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Positive Quality Intervention: Selinexor (Xpovio®) Patient Management

Description: This PQI will provide background on the novel medication selinexor for patients with multiple myeloma (MM) who have received at least one prior therapy, relapsed, refractory multiple myeloma (RR-MM), and relapsed, refractory diffuse large b-cell lymphoma (RR-DLBCL) and discuss effective practices to maximize the use of selinexor therapy.

Background: Selinexor is an oral, selective inhibitor of nuclear export (SINE) that blocks exportin 1 (XPO1). Selinexor is indicated:

1. In combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.
2. In combination with dexamethasone, for the treatment of adult patients with relapsed refractory multiple myeloma (RRMM) who have received at least 4 prior therapies and whose disease is refractory to at least 2 proteasome inhibitors (PI), at least 2 immunomodulatory agents (IMiD), and an anti-CD38 monoclonal antibody (mAb).
3. For the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma, after at least 2 lines of systemic therapy.

PQI Process: Upon receiving a new prescription for selinexor

- Confirm appropriate dosing and schedule based on diagnosis (MM, RR-MM or RR-DLBCL)
  - Available tablet strengths: 20 mg, 40 mg, 50 mg, and 60 mg
- Confirm receipt of dexamethasone (requirement for RR-MM indication only) and prophylactic anti-emetic for moderate to high emetogenicity
  - See **Chemotherapy-Induced Nausea and Vomiting** PQI and **CINV Assessment Tool**
- Consider intravenous hydration for patients at risk of dehydration
- Provide prophylactic antiemetics and administer a 5-HT3 receptor antagonist and other anti-nausea agents (NK-1 RA and/or olanzapine) prior to and during treatment with selinexor
- Ensure appropriate monitoring with a CBC, CMP, and body weight at baseline, then at least weekly for the first 3 months, then at least monthly thereafter
- Monitor patients closely for side effects including
  - Fatigue
  - Weight loss
  - Hyponatremia
  - Cytopenias (thrombocytopenia, anemia, neutropenia)
  - GI intolerance (nausea, vomiting, diarrhea)
  - Potential side effects in combination with bortezomib (peripheral neuropathy, blurred vision)

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- Dosing**:**
    - MM: **XVd**: Selinexor is 100 mg by mouth once weekly on day 1 of each week until disease progression or unacceptable toxicity; bortezomib 1.3 mg/m^2 administered subcutaneously once weekly on Day 1 of each week for 4 weeks followed by 1 week off; dexamethasone 20 mg by mouth twice weekly on Days 1 and 2 of each week
    - RR-MM: **Xd**: Selinexor 80 mg by mouth twice weekly on Days 1 and 3 until disease progression or unacceptable toxicity; dexamethasone 20 mg by mouth twice weekly on Days 1 and 3 until disease progression or unacceptable toxicity
    - RR-DLBCL: Selinexor 60 mg by mouth twice weekly on days 1 and 3 until disease progression or unacceptable toxicity

- Supportive Care/Adverse Effect Management

XVd Dose Reduction Steps for MM Adverse Reactions

Selinexor starting dose	**1st Reduction**	**2nd Reduction**	**3rd Reduction**	
100 mg ONCE Weekly on Day 1 of each week (100 mg total per week)	80 mg ONCE Weekly	60 mg ONCE Weekly	40 mg ONCE Weekly	**Discontinue**

64% of patients had a reduction in dose, and 83% had a dose interrupted[3]

Xd Dose Reduction Steps for RR-MM Adverse Reactions

Selinexor starting dose	**1st Reduction**	**2nd Reduction**	**3rd Reduction**	
80 mg Days 1 and 3 of each week (160 mg total per week)	100 mg ONCE Weekly	80 mg ONCE Weekly	60 mg ONCE Weekly	**Discontinue**

53% of patients had a reduction in dose, and 65% had a dose interrupted[3]

Dose Reduction Steps for RR-DLBCL Adverse Reactions[5]

Selinexor starting dose	**1st Reduction**	**2nd Reduction**	**3rd Reduction**	
60 mg Days 1 and 3 of each week (120 mg total per week)	40 mg Days 1 and 3 of each week (80 mg total per week)	60 mg ONCE Weekly	40 mg ONCE Weekly	**Discontinue**

49% of patients had a reduction in dose, and 61% had a dose interrupted[5]

- Gastrointestinal
    - Dose reduction and/or drug holiday
    - Addition of olanzapine or NK1R antagonist for nausea and vomiting
    - Addition of loperamide for diarrhea
- Hyponatremia
    - Interrupt when sodium level ≤ 130 mmol/L
    - Oral and IV fluids and/or salt tablets
- Weight Loss
    - Interrupt when weight loss between 10% to ≤ 20%
    - Consider nutritionist consult and supplements such as Boost® or Ensure®
        - Consider addition of low dose olanzapine and/or megesterol acetate

Patient-Centered Activities:

- Provide Oral Chemotherapy Education (OCE) sheet
- Counsel on dosing schedule including dexamethasone and prophylactic anti-nausea medications
- Confirm patient knows to swallow the tablet whole with water; tablet should not be broken/chewed/crushed/divided
- Ensure patient knows that blood tests and body weight will be monitored closely
- Educate patient on the importance of maintaining adequate fluid and caloric intake
- Patient Assistance: NCODA Financial Assistance Tool

References:

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5. Kalakonda N, Maerevoet M, Cavallo F, et al. Selinexor in patients with relapsed or refractory diffuse large B-cell lymphoma (SADAL): a single-arm, multinational, multicentre, open-label, phase 2 trial. Lancet Haematol 2020; 7: e511–22.
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