

Selinexor Dose Optimization: A Retrospective Analysis

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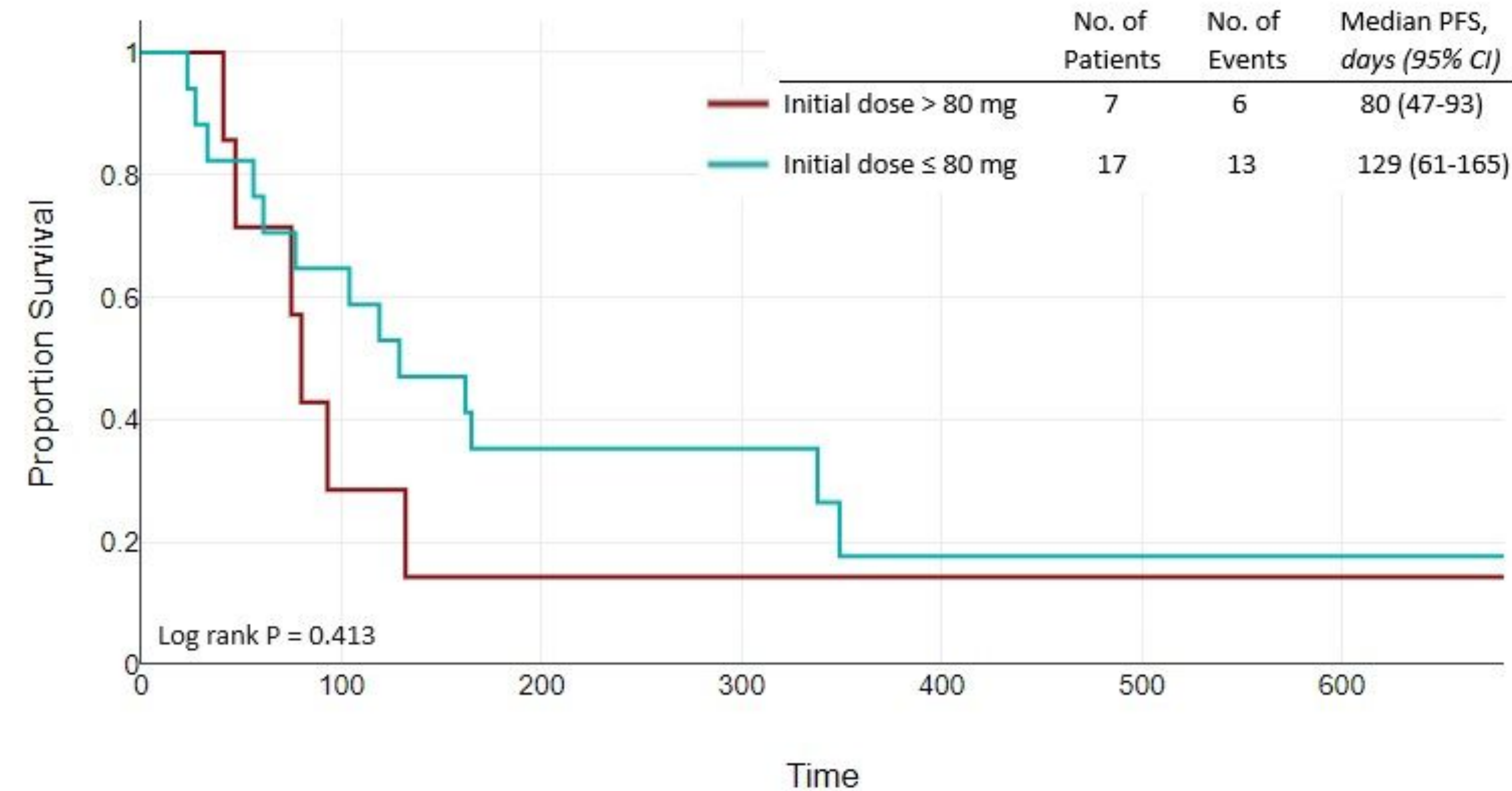
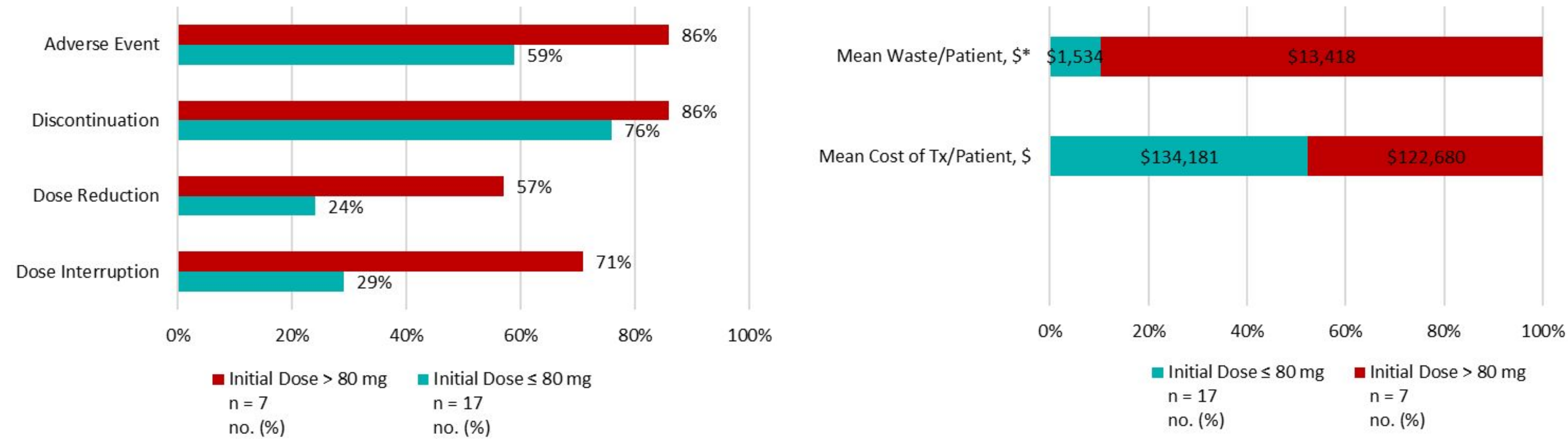
BACKGROUND

