

## Regimen Reference Order

### MYEL – selinexor + bortezomib + dexamethasone (SVd)

ARIA: MYEL – [SVd]

Planned Course: Until disease progression or unacceptable toxicity (1 cycle = 28 days)

Indication for Use: Multiple Myeloma, Relapsed

CVAD: At Provider's Discretion

**Proceed with treatment if:**

**Day 1 of each cycle**

- ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$
- Hemoglobin greater than 80g/L
- Sodium levels greater than 125 mmol/L

**Other treatment days:**

**bortezomib:**

- ANC equal to or greater than  $0.5 \times 10^9/L$  AND Platelets equal to or greater than  $30 \times 10^9/L$

**selinexor:**

- ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$
- Hemoglobin greater than 80g/L
- Sodium levels greater than 125 mmol/L
- ❖ Contact Hematologist if parameters are not met

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
allopurinol	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles <b>(Self-administered at home)</b> Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

**Treatment Regimen – MYEL – selinexor + bortezomib + dexamethasone (SVd)**

Drug	Dose	CCMB Administration Guideline
dexamethasone	40 mg	Orally on <b>Days 1, 8, 15 and 22</b> <b>(Self-administered at home)</b>
bortezomib	1.3 mg/m <sup>2</sup>	Subcutaneous once on <b>Days 1, 8, 15 and 22</b>
aprepitant	125 mg	Orally one hour prior to selinexor on <b>Days 1, 8, 15 and 22</b> <b>(Self-administered at home)</b>
ondansetron	16 mg	Orally one hour prior to selinexor on <b>Days 1, 8, 15 and 22</b> <b>(Self-administered at home)</b>
selinexor	<b>Cycle 1:</b> 40 mg	Orally on <b>Days 1, 8, 15 and 22</b> Take with or without food. Swallow whole <b>(Self-administered at home)</b>  <i>*Alert: Ensure patient is referred to a dietician</i>
	<b>Cycle 2 and Onwards:</b> 40 to 100 mg*	
<b>*Dose may be increased at hematologist's discretion to a maximum of 100 mg daily</b>		
selinexor (XPOVIO®) available dosage strength: 20 mg tablet Classification: Hazardous, Cytotoxic		

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

**REQUIRED MONITORING**

Cycles 1 to 3

Days 1, 8, 15 and 22

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Cycles 4 and Onwards

Days 1 and 15

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

All Cycles

- Serum Protein Electrophoresis (SPEP)/ Free Light Chain ratio (FLCH) (response assessment)

**Recommended Support Medications**

Drug	Dose	CCMB Administration Guideline
valACYclovir	500 mg	Orally once daily
aprepitant	80 mg	Orally once daily on Days 2, 3, 9, 10, 16, 17, 23 and 24
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
loperamide	2 to 4 mg	Orally as directed below

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## DISCHARGE INSTRUCTIONS

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- Instruct patient to continue taking anti-emetic(s) at home
- At the first episode of diarrhea:
  - Take loperamide 4 mg (two 2 mg tablets) orally STAT; then
  - After every episode of diarrhea, take 2 mg (one 2 mg tablet) orally
  - If diarrhea has not stopped despite taking **8 tablets (16 mg) of loperamide over a 24-hour period**, please contact your clinic for further instructions. If this occurs after clinic hours, please call the Medical Oncologist on-call and/or report to the nearest emergency room/urgent care centre
- Advise patient to report changes in vision to clinic
- dexamethasone is a cancer therapy in this treatment regimen. Instruct patient to take dexamethasone in the morning with food
- Remind patient to take valACYclovir (shingles prophylaxis) at home. valACYclovir treatment continues for 4 weeks after the last dose of bortezomib
- This therapy has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Advise patient to avoid green tea to prevent interactions with bortezomib
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Patients should be instructed to maintain adequate fluid and calorie intake
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

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## ADDITIONAL INFORMATION

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- selinexor can cause hyponatremia. All patients should be referred to a dietician to help with dietary requirements to prevent hyponatremia and for tips to manage anorexia that may occur with selinexor
- selinexor has been associated with the onset or exacerbation of cataracts
- selinexor can cause neurological toxicities
- bortezomib may cause peripheral neuropathy; dose modification may be required
- All patients should be considered for bisphosphonate therapy