



# A Commercial-Stage Pharmaceutical Company Pioneering Novel Cancer Therapies

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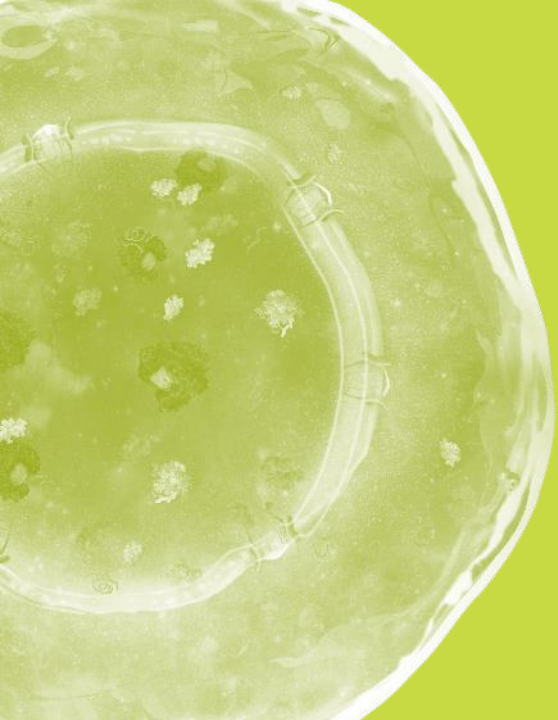
September 2021

# Forward-looking Statements and Other Important Information

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This presentation contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Such forward-looking statements include those regarding Karyopharm's guidance on its expected cash runway; expectations and plans relating to XPOVIO for the treatment of adult patients with relapsed or refractory multiple myeloma or relapsed or refractory diffuse large B-cell lymphoma and other hematologic malignancies and solid tumors; commercialization of XPOVIO or any of its drug candidates and the commercial performance of XPOVIO; submissions to, and the review and potential approval of selinexor by, regulatory authorities, including the Company's regulatory strategy, the anticipated availability of data to support such submissions, timing of such submissions and actions by regulatory authorities and the potential availability of accelerated approval pathways; the expected design of the Company's clinical trials; and the therapeutic potential of and potential clinical development plans for Karyopharm's drug candidates, especially selinexor. Such statements are subject to numerous important factors, risks and uncertainties, many of which are beyond Karyopharm's control, that may cause actual events or results to differ materially from Karyopharm's current expectations. For example, there can be no guarantee that Karyopharm will successfully commercialize XPOVIO; that regulators will grant confirmatory approval in the European Union based on the BOSTON study in adult patients with multiple myeloma; or that any of Karyopharm's drug candidates, including selinexor and eltanexor, will successfully complete necessary clinical development phases or that development of any of Karyopharm's drug candidates will continue. Further, there can be no guarantee that any positive developments in the development or commercialization of Karyopharm's drug candidate portfolio will result in stock price appreciation. Management's expectations and, therefore, any forward-looking statements in this press release could also be affected by risks and uncertainties relating to a number of other factors, including the following: the risk that the COVID-19 pandemic could disrupt Karyopharm's business more severely than it currently anticipates, including by negatively impacting sales of XPOVIO, interrupting or delaying research and development efforts, impacting the ability to procure sufficient supply for the development and commercialization of selinexor or other product candidates, delaying ongoing or planned clinical trials, impeding the execution of business plans, planned regulatory milestones and timelines, or inconveniencing patients; the adoption of XPOVIO in the commercial marketplace, the timing and costs involved in commercializing XPOVIO or any of Karyopharm's drug candidates that receive regulatory approval; the ability to obtain and retain regulatory approval of XPOVIO or any of Karyopharm's drug candidates that receive regulatory approval; Karyopharm's results of clinical trials and preclinical studies, including subsequent analysis of existing data and new data received from ongoing and future studies; the content and timing of decisions made by the U.S. Food and Drug Administration and other regulatory authorities, investigational review boards at clinical trial sites and publication review bodies, including with respect to the need for additional clinical studies; the ability of Karyopharm or its third party collaborators or successors in interest to fully perform their respective obligations under the applicable agreement and the potential future financial implications of such agreement; Karyopharm's ability to enroll patients in its clinical trials; unplanned cash requirements and expenditures; development or regulatory approval of drug candidates by Karyopharm's competitors for products or product candidates in which Karyopharm is currently commercializing or developing; and Karyopharm's ability to obtain, maintain and enforce patent and other intellectual property protection for any of its products or product candidates. These and other risks are described under the caption "Risk Factors" in Karyopharm's Quarterly Report on Form 10-Q for the quarter ended June 30, 2021, which was filed with the Securities and Exchange Commission (SEC) on August 5, 2021, and in other filings that Karyopharm may make with the SEC in the future. Any forward-looking statements contained in this press release speak only as of the date hereof, and, except as required by law, Karyopharm expressly disclaims any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise. Karyopharm regularly uses its website to post information regarding its business, drug development programs and governance. Karyopharm encourages investors to use [www.karyopharm.com](http://www.karyopharm.com), particularly the information in the section entitled "Investors," as a source of information about Karyopharm. References to [www.karyopharm.com](http://www.karyopharm.com) in this presentation are not intended to, nor shall they be deemed to, incorporate information on [www.karyopharm.com](http://www.karyopharm.com) into this presentation by reference. Other than the currently approved indications of XPOVIO, selinexor, eltanexor, KPT-9274 and verdinexor are investigational drugs that have not been approved by the FDA or any other regulatory agency, and the safety and efficacy of these drugs has not been established by any agency.

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Leveraging the  
**inhibition of  
nuclear export** as  
a mechanism to  
treat cancer

**XPOVIO**<sup>®</sup>  
(selinexor) 20 mg  
tablet

**APPROVED IN THE US FOR 3 INDICATIONS<sup>1</sup>**

- Multiple myeloma as early as first relapse<sup>2</sup>
- Relapsed/refractory diffuse large B-cell lymphoma<sup>3,4</sup>

### **Building on myeloma foundation**

Driving depth and  
breadth of  
leadership presence  
in myeloma

### **Expanding global footprint**

Expect CHMP  
review of MAA in  
2L+ to be completed  
in 1H22

### **Key phase 3 solid tumor data remains on track**

SIENDO top-line  
results in endometrial  
cancer expected by  
year end 2021

### **Focused clinical pipeline**

Targeting high  
unmet need  
hematological and  
solid tumor cancers

### **Well-capitalized**

Cash runway into  
mid-2023

# Novel XPOVIO® (selinexor) Mechanism: Only Approved, First in Class SINE that is Broadly Applicable and Foundational to Cancer Biology<sup>1-4</sup>

