Karyopharm® Therapeutics

BELIEVERS IN THE EXTRAORDINARY

Second Quarter 2024 Financial Results & Business Update

August 6, 2024

On Today's Call

- **Welcome**
  Elhan Webb, CFA, *Senior Vice President, Investor Relations*
- **Overview**
  Richard Paulson, *President and Chief Executive Officer*
- **Pipeline Update**
  Dr. Reshma Rangwala*, Chief Medical Officer and Head of Research*
- **Commercial Highlights**
  Sohanya Cheng, *Chief Commercial Officer*
- **Financial Results and Guidance**
  Michael Mason, *Chief Financial Officer*
- **Closing Remarks**
  Richard Paulson, *President and Chief Executive Officer*
- **Q&A Session**

Forward-looking Statements and Other Important Information

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 the anticipated benefits of and activities under the refinancing transactions, expectations for our use of proceeds from the Secured Term Loan; Karyopharm's guidance on its 2024 total revenue, 2024 U.S. net product revenue and 2024 R&D and SG&A expenses; Karyopharm's expected cash runway; beliefs about the market opportunity and annual peak revenue opportunities for selinexor; the ability of selinexor to treat patients with multiple myeloma, endometrial cancer, myelofibrosis, diffuse large B-cell lymphoma, and other diseases; expectations related to future clinical development and potential regulatory submissions of selinexor; expectations with respect to commercialization efforts; submissions to, and the review and potential approval of selinexor or any of its other product candidates 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 product 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 or that any of Karyopharm's drug candidates, including selinexor, 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 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 and preclinical trials, including subsequent analysis of existing data and new data received from ongoing and future trials; 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 trials; 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; the direct or indirect impact of the COVID-19 pandemic or any future pandemic on Karyopharm's business, results of operations and financial condition; 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 March 31, 2024, which was filed with the Securities and Exchange Commission (SEC) on May 8, 2024, and in other filings that Karyopharm may make with the SEC in the future. Any forward-looking statements contained in this presentation 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, particularly the information in the section entitled "Investors," as a source of information about Karyopharm. References to www.karyopharm.com in this presentation are not intended to, nor shall they be deemed to, incorporate information on www.karyopharm.com into this presentation by reference. Other than the currently approved indications of XPOVIO, selinexor is an investigational drug that has not been approved by the FDA or any other regulatory agency, and the safety and efficacy of this drugs has not been established by any agency.

OVERVIEW

Richard Paulson
Chief Executive Officer

Driven to Positively Impact Lives and Defeat Cancer Through Scientific Innovation

Committed to Driving Value with Next Stage of Growth

- Novel & Differentiated Mechanism of Action
- Transformative Late-Stage Clinical Development Opportunities
- Strong Financial Position to Deliver 3 Pivotal Studies
- Global Commercial Presence & Approvals in over 40 Countries
- Potential For ~$2 Billion Annual Peak U.S. Revenues[1,2]

1. Includes projected potential selinexor revenues in JAKi-naïve myelofibrosis, TP53 wild type endometrial cancer and multiple myeloma.
2. Annual U.S. peak revenue opportunity is not guidance, but instead represents what the Company believes to be Karyopharm's peak revenue opportunity based on internal estimates, including market research conducted for each indication

PIPELINE UPDATE

Reshma Rangwala, MD, PhD
Chief Medical Officer and Head of Research

Focused High Potential Pipeline with 3 Pivotal Studies Across Cancers with High Unmet Needs

	Regimen	Indication	Study Name	Early Stage	Mid Stage	Late Stage	Commercial
XPOVIO® (selinexor)	w/dexamethasone	Multiple myeloma (penta-refractory)	STORM				
	w/bortezomib + dexamethasone	Multiple myeloma (2L+)	BOSTON				
	monotherapy	DLBCL (R/R)	SADAL				
SELINEXOR Pivotal Phase 3s	**w/pomalidomide + dexamethasone**	**Multiple myeloma (2L+; post anti-CD38)**	**XPORT-MM-031[1,2]**				
	w/ruxolitinib	**Myelofibrosis (treatment naïve)**	**SENTRY (XPORT-MF-034)**				
	monotherapy	**Endometrial cancer (maintenance; *TP53* wild-type)**	**XPORT-EC-042**				
SELINEXOR Phase 2s	Monotherapy[3] (agreement with SOBI[4])	Myelofibrosis (treatment naïve)	SENTRY-2 (XPORT-MF-044)				
	w/mezigdomide[5] (clinical collaboration with BMS)	Multiple myeloma (relapsed/refractory)	STOMP				
	monotherapy	Endometrial cancer (maintenance)	SIENDO				
	w/R-GDP	DLBCL (R/R)	XPORT-DLBCL-030[6]				
ELTANEXOR	monotherapy	Myelodysplastic neoplasms (relapsed/refractory)	KPT-8602-801[7]				

hematologic cancer solid tumor cancer

1.EMN29 Study: Sponsored by European Myeloma Network. 2. Versus elotuzumab, pomalidomide, and dexamethasone. 3. With option to add JAK inhibitors. 4. For supply of pacritinib. 5. To be initiated as an arm in the STOMP trial. 6. XPORT-DLBCL-030 is a Phase 2/3. 7. Further development of eltanexor in MDS is on hold in line with prioritization of late-stage pipeline programs; trial continues to follow patients

