A Phase 2 study to evaluate the efficacy and safety of selinexor monotherapy in subjects with JAK inhibitor-naïve myelofibrosis and moderate thrombocytopenia.

Estado	**Tipo de Participantes**	**Rangos de Edad**
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	20
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	seguridad, eficacia	NO

Información

Identificador
2024-511309-47-00 (CTIS)

Cod. Protocolo
XPORT-MF-044

Área terapéutica
Enfermedades [C] - Hematología [C15]|

Enfermedad investigada
moderate thrombocytopenia
JAK inhibitor-naïve myelofibrosis

Título Científico
A Phase 2 study to evaluate the efficacy and safety of selinexor monotherapy in subjects with JAK inhibitor-naïve myelofibrosis and moderate thrombocytopenia.

Justificación

No aportado

Objetivo Principal

To evaluate the efficacy of single-agent selinexor in JAK-naïve patients with MF based on SVR

Variables de Evaluación Primaria

Proportion of patients with SVR35 at Week 24 as measured by MRI or CT scan by Investigator assessment

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To evaluate additional measures of efficacy of single-agent selinexor in patients with MF
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To evaluate additional measures of efficacy of single-agent selinexor in patients with MF
To evaluate additional measures of efficacy of single-agent selinexor in pre-specified MF patient subgroups
To evaluate the safety of the single-agent selinexor and selinexor with add-on treatments in patients with MF
To characterize PK of single-agent selinexor in patients with MF
To evaluate the PDn activity of single-agent selinexor and its relationship to exposure to selinexor
To assess changes in bone marrow fibrosis of single-agent selinexor in patients with MF
Evaluar la estabilización de la hemoglobina conseguida con selinexor como agente único en pacientes con MF

Variables de Evaluación Secundaria

Abs-TSS from baseline to Week 24 as measured by the MFSAF v4.0 a
Proportion of patients with SVR35 at Week 48 as measured by MRI or CT scan by Investigator assessment
Abs-TSS from baseline to Week 48 as measured by the MFSAF v4.0a
PFS as defined in the SAP
OS defined as the time interval from the start of selinexor dosing to the date of death due to any cause
Proportion of patients with SVR35 in the study as measured by MRI or CT scan at any time point
TD vs TI, driver mutation (JAK2, CALR, MPL), high risk mutations (ASXL1, EZH2, IDH1/2, SRSF2, or U2AF1)
Incidence and severity of TEAEs including TRAEs, and SAEs
PK endpoints including but not limited to AUC, maximal concentration (Cmax), and time at which Cmax is achieved (tmax)
Extent and duration of receptor occupancy or XPO1 mRNA induction

Proportion of patients with at least a 1-grade decrease in bone marrow fibrosis at any point in the study
Proportion of patients with hemoglobin stabilization at any timepoint Change in total number of RBC transfusion units between a 3-month period prior to start of study, 3-month period after start of study, and the periods between Week 12 and 24 and Week 24-48 in all patients that remain on study treatment. Rate of RBC transfusion over the first 24 wks of treatment and the second 24 wks of treatment Conversion from RBC transfusion dependence at baseline to independence