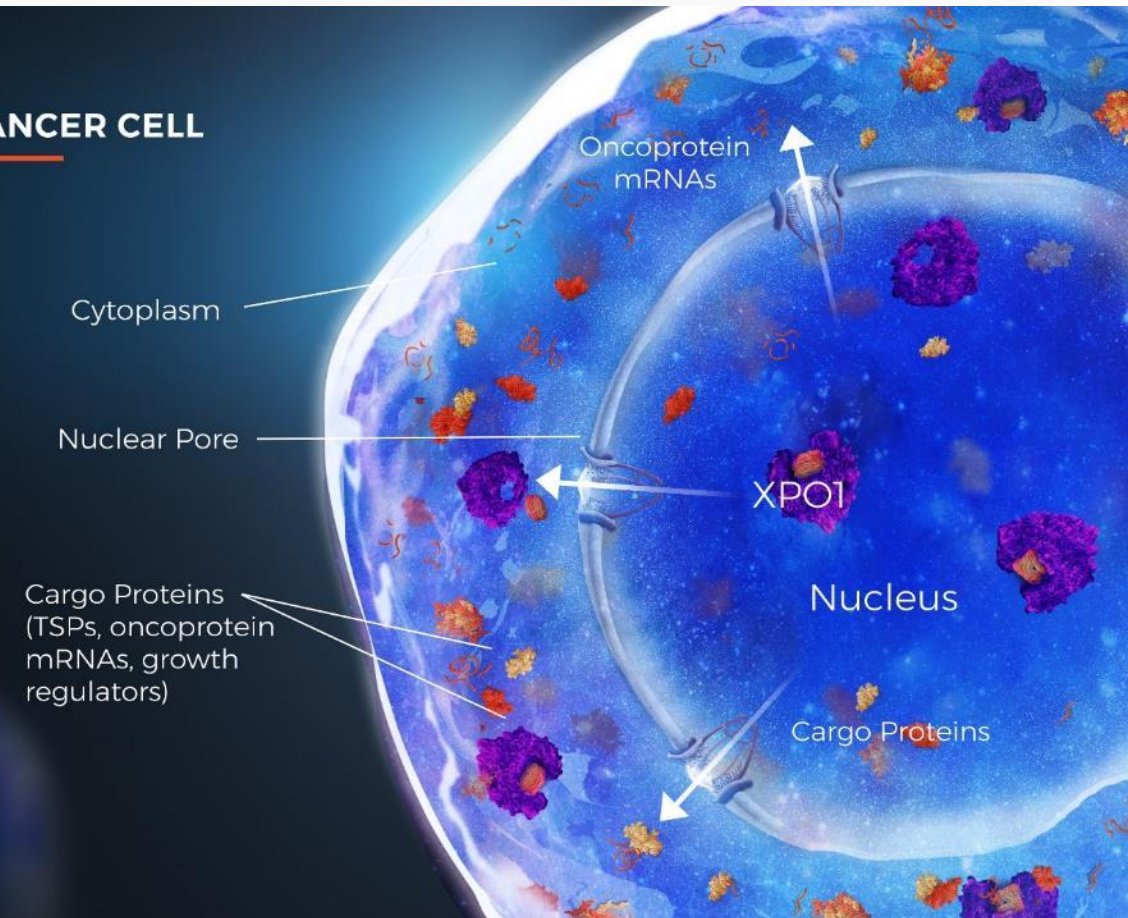
## XPO1 OVEREXPRESSION

- Enables cancer cells to escape tumor suppressor proteins (TSPs), mediated cell cycle arrest, and induction of apoptosis
- Correlates with poor prognosis and drug resistance

## INHIBITION OF XPO1 IMPACTS TUMOR CELLS VIA 3 CORE MECHANISMS

1. Increases nuclear levels and activation of TSPs
2. Traps oncoprotein mRNA in the nucleus leading to reduced oncoprotein levels
3. Retains activated glucocorticoid receptor in the nucleus

### CANCER CELL

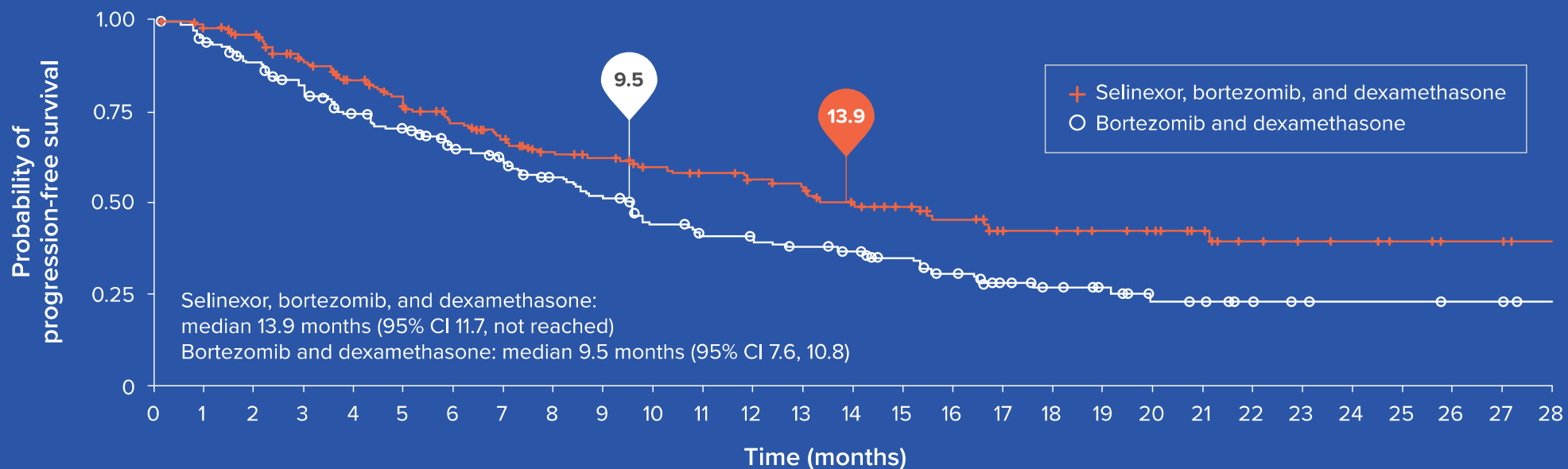


# Progression Free Survival (PFS) Significantly Longer with XVd Compared to Vd

ONCE-WEEKLY, ORAL XPOVIO + VD DELIVERED AN EARLY AND SUSTAINED PFS ADVANTAGE VERSUS TWICE-WEEKLY Vd<sup>1</sup>

30% reduction in risk of progression or death<sup>1</sup>

Hazard ratio: 0.70  
(96% CI 0.5-0.93),  $p=0.0075$



Hazard ratio (HR) is based on stratified Cox's proportional hazard regression modeling, p-value based on stratified log-rank test.

\*According to the International Myeloma Working Group (IMG Uniform Response Criteria for Multiple Myeloma, as assessed by an Independent Review Committee (IRC). XVd=XPOVIO® (selinexor) with Velcade® (bortezomib) and dexamethasone; Vd=Velcade and dexamethasone.

# Deeper and Durable Responses with XVd Compared to Vd

Responses observed with oral, once-weekly XPOVIO + Vd were rapid and durable versus twice-weekly Vd<sup>1</sup>