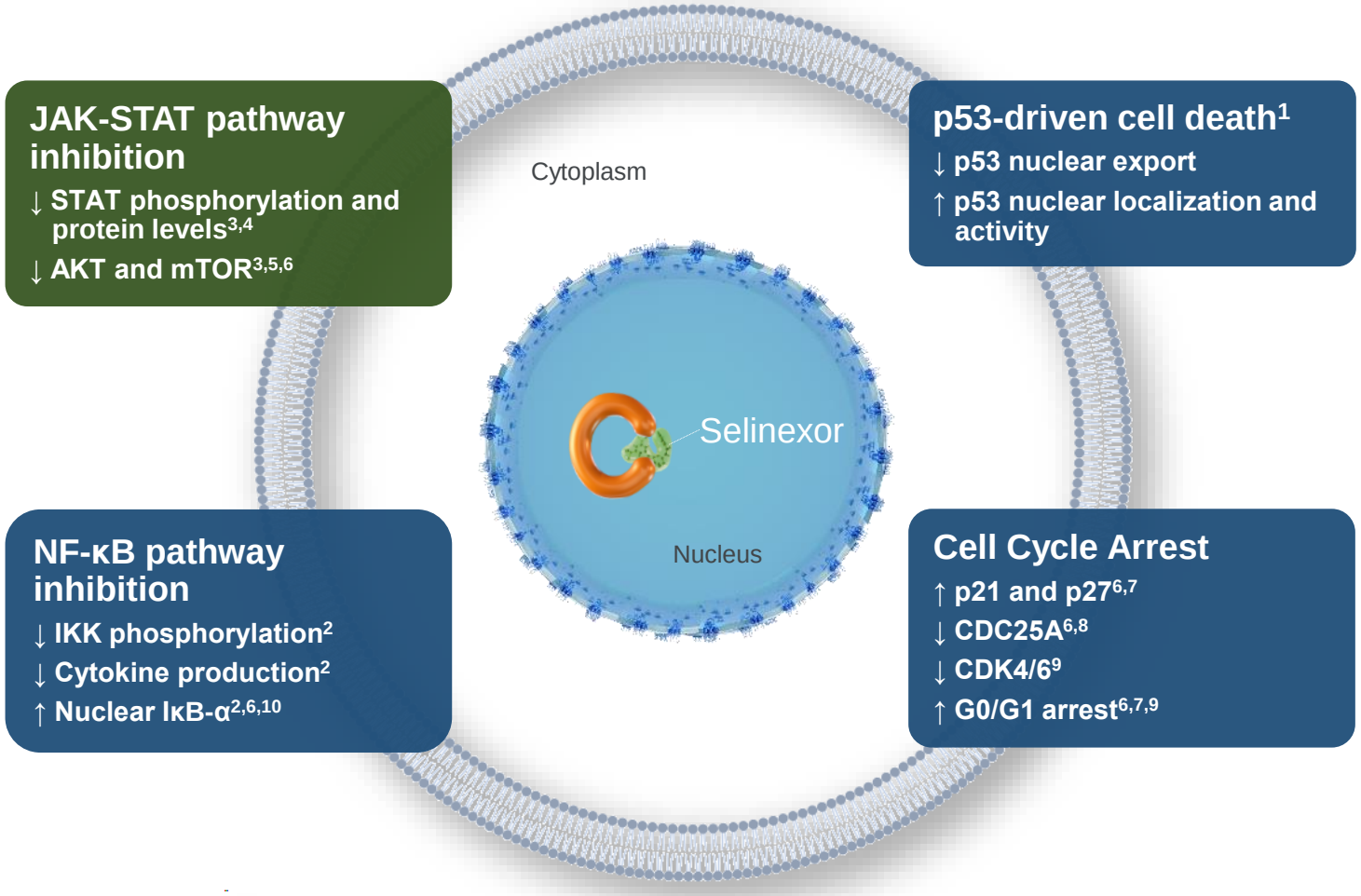
MYELOFIBROSIS

XPO1 Inhibition is a Potentially Fundamental Mechanism in Myelofibrosis (MF) that Targets Both JAK-STAT and non-JAK-STAT Pathways[1-10]

Representing Potentially Additive or Synergistic Activity When Dosed in Combination

Selinexor inhibits XPO1-mediated nuclear cargo protein export leading to:

- Increased malignant cell death[1]
- Decreased malignant cell proliferation[1]
- Reduced inflammation[2]



1. Yan D et al. Clin Cancer Res. 2019;25(7):2323-2335. 2. Kashyap T et al. Oncotarget. 2016;7(48):78883-78895. 3. Walker CJ et al. Blood. 2013;122(17):3034-3044. 4. Cheng Y et al. Mol Cancer Ther. 2014;13(3): 675-686. 5. Argueta C et al. Oncotarget. 2018;9(39);25529-25544. 6. Gandhi UH et al. Clin Lymphoma Myeloma Leukemia. 2018;18(5):335-345. 7. Gravina GL et al. BMC Cancer. 2015;15:941. 8. Garg M et al. Oncotarget. 2017;8(5):7521-7532. 9. Tan M et al. Am J Physiol Renal Physiol. 2014;307(11): F1179-1186. 10. Turner JG et al. Oncotarget. 2016;7(48):78896-78909.

Rapid and Deep SVR35 Achieved with Selinexor 60 mg + Ruxolitinib in Ph1 Trial

		SVR35	TSS50[1]
Population	Timepoint	Selinexor 60mg +ruxolitinib n/N (%)	Selinexor 60mg +ruxolitinib n/N (%)
Efficacy Evaluable	Week 12	10/12[3] (83.3)	8/10[4] (80.0)
	Week 24	**11/12 (91.7)**	**7/9[5] (77.8)**
Intent-to-Treat	Week 12	10/14 (71.4)	8/12 (66.7)
	Week 24	**11/14 (78.6)**	**7/12 (58.3)**

Spleen Volume Reduction ≥35% (SVR35)

	Absolute TSS[2]
Timepoint	Selinexor 60mg +ruxolitinib mean (SD*)
Baseline	**27.3 (17.43)**
Week 24	**-18.5 (13.48)**

* standard deviation

The most common adverse events were GI side effects:

- Nausea (79%, grade ≥3: 7%), anemia (64%, grade ≥3: 43%), thrombocytopenia (64%, grade ≥3: 29%), and fatigue (57%, grade ≥3: 0%)

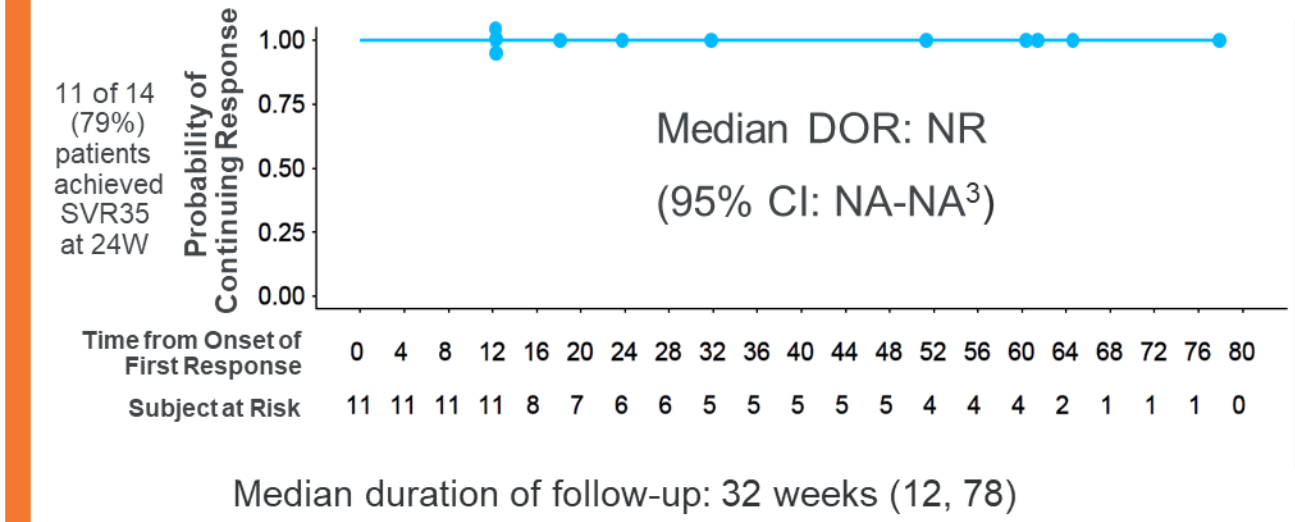
The safety and efficacy of selinexor in myelofibrosis has not been established and has not been approved by the U.S. FDA or any other regulatory authority for use in myelofibrosis.