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

A diagnosis of MF or post-ET or post-PV MF according to the 2016 World Health Organization (WHO) classification of MPN in Appendix 2 (Barbui 2018), confirmed by the most recent local pathology report. Patients with active hepatitis B virus (HBV) are eligible if antiviral therapy for HBV has been given for >8 weeks and the viral load is <100 IU/mL. Patients with history of hepatitis C virus (HCV) are eligible if they have received adequate curative anti-HCV treatment and HCV viral load is below the limit of quantification. Patients with history of human immunodeficiency virus (HIV) are eligible if they have cluster of differentiation 4 (CD4) + T-cell counts 350 cells/L, negative viral load, and no history of acquired immunodeficiency syndrome (AIDS)-defining opportunistic infections in the last year and should be on established antiretroviral therapy (ART) for at least 4 weeks. Female patients of childbearing potential must have a negative serum pregnancy test at screening and within 3 days prior to first dose on C1D1 and agree to use highly effective methods of contraception throughout the selinexor treatment period and for 90 days following the last dose of selinexor treatment and other IMPs. They must agree to refrain from egg donation from first dose until at least 90 days following the last dose of any treatment. As noted in the SmPC for EMEND® (aprepitant), the efficacy of hormonal contraceptives may be reduced during and for 28 days after the administration of EMEND. Therefore, patients using EMEND for anti-emetic prophylaxis must use an effective alternate non-hormonal contraceptives such as condoms and spermicides during treatment with EMEND, and for 2 months following the last dose of EMEND. A woman is considered of childbearing potential (ie, fertile) following menarche and until becoming postmenopausal unless permanently sterile. Permanent sterilization methods include hysterectomy, bilateral salpingectomy, and bilateral oophorectomy. A postmenopausal state is defined as no menses for 12 months without an alternative medical cause. Male patients who are sexually active must use a barrier method in addition to a highly effective methods of contraception throughout the study treatment period and for 90 days following the last dose of selinexor treatment and other IMPs. As noted in the SmPC for EMEND (aprepitant), the efficacy of hormonal contraceptives may be reduced during and for 28 days after the administration of EMEND. Therefore, patients using EMEND for anti-emetic prophylaxis must use an effective alternate non-hormonal contraceptives such as condoms and spermicides during treatment with EMEND, and for 2 months following the last dose of EMEND. Male patients must agree not to donate sperm during the study treatment period and for at least 90 days after the last dose of selinexor treatment. Patients must sign written informed consent in accordance with federal, local, and institutional guidelines. Active symptoms of MF as determined by presence of at least 2 symptoms with an average score 5 or an average total score of 12 at screening (at least 5 of 7 consecutive days immediately preceding C1D1) using the MFSAF v4.0. Patients must provide bone marrow biopsy samples (samples obtained up to 3 months prior to C1D1 are permitted) at screening and during the study. Life expectancy of greater than 6 months in the opinion of the Investigator. Patients with no other concomitant malignancies or history of another malignancy within 2 years prior to C1D1 except for adequately treated early-stage basal cell or squamous cell carcinoma of skin, adequately treated carcinoma in situ of breast or cervix or organ confined prostate cancer, or PV or ET. Measurable splenomegaly during the screening period as demonstrated by spleen volume of 450 cm3 by MRI or CT scan (results from MRI or CT imaging performed within 28 days prior to C1D1 are acceptable). Patient is currently not eligible for stem cell transplantation. Patients must be willing to complete the MFSAF) v4.0 daily during the study for evaluating the symptom response (ie, TSS50). Patients must be able to voluntarily provide informed consent per all relevant rules and institutional policies before any study procedures are performed. No incapacitated patients will be recruited for participation.

Patients with DIPSS risk category of intermediate-1 with symptoms, or intermediate-2, or high-risk. Patients 18 years of age. ECOG Performance Status 2, see Appendix 3 (Oken 1982). Platelet count of 50 × 109 /L without platelet transfusion within 7 days prior to the first dose of selinexor. Absolute neutrophil count 1.0 × 109 /L without need for growth factors within 7 days prior to the first dose of selinexor. Adequate liver function as defined by the following: aspartate transaminase (AST) and alanine transaminase 2.5 × upper limit normal (ULN) and serum total bilirubin 3× ULN. Calculated creatinine clearance (CrCl) >15 mL/min based on the Cockcroft and Gault formula.

Criterios de Exclusión

More than 10% blasts in peripheral blood or bone marrow (accelerated or blast phase). Unable or unwilling to undergo CT scan, MRI, or bone marrow biopsy per protocol. Patients with contraindications or known hypersensitivity to selinexor or excipients. History of myocardial infarction, unstable angina, percutaneous transluminal coronary angioplasty, coronary artery bypass, graft cerebrovascular accident, transient ischemic attack (TIA), ventricular arrhythmias, or congestive heart failure class >2 per New York Heart Association within 6 months of C1D1. Patients unable to tolerate 2 forms of anti-emetics prior to each dose for the first 2 cycles. Previous treatment with JAK inhibitors for MF. Previous treatment with selinexor or other XPO1 inhibitors. Impairment of gastrointestinal (GI) function or GI disease that could significantly alter the absorption of selinexor (eg, vomiting or diarrhea Common Terminology Criteria for Adverse Events [CTCAE] v5.0 Grade 2 or higher) and uncontrolled or currently progressing ocular toxicities. Major surgery <28 days prior to C1D1. Uncontrolled (ie, clinically unstable) infection requiring parenteral antibiotics, antivirals, or antifungals within 7 days prior to C1D1; however, prophylactic use of these agents is acceptable (including parenteral). Any life-threatening illness, medical condition, or organ system dysfunction which, in the Investigators opinion, could compromise the patients safety, prevent the patient from giving informed consent, or being compliant with the study procedures, or confound the ability to interpret study results. Female patients who are pregnant or lactating. Prior splenectomy, splenic radiation, or splenic embolization within 6 months prior to C1D1.