MEDIAN  
TIME TO  
RESPONSE<sup>1</sup>

**1.4**

**MONTHS**  
once-weekly  
XPOVIO + Vd

VS

**1.6**

**MONTHS**  
twice-weekly  
Vd

MEDIAN  
DURATION OF  
RESPONSE<sup>1</sup>

**20.3**

**MONTHS**  
once-weekly  
XPOVIO + Vd

VS

**12.9**

**MONTHS**  
twice-weekly  
Vd

ONCE-WEEKLY XPOVIO + VD

PR:32%

VGPR:28%

sCR+CR: 17%

**ORR: 76.4%**

≥VGPR: 44.6%

TWICE-WEEKLY VD

PR:30%

VGPR:22%

sCR+CR: 10%

**ORR: 62.3%**

≥VGPR: 32.4%

IMPROVEMENT IN  
ORR WAS OBSERVED  
ACROSS A VARIETY OF  
PATIENT SUBGROUPS<sup>2</sup>

# Safety Highlights from the XPOVIO Prescribing Information<sup>1</sup>

## No Black Box Warnings

## No Contraindications

## Patient Medication Guide

## Warnings and Precautions

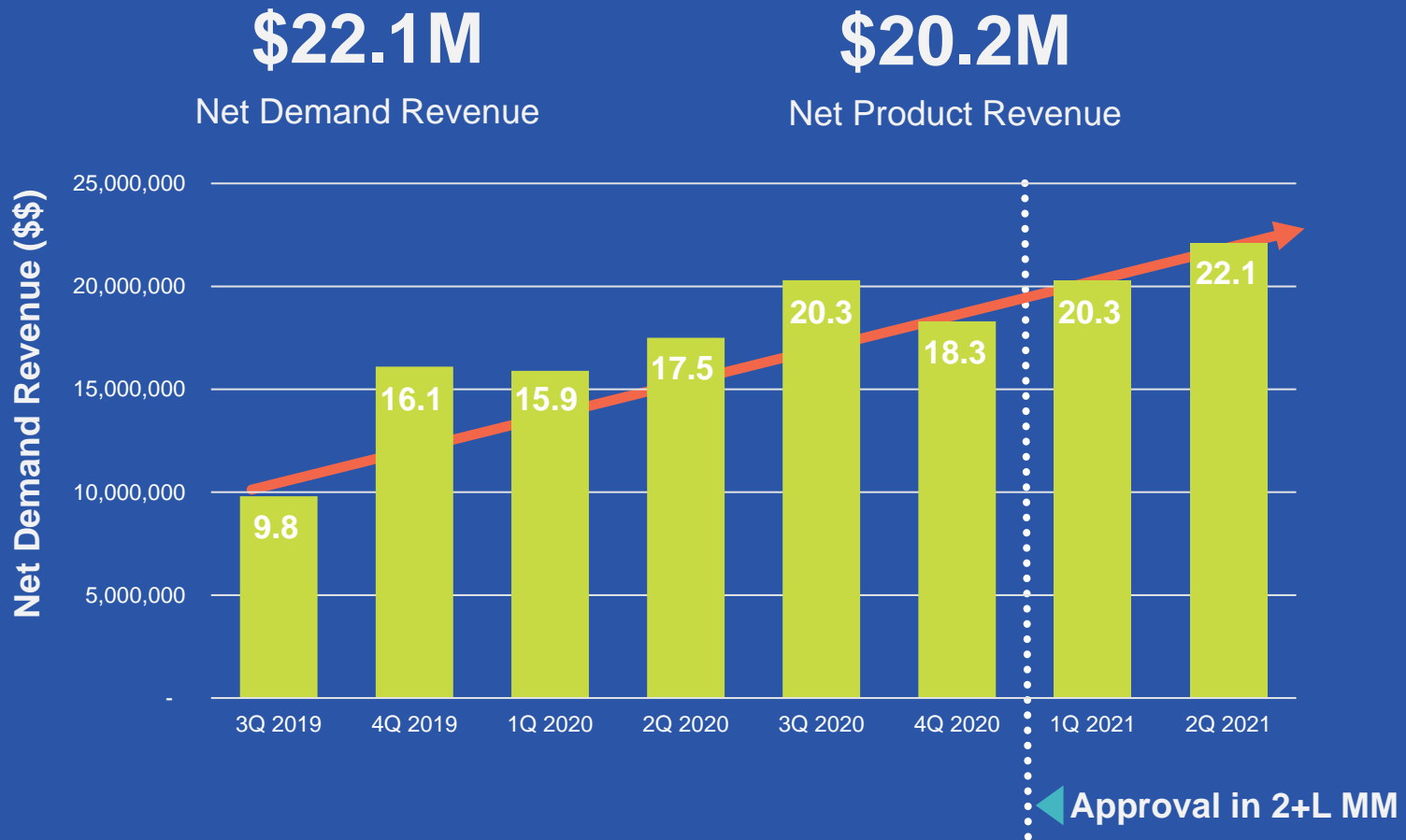
- Thrombocytopenia
- Neutropenia
- Gastrointestinal Toxicity
- Hyponatremia
- Serious Infection
- Neurological Toxicity
- Embryo-Fetal Toxicity
- Cataract

## Monitoring Instructions and Recommended Concomitant Treatments

- Monitor complete blood count (CBC) with differential, standard blood chemistries, body weight, nutritional status, and volume status at baseline and during treatment as clinically indicated. Monitor more frequently during the first three months of treatment.
- Patients advised to maintain adequate fluid and caloric intake throughout treatment. Consider intravenous hydration for patients at risk of dehydration.
- Provide prophylactic antiemetics. Administer a 5-HT<sub>3</sub> receptor antagonist and other anti-nausea agents prior to and during treatment with XPOVIO
- Recommended XPOVIO dosage reductions and dosage modifications for adverse reactions are included in the Prescribing Information

