SELINEXOR BASED THERAPY FOR RELAPSED/REFRACTORY MULTIPLE MYELOMA PATIENTS

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Introduction

Most patients with multiple myeloma (MM) eventually develop disease that is refractory to the major classes of commonly used and active anti-MM agents. Novel agents such as the selective inhibitor of nuclear export (SINE) **Selinexor** offer a distinct therapeutic approach for patients **with heavily pretreated MM**. Here is the real-life results of Selinexor based therapy for relapsed/refractory (R/R) MM.

Objectives

To evaluate the **safety and efficacy of Selinexor** based therapy for R/R MM.

Methods

Observational, single-center, retrospective study. Patients were treated during 2022-2025.

Patients characteristics	
Light chain involved, n/N (%)	
Lambda	2/6 (33.3)
Kappa	4/6 (66.7)
Plasmacytoma found, n/N (%)	4/6 (66.7)
Median age, years (range)	65.5 (53-72)
Eastern Cooperative Oncology Group performance status (range)	1 (0-2)
Median number of previous treatment lines, n (range)	4 (2-9)
Previous autoHSCT (%)	5/6 (83.3)
Revised International Staging System stage n/N (%)	
I	2/6 (33.3)
II	2/6 (33.3)
III with t(4;14)	2/6 (33.3)
Triple-class refractory n/N (%)	4/6 (66.7)

Treatment

All patients received **Selinexor** (initial dose: 100 mg weekly) **in combination with dexamethasone**. Two patients also received **bortezomib**, and two patients underwent **radiotherapy** for plasmacytomas.

Results

- The **median EFS was 3 months** (95% CI: 2-18.35), **median OS 3.5 months** (95% CI: 2.0-NR), 1, 6 and 12 month OS was 83.3% (95% CI: 0.58-1), 50% (95% CI: 0.11-1) and 16.7% (95% CI: 0.03-1) respectively.
- **The ORR (CR+VGPR) was 33%.** 2/6 patients died before response evaluation.
- **1 patient is still ongoing treatment.**
- 30 and 60 day mortality rates were 17% and 33%, respectively.
- The most common grade 3-5 AE were **thrombocytopenia (100%)**, anemia (33%), sepsis (33%), pneumonia (33%).

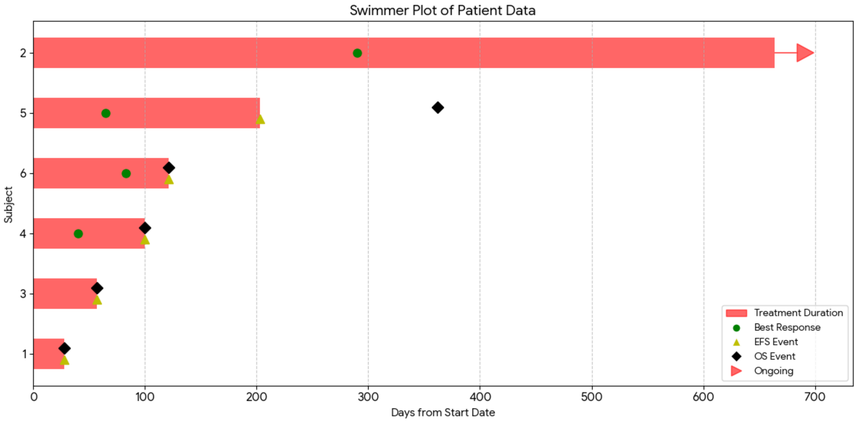
Summary

Selinexor can be used as a novel agent for R/R MM while closely monitoring for severe AE especially thrombocytopenia.

Caution is advised due to the small sample size and retrospective study design.

Discussion

While Selinexor is locally approved for quad-refractory multiple myeloma, our only patient still on treatment was significantly less pretreated, having received just two prior therapies. This raises a critical question for discussion: could administering selinexor earlier in the treatment course yield more favorable outcomes?



References

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