

Selinexor (Xpovio®)

This treatment fact sheet provides information about the new myeloma treatment, selinexor (which is also called by the brand name, Xpovio®).

Selinexor is not yet listed on the Pharmaceutical Benefits Scheme (PBS) where medicines are subsidised and available at the cost of a standard prescription.

At the moment, selinexor is available through clinical trials, where it is used to treat people with relapsed or refractory myeloma who have received a certain number of previous treatments.

When you need a new treatment for myeloma, ask your doctor if a clinical trial with selinexor – or a clinical trial with another new treatment – may be an option for you.

What is Selinexor and how does it work?

Selinexor is a medicine used to treat myeloma. It is the first in a new family of medicines called a *selective inhibitor of nuclear exports* (SINEs).

Selinexor works by blocking the action of a protein called exportin 1 (XPO1) in the centre of myeloma cells. Myeloma cells have high levels of XPO1. Blocking this protein's action allows genes that control tumour growth to be retained in the nucleus of the myeloma cell, and this leads to the controlled death of myeloma cells.

How do I take selinexor?

Selinexor is a tablet that you take by mouth. It is usually given once every week, and rarely, twice a week.

Selinexor is usually taken in combination with the steroid tablet dexamethasone or in combination with the proteasome inhibitor, bortezomib, and dexamethasone.

Your treating team will provide you with more information about dosage.

Selinexor tablets should be swallowed whole, with water. Do not break, chew or crush the tablets.

How will I know if selinexor is working?

When taking Selinexor, you may notice fewer symptoms caused by your myeloma and this may give you an improved quality of life.

Your doctor will also order tests at the start of each treatment cycle to see how you are responding to treatment. These tests vary from person to person, but generally include blood and/or urine tests and occasional scans or bone marrow biopsies.

What are the possible side effects of Selinexor?

All medicines, including selinexor, have possible side effects. These can vary a lot from person to person and may be mild or more serious.

Some side effects from selinexor are most likely to be a problem during the first few months of treatment and resolve over time, but they can happen at any time. As people get used to selinexor, they will usually tolerate it better.

Knowing about the possible side effects and talking openly about these with your treating team can help you to plan together and either prevent or quickly get on top of any that you experience. Your team will explain more about the common side effects, which include low blood counts, nausea and vomiting, and fatigue and how best to manage these.

During your treatment, you may be asked to keep a diary of any side effects you experience. You will be monitored closely with blood tests and weight checks to make sure you are not losing too much weight.

It is very important to quickly let your treating team know about any side effects that you have while taking selinexor.

If you do develop certain side effects during treatment, your doctor may delay or reduce your dose until your side effects improve.

About half of the people receiving selinexor in its main clinical trial needed a dose reduction to help manage side effects, so try not to be worried or upset if this is something your doctor suggests.

We have included information about some of the more common side effects experienced by people taking selinexor as well as practical tips that can help to prevent and manage these.

Nausea

Nausea and vomiting are common side effects of selinexor treatment and may affect your ability to eat and drink well. This can cause you to lose weight or lose too much body fluid and salts.

What can help?

- You will be given a prescription for anti-nausea medicine along with selinexor. It is very important to take the anti-nausea medicine as a preventative **before** you start treatment and before you experience any nausea – it is much harder to control nausea once it has started.
- It's best to take selinexor before bed and take the anti-nausea medicine 15 minutes before selinexor to help reduce any nausea.
- Keep taking your anti-nausea medicine regularly, even if you don't feel nauseous.
- Drink 2 litres (about 8 glasses) of fluids a day to help prevent dehydration and protect your kidneys. Fluids can include water, ice chips or ice blocks, rehydration drinks and other clear drinks. Sip small amounts of liquids often rather than drinking a lot at once (as this can make nausea worse).
- Try eating small meals or snacks often to help reduce nausea and maintain your weight.
- Try cool foods and drinks, which you may be able to tolerate better than warm or hot foods and drinks. Heat also increases the smell of food, which can make nausea worse.
- Avoid large meals and fried or greasy foods.

Always tell your treating team if you have nausea and/or vomiting

Decreased appetite and weight loss

Selinexor can reduce your appetite as well as causing nausea and vomiting – and all of these can result in weight loss.

What can help?

- Write down your weight before starting treatment and then weigh yourself once a week. Let your treating team know if you are losing weight.
- Eat when you do have an appetite – this is often in the morning.
- Eat what you feel like eating, and don't worry if this means you are often eating the same things.
- Your treating team can recommend high-calorie snacks or a liquid meal replacement to add to your eating plan.
- If you are finding it difficult to maintain your weight, ask for an appointment with a dietitian who can give you more ideas to help.

Diarrhoea

Diarrhoea is a common side effect with selinexor and is usually mild and manageable.

What can help?

- If diarrhoea becomes a problem, ask your treating team about simple treatments that can help.
- Make sure you are drinking 2 litres (about 8 glasses) of fluids a day to help prevent dehydration. Fluids can include water, ice chips or ice blocks, rehydration drinks and other clear drinks.