# XPOVIO Launch Update: 2Q 2021

## Continued Progress in 2L+ Market Uptake



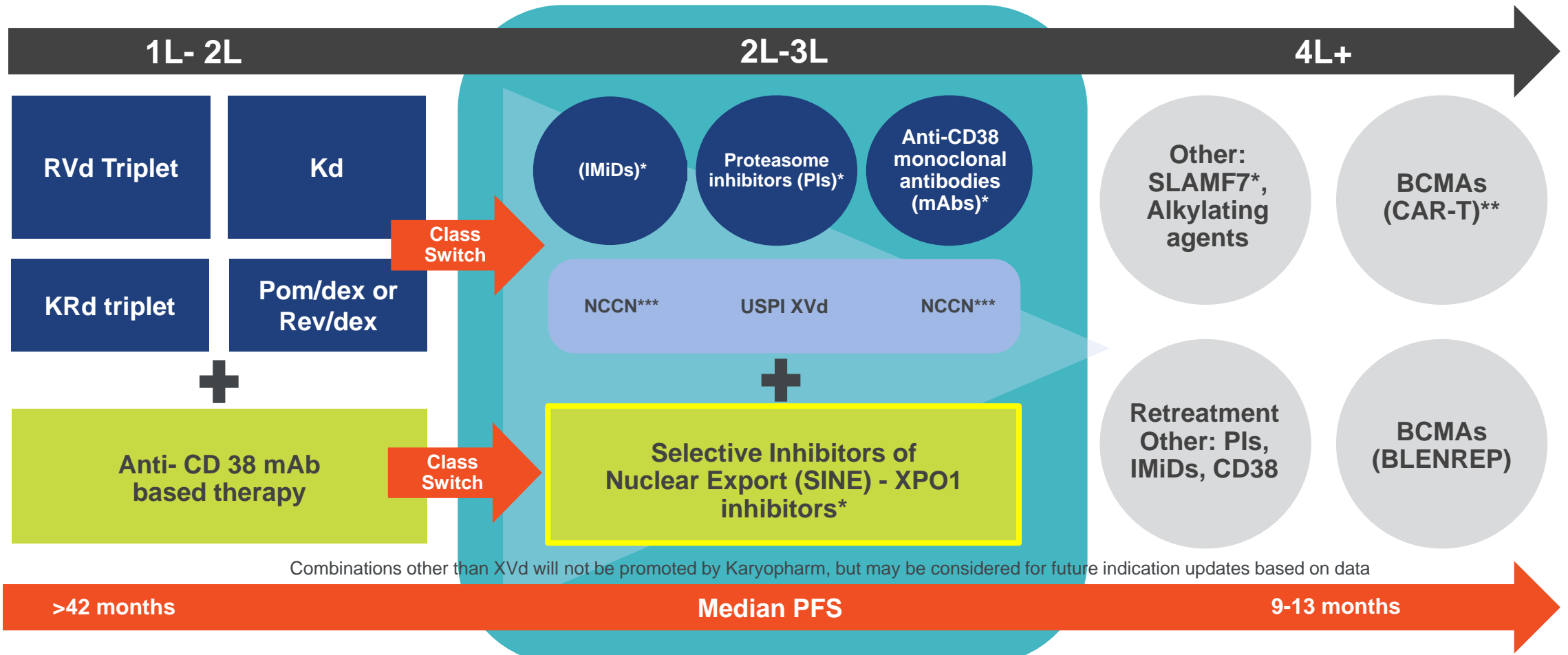
## Year-to-Date Highlights

- Net demand revenue up 9% 2Q21 vs 1Q21
- Net product revenue impacted by reduction of \$1.9M in channel inventory due to launch of three new strength tablets (40mg, 50mg and 60mg)
- Prescribing accounts continue to increase; up 11% 2Q21 vs 1Q21
- Introduced new launch positioning supported by data from ASCO 2021 and EHA 2021
- Rising confidence in physicians' overall perception<sup>1</sup>
- RXs evolving from penta-refractory to earlier lines<sup>2</sup>
- Preliminary data suggest patients in earlier lines staying on therapy longer<sup>3</sup>
- 85% of patients start on doses <160mg; 80mg and 100mg most common<sup>4</sup>



# Applying Principles of Myeloma Treatment to Optimize Outcomes and Clarity on Sequencing: Class Switching and Early Incorporation of Different Mechanistic Approach

XPOVIO provides a mechanistic switch and maintains full optionality to future regimens. XPOVIO “enhances the middle”



\* +dexamethasone

\*\*For Academic setting: CAR-T therapy will be available for penta-refractory disease

\*\*\* NCCN Guideline inclusion for XDd and XPd

# Clinical Activity of XPOVIO was Observed in Patients Previously Treated with Daratumumab-containing Regimens<sup>1,2</sup>

The XVd arm of the BOSTON trial showed mPFS of 13.9 months (95% CI: 11.7, NR) compared with 9.5 months (95% CI: 7.6, 10.8) in the Vd arm (N=402)<sup>1</sup>

## PFS in patients previously treated with daratumumab in the BOSTON trial (n=17)<sup>2,3</sup>

**12.22**  
months

**mPFS, XVd**  
(95% CI: 2.86, NR)

**5.55**  
months

**mPFS, Vd**  
(95% CI: 0.69, NE)

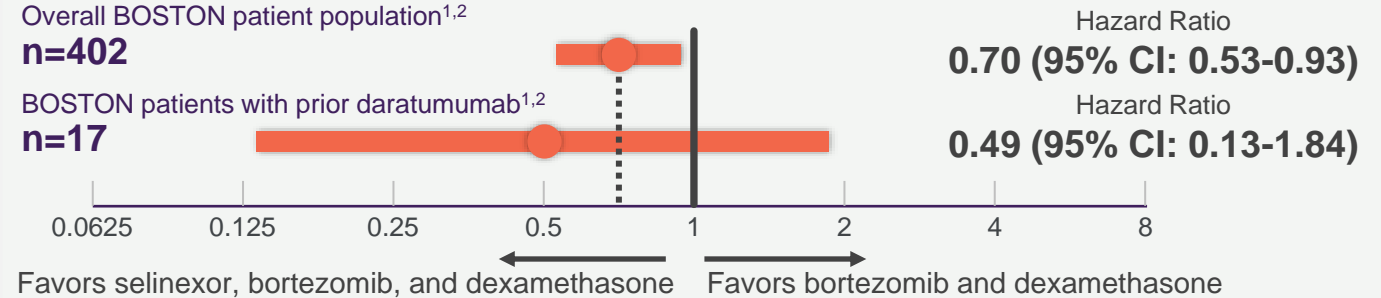
CI=confidence interval; mPFS=median progression-free survival; NE=not evaluable; NR=not reached; ORR=overall response rate; OS=overall survival; PN=peripheral neuropathy; VGPR=very good partial response.

### Limitations of subgroup analyses:

- These subgroup analyses were exploratory in nature, not included in the study objectives, and do not control for type 1 error
- These subgroup analyses were not powered or adjusted for multiplicity to assess PFS across this prespecified subgroup
- These subgroup analyses are underpowered to detect clinically meaningful differences in treatment effect

Overall BOSTON patient population<sup>1,2</sup>  
**n=402**

BOSTON patients with prior daratumumab<sup>1,2</sup>  
**n=17**



## IMPORTANT SAFETY INFORMATION

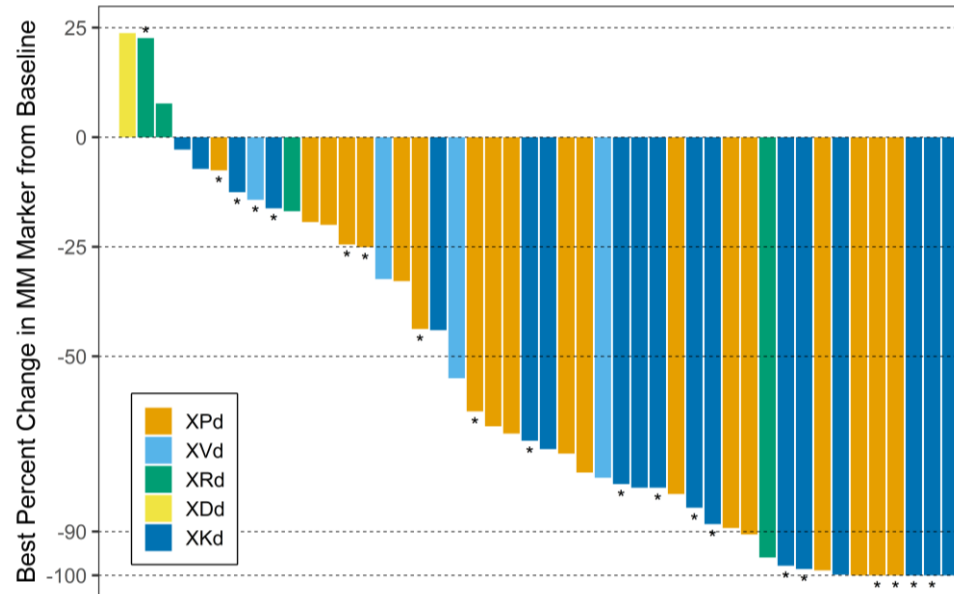
### • USE IN SPECIFIC POPULATIONS

No overall difference in effectiveness of XPOVIO was observed in patients >65 years old when compared with younger patients. Patients ≥65 years old had a higher incidence of discontinuation due to an adverse reaction (AR) and a higher incidence of serious ARs than younger patients. The effect of end-stage renal disease (CLCR <15 mL/min) or hemodialysis on XPOVIO pharmacokinetics is unknown.