Calendario

(Última actualización: 29/07/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
11/06/2024	23/07/2024	11/02/2025	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Karyopharm Therapeutics Inc. United States

85 Wells Avenue

Contact Person

Clinical Trials Information Desk

18882099326

clinicaltrials@karyopharm.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital Universitari Germans Trias i Pujol

Ctra. Canyet, s/n Edificio General - 1a planta / Módulos urgencias - 1a planta 08916 Badalona

ceic.germanstrias@gencat.cat

934978956

Centros

Activo (09/08/2024)

El Hospital Universitario De Gran Canaria Dr. Negrin

Las Palmas De Gran Canaria

LAS PALMAS

Haematology

Activo (25/10/2024)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Haematology

Activo (02/10/2024)

Hospital San Pedro De Alcantara

Caceres

CÁCERES

Haematology

Activo (04/10/2024)

Hospital Universitario Central De Asturias

Oviedo

ASTURIAS

Haematology

Activo (09/08/2024)

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Haematology

Activo (22/07/2024)

Institut Catala D´oncologia

Girona

GERONA

Haematology

Activo (31/01/2025)

Institut Catala D´oncologia

Badalona

BARCELONA

Haematology

Activo (22/07/2024)

University Clinical Hospital Virgen De La Arrixaca

Murcia

MURCIA

Haematology

Medicamentos

NETUPITANT
CAPSULE, HARD
ORAL

-
Principios Activos: N/A

Experimental

APREPITANT
HARD CAPSULES
ORAL

-
Principios Activos: N/A

Experimental

Jakavi 5 mg tablets
TABLET
ORAL

Código ATC: L01EJ01 - RUXOLITINIB
Principios Activos: N/A

Experimental

SELINEXOR
FILM-COATED TABLET
ORAL

-
Principios Activos: N/A

Huérfano

Experimental

PACRITINIB
CAPSULE
ORAL

-
Principios Activos: N/A

Experimental

Jakavi 10 mg tablets
TABLET
ORAL

Código ATC: L01EJ01 - RUXOLITINIB
Principios Activos: N/A

Experimental

PALONOSETRON
CAPSULE, HARD
ORAL

-
Principios Activos: N/A

Experimental

ONDANSETRON
TABLET
ORAL

-
Principios Activos: N/A

Experimental

Sin resultados

A Phase 2 study to evaluate the efficacy and safety of selinexor monotherapy in subjects with JAK inhibitor-naïve myelofibrosis and moderate thrombocytopenia.

State	Type of participants	Age Ranges
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase II	20
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	safety, effectiveness	NO

Information

Identifier
2024-511309-47-00 (CTIS)

Protocol Code
XPORT-MF-044

Therapeutic area
Diseases [C] - Hemic and Lymphatic Diseases [C15]|

Investigated Disease
moderate thrombocytopenia
JAK inhibitor-naïve myelofibrosis

Scientific Title
A Phase 2 study to evaluate the efficacy and safety of selinexor monotherapy in subjects with JAK inhibitor-naïve myelofibrosis and moderate thrombocytopenia.

Rationale

Not provided

Main Objective

To evaluate the efficacy of single-agent selinexor in JAK-naïve patients with MF based on SVR

Primary Endpoints

Proportion of patients with SVR35 at Week 24 as measured by MRI or CT scan by Investigator assessment

Temporary moments of secondary assessment

Not provided

Secondary Objective

To evaluate additional measures of efficacy of single-agent selinexor in patients with MF
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To evaluate the PDn activity of single-agent selinexor and its relationship to exposure to selinexor
To assess changes in bone marrow fibrosis of single-agent selinexor in patients with MF
Evaluar la estabilización de la hemoglobina conseguida con selinexor como agente único en pacientes con MF