Data cut August 1, 2023

1. Proportion of patients with ≥50% reduction in Total Symptom Score (TSS) from baseline to Week 24 based on modified MPN-SAF TSS V.4.0. 2. Average reduction in total symptom score at week 24 relative to baseline, calculated for each evaluable subject. Least square mean of the absolute TSS change was not estimated in the ITT population due to limitations in sample size. 3. Two patients discontinued prior to Week 24. 4. One patient discontinued prior to week 12; one patient with missing data at week 12, who subsequently discontinued prior to week 24. 5. Two patients discontinued prior to Week 24 and one had missing data

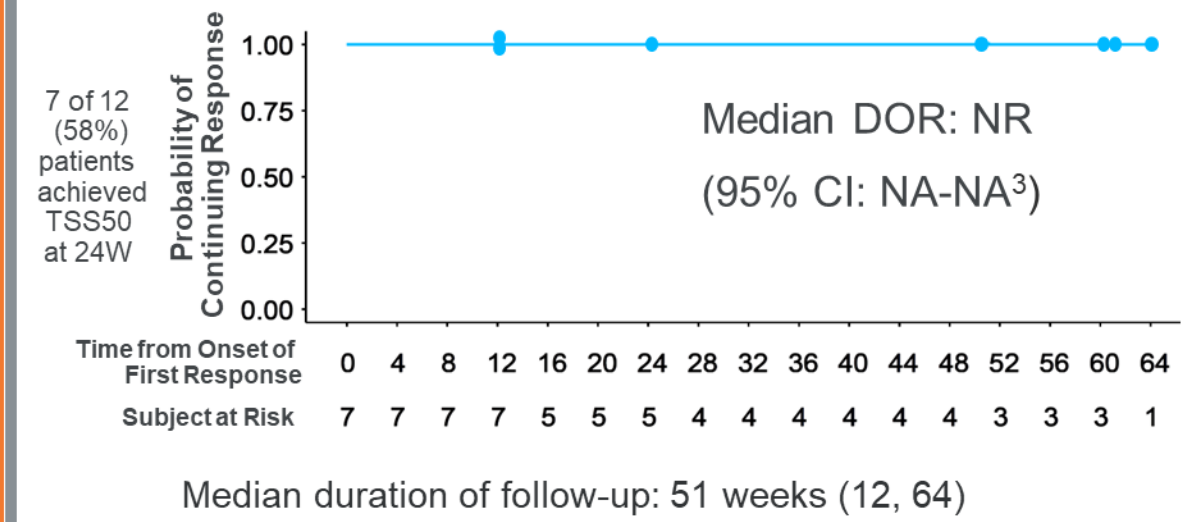
No Progression for SVR35 or TSS50 Responders[1,2] on Selinexor 60mg + Ruxolitinib at Data Cutoff of August 1, 2023

SVR35: Selinexor + Ruxolitinib Treatment Shows 100%[1] Probability of Continuing Response



Median duration of follow-up: 32 weeks (12, 78)

TSS50: Selinexor + Ruxolitinib Treatment Shows 100%[2] Probability of Continuing Response



Median duration of follow-up: 51 weeks (12, 64)

The safety and efficacy of selinexor in myelofibrosis has not been established and has not been approved by the U.S. FDA or any other regulatory authority for use in myelofibrosis.

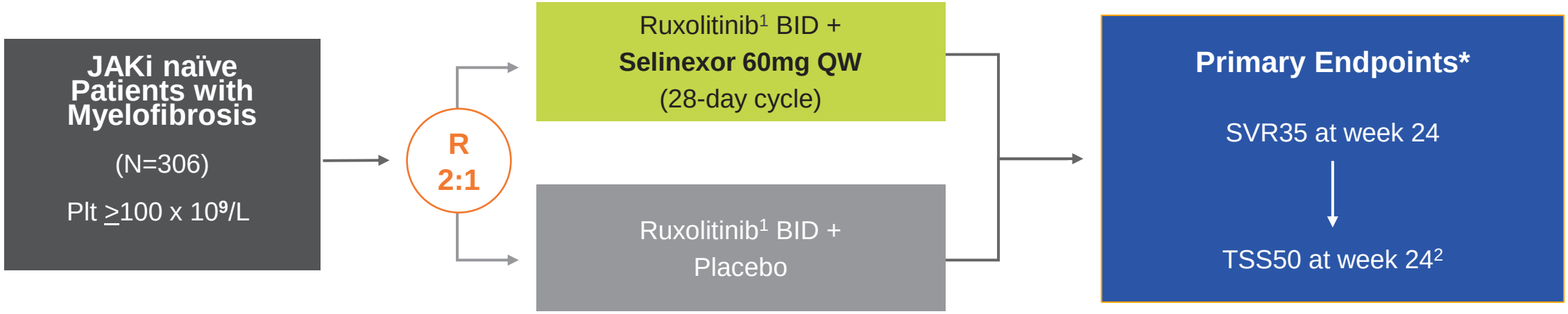
Data cut August 1, 2023

1. SVR progression defined as less than or equal to 35% spleen volume reduction from baseline and more than 25% increase in spleen volume from nadir, assessed radiographically.
2. TSS progression defined as a total symptom score that is equal to or exceeds the baseline value.
3. Not Applicable.

1 3. Not Applicable

SENTRY (XPORT-MF-034*) Phase 3 Trial Evaluating Selinexor in Combination with Ruxolitinib in Treatment-naïve Myelofibrosis

Study is Actively Enrolling



*NCT04562389

Endpoints tested sequentially

Randomization stratified by:

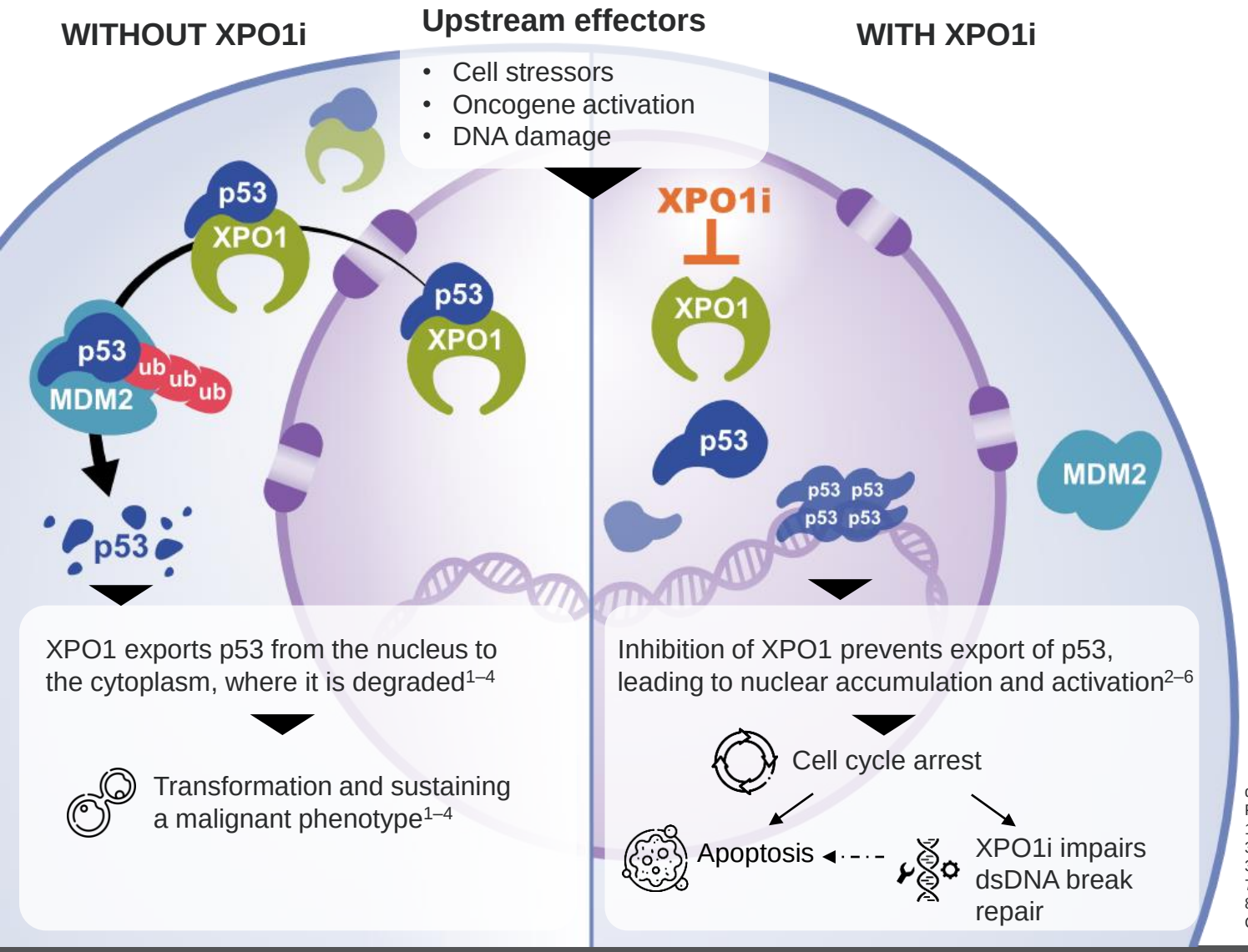
- Dynamic International Prognostic Scoring System (DIPSS) risk category intermediate -1 vs. intermediate -2 or high-risk
- Spleen volume <1800 cm^3 vs. ≥1800 cm^3 by MRI/CT scan
- Baseline platelet counts 100-200 x 10^9/ L vs. >200 x 10^9/L