# Demonstrated Promising Response Rates with XPOVIO Based Regimens (XPd, XKd) in the STOMP Study Post Anti-CD38 mAb Treatment<sup>1</sup>

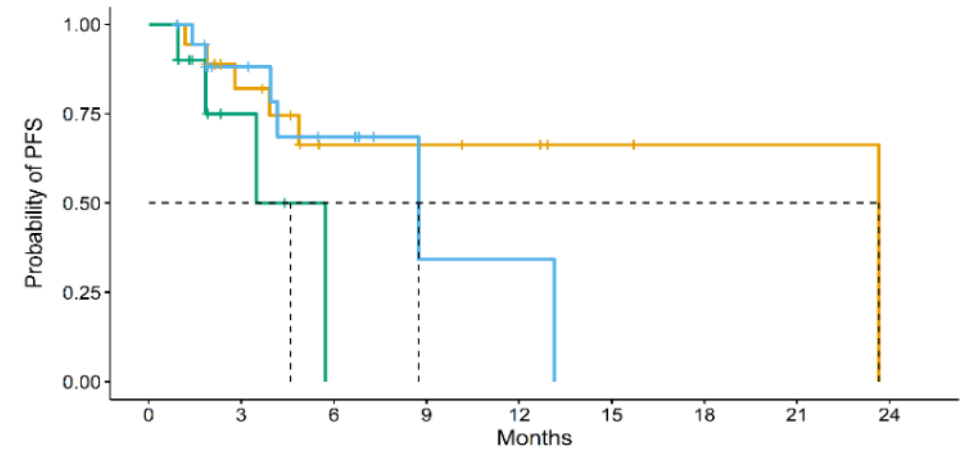
## Waterfall Plot for Selinexor Triplets

Note: 1 XDd patient with +262% not shown; asterisk indicates del(17p), t(4;14), or t(14;16)



## Progression-Free Survival by Selinexor Regimen

Patients previously treated with an anti-CD38 mAb



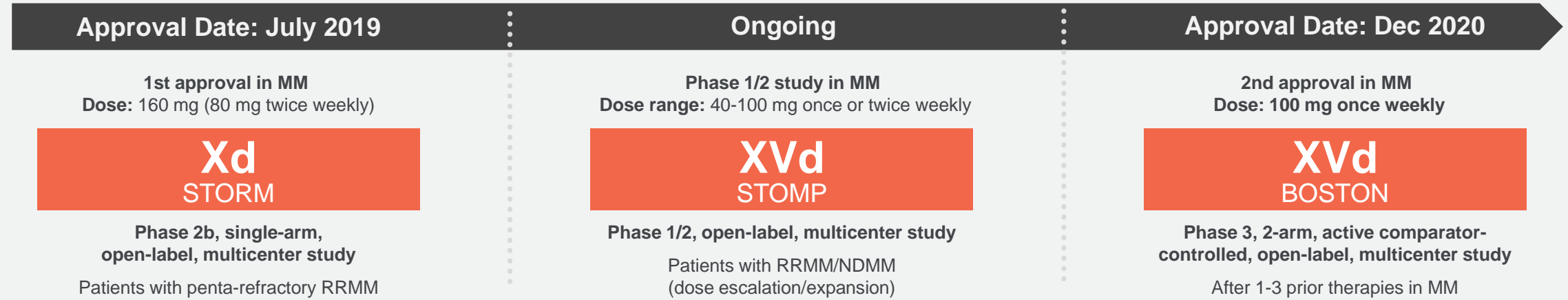
Number at risk

	0	3	6	9	12	15	18	21	24
XKd	18	12	6	6	4	2	1	1	0
XPd	19	10	6	1	1	0	0	0	0
Other	10	3	0	0	0	0	0	0	0

- ORR was 57.9% (11/19) in the XPd arm and 66.7% (12/18) in the XKd arm
- The safety and efficacy of XPOVIO in combination with medications other than bortezomib and dexamethasone has not been established and other combination therapies are not approved by the US FDA or any other regulatory authority

# XPOVIO Dosing has been Continually Refined Over Time to Improve Efficacy and Patient Experience from High Dose BIW to Low Dose QW

From the STORM trial to the STOMP trial to the BOSTON trial, XPOVIO dosing has been continually refined to help optimize the patient experience



- 65% of patients in the XVd arm of the BOSTON trial had an XPOVIO dose reduction (126/195 patients) vs 35% of those without a dose reduction (69/105)
- The median dosage was 80mg (range: 30-137 mg) taken once weekly
- Patients had their dosages reduced to mitigate adverse reactions (ARs)

\*STOMP was designed to study XPOVIO in combination with other MOAs across multiple triplet and quadruplet regimens, including XVd. MM=multiple myeloma; MOA=mechanism of action; NDMM=newly diagnosed multiple myeloma; RRMM=relapsed or refractory multiple myeloma.

## IMPORTANT SAFETY INFORMATION

No overall difference in effectiveness of XPOVIO was observed in patients >65 years old when compared with younger patients. Patients ≥65 years old had a higher incidence of discontinuation due to an adverse reaction (AR) and a higher incidence of serious ARs than younger patients. The effect of end-stage renal disease (CL<sub>CR</sub> <15 mL/min) or hemodialysis on XPOVIO pharmacokinetics is unknown.

# XPOVIO Dosing has been Continually Refined Over Time to Improve Patient Experience

The median dosage of XPOVIO in the BOSTON trial was 80 mg (range: 30-137 mg) taken once weekly<sup>1</sup>

## Key efficacy endpoints for patients (N=195) with and without XPOVIO dose restrictions in the BOSTON trial<sup>2</sup>

	With Dose Reduction	Without Dose Reduction
	XVd	XVd
n	126	69
% of ITT arm	65	35
mPFS, mo	16.62 (95% CI:12.91, NE)	9.23 (95% CI:6.77, 15.47)
ORR, %*	81.7	66.7
≥VGPR, %	51.6	31.8
mDOR, mo	Not evaluable (95% CI:13.83, NE)	12.02 (95% CI: 8.31, NE)

### Limitation of subgroup analyses:

- This post hoc analysis was exploratory in nature, not included in the study objectives, and does not control for type 1 error
- This post hoc analysis was not powered or adjusted for multiplicity to assess PFS across other prespecified subgroups
- This post hoc analysis was underpowered to detect clinically meaningful differences in treatment effect

65% of patients in the XVd arm had an XPOVIO dose reduction (126/195 patients) vs 35% of those without a dose reduction (65/195 patients)<sup>2</sup>

\*Response was evaluable in 125 of 126 patients receiving a dose modification for selinexor and 66 of the 69 patients who did not receive a dose modification for selinexor.

Overall response rate is the proportion of patients who achieve a partial response or better, before IRC-confirmed progressive disease or initiating a new MM treatment or crossover.

CI=confidence interval, IRC=independent review committee; ITT=intent to treat; mDOR=median duration of response; mo=month; mPFS=median progression-free survival; NE=not evaluable; ORR=overall response rate; VGPR=very good partial response.

### IMPORTANT SAFETY INFORMATION

- XPOVIO can cause severe or life-threatening hyponatremia.

# Selinexor Supportive Care Guidelines Are Simple

## Required Prophylactic Anti-emetics: 5-HT3 Antagonists and Olanzapine

### 5-HT3 Antagonist

All patients should receive ondansetron 8 mg or equivalent, unless contraindicated, orally 1 hour before each dose of selinexor and q 8 hours for 3 days post selinexor for the first 2 cycles of the study

**AND**

### Olanzapine

Olanzapine 5 mg PO or equivalent for days 1-3 post selinexor, for **the first 2 months** of the study or longer if needed.

