

## Regimen Monograph

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## A - Regimen Name

# DEXAPOMASELI Regimen

Dexamethasone-Pomalidomide-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 treatment of relapsed or refractory multiple myeloma

**Supplementary**    **dexamethasone**  
**Public Funding**    ODB - General Benefit (dexamethasone) ([ODB Formulary](#) )

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## B - Drug Regimen

<b>dexamethasone</b>	40 mg	PO	Days 1, 8, 15, 22
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In elderly patients, the dexamethasone dose should be reduced (i.e. to 20 mg once weekly).

<a href="#">pomalidomide</a>	4 mg	PO	Days 1 to 21
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(This drug is not currently publicly funded for this regimen and intent)

Pomalidomide may only be prescribed and dispensed by physicians and pharmacists registered with a controlled distribution program. Patients must also be registered and meet all conditions of the program.

<a href="#">selinexor</a>	40 mg	PO	Days 1, 8, 15, 22
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(This drug is not currently publicly funded for this regimen and intent)

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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-HT<sub>3</sub> 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 Recommendations](#).

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

### Other Supportive Care:

- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.
- Prophylactic antithrombotics, such as low dose aspirin, low molecular weight heparins or warfarin, are recommended.
- Patients should maintain adequate fluid and caloric intake during selinexor treatment. Consider IV hydration for patients at risk of dehydration.

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## K - References

Bahlis NJ, Sutherland H, White D, et al. Selinexor plus low-dose bortezomib and dexamethasone for patients with relapsed or refractory multiple myeloma. *Blood*.2018;132(24):2546-2554.

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

Schiller GJ, Lipe BC, Bahlis NJ, et al. Selinexor-based triplet regimens in patients with multiple myeloma previously treated with anti-CD38 monoclonal antibodies. *Clin Lymphoma Myeloma Leuk* 2023 Sep;23(9):e286-e296.e4. doi: 10.1016/j.clml.2023.06.001.

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

White D, Schiller GJ, Madan S, et al. Efficacy and safety of once weekly selinexor 40 mg versus 60 mg with pomalidomide and dexamethasone in relapsed and/or refractory multiple myeloma. *Front Oncol* 2024 May 17;14:1352281. doi: 10.3389/fonc.2024.1352281.

**May 2025 new ST-QBP regimen**

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## M - Disclaimer

### **Regimen Abstracts**

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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.*

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