Top-line Data Expected in 2H 2025

1. Ruxolitinib dose based on platelet count per prescribing information 2. Evaluated in the myelofibrosis assessment form (MFSAF)
BID: Twice daily; Plt: Platelet; QW: Once weekly; SVR 35: Spleen volume reduction ≥ 35%; TSS50: Total symptom score reduction of ≥50%

ENDOMETRIAL CANCER

TP53 is Central to XPO1 Inhibitors' Anticancer Activity



XPO1 inhibition sequesters p53 in nuclei, leading to cell cycle arrest with impaired DNA repair and apoptosis[1,5,7]

Endometrial cancer (EC) cell lines with *TP53*wt are more sensitive to XPO1 inhibition[8]

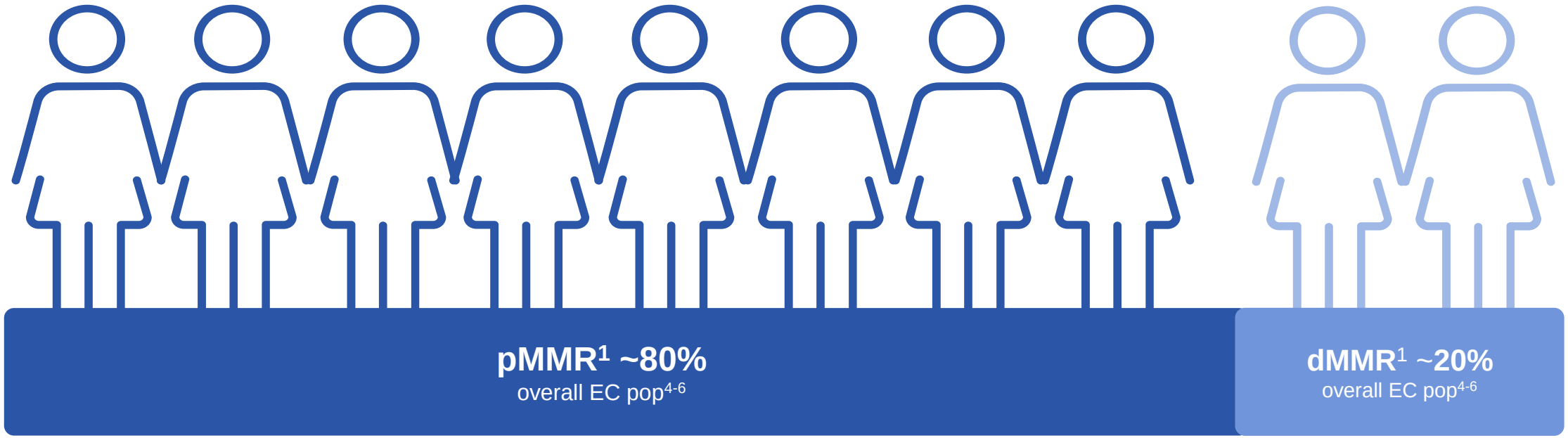
XPO1i may have anticancer activity across multiple *TP53*wt malignancies[8]

Selinexor (XPO1i) maintenance therapy suggested PFS improvement in *TP53*wt advanced/recurrent EC[1]

ds, double-strand; EC, endometrial cancer; MDM2, mouse double minute 2 homolog; p53, tumor protein p53; PFS, progression-free survival; ub, ubiquitin; wt, wild-type; XPO1, exportin 1; XPO1i, XPO1 inhibitor.

1. Makker V et al. *Gynecol Oncol*. 2024;185:202–211. 2. Vergote I et al. *J Clin Oncol.* 2023;41(35):5400–5410. 3. Bogani G et al. *Curr Probl Cancer.* 2023;47(6):100963. 4. Gandhi UH et al. *Clin Lymphoma Myeloma Leuk*. 2018;18(5): 335–345. 5. Tai YT et al. *Leukemia*. 2014;28(1):155–165. 6. Kashyap T et al. *Oncotarget.* 2018;9(56):30773–30786. 7. Slomovitz B et al. Presentation at: American Society of Clinical Oncology Plenary Series. July 25, 2023; Virtual. 8. Maloof ME et al. Poster presented at: AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics. October 11–15 , 2023; Boston, MA.

Selinexor is a Novel Oral Maintenance Therapy Targeting Patients with TP53wt Endometrial Cancer



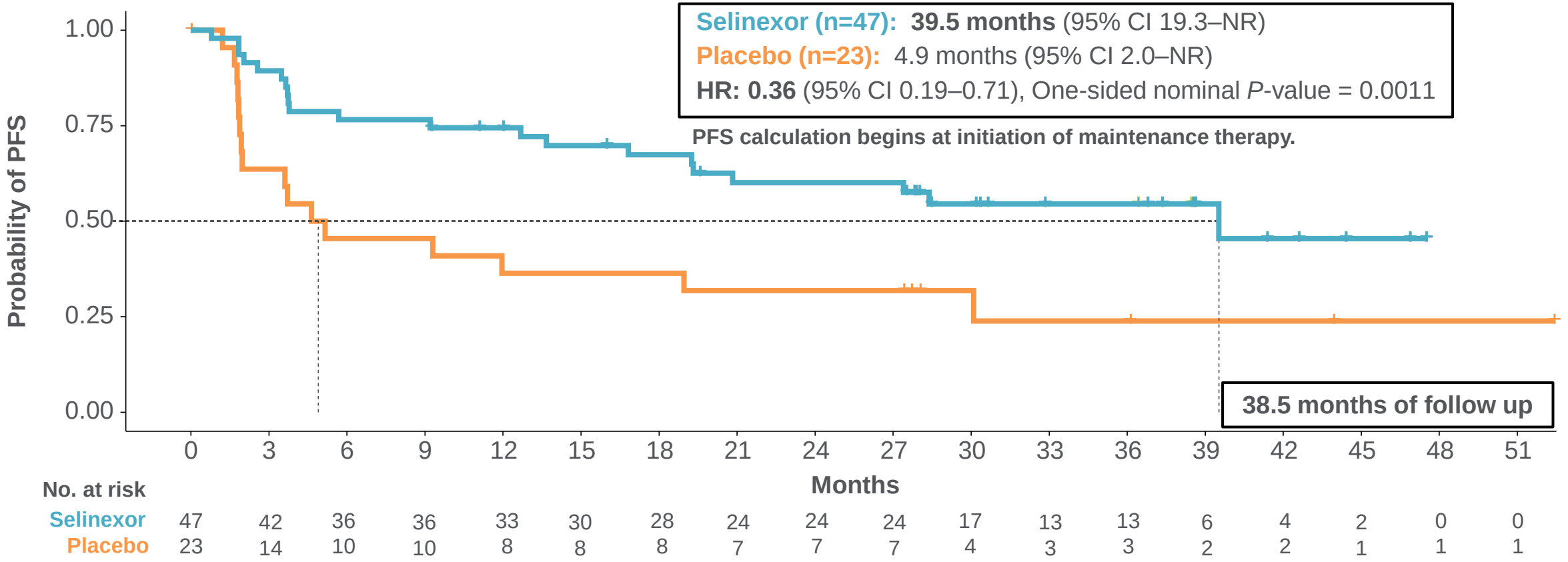
Molecular characterization is used to inform treatment decisions for patients with EC, yet there are currently no approved therapies specifically targeting *TP53*wt EC patients[1-3]

The safety and efficacy of selinexor in endometrial cancer has not been established and has not been approved by the U.S. FDA or any other regulatory authority for use in endometrial cancer.