Secondary Endpoints

Abs-TSS from baseline to Week 24 as measured by the MFSAF v4.0 a
Proportion of patients with SVR35 at Week 48 as measured by MRI or CT scan by Investigator assessment
Abs-TSS from baseline to Week 48 as measured by the MFSAF v4.0a
PFS as defined in the SAP
OS defined as the time interval from the start of selinexor dosing to the date of death due to any cause
Proportion of patients with SVR35 in the study as measured by MRI or CT scan at any time point
TD vs TI, driver mutation (JAK2, CALR, MPL), high risk mutations (ASXL1, EZH2, IDH1/2, SRSF2, or U2AF1)
Incidence and severity of TEAEs including TRAEs, and SAEs
PK endpoints including but not limited to AUC, maximal concentration (Cmax), and time at which Cmax is achieved (tmax)
Extent and duration of receptor occupancy or XPO1 mRNA induction

Proportion of patients with at least a 1-grade decrease in bone marrow fibrosis at any point in the study
Proportion of patients with hemoglobin stabilization at any timepoint Change in total number of RBC transfusion units between a 3-month period prior to start of study, 3-month period after start of study, and the periods between Week 12 and 24 and Week 24-48 in all patients that remain on study treatment. Rate of RBC transfusion over the first 24 wks of treatment and the second 24 wks of treatment Conversion from RBC transfusion dependence at baseline to independence

Temporary moments of secondary assessment

Not provided

Inclusion criteria

A diagnosis of MF or post-ET or post-PV MF according to the 2016 World Health Organization (WHO) classification of MPN in Appendix 2 (Barbui 2018), confirmed by the most recent local pathology report. Patients with active hepatitis B virus (HBV) are eligible if antiviral therapy for HBV has been given for >8 weeks and the viral load is <100 IU/mL. Patients with history of hepatitis C virus (HCV) are eligible if they have received adequate curative anti-HCV treatment and HCV viral load is below the limit of quantification. Patients with history of human immunodeficiency virus (HIV) are eligible if they have cluster of differentiation 4 (CD4) + T-cell counts 350 cells/L, negative viral load, and no history of acquired immunodeficiency syndrome (AIDS)-defining opportunistic infections in the last year and should be on established antiretroviral therapy (ART) for at least 4 weeks. Female patients of childbearing potential must have a negative serum pregnancy test at screening and within 3 days prior to first dose on C1D1 and agree to use highly effective methods of contraception throughout the selinexor treatment period and for 90 days following the last dose of selinexor treatment and other IMPs. They must agree to refrain from egg donation from first dose until at least 90 days following the last dose of any treatment. As noted in the SmPC for EMEND® (aprepitant), the efficacy of hormonal contraceptives may be reduced during and for 28 days after the administration of EMEND. Therefore, patients using EMEND for anti-emetic prophylaxis must use an effective alternate non-hormonal contraceptives such as condoms and spermicides during treatment with EMEND, and for 2 months following the last dose of EMEND. A woman is considered of childbearing potential (ie, fertile) following menarche and until becoming postmenopausal unless permanently sterile. Permanent sterilization methods include hysterectomy, bilateral salpingectomy, and bilateral oophorectomy. A postmenopausal state is defined as no menses for 12 months without an alternative medical cause. Male patients who are sexually active must use a barrier method in addition to a highly effective methods of contraception throughout the study treatment period and for 90 days following the last dose of selinexor treatment and other IMPs. As noted in the SmPC for EMEND (aprepitant), the efficacy of hormonal contraceptives may be reduced during and for 28 days after the administration of EMEND. Therefore, patients using EMEND for anti-emetic prophylaxis must use an effective alternate non-hormonal contraceptives such as condoms and spermicides during treatment with EMEND, and for 2 months following the last dose of EMEND. Male patients must agree not to donate sperm during the study treatment period and for at least 90 days after the last dose of selinexor treatment. Patients must sign written informed consent in accordance with federal, local, and institutional guidelines. Active symptoms of MF as determined by presence of at least 2 symptoms with an average score 5 or an average total score of 12 at screening (at least 5 of 7 consecutive days immediately preceding C1D1) using the MFSAF v4.0. Patients must provide bone marrow biopsy samples (samples obtained up to 3 months prior to C1D1 are permitted) at screening and during the study. Life expectancy of greater than 6 months in the opinion of the Investigator. Patients with no other concomitant malignancies or history of another malignancy within 2 years prior to C1D1 except for adequately treated early-stage basal cell or squamous cell carcinoma of skin, adequately treated carcinoma in situ of breast or cervix or organ confined prostate cancer, or PV or ET. Measurable splenomegaly during the screening period as demonstrated by spleen volume of 450 cm3 by MRI or CT scan (results from MRI or CT imaging performed within 28 days prior to C1D1 are acceptable). Patient is currently not eligible for stem cell transplantation. Patients must be willing to complete the MFSAF) v4.0 daily during the study for evaluating the symptom response (ie, TSS50). Patients must be able to voluntarily provide informed consent per all relevant rules and institutional policies before any study procedures are performed. No incapacitated patients will be recruited for participation.

