

Putting NICE guidance into practice

**Resource impact report:**

**Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments (TA970)**

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# Summary

NICE has recommended selinexor plus dexamethasone, within its marketing authorisation, for treating multiple myeloma in adults when:

* they have had 4 or more treatments, and
* the condition is refractory to at least 2 proteasome inhibitors, 2 immunomodulatory agents and an anti‑CD38 monoclonal antibody (penta-refractory), and
* the condition has progressed on the last treatment, and
* the company provides it according to the commercial arrangement.

We estimate that around:

* 463 adults with multiple myeloma are eligible for treatment with selinexor plus dexamethasone based on expected population growth.
* 153 adults will start treatment with selinexor plus dexamethasone each year by 2028/29 after adjusting for expected population growth. This is based on consultant haematologist opinion.

Table 1 Estimated number of people in England starting treatment with selinexor with dexamethasone each year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| - | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
| Uptake % | 33 | 33 | 33 | 33 | 33 |
| People starting treatment with selinexor plus dexamethasone after adjusting for population growth | 147 | 149 | 150 | 151 | 153 |
| **Total number of people** | **147** | **149** | **150** | **151** | **153** |
| It is anticipated people continue treatment for 3 months on average**.** |

This report is supported by a local resource impact template. This is because the company has a commercial arrangement. This makes selinexor available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company’s responsibility to let relevant NHS organisations know details of the discount This technology is commissioned by NHS England. Providers are NHS hospital trusts.

1. Selinexor with dexamethasone
	1. Multiple myeloma is an incurable, relapsing and remitting cancer of plasma cells. Relapsed multiple myeloma refers to previously treated myeloma that has progressed. Refractory refers to multiple myeloma that shows no response to treatment or that has progressed within 60 days of the last treatment.
	2. The patient experts explained that the complications of multiple myeloma can be significant and debilitating.
	3. The clinical experts explained that the main aim of treatment is to reduce the severity and duration of symptoms, reduce morbidity associated with disease progression and extend life.
	4. The relevant population is people who have had at least 4 prior lines of treatment. Their condition also must be refractory to 2 proteasome inhibitors, 2 immunomodulatory agents and an anti‑CD38 monoclonal antibody (‘penta-refractory’).
	5. Best supportive care is the relevant comparator for selinexor with dexamethasone for the treatment of multiple myeloma after 4 or more treatments, and the condition is refractory to at least 2 proteasome inhibitors, 2 immunomodulatory agents and an anti‑CD38 monoclonal antibody (penta-refractory), and the condition has progressed on the last treatment.
	6. Evidence from indirect comparisons suggests that selinexor with dexamethasone increases how long people live compared with best supportive care.
2. Resource impact of the guidance
	1. The current treatment and future uptake figure assumptions are based on estimates by consultant haematologists and are shown in the resource impact template.
	2. This report is supported by a local resource impact template. This is because the company has a commercial arrangement that makes selinexor available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company’s responsibility to let relevant NHS organisations know details of the discount.

## Savings and benefits

* 1. The clinical experts highlighted that, within the penta-refractory population, there is an unmet need that could be met by selinexor with dexamethasone.
	2. Evidence suggests that selinexor with dexamethasone increases how long people live compared with best supportive care.
1. Implications for commissioners and providers
	1. Selinexor with dexamethasone is commissioned by NHS England. Providers are NHS hospital trusts.
	2. Selinexor with dexamethasone falls within the programme budgeting category 02I cancer, Haematological.
	3. The resource impact template allows commissioners to assess the resource impact of any additional attendances required at provider services.
2. How we estimated the resource impact

## The population

* 1. In 2019, around 5,521 adults were diagnosed with multiple myeloma in England ([Cancer Registration Statistics, England 2019](https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2019/content)). Applying population growth, around 5,792 adults in England are expected to be diagnosed with prostate cancer in 2028/29.
	2. Approximations based on attrition rates from consultant haematologists estimated that there are around 463 adults eligible for treatment at fifth line which is used as a proxy for people that have received 4 or more treatments, and the condition is refractory to at least 2 proteasome inhibitors, 2 immunomodulatory agents and an anti‑CD38 monoclonal antibody (penta-refractory).
	3. Table 2 shows the number of people eligible for treatment with selinexor with dexamethasone.

Table 2 Number of people eligible for treatment in England

|  |  |  |
| --- | --- | --- |
| Population | Proportion of previous row (%) | Number of people |
| Adult population forecast at 2028/29 | - | 48,417,016 |
| Incidence of multiple myeloma ([Cancer Registration Statistics, England 2019](https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2019/content)) | 0.01% | 5,792 |
| Proportion of people who have had 4 or more treatments and are penta-refractory (based on consultant haematologist opinion) | 8% | 463 |

## Assumptions

* 1. The resource impact template assumes that:
* Best supportive care is the relevant comparator for selinexor with dexamethasone for the treatment of multiple myeloma.
* No additional infrastructure is expected to be required to deliver this treatment.
* The recommended dose of selinexor is 80 mg orally on days 1 and 3 of each week. This is given with dexamethasone 20 mg orally twice weekly on days 1 and 3 of each week.
* The median progression free survival was 2.8 months, which equates to 12 weeks of treatment.
* Administration costs in clinic are based on the [2023/25 NHS Payment Scheme, 2024/25 prices workbook](https://www.england.nhs.uk/publication/2023-25-nhs-payment-scheme/).

# About this resource impact report

This resource impact report accompanies the NICE guidance on [Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments](https://www.nice.org.uk/guidance/ta970) and should be read with it. See [terms and conditions](http://www.nice.org.uk/terms-and-conditions) on the NICE website.

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