EC, endometrial cancer; ITT, intent-to-treat; dMMR, deficient mismatch repair; pMMR, proficient mismatch repair; PFS, progression-free survival; TP53, tumor protein 53 gene; TSP, tumor suppressor protein; wt, wild-type; XPO1, exportin

1. Tronconi F, et al. Crit Rev Oncol Hematol. 2022;180:103851. 2. Levine DA. Nature. 2013;497(7447):67–73. 3. Oaknin A, et al. Ann Oncol. 2022;33:860-877. 4. Leslie KK, et al. Gynecol Oncol. 2021;161(1):113-121. 5. Mirza MR, et al. Presentation at: ESMO Congress; October 20-24, 2023. 6. Vergote I, et al. Presentation at: European Society for Medical Oncology Virtual Plenary; March 17-18, 2022; Abstract VP2-2022; Vergote I, et al J Clin Oncol. 2023;41(35):5400-5410.

Updated Data from SIENDO Study Shows Encouraging Signal of Long-term Median PFS Benefit of 39.5 Months in TP53wt/pMMR Subgroup[1,2]

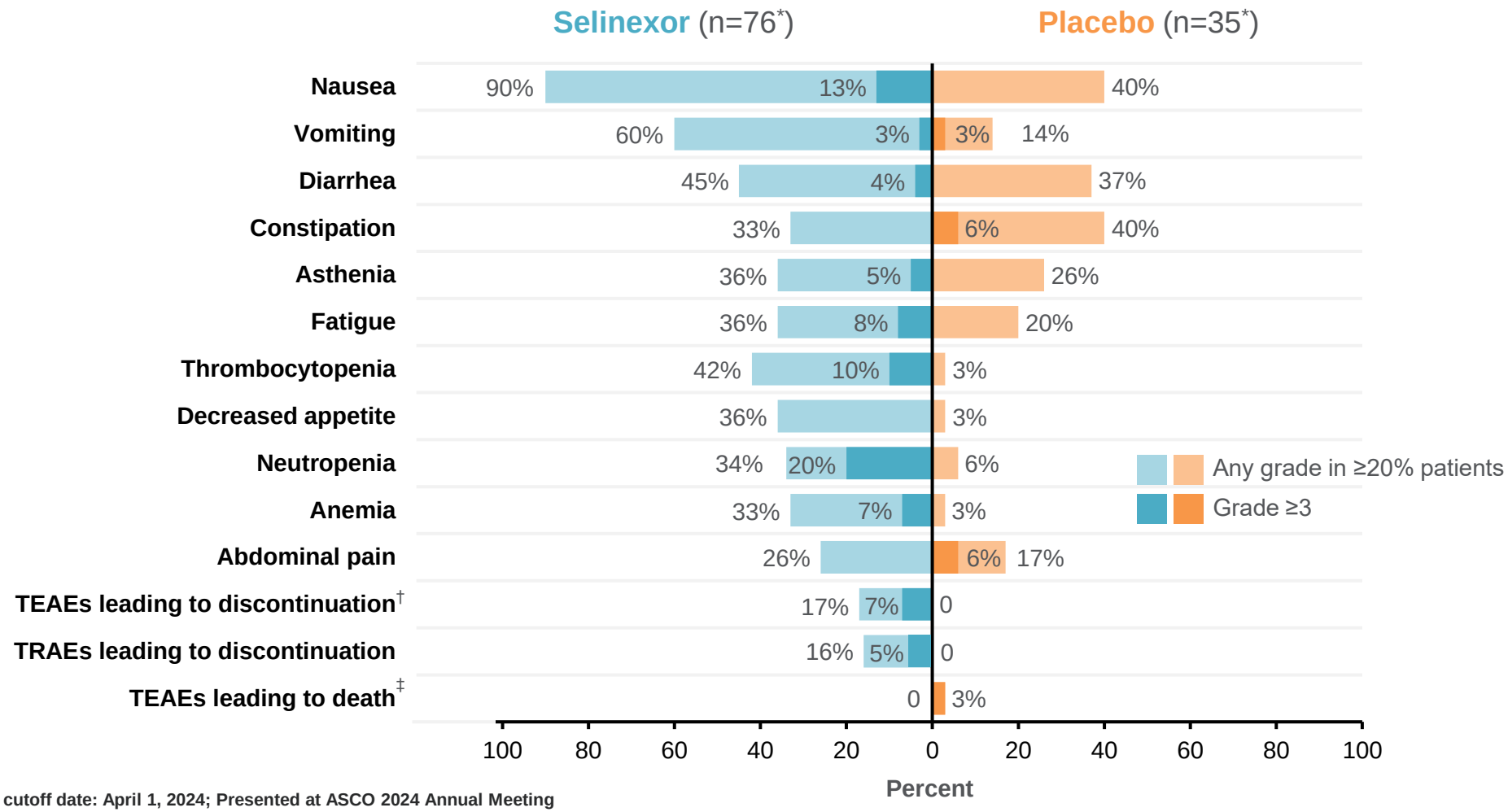


The safety and efficacy of selinexor in endometrial cancer has not been established and has not been approved by the U.S. FDA or any other regulatory authority.

Data cutoff date: April 1, 2024

1.Data presented at ASCO 2024 Annual Meeting 2. Molecular status determined by sequencing (*TP53*wt, n=99; *TP53* mutant, n=97; pMMR, n=164) and if NGS not available, by immunohistochemistry (*TP53*wt, n=14; *TP53*wt mutant, n=29; pMMR, n=20).

Treatment Emergent Adverse Events



Data cutoff date: April 1, 2024; Presented at ASCO 2024 Annual Meeting
TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.
*Two patients total did not receive treatment (n=1, selinexor; n=1, placebo) and were excluded from this analysis.
†Reasons for discontinuation: nausea (n=5), fatigue (n=3), vomiting (n=3), asthenia, cataract, general physical health deterioration, ileus, neutropenia (all n=1).
‡Reason for death unknown/missing.

