Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | References | Other Notes | Disclaimer

A - Regimen Name

CARFDEXASELI Regimen

Carfilzomib-Dexamethasone-Selinexor

Disease Site

Hematologic
Multiple Myeloma

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

For the treatment of triple class refractory multiple myeloma.

Supplementary Public Funding

dexamethasone
ODB - General Benefit (dexamethasone) (tablets)

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B - Drug Regimen

Cycle 1:

carfilzomib†	20 mg /m²	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
carfilzomib	56 mg /m²	IV	Days 8, 15
(This drug is not currently publicly funded for this regimen and intent)			
dexamethasone^	40 mg /day	IV / PO	Days 1, 8, 15, 22
selinexor	80 mg	PO	Days 1, 8, 15, 22
(This drug is not currently publicly funded for this regimen and intent)			

Cycle 2 and onwards:

carfilzomib†	56 mg /m²	IV	Days 1, 8, 15
(This drug is not currently publicly funded for this regimen and intent)			
dexamethasone^	40 mg	PO	Days 1, 8, 15, 22
selinexor	80 mg	PO	Days 1, 8, 15, 22
(This drug is not currently publicly funded for this regimen and intent)			

†Patients with BSA > 2.2 m^2 should be dosed based on a maximum BSA of 2.2 m^2 for carfilzomib.

^In elderly patients, the dexamethasone dose should be reduced (i.e. to 20 mg once weekly).

Selinexor 50-100mg, and carfilzomib 56 mg/m^2 or 70 mg/m^2 have been used in clinical trials; refer to specific protocol for more details on combinations.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

(In the BOSTON study (selinexor + bortezomib + dexamethasone), patients received a 5-HT3 receptor antagonist ± other antiemetics (e.g. olanzapine or NK1 RA) prior to and during treatment, and as needed after treatment.)

- Also refer to CCO Antiemetic Summary

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

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K - References

Gasparetto C, Schiller GJ, Tuchman SA, et al. Once weekly selinexor, carfilzomib and dexamethasone in carfilzomib non-refractory multiple myeloma patients. Br J Cancer. 2022 Mar;126(5):718-25.

Schiller GJ, Tuchman SA, Callander N, et al. Once weekly selinexor, carfilzomib and dexamethasone (XKd) in triple class refractory multiple myeloma. Blood 2022;140 (Supplement 1):10050-3.

Selinexor drug monograph. Ontario Health (Cancer Care Ontario).

March 2024 Updated Premedication and Supportive Measures section

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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