diffuse abdominal pain; Severity (CTCAE v5 grade): Grade 2; SAE associated events & grades: Backpain Gr2 Constipation Gr1 Nausea Gr2 Anorexia Gr2 ; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Pethisom IV 100mg + bolus IV 50 mg Movicol PO 13.8 g Laxoberon PO 10 drops Oxynorm PO 10 mg Transtec TD 35 mcg/h Oxycontin PO 20mg 2x/day Dafalgan PO 1g (max 4x/day) ; Procedures due to SAE: CT abdomen (12-07-2022); Outcome: Recovered; Duration of SAE (days): 6; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	04Jul2022: CRE 0.97 mg/dL, Glucose 124 mg/dL; 06Jul2022: CRE 0.98 mg/dL, Glucose 132 mg/dL;	Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: Temporarily interrupted; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 1370; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): The expectability assessment is not applicable for events not related to study medication. ; Date MIS-MWA: 26-07-2021; Causality MIS-MWA: Not applicable	SAE narrative: Patient is hospitalized for recurrent pain of the abdomen and back after chemotherapy with Gemcitabine(11-07-2022) Ct abdomen is performed, images show no new findings, pain medication is optimized.; Additional follow-up information:Pain possibly due to constipation (by recent start of high dose Oxycontin + Oxynorm + Pethisom) Laxative medication was started. Further treatment of the patient with IV fluid therapy and pain medication resulted in a positive evolution. Patient was discharged from hospital on 18/07/2022. Patient restarted study medication (durvalumab + gemcitabine) on 25/07/2022

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SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 11; Record ID: 15	Gender: F; Age at time of inclusion: 76; Height (cm): 180; Weight (kg) prior to SAE: 83; Signature of consent: 16May2022	Abdominal pain starting in 2022 prior to SAE	Stilnoct, Oxynorm, Durogesic, Dafalgan, Asaflow, Zolpidem, Pantomed, Augmentin, Meropenem,Tavanic, Taradyl, Clexane, Cetirizine,Optivibre, Durogesic, Litican, Movicol, Laxoberon, Dulcolax Bisacodyl, Zyprexa, Transit Activ, Dulcolax Picosulphate, Antistax	Start date SAE: 20-May-2022; Time of event occurrence: Pretreatment; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Gastrointestinal disorders (CTCAE v5 definition); Symptom (NCI CTCAE v.5.0 preferred term): Pancreatitis; SAE lead event (verbatim): Pancreatitis; Severity (CTCAE v5 grade): Grade 3; SAE associated events & grades: Abdominal pain (grade 3) Thrombocytosis (grade 2); Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Somatuline autogel 90mg: only once (20May22); Meropenem 1g : TID (20May22-01Jun22); Tavanic 500mg: QD (02Jun22-12Jun22); Asaflow 80mg: QD (02Jun22-ongoing); Clexane 40mg: QD (25May22-ongoing); Taradyl 20mg: TID (17May22-18May22); Taradyl 20mg: BID(19May22-20May22) ; Procedures due to SAE: CT abdomen: 20May22 CT abdomen: 27May22 ERCP: 31May22 ; Outcome: Recovered; Duration of SAE (days): 13; Patient permanently discontinued due to event?: No; Date of death: NA; Cause of death: NA	20May2022: WBC 17,67 10**9/L, RBC 4,35 10**12/L, ANC 14,9 10**9/L, ALC 0,7 10**9/L, Hb 13,4 g/dL, PLT 347 10**9/L, PR (sec) 13,4, aPTT (sec) 29,1, INR 1,1, Albumin 31,1 g/L, ALP 176 U/L, ALT 36U/L, GGT 191 U/L, K 3,31 mmol/L, CRP 377,5 mg/L; 23May2022: WBC 14,54 10**9/L, RBC 4,29 10**12/L, ANC 10,9 10**9/L, ALC 1,3 10**9/L, Hb 13,1 g/dL, PLT 416 10**9/L, Albumin 25,9 g/L, ALP 248 U/L, GGT 244 U/L, K 3,33 mmol/L, CRP 182,3 mg/L; 25May2022: WBC 19,66 10**9/L, RBC 4,45 10**12/L, ANC 15,5 10**9/L, ALC 1,7 10**9/L, Hb 13,4 g/dL, PLT 436 10**9/L, Albumin 23,5 g/L, ALP 290 U/L, GGT 298 U/L, K 3,23 mmol/L, CRP 152,3 mg/L; 27May2022: WBC 25,33 10**9/L, RBC 4,1 10**12/L, ANC 20,7 10**9/L, ALC 2,3 10**9/L, Hb 12,4 g/dL, PLT 531 10**9/L, Albumin 36,7 g/L, ALP 252 U/L, GGT 285 U/L, K 3,26 mmol/L, CRP 151,4 mg/L; 30May2022: WBC 15,5 10**9/L, RBC 4,02 10**12/L, ANC 15,9 10**9/L, ALC 1,9 10**9/L, Hb 12 g/dL, PLT 793 10**9/L, Albumin 36,8 g/L, ALP 290 U/L, GGT 254 U/L, K 3,23 mmol/L, CRP 128,8 mg/L; 01Jun2022: WBC 17,9 10**9/L, RBC 4,02 10**12/L, ANC 15,5 10**9/L, ALC 1,4 10**9/L, Hb 12,2 g/dL, PLT 945 10**9/L, Albumin 37 g/L, ALP 191 U/L, GGT 247 U/L, K 4,25 mmol/L, CRP 160,9 mg/L; 02Jun2022: WBC 10,9 10**9/L, RBC 3,7 10**12/L, ANC 6,5 10**9/L, ALC 2,7 10**9/L, Hb 11,1 g/dL, PLT 922 10**9/L, Albumin 32,9 g/L, ALP 191 U/L, GGT 200 U/L, K 3,56 mmol/L, CRP 71,2 mg/L;	Dose Durvalumab prior to SAE: N/A, event prior to start of treatment; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: N/A, event prior to start of treatment; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 0; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): The expectability assessment is not applicable for events not related to study medication. ; Date MIS-MWA: 30-06-2022; Causality MIS-MWA: No	SAE narrative: This 76-year-old patient signed the ICF on 16May22 for inclusion in the Mimipac trial. She was admitted to the abdominal surgery department for a laparoscopic exploration because there was still doubt about peritoneal metastases. Adnexectomy (benign ovarian fibroid) and pancreatic biopsy were performed. Postoperatively, there was persistent severe abdominal pain. Control ultrasound on 17May22 showed only a limited haematoma. Due to the persistent pain, an abdominal CT was performed on 20May22, which revealed a fluid collection with suspected pancreatitis. Meropenem was started and Somatulin autogel was administered once. Control CT abdomen on 27May22 after 1 week of therapy showed increase in collection. On 31May22 the collection was drained transgastrically. The cultures were positive for Klebsiella pneumoniae so Meropenem was switched to Tavanic based on the antibiogram. Recovery was favourable and the patient was able to leave the hospital on 02Jun22. The patient had recovered enough to receive the first immunotherapy on 13Jun22. ; Additional follow-up information: NA