XPORT-EC-042* Global Phase 3, Randomized, Double-Blind Trial of Selinexor as Maintenance Therapy for Patients with TP53 Wild-Type, Advanced or Recurrent Endometrial Cancer

Study is Actively Enrolling

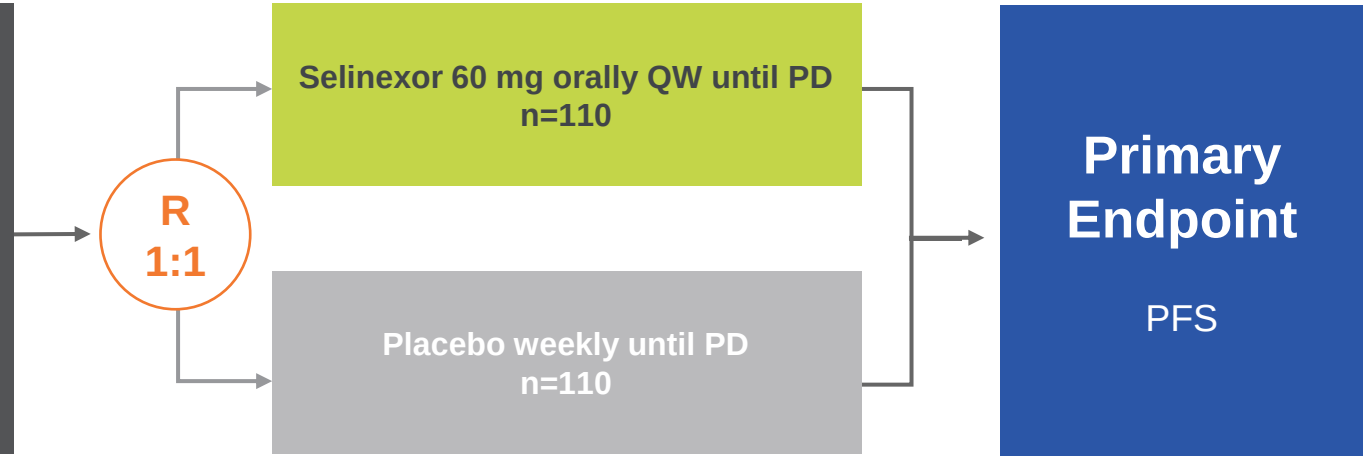
TP53 Wild-Type Status is Assessed by Companion Diagnostic Partner Foundation Medicine[1]

Study in Collaboration with ENGOT[2] and GOG[3]

Key Eligibility

TP53 wild-type endometrial cancer [1]

- Primary stage IV or recurrent EC
- Received at least 12 weeks of platinum-based therapy +/- immunotherapy
- In partial response (PR) or complete response (CR) to chemotherapy



*NCT05611931

The safety and efficacy of selinexor in endometrial cancer has not been established and has not been approved by the U.S. FDA or any other regulatory authority.

Top-line Data Expected in Early 2026

PFS, progression-free survival; PD, progressive disease; QW, every week

1. Utilizing Foundation Medicine's tissue-based comprehensive genomic profiling test to identify TP53 status
2. European Network for Gynaecological Oncological Trial groups
3. Gynecologic Oncology (GOG) Foundation

MULTIPLE MYELOMA

Updated Results for SPd-40* Show a Median PFS of 18.4 Months in Patients with Relapsed and Refractory Multiple Myeloma (RRMM)[1]

Efficacy and Safety of SPd-40* Evaluated in Patients with RRMM in the STOMP and XPORT-MM-028 Trials

	N	SPd-40
mPFS	28	**18.4m**
mPFS (post anti-CD38)[2]	16	**11.2m**

*SPd-40: Selinexor 40mg with pomalidomide and dexamethasone

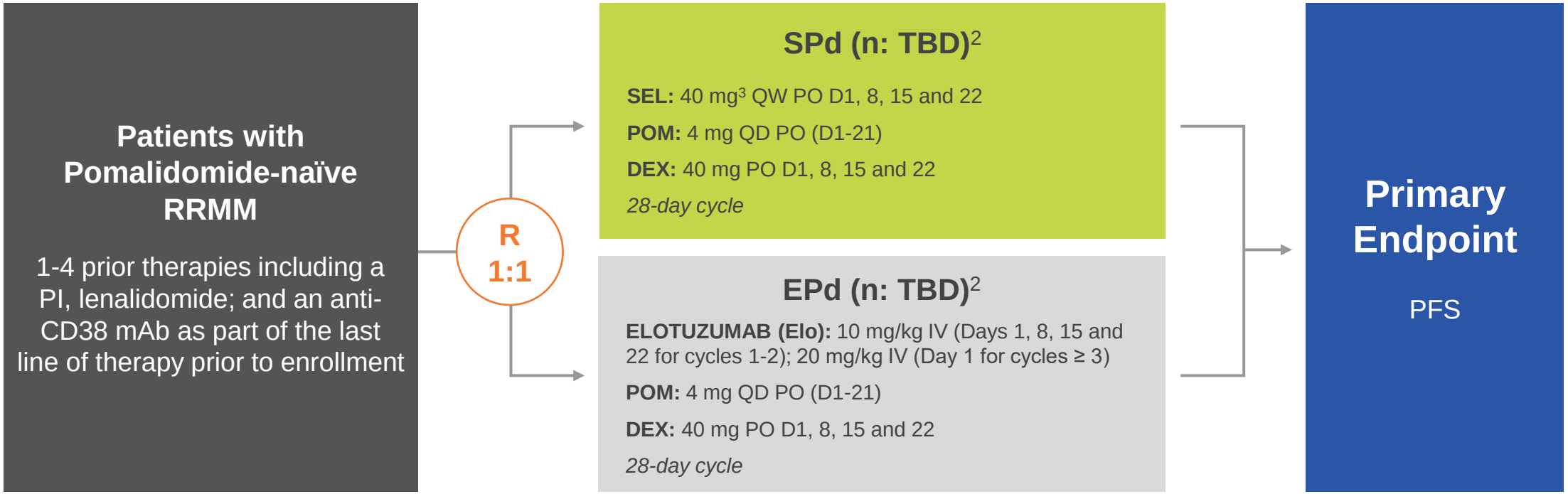
Most Common Adverse Events:

- Neutropenia (64%), anemia (46%), fatigue (46%), thrombocytopenia (43%), nausea (32%), dizziness (32%), diarrhea (29%) and constipation (29%)

1. White et.al., Frontiers in Oncology, 17 May 2024 , Volume 14-2024 2.Data on file for XPORT-MM-028

Phase 3 Global Study (XPORT-MM-031/ EMN29[1])* Evaluating SPd in Patients with Previously Treated Multiple Myeloma

Study is Actively Enrolling[2]



*NCT05028348

The safety and efficacy of SPd has not been established and has not been approved by the FDA or any other regulatory authority

Top-line Data Expected in 1H 2025

PI: proteasome inhibitor; mAB: monoclonal antibody
1. Sponsored by European Myeloma Network (EMN) 2. Anticipate to reduce the size of the trial 3.40 mg selinexor dose was based upon evaluation of the safety and benefit of selinexor 40 and 60 mg doses in combo with Pd observed in the STOMP and 028 studies