**Or**

### NK-1R Antagonist

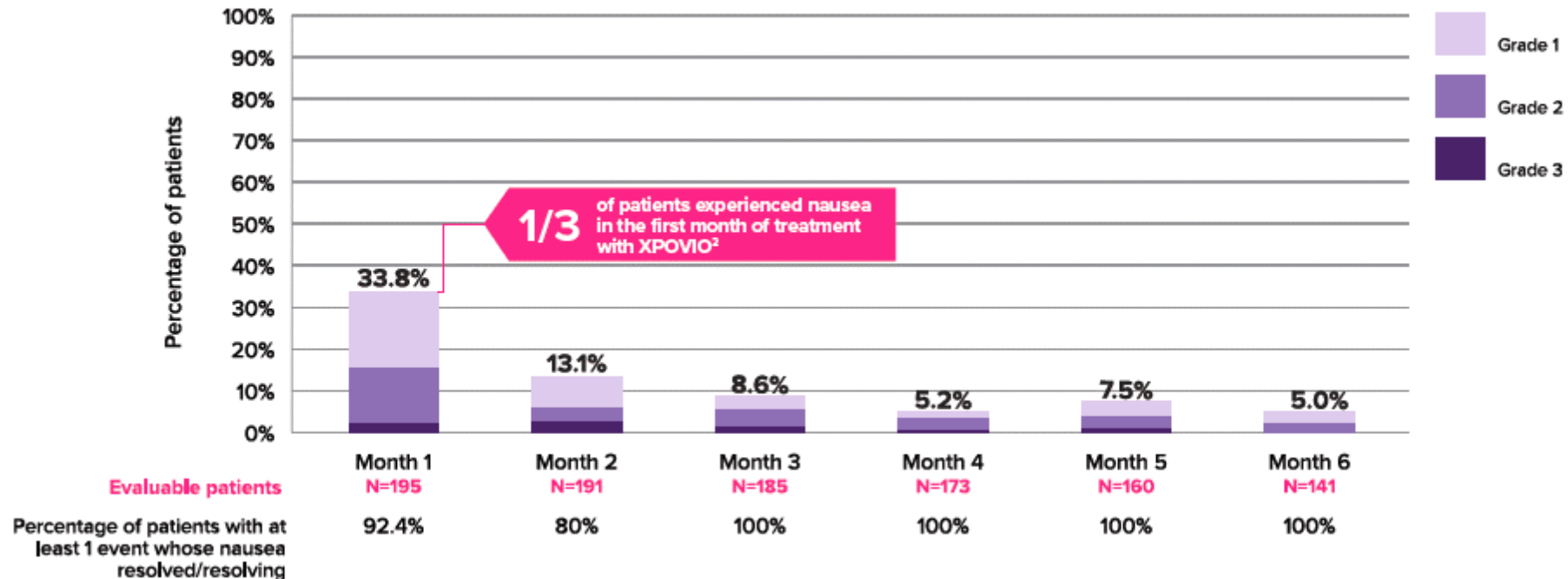
An NK1 receptor antagonist can be used together with ondansetron for the first 2 cycles or longer if needed.

- Patients may taper supportive care at treating physician's discretion after 2 cycles of therapy

# Patients Tolerate Long Term XVd Well, with Greater Than 90% of Patients not Experiencing Nausea Starting in Cycle Three<sup>1</sup>

- Percentage of patients experiencing nausea decreased in the first month of XVd using appropriate antiemetic measures
- XPOVIO dosing in the BOSTON trial was 100mg taken orally, once weekly
- The BOSTON trial only required one anti-emetic, a 5HT3

## Percentage of patients experiencing nausea events per month in the XVd arm of BOSTON trial



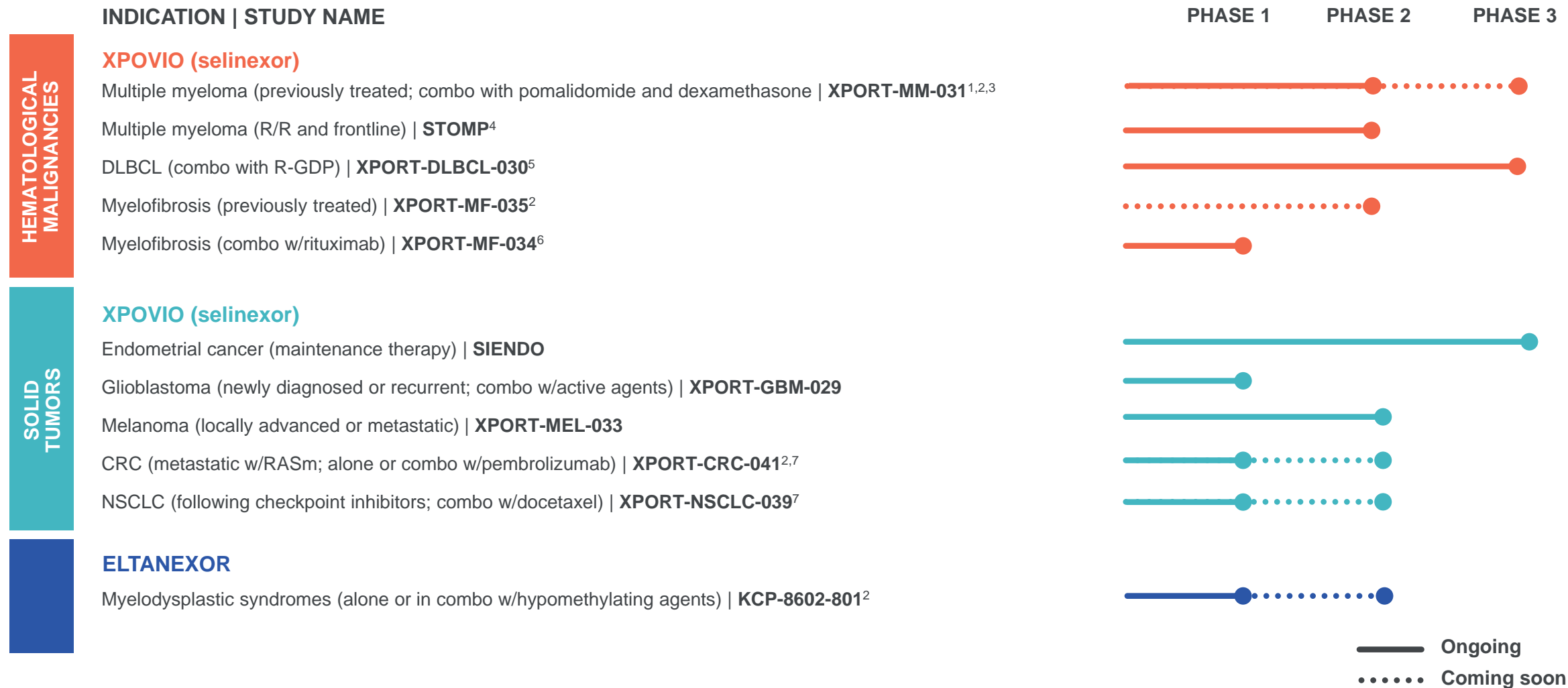
\*XVd=XPOVIO + bortezomib and dexamethasone (Vd).

<sup>1</sup>Data on file. Karyopharm Therapeutics Inc. 2021.





# Advancing Focused Pipeline Across Cancers of High Unmet Need



<sup>1</sup> Versus elotuzumab and pomalidomide. <sup>2</sup> Study expected to start in 2021. <sup>3</sup> Sponsored by European Myeloma Network. <sup>4</sup> Oral selinexor and dexamethasone + Revlimid® (lenalidomide), Pomalyst® (pomalidomide), Velcade®, Kyprolis® (carfilzomib) or Darzalex® (daratumumab). <sup>5</sup> XPORT-DLBCL-030 is a Phase 2/3. <sup>6</sup> XPORT-MF-034 is a Phase 1/2. <sup>7</sup> XPORT-CRC-041 and XPORT-NSCLC-039 are supported by Phase 1 data from XPORT-STP-027.