- When initiated at FDA-approved doses, patients on selinexor frequently require dose interruptions, reductions, and discontinuation of therapy due to adverse effects
- In September 2022, the Texas Oncology (TXO) pharmacy and therapeutics (P&T) committee issued a recommendation to start at doses no greater than 80 mg weekly
- The objective of this study was to determine if starting at a reduced dose of Xpovio (≤ 80 mg) increased the patient's length of therapy, reduced waste, and reduced incidence of dose interruption, reduction, and discontinuation without compromising progression-free survival (PFS)

METHODS

- This retrospective study analyzed data during the period of January 2020-January 2024
- The study population included all patients from TXO with a diagnosis of multiple myeloma or diffuse large B-cell lymphoma who had been prescribed selinexor and had it filled at a TXO pharmacy
- Statistical analysis was carried out using DATAtab: Online Statistics Calculator

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RESULTS

- We analyzed 24 patients who had been prescribed Xpovio and had it filled at a TXO pharmacy
- There was not a statistically significant difference in PFS between the groups
- Patients initiated on lower doses experienced fewer adverse events than those started at higher doses (59% vs 86%)
- 24% of patients in the ≤ 80 mg group required dose reduction compared to 57% in the > 80 mg arm
- Selinexor was held for lower median duration when started at lower doses compared to higher doses (9.4 vs 15.2 days)
- The primary reasons for discontinuation were adverse effects for the higher initial dose arm whereas lower dose discontinuation was often secondary to progression or death

CONCLUSIONS

- Initiating selinexor at doses that do not exceed 80 mg reduces the incidence of dose interruption, reduction, and discontinuation while maintaining efficacy of therapy in terms of PFS and translating to significant cost savings
- This analysis and data from recent studies reaffirm the P&T committee's decision to recommend that selinexor be initiated at doses no more than 80 mg