COMMERCIAL HIGHLIGHTS

Sohanya Cheng
Chief Commercial Officer

XPOVIO U.S. Net Product Revenue

2Q 2024 Highlights

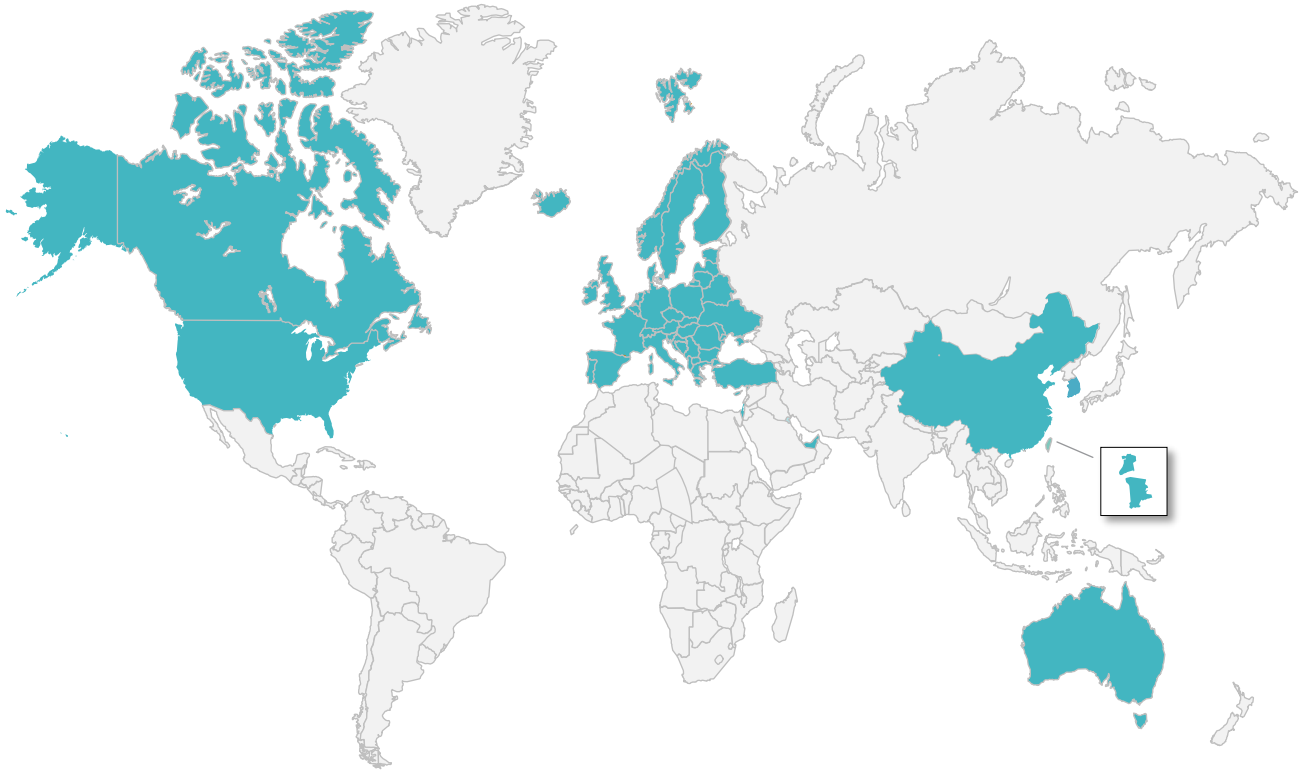
- XPOVIO 2Q 24 net product revenue of $28.0M, -2% YoY and +8% QoQ driven by QoQ growth in new patient starts and refills
- Community setting demand growth of >10% QoQ, representing ~60% of overall revenues
- Academic setting demand consistent QoQ, with continued use immediately preceding and following T cell therapies in later lines
- XPOVIO new patient mix in 2-4L stable QoQ
- Raising lower end of full year 2024 XPOVIO net product revenue guidance from $100-$120M to $105-120M

Continued Momentum in Regulatory and Reimbursement Approvals in Key Global Markets

Q2 2024 & RECENT UPDATES

- Reimbursement approvals for NEXPOVIO for 2L+ MM and penta- or triple-class-refractory MM in the UK
- Reimbursement approval for XPOVIO for RRMM in South Korea
- Regulatory approval for XPOVIO for R/R DLBCL in Mainland China
- Regulatory approval of XPOVIO/ NEXPOVIO for penta- or triple-class-refractory MM in Kuwait

Selinexor Approved in Over 40 Countries*



* Indications of regulatory approvals differ per geographic area /country

FINANCIAL HIGHLIGHTS

Mike Mason, MBA, CPA
Chief Financial Officer

Financial Results and Guidance

Statements of Operations ($ millions)	2Q 2024	2Q 2023	1H 2024	1H 2023
Total Revenue	**$42.8**	**$37.6**	**$75.9**	**$76.3**
XPOVIO Net Sales	28.0	28.5	54.0	56.7
License and Other Revenue	14.8	9.1	21.9	19.5
Total Operating Expenses	**$70.9**	**$67.2**	**$137.8**	**$136.7**
Cost of Sales	1.5	1.2	3.4	2.5
Research and Development Expenses	38.4	31.5	73.8	63.8
Selling, General & Administrative Expenses	31.0	34.5	60.6	70.4
Other Income (Expense), net[2]	**$52.0**	**$(2.9)**	**$48.4**	**$(6.1)**
Net Income (Loss)	**$23.8**	**$(32.6)**	**$(13.6)**	**$(66.8)**
Basic Net Income (Loss) per share	**$0.15**	**$(0.29)**	**$(0.11)**	**$(0.59)**
Diluted Net Loss per share	**$(0.20)**	**$(0.29)**	**$(0.48)**	**$(0.59)**

Balance Sheet ($ millions)	June 30, 2024	Dec 31, 2023
Cash, Cash Equivalents, Restricted Cash & Investments	**$152.5**	**$192.4**

Updated 2024 Financial Guidance

- Total Revenue of $145-$160 million
- U.S. XPOVIO Net Product Revenue of $105-$120 million
- R&D and SG&A Expenses of $250-$265 million, including estimated non-cash stock compensation of ~ $20 million
- Cash runway expected to be sufficient to fund planned operations into 1Q 2026[1]

[1]Including ongoing implementation of planned cost saving measures and excluding re-payment of the Company's remaining 2025 convertible notes and $25 million minimum liquidity covenant under the 2028 senior secured term loan In Q2 2024.
[2]Other Income (Expense) includes a $44.7 million gain on the extinguishment of debt and a $14.3 million gain from the remeasurement of embedded derivatives and liability classified common stock warrants, both of which are non-cash items.

CLOSING REMARKS

Richard Paulson
Chief Executive Officer

Accelerating Innovation and Growth Strategy with Key Milestones

Multiple Myeloma

- ❑ Leverage commercial capabilities and grow XPOVIO (2024)
- ❑ Continuation of global launches (2024)
- ❑ Report data on XPOVIO pre/post T cell therapy (2024)
- ❑ Report top line results from EMN29 trial (1H 2025)

Endometrial Cancer

- ❑ Continue to present updated exploratory results from the *TP53* subgroup from the SIENDO trial at medical conferences (2024)
- ❑ Complete enrollment in pivotal EC-042 Phase 3 trial in TP53 wild-type EC (Mid 2025)
- ❑ Report top-line results from pivotal EC-042 Phase 3 trial in TP53 wild-type EC (Early 2026)

Myelofibrosis

- ❑ Report updated results from the Phase 1 trial of selinexor + ruxolitinib in treatment-naïve MF (2024)
- ❑ Report preliminary data from MF-044 Phase 2 study with single agent selinexor in JAKi naïve MF with platelet counts below 50 × 10^9/L. (End 2024/ Early 2025)
- ❑ Report top-line results from Phase 3 trial of selinexor + ruxolitinib in treatment-naïve MF (2H 2025)

