Selinexor Supportive Care in Multiple Myeloma

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Selinexor: First-in-Class, Oral Selective Inhibitor of Nuclear Export (SINE)

- Tumor suppressor proteins (e.g., p53, BRCA1, BRCA2)
- Treatment Emergent Adverse Events
- Vomit

Starting a Patient on Selinexor Guidelines

- Side effects related to selinexor are largely dosage and schedule dependent and may be managed with prophylactic anti-emetics and standard monitoring with dose adjustments as needed.
- Prophylactic prevention of nausea is more successful in controlling this adverse event and preventing excitation to more severe grades than starting antietamincs after symptoms begin.

Xvd – Selinexor Dose Modifications

| Grade 1 or 2 | Maintain selinexor dose 1 dose level lower |
| Grade 3 | Add NK/TI antagonist and continue as outlined above |
| Grade 3 without | Reduce selinexor dose by 1 dose level |

Thrombocytopenia Guidelines:

- Platelet transfusions / platelet growth factors, Selinexor dose reduction
- Prophylaxis: Monitor CBC differential at baseline and during treatment with selinexor
- 90% of patients* with a dose reduction in selinexor, reduced median duration of 17 days
- 90% of patients* with a dose interruption in selinexor, reduced median duration of 21 days
- 100% of patients experiencing vomiting with supportive care, resolved, median duration of 2 days
- 100% of patients experiencing vomiting without supportive care, resolved, median duration of 1 day

Methods

- We analyzed Karyopharm data on file for supportive care management from the BOSTON and STORM trials. The most common AEs will be reviewed and include thrombocytopenia, nausea, vomiting, weight loss, anorexia, and fatigue.

Conclusions

- The management of selinexor AEs is thoroughly detailed and involves close monitoring, prophylactic anti-emetics, dose interruptions and/or reductions, and other supportive care therapeutic interventions.
- Side effects associated with selinexor are generally manageable and/or reversible with appropriate supportive care and/or dose modifications.