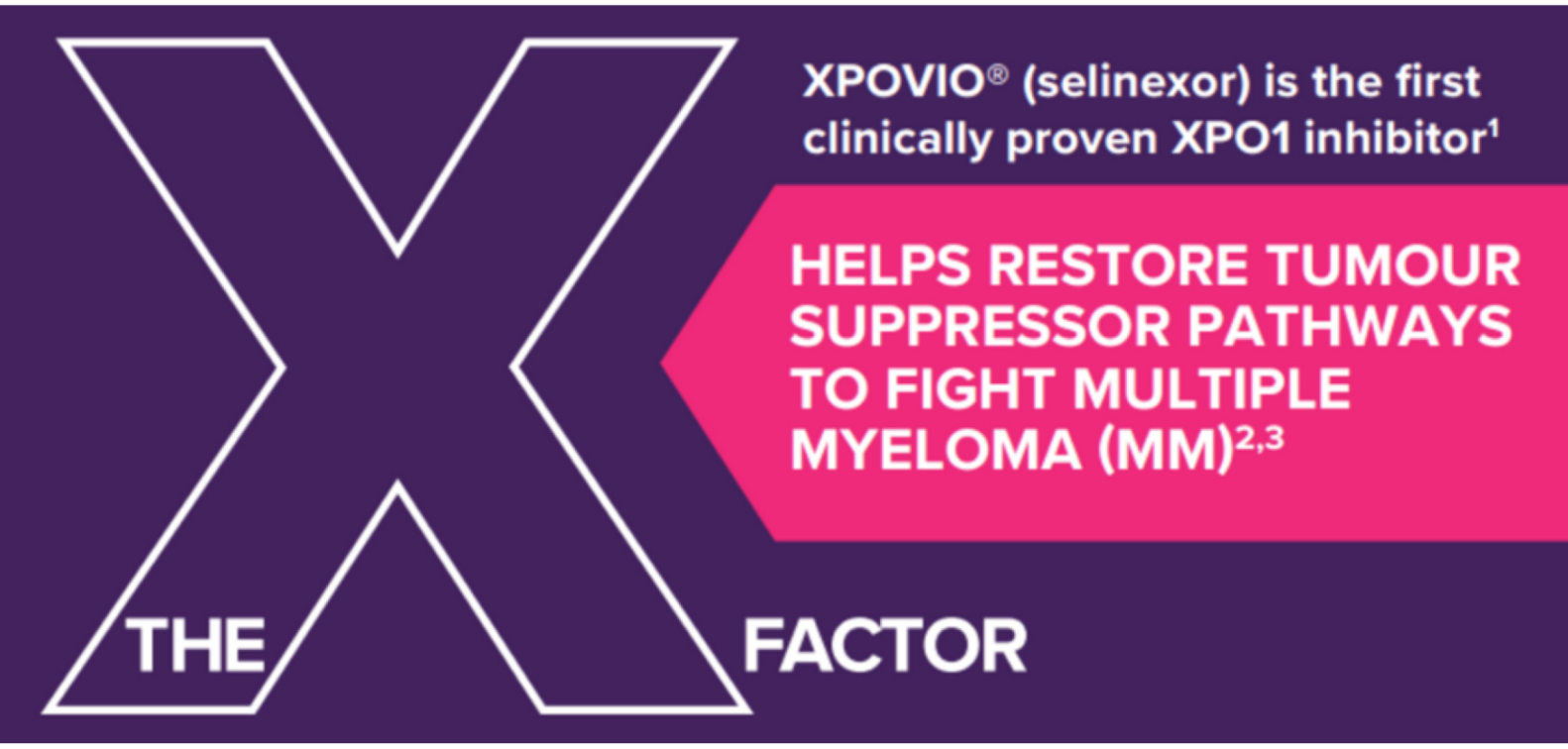
XPOVIO®
(selinexor)