APPENDIX

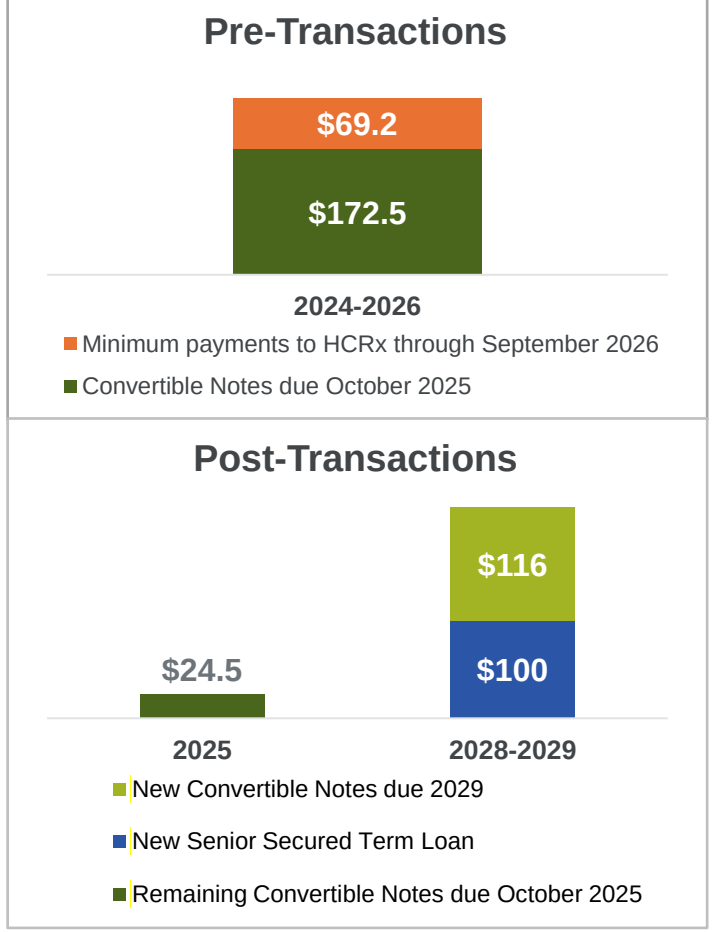
Recent Transactions Extend Maturities into 2028 and 2029

Convertible Notes Exchange	• Extends maturity on 86% of convertible debt to 2029
	  • Exchanged $148.0 million of the $172.5 million 3% Convertible Notes due 2025 at a 25% discount to par in exchange for $111.0 million newly issued 6% Second Lien Convertible Notes due in 2029 plus warrants;
	  • Issued $5.0 million new convertible notes to HCRx
	  • Remaining $24.5 million of convertible notes due October 2025

New Secured Term Loan	• New $100.0 million Senior Secured Term Loan due 2028 provided by the top four holders of the convertible notes due 2025 and HCRx

Amended HealthCare Royalty (HCRx) Agreement	• $69.2 million of the proceeds from the new Senior Secured Term Loan used to address the remaining principal portion of HCRx's $135.0 million investment
	  • Eliminated potential gross-up payments to HCRx
	  • Reduced royalty rate on worldwide XPOVIO net revenues and future products to 7.0% down from 12.5%

Maturity Profile ($ millions)



SIENDO*: A Randomized Double-Blind, Phase 3 Trial of Maintenance with Selinexor / Placebo after Combination Chemotherapy for Patients with Advanced or Recurrent Endometrial Cancer[1,2]

Enrollment Completed

Total patients enrolled (N = 263)

- Female adults with stage IV or first relapsed EC
- Received ≥ 12 weeks of platinum-based chemotherapy
- Prior surgery, radiotherapy or hormonal therapy allowed

PR/CR per RECIST following first-line chemotherapy

Enrollment:
January 2018-December 2021

R
2:1

Selinexor 80 mg P.O. QW

Placebo P.O. QW

Primary endpoint

- Investigator assessed PFS

Select secondary endpoints:

- PFS by BICR, per RECIST v1.1
- OS

Select exploratory endpoints:

- Histological subtype
- Molecular subclassification (assessed by DNA sequencing and IHC)
  - *TP53* mutation status
  - Microsatellite instability status
  - *POLE*-EDM

Stratification

- Primary stage IV vs recurrent
- PR vs CR

* NCT03555422

The safety and efficacy of selinexor in endometrial cancer has not been established and has not been approved by the U.S. FDA or any other regulatory authority

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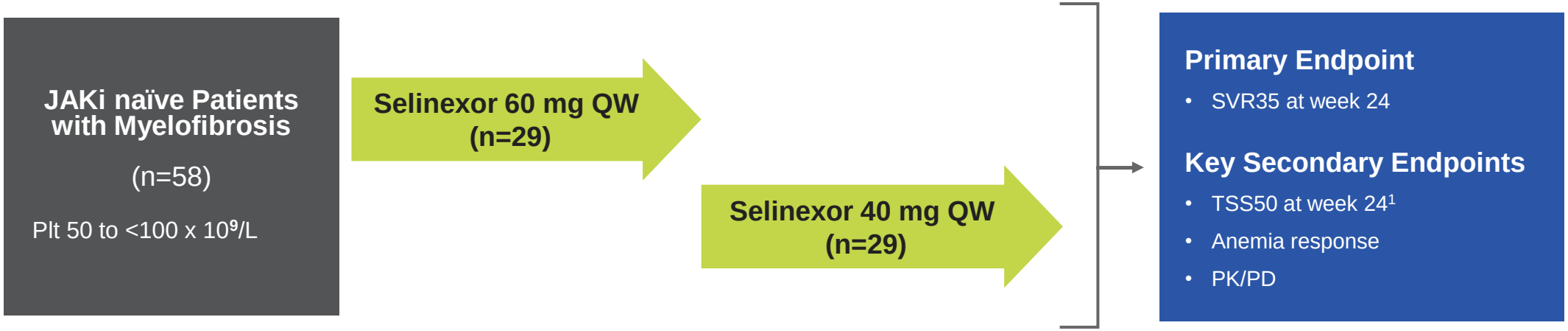
1.BICR, blinded independent central review; CR, complete response; EDM, exonuclease domain mutation; IHC, immunohistochemistry; MSI, microsatellite instability; OS, overall survival; PFS, progression-free survival; PO, per oral; POLE, polymerase epsilon; PR, partial response; QW, once weekly; R, randomized; RECIST, response evaluation criteria in solid tumors; TP53, tumor protein 53 gene

2.1. Maintenance With Selinexor/Placebo After Combination Chemotherapy in Participants With Endometrial Cancer [SIENDO] (ENGOT-EN5).Updated May 30, 2023. Accessed June 26, 2023. https://www.clinicaltrials.gov/study/NCT03555422?term=NCT03555422 2. Vergote I, et al. Presentation at: European Society for Clinical Oncology Virtual Plenary; March 17-18, 2022, Abstract VP2-2022.

SENTRY-2 (XPORT-MF-044*) Phase 2 Trial Evaluating Selinexor As Monotherapy in JAKi Naïve MF Patients with Lower Platelet Counts



* NCT05980806

Optional Add-on Medications	
Week 12 if SVR <10%	**Week 24 if SVR <35%**
Add **ruxolitinib**[2]**:** if plt >50 x 10^9/L, and hemoglobin level is ≥ 10 g/dL	
Add **pacritinib:** if plt <50 x 10^9/L[1] SOBI[4]	
Add **momelotinib**[3] if plt >50 x10^9/L hemoglobin level is <10 g/dL	

Pacritinib supply agreement with SOBI

1. Evaluated in the myelofibrosis assessment form (MFSAF) 2. Ruxolitinib dose based on platelet count per prescribing information 3.In the U.S. only 4. For supply of pacritinib
Plt: platelet; QW: Once weekly; SVR 35: Spleen volume reduction ≥ 35%; TSS50: Total symptom score reduction of ≥50%; PD: pharmacodynamic; PK: Pharmacokinetic