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

• 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 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 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 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 September 30, 2023, which was filed with the Securities and Exchange Commission (SEC) on November 2, 2023, 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 and eltanexor 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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Driven to Positively Impact Lives and Defeat Cancer Through Scientific Innovation

Committed to Driving Value with Next Stage of Growth

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<th>Novel &amp; Differentiated Mechanism of Action</th>
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<td>Transformative Late-Stage Clinical Development Opportunities</td>
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<td>Strong Financial Position to Deliver 3 Pivotal Studies</td>
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<td>Global Commercial Presence &amp; Approvals in over 40 Countries</td>
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<tr>
<td>Potential For ~$2 Billion Annual Peak U.S. Revenues(^1,2)</td>
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1. Includes projected potential selinexor revenues in JAKi-naive 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.
Key Program Accomplishments in 2023

**Myelofibrosis (MF)**
- Initiated Phase 3 trial of selinexor + ruxolitinib in treatment naïve MF
- Data presented at ASH 2023 (Phase 1 of selinexor + ruxolitinib in treatment-naïve MF) showed encouraging spleen reduction, symptom improvement, long-term durability and was suggestive of disease modification
- Received Fast Track Designation from the FDA for selinexor for the treatment of patients with MF

**Endometrial Cancer (EC)**
- Long-term progression free survival (PFS) from the TP53 wild-type (WT) exploratory subgroup from the Phase 3 SIENDO trial presented at the ASCO Plenary Series showed meaningful PFS benefit
- Preliminary analysis in the TP53 wild-type exploratory subgroup from the Phase 3 SIENDO trial, presented as an oral presentation at IGCS 2023, showed encouraging overall survival

**Multiple Myeloma (MM)**
- Continued XPOVIO shift to earlier lines, with patient mix ~70% in the 2-4L
- Update from NCCN guidelines to list XVd¹ as Category 1 & Preferred in lenalidomide-refractory patients
- Presentation of selinexor (40mg)+Pd²,³ showed an optimal risk-benefit profile
- Further approvals and commercial launches by partners ex-US

Positioned for Success with 3 Pivotal Studies in Indications with Total US Potential of ~$2B Annual Peak Revenues

Data Readouts from Selinexor Expected in 2025

<table>
<thead>
<tr>
<th>Topline Results:</th>
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<tr>
<td>MM* 1H 2025</td>
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**Myelofibrosis (MF)**
Potential to transform 1L treatment for myelofibrosis patients with rapid, deep and sustained responses

**Endometrial Cancer (EC)**
Potential to extend progression-free survival for TP53 WT endometrial cancer patients

**SPd**
Potential to address unmet need in 2L+ multiple myeloma with an all oral-triplet post anti-CD38

Continued growth in 2L+ multiple myeloma by enabling a class switch as a novel MOA

1. Includes projected potential selinexor revenues in: JAKi-naive 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.
3. Selinexor + pomalidomide + dexamethasone.

* Multiple myeloma.
Reshma Rangwala, MD, PhD
Chief Medical Officer

PIPELINE UPDATE
## Focused High Potential Pipeline with 3 Pivotal Studies Across Cancers With High Unmet Needs

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Indication</th>
<th>Study Name</th>
<th>Early Stage</th>
<th>Mid Stage</th>
<th>Late Stage</th>
<th>Commercial</th>
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<tr>
<td>w/dexamethasone</td>
<td>Multiple myeloma (penta-refractory)</td>
<td>STORM</td>
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<td>w/bortezomib + dexamethasone</td>
<td>Multiple myeloma (2L+)</td>
<td>BOSTON</td>
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<tr>
<td>monotherapy</td>
<td>DLBCL (R/R)</td>
<td>SADAL</td>
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<tr>
<td><strong>W/Pomalidomide + dexamethasone</strong></td>
<td><strong>Multiple myeloma (2L+; post-anti CD38)</strong></td>
<td><strong>XPORT-MM-031</strong>(^{1,2})</td>
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<td>w/ruxolitinib</td>
<td>Myelofibrosis (treatment naïve)</td>
<td>XPORT-MF-034</td>
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<td>monotherapy</td>
<td>Endometrial cancer (maintenance; TP53 wild-type)</td>
<td>XPORT-EC-042</td>
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<td><strong>W/Mezigdomide</strong> (agreement with BMS)</td>
<td><strong>Multiple myeloma (relapsed/refractory)</strong></td>
<td><strong>STOMP</strong>(^{6})</td>
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<tr>
<td>monotherapy</td>
<td>Endometrial cancer (maintenance)</td>
<td>SIENDO</td>
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<td><strong>W/R-GDP</strong></td>
<td><strong>DLBCL (R/R)</strong></td>
<td><strong>XPORT-DLBCL-030</strong>(^{7})</td>
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<tr>
<td><strong>Monotherapy</strong> (agreement with SOBI(^{5}))</td>
<td>Myelofibrosis (treatment naïve)</td>
<td>XPORT-MF-044</td>
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<tr>
<td><strong>W/Mezigdomide</strong> (agreement with BMS)</td>
<td><strong>Multiple myeloma (relapsed/refractory)</strong></td>
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<td><strong>Eltanexor</strong></td>
<td><strong>Myelodysplastic neoplasms (relapsed/refractory)</strong></td>
<td><strong>KPT-8602-801</strong></td>
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**SELINEXOR Pivotal Phase 3 Studies**