XPOVIO® (selinexor) + Dexamethasone (Xd) for the treatment of penta-refractory multiple myeloma

References:
1. XPOVIO® (selinexor) [prescribing information], Antengene (Hong Kong) Ltd, July 2023.
2. Benkova K, Mihalyova J, Hajek R, Jelinek T. Selinexor, selective inhibitor of nuclear export: unselective bullet for blood cancers. Blood Rev. 2021;46:100758.
3. Azmi AS, Uddin MH, Mohammad RM. The nuclear export protein XPO1 - from biology to targeted therapy. Nat Rev Clin Oncol. 2021;18(3):152-169.
4. Chari A, et al., Oral Selinexor–Dexamethasone for Triple Class Refractory Multiple Myeloma. N Engl J Med 2019;381:727-38.

Hong Kong Approved Indication:

• XPOVIO® in combination with dexamethasone is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody.

XPOVIO® (selinexor) Tablets 20mg Minimum Product information. Indication: XPOVIO is indicated in combination with dexamethasone (Xd) for the treatment of multiple myeloma in adult patients who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, two immunomodulatory agents and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy. **Dosage & administration: Xd -** XPOVIO® (Selinexor) 80mg PO on Days 1 & 3 of each week in combination with dexamethasone 20mg PO on Days 1 & 3 of each week until disease progression or unacceptable toxicity. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients (listed in section 6.1 of product information). **Warnings & Precautions:** Assess complete blood counts (CBC) at baseline, during treatment and as clinically indicated. Monitor more frequently during the first two months of treatment. **Thrombocytopenia:** Monitor for signs and symptoms of bleeding. Manage with dose interruptions, modifications, platelet transfusions, and/or other treatments as clinically indicated or permanently discontinue based on severity. **Neutropenia:** Monitor for signs of infection. Neutropenia can be managed with dose interruptions, modifications, and colony-stimulating factors as per medical guidelines. **Gastrointestinal Toxicity:** Prophylaxis with 5HT3 antagonists and/or other anti-nausea agents prior to and during treatment. Administer fluids with electrolytes to prevent dehydration. Manage nausea/vomiting with dose interruptions, modifications and/or initiation of other antiemetics. Manage Diarrhoea with dose interruptions, modifications and/or anti-diarrhoeals. **Weight Loss and anorexia:** body weight and nutritional status should be monitored throughout treatment. Monitor more frequently during the first two months of treatment. Dose modifications, appetite stimulants and nutritional consultations may be required. **Hyponatremia:** Monitor sodium levels throughout treatment. Monitor more frequently in the first two months. Manage with intravenous sodium chloride solution and/or salt tablets. Dose interruptions and/or modifications may be required. **Embryo-Fetal Toxicity:** Advise females of reproductive potential and males with a female partner of reproductive potential, of avoid becoming pregnancy or abstain from sexual intercourse while treated with XPOVIO and for at least 1 week following the last dose. **Recommended concomitant treatments** Patients should be advised to maintain adequate fluid and caloric intake throughout treatment. Intravenous hydration should be considered for patients at risk of dehydration. **Interactions:** Concomitant use of strong CYP3A4 inducer might lead to lower exposure of XPOVIO. **Adverse Events: The most common adverse reactions (≥30%) in patients with multiple myeloma who received Xd** were nausea (75%), thrombocytopenia (75%), fatigue (66%), anemia (60%), decreased appetite (56%), decreased weight (49%), diarrhea (47%), vomiting (43%), hyponatremia (40%), neutropenia (36%) and leukopenia (30%). **Use In Specific Populations:** Lactation: Breast feeding should be discontinued during treatment with XPOVIO and for 1 week after last dose.

Healthcare providers are encouraged to report adverse events in patients taking XPOVIO to Antengene Ltd (Hong Kong) at ae@antengene.com
Should you have questions or require information on the safety and appropriate use of XPOVIO®, please email to medinfo.hk@antengene.com

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