Selinexor, an oral exportin 1 (XPO1) inhibitor, prevents the XPO1-mediated export of several tumor suppressor proteins (TSPs), leading to the accumulation of TSPs in the nuclei of malignant cells, and blocks protein translation of oncoproteins that drive cell proliferation, ultimately causing cell cycle arrest, and apoptosis.1

The National Comprehensive Cancer Network (NCCN) guidelines recommend selinexor–bortezomib–dexamethasone (XVd) as a preferred regimen and selinexor–carfilzomib–dexamethasone (XKd), selinexor–pomalidomide–dexamethasone (XPd), and selinexor–daratumumab–dexamethasone (Xd) to be useful in certain circumstances in patients with relapsed/refractory MM (RRMM).2

Patient prognosis worsens once progression occurs after exposure to an immunomodulatory drug, proteasome inhibitor, and anti-CD38 monoclonal antibody (mAb).3

We sought to assess the budget impact of selinexor-based combination regimens post anti-CD38 mAb therapy in the 2nd-5th treatment line from an oncology network perspective.