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SAE case number /Record ID	Demographics	Relevant medical/surgical history	Concomitant medication at start of SAE	Event info	Lab abnormalities prior and during SAE	Regimen prior to SAE, causality and expectability	SAE narrative and FU info
SAE case number: 14; Record ID: 15	Gender: F; Age at time of inclusion: 76; Height (cm): 180; Weight (kg) prior to SAE: 83; Signature of consent: 16May2022	Pancreatitis May 2022	Oxynorm, Durogesic, Dafalgan, Asaflow, Zolpidem, Pantomed, Tavanic, Litican, Movicol, Laxoberon, Dulcolax Bisacodyl, Zyprexa, Transit Activ, Dulcolax Picosulphate, Antistax, Temesta	Start date SAE: 13-Nov-2023; Time of event occurrence: Safety follow-up; SAE criteria: Requires or prolongs inpatient hospitalization; SOC (NCI CTCAE v.5.0): Hepatobiliary disorders; Symptom (NCI CTCAE v.5.0 preferred term): Other/Cholangitis; SAE lead event (verbatim): Cholangitis; Severity (CTCAE v5 grade): Grade 3; SAE associated events & grades: Pain Grade 3; Action taken: Medication,Hospitalisation,Further investigation performed; List medication used to treat SAE: Tavanic PO 500mg 2x/day; Procedures due to SAE: CT abdomen, ERCP treatment and coeliac plexus block (13Nov23); Outcome: Recovered ; Duration of SAE (days): 4; Patient permanently discontinued due to event?: No ; Date of death: NA; Cause of death: NA	09Nov2023: WBC 7.62 10**9/L, RBC 3.77 10**12/L, ANC 0.7 10**9/L, Hb 11.7 g/dL, PLT 526 10**9/L, PR (sec) 12.7, INR 1,1, Albumin 32.5 g/L, ALP 558 U/L, ALT 38U/L, GGT 1608 U/L, K 3,66 mmol/L, CRP 65.3 mg/L;	Dose Durvalumab prior to SAE: 1500 mg; Action taken regarding Durvalumab: None; Causality Durvalumab: Unrelated; Dose Tremelimumab prior to SAE: 75 mg; Action taken regarding Tremelimumab: None; Causality Tremelimumab: Unrelated; Dose Gemcitabine in mg prior to SAE: 1572; Action taken regarding Gemcitabine: None; Causality Gemcitabine: Unrelated; Expectedness of Event (in case of SAE): The expectability assessment is not applicable for events not related to study medication; Date MIS-MWA: 30-06-2022; Causality MIS-MWA: No	SAE narrative: 09Nov2023: Patient presented at FU consultation. Compared to her last visit (28Sep2023) the clinical conditition of the patient deteriorated with increased pain (abdominal and in her back), fatigue, nausea, weight loss. (ECOG 2-3) Patient suffers from cholangitis for which antibiotic (Tavanic) was started on 07Nov2023. It was decided to plan a hospitalisation on 13Nov2023 to perform a CTscan, ERCP treatment and coeliac plexus block.; Additional follow-up information:Follow-up1: 13Nov2023: to treat the cholestase and pain, an ERCP procedure was done with placement of a stent. During this treatment a EUS guided coeliac block is performed. Pain medication was temporary increased after the procedure (on 13 + 14Nov 2023). Due to patients poor clinical condition it was decided not to start a 2nd line chemotherapy anymore. Patient's hospital discharge on 17Nov2023 with palliative support at home.

Abbreviations: AE adverse event, AESI adverse event of special interest, DIBD Development International Birth Date, DLT dose limiting toxicity, FU follow-up, IMP investigational medicinal product, MIS-MWA Minimally Invasive Surgical Microwave Ablation; NA not applicable, NR not related to IMP, R related to IMP, SAE serious adverse event, SOC System organ class, UK unknown