XPOVIO and  
ELTANEXOR IN  
HEMATOLOGIC  
CANCERS



# Phase 1b/2 STOMP Study – XPOVIO Plus Pomalyst® (pomalidomide) and Dexamethasone in Relapsed/Refractory Multiple Myeloma<sup>1,2</sup>

Registrational Phase 3 Trial Expected to Start by Year End 2021

- This all oral XPd combination appears highly active with durable responses
- No new safety signals identified
- These data support the planned Phase 3 study evaluating XPd in RRMM with prior therapies of PIs, IMiDs and anti-CD38 mAb (XPORT-MM-031)

	N	ORR	mPFS (months)	DOR (months)
<b>RP2D<sup>3</sup></b>	20	<b>65%</b>	Not Reached	Not Reached
<b>Pomalyst-naïve</b>			12.2	24.2
<b>Prior anti-CD38 mAb</b>	19	<b>58%</b>	8.7	7.9

The safety and efficacy of XPOVIO in combination with medications other than bortezomib and dexamethasone has not been established and other combination therapies are not approved by the US FDA or any other regulatory authority

## Phase 1b/2 STOMP Study – XPOVIO Plus Kyprolis® (carfilzomib) and Dexamethasone in Relapsed/Refractory Multiple Myeloma<sup>1,2</sup>

- The XKd combination appears highly active and durable responses
- No new safety signals identified

	N	ORR	mPFS (months)
All evaluable patients	32	78%	15.0
High-risk cytogenetics	17	82%	15.0
Prior anti-CD38 mAb	12	68%	23.7

The safety and efficacy of XPOVIO in combination with medications other than bortezomib and dexamethasone has not been established and other combination therapies are not approved by the US FDA or any other regulatory authority

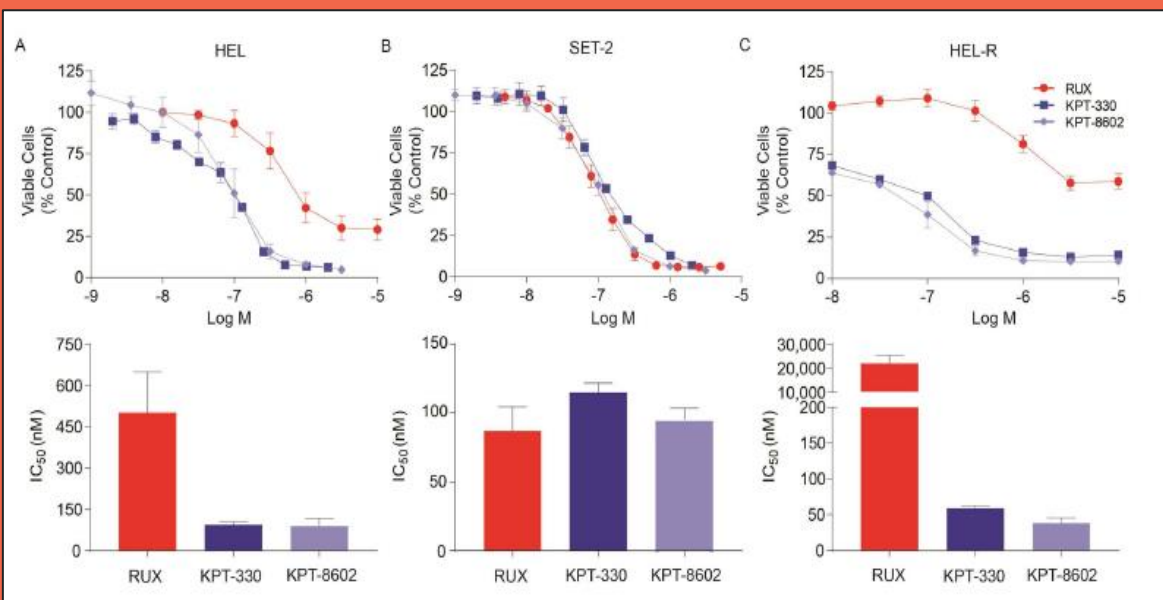
# Single-agent Eltanexor Appears Active in Patients with High-risk, Relapsed MDS that is Primary Refractory to Hypomethylating Agents in Phase 1 Study<sup>1</sup>

- No approved drugs and historical OS 4-6 months in HMA refractory MDS patients
- **Single-agent eltanexor demonstrated 53% ORR**
- Single-agent eltanexor demonstrated median OS of 9.9 months

	Total N=15
ORR (mCR +HI)	<b>53%</b>
Treatment duration (months)	13.0
Median time to response (months)	1.9
Median duration of response (months)	4.42

The safety and efficacy of eltanexor in myelodysplastic syndrome not been established and has not been approved by the US FDA or any other regulatory authority

# Preclinical Data Supports Potential for XPOVIO in Myelofibrosis<sup>1</sup>



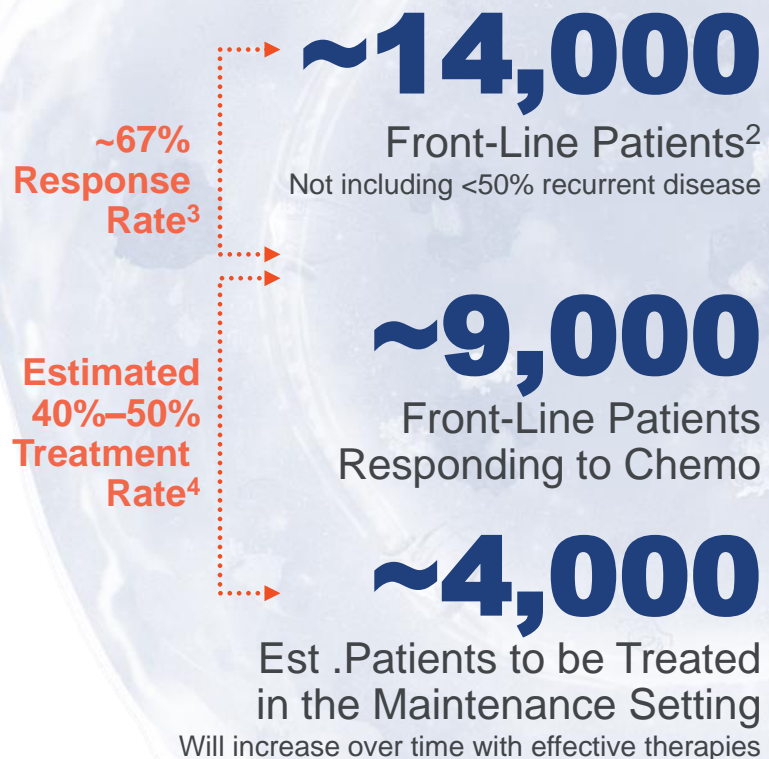
- In preclinical studies, inhibition of nuclear-cytoplasmic transport by selinexor or eltanexor reduced survival of cells expressing JAK<sup>2V617F</sup>
- Potential for broad applicability in both newly diagnosed and ruxolitinib-exposed patients