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Exclusion criteria

More than 10% blasts in peripheral blood or bone marrow (accelerated or blast phase). Unable or unwilling to undergo CT scan, MRI, or bone marrow biopsy per protocol. Patients with contraindications or known hypersensitivity to selinexor or excipients. History of myocardial infarction, unstable angina, percutaneous transluminal coronary angioplasty, coronary artery bypass, graft cerebrovascular accident, transient ischemic attack (TIA), ventricular arrhythmias, or congestive heart failure class >2 per New York Heart Association within 6 months of C1D1. Patients unable to tolerate 2 forms of anti-emetics prior to each dose for the first 2 cycles. Previous treatment with JAK inhibitors for MF. Previous treatment with selinexor or other XPO1 inhibitors. Impairment of gastrointestinal (GI) function or GI disease that could significantly alter the absorption of selinexor (eg, vomiting or diarrhea Common Terminology Criteria for Adverse Events [CTCAE] v5.0 Grade 2 or higher) and uncontrolled or currently progressing ocular toxicities. Major surgery <28 days prior to C1D1. Uncontrolled (ie, clinically unstable) infection requiring parenteral antibiotics, antivirals, or antifungals within 7 days prior to C1D1; however, prophylactic use of these agents is acceptable (including parenteral). Any life-threatening illness, medical condition, or organ system dysfunction which, in the Investigators opinion, could compromise the patients safety, prevent the patient from giving informed consent, or being compliant with the study procedures, or confound the ability to interpret study results. Female patients who are pregnant or lactating. Prior splenectomy, splenic radiation, or splenic embolization within 6 months prior to C1D1.

Calendar

(Last Update: 29/07/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
11/06/2024	23/07/2024	11/02/2025	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Karyopharm Therapeutics Inc. United States

85 Wells Avenue

Contact Person

Clinical Trials Information Desk

18882099326

clinicaltrials@karyopharm.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Hospital Universitari Germans Trias i Pujol

Ctra. Canyet, s/n Edificio General - 1a planta / Módulos urgencias - 1a planta 08916 Badalona

ceic.germanstrias@gencat.cat

934978956

Sites

Active (09/08/2024)

El Hospital Universitario De Gran Canaria Dr. Negrin

Las Palmas De Gran Canaria

LAS PALMAS

Haematology

Active (25/10/2024)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Haematology

Active (02/10/2024)

Hospital San Pedro De Alcantara

Caceres

CÁCERES

Haematology

Active (04/10/2024)

Hospital Universitario Central De Asturias

Oviedo

ASTURIAS

Haematology

Active (09/08/2024)

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Haematology

Active (22/07/2024)

Institut Catala D´oncologia

Girona

GERONA

Haematology

Active (31/01/2025)

Institut Catala D´oncologia

Badalona

BARCELONA

Haematology

Active (22/07/2024)

University Clinical Hospital Virgen De La Arrixaca

Murcia

MURCIA

Haematology

Medication

NETUPITANT
CAPSULE, HARD
ORAL

-
Active Principles: N/A
Experimental

APREPITANT
HARD CAPSULES
ORAL

-
Active Principles: N/A
Experimental

Jakavi 5 mg tablets
TABLET
ORAL

ATC code: L01EJ01 - RUXOLITINIB
Active Principles: N/A
Experimental

SELINEXOR
FILM-COATED TABLET
ORAL

-
Active Principles: N/A
Orphan
Experimental

PACRITINIB
CAPSULE
ORAL

-
Active Principles: N/A
Experimental

Jakavi 10 mg tablets
TABLET
ORAL

ATC code: L01EJ01 - RUXOLITINIB
Active Principles: N/A
Experimental

PALONOSETRON
CAPSULE, HARD
ORAL

-
Active Principles: N/A
Experimental

ONDANSETRON
TABLET
ORAL

-
Active Principles: N/A
Experimental

No results