Low salt levels

Low sodium (salt) levels have commonly been observed in people taking selinexor.

What can help?

- Your salt levels will be monitored regularly in blood tests.
- Your treating team will let you know if you have low salt levels and if you need to increase salt in your diet or take medicine to help.

Fatigue

Many people taking selinexor experience fatigue.

It can be difficult to tell the difference between fatigue caused by a treatment or by myeloma itself.

What can help?

- You may be able to help reduce fatigue by:
 - Eating a healthy diet
 - Keeping up your fluids
 - Enjoying gentle, regular exercise
 - Having a regular sleep schedule where you go to bed and get up at the same time each day.
- Talk to your treating team about any fatigue you are feeling. Your team will keep an eye on your red blood cell count, talk to you about other medicines or issues that may be adding to your fatigue, and may prescribe medicine to help reduce fatigue.

Myeloma Australia's *Fatigue and myeloma* information sheet includes more practical tips to help you manage cancer-related fatigue.

Neurological symptoms

Some people taking selinexor have had neurological symptoms such as dizziness, fainting or confusion.

What can help?

- For the first month of treatment, you should not drive after taking selinexor until you know how it affects you.
- If you develop any neurological symptoms, your doctor will check your hydration level, blood counts and any other medicines you are taking and will work with you to manage these side effects.

Cataracts

Selinexor and the steroids taken with it may make existing cataracts worse or cause new cataracts to develop.

What can help?

- Tell your treating team if you develop signs of a cataract such as double or blurred vision or sensitivity to light.
- Ask your treating team if you are at risk of developing cataracts and if you should have regular eye checks.

Low blood counts

Selinexor can cause a decrease in the number of platelets, red blood cells and white blood cells in your blood. Your doctor will measure your blood counts regularly during treatment to check for any changes.

If you do experience any of these side effects, they are more likely to develop after you have been on treatment for a few months.

Low platelet count (thrombocytopenia)

A low platelet count is the most common side effect on the blood from selinexor.

Platelets, which are also called thrombocytes, help your blood to clot. Having a low platelet count can result in bruising and bleeding.

What can help?

- If your platelet count becomes too low, you may need a short break from treatment. If your platelet count is consistently low, you may need a change in dose of selinexor.
- If your platelets need help returning to normal, you may need a platelet transfusion.

Low red blood cell count

Red blood cells contain haemoglobin, which contains iron and transport oxygen in your body. A low red blood cell count may cause anaemia, tiredness, and make you short of breath.

What can help?

- If you become anaemic, you may need a blood transfusion.

Low white blood cell count

White blood cells are part of your body's immune system that help to fight infections. A low white blood cell count increases the risk of developing an infection.

What can help?

- Take extra care to prevent infections, such as washing or sanitising your hands regularly and staying away from other people with coughs, colds or other infections.
- If your white cell count stays low, you may need to have an injection of granulocyte-colony stimulating factor (G-CSF) to increase your white blood cell count. Your doctor will also prescribe medicine to help prevent infections.
- If you do develop an infection, your doctor may prescribe antibiotics.

Risk of infections

About half of the people receiving selinexor in the main clinical trial developed an infection, especially upper respiratory tract infections or pneumonia. This is because selinexor is given with the steroid, dexamethasone. It is important to let your treating team know straight away if you develop any symptoms of an infection – these may include:

- fever
- sweating or chills
- body aches
- cough
- shortness of breath
- chest pain when you breathe or cough.

What can help?

- Take extra care to prevent infections, such as washing or sanitising your hands regularly and staying away from other people with coughs, colds or other infections.
- If you do develop an infection, your doctor will decide if you need antibiotics or any other treatment.

Precautions with selinexor

Selinexor may decrease fertility in women and men and may also cause harm to an unborn child. You should therefore not take selinexor if you are pregnant or trying to conceive.

You will need to give your doctor or pharmacist a full list of your current medicines and supplements at least one week before starting treatment to make sure they can be taken with selinexor.

Having a temperature of 38°C or higher is a common sign of infection.

Always get urgent medical attention for a temperature of 38°C or more.

Questions to ask my treating team

Here are some suggested questions you might like to ask your treating team to help you understand more about what to expect with your selinexor treatment.

- How long will I continue treatment with selinexor?
- Which anti-nausea medicines will I take before treatment with selinexor?
- Should I expect to lose weight while taking selinexor? How much?
- How do I make sure I get enough fluids and stay hydrated while taking selinexor?
- How often will I need to have blood tests while taking selinexor?
- Will my dose be changed throughout treatment?
- What should I do if I have a new or worsening side effect or symptom while on treatment?
- What should I do if I am already taking or need to start taking any other medicines?

The information in this fact sheet is not intended to replace medical care or the advice of your treating team.

Please talk to your doctor if you have any questions about your diagnosis or treatment.

Your doctor can answer your questions, talk with you about your treatment goals, and provide you with extra support.

**For a list of references used to develop this treatment fact sheet, please email:
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**For further information please contact our Myeloma Support
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