- **Phase 1 data submitted to major medical meeting for presentation by the end of 2021**
- Randomized, multicenter, open-label, **Phase 2 study** (XPORT-MF-035; NCT04562870) expected **to commence by YE 2021**
- Evaluate the safety and efficacy of single-agent XPOVIO vs physician's choice in up to 112 patients with myelofibrosis who have had at least six months of prior treatment with a JAK 1/2 inhibitor
- Primary endpoint: Percentage of patients with spleen volume reduction of  $\geq 35\%$  from baseline and up to Week 48, as assessed by IRC
- Key secondary endpoints:
  - Safety
  - Percentage of patients with total symptom score reduction of  $\geq 50\%$
  - Percentage of patients with spleen volume reduction of  $\geq 25\%$
  - OS

XPOVIO IN SOLID  
TUMORS



## Opportunity For Maintenance Therapy Post Front-line Chemotherapy



## Potential Endometrial Cancer Opportunity For XPOVIO®

### Overview and Epidemiology (US)

- Most common gynecologic cancer in the U.S with **>65K** cases and **>12K** deaths in 2020<sup>1</sup>
- In the U.S., those diagnosed with early-stage disease generally have a good prognosis after surgery alone, however **~14K** patients each year in the front line will have advanced or metastatic disease and are treated with chemotherapy<sup>2</sup>

### Current Treatment Paradigm

- Patients with Stage I-III disease are typically treated with surgery with or without radiation therapy (high-risk patients may also receive adjuvant chemotherapy)
- **20–30% Patients with advanced or metastatic disease typically treated with chemotherapy, commonly a taxane plus platinum**
  - Response rates (CR or PR) in the front-line setting can be as high as **67%**<sup>3</sup>
  - Patients then typically “watch and wait” until disease relapses
- In the second and later line settings, additional chemotherapy, immunotherapy and/or targeted agents are increasingly used
- There is currently **no drug therapy approved** in the maintenance setting, post chemotherapy in any setting



# Selinexor Was Previously Evaluated in a Phase 2 Study in Patients with Recurrent Gynecological Malignancies (SIGN Study)<sup>1</sup>

## Baseline Patient Characteristics (n=23)

Previous lines of therapy (median, range)	2 (1-5)
Previous platinum agent	96%
Previous taxane	100%

## Endpoints

Disease Control Rate (% patients with PR or SD) - Defined as SD/PR ≥3 months	35%
mPFS	2.8 months

### Adverse Events (AEs)

Most common AEs across all patients were nausea, fatigue, decreased appetite, vomiting, weight loss, anemia, thrombocytopenia, dysgeusia, and blurred vision and were primarily grades 1 and 2. The most common grade 3 AEs were thrombocytopenia, fatigue, anemia, nausea and hyponatremia.

The safety and efficacy of XPOVIO in combination with medications other than bortezomib and dexamethasone has not been established and other combination therapies are not approved by the US FDA or any other regulatory authority

*Note: 114 total patients enrolled in SIGN study with endometrial, ovarian and cervical cancers*

# SIENDO Study Design:

Phase 3 study evaluating once weekly selinexor as a maintenance therapy versus placebo in patients with endometrial cancer after first- or second-line chemotherapy

## Eligibility

Patients who completed a single line of at least 12 weeks of taxane-platinum combination therapy for:

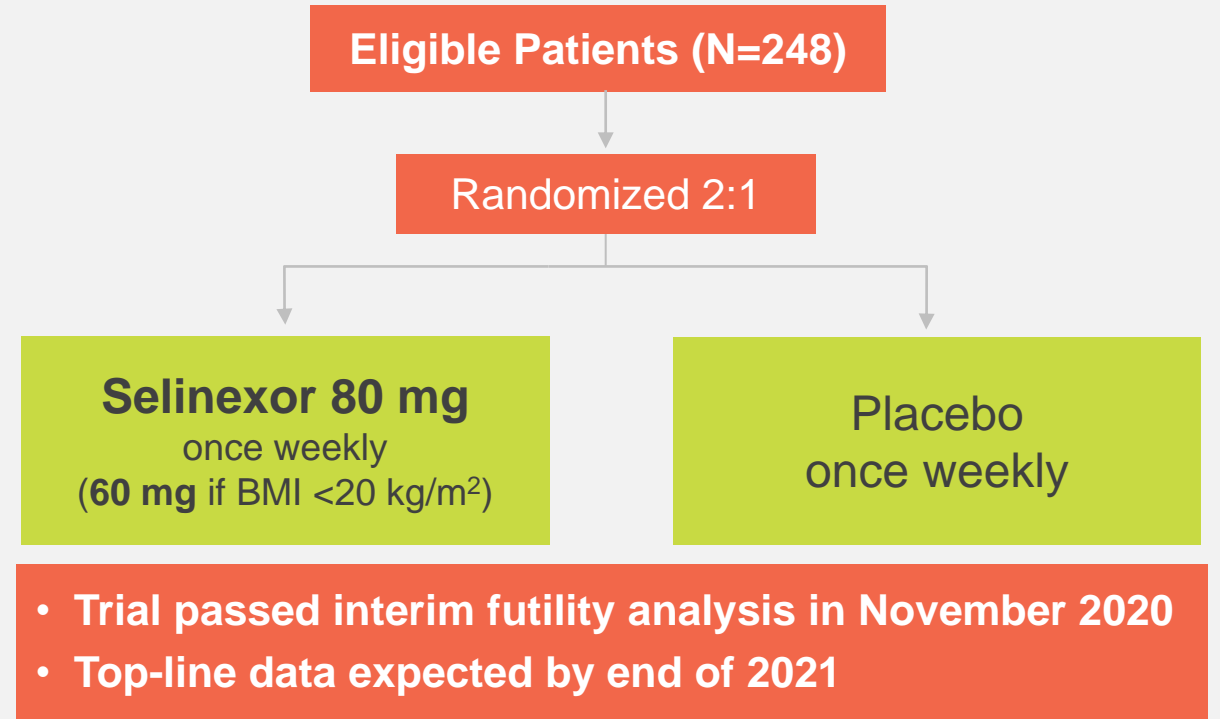
- Primary Stage IV disease
- First Relapse (i.e., relapse after primary therapy including surgery and/or adjuvant therapy for Stage I-IV disease)

## Primary Endpoint

- Progression-free survival from time of randomization until death or disease progression as determined by Investigator

## Statistical Design

- HR of 0.60 corresponds to a 67% increase in median PFS, assuming a median PFS of 4.5 months for placebo and 7.5 months for selinexor



ADDITIONAL  
HIGHLIGHTS  
AND NEXT STEPS



# Financial Snapshot

**\$239.3M**

CASH, EQUIVALENTS & INVESTMENTS  
30-Jun-2021

**Mid 2023**

EXPECTED RUNWAY

**\$20.2M**

Net Product Revenue  
2Q 2021

**75M**

SHARES OUTSTANDING  
30-Jun-2021

# ENHANCING CAPABILITIES, EVOLVING THE ORGANIZATION AND LOOKING AHEAD TO A CATALYST-DRIVEN 2H 2021

## 2H 2021 Milestones

1. Continue to enhance commercial capabilities; continue to increase U.S. XPOVIO sales
2. Initiation of Phase 3 study evaluating XPOVIO + pomalidomide in patients with multiple myeloma
3. SIENDO Phase 3 top-line data announced
4. Planned initiation of key mid- and late-stage clinical studies in MDS, myelofibrosis, CRC and NSCLC
5. Additional combination data in hematologic and solid tumor malignancies with XPOVIO and other standard of care anti-cancer drugs to be presented at ESMO 2021 and other medical meetings



**Thank you!**

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**September 2021**