1. EMN29 Study: Sponsored by European Myeloma Network. 2. Versus elotuzumab, pomalidomide, and dexamethasone. 3. With option to add JAK inhibitors. 4. Planned initiation in 1H 2024. 5. For supply of pacritinib. 6. To be initiated as an arm in the STOMP trial. 7. XPORT-DLBCL-030 is a Phase 2/3 study.
MYELOFIBROSIS
Selinexor Has the Potential to Define a New Treatment Paradigm in MF\(^1\)

### Treatment Landscape and Unmet Need

**Population living with MF:**
- ~20,000 in the U.S\(^2\); ~17,000 in EU\(^2\)

**No other approved class of therapy other than JAK inhibitors**
- Ruxolitinib generates over $1 billion\(^3\) revenues annually in MF in the U.S.

**Significant unmet need in 1L treatment with current standard of care, ruxolitinib**
- Only ~35% of patients achieve SVR35 with ruxolitinib\(^4\)
- <50% achieve TSS50\(^4\)

### Selinexor

- XPO1 inhibition is a novel and potentially fundamental mechanism in MF
- Synergism with ruxolitinib observed in preclinical data\(^5\)
- Rapid, deep and sustained spleen response, robust symptom improvement and rapid, sustained cytokine reduction across all subgroups\(^1\)
- Potentially disease modifying with rapid normalization of platelets, maintenance of hemoglobin levels and rapid cytokine reduction
- Generally tolerable and manageable side effect profile enabling sustained therapy

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1. Based on selinexor-ruxolitinib Ph 1 results using data cut as of August 1, 2023
3. Incyte Q4 2023 Results
4. MANIFEST and TRANSFORM Phase 3 studies, ASH 2023

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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.
Rapid and Deep SVR35 Achieved with Selinexor 60mg + Ruxolitinib in Phase 1 Study

<table>
<thead>
<tr>
<th>Population</th>
<th>Timepoint</th>
<th>Selinexor 60mg + ruxolitinib</th>
<th>n/N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy Evaluable</td>
<td>Week 12</td>
<td>10/12(^1) (83.3)</td>
<td></td>
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<tr>
<td></td>
<td>Week 24</td>
<td>11/12 (91.7)</td>
<td></td>
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<tr>
<td>Intent-to-Treat</td>
<td>Week 12</td>
<td>10/14 (71.4)</td>
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<tr>
<td></td>
<td>Week 24</td>
<td>11/14 (78.6)</td>
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SVR35, spleen reduction volume ≥35%

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. Two patients discontinued prior to Week 24
2. n=12; one patient discontinued prior to week 12; one patient with missing data at week 12 who subsequently discontinued prior to week 24
Meaningful Improvement Observed in TSS50 and Absolute TSS with Selinexor 60mg + Ruxolitinib at Week 24

<table>
<thead>
<tr>
<th>Population</th>
<th>Timepoint</th>
<th>Selinexor 60mg + ruxolitinib</th>
<th>n/N (%), TSS50¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy Evaluable</td>
<td>Week 12</td>
<td>8/10³ (80.0)</td>
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<tr>
<td></td>
<td>Week 24</td>
<td>7/9⁴ (77.8)</td>
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<tr>
<td>Intent-to-Treat</td>
<td>Week 12</td>
<td>8/12 (66.7)</td>
<td></td>
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<tr>
<td></td>
<td>Week 24</td>
<td>7/12 (58.3)</td>
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</table>

<table>
<thead>
<tr>
<th>Timepoint</th>
<th>Absolute TSS²</th>
<th>Selinexor 60mg + ruxolitinib mean (SD*)</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>27.3 (17.43)</td>
<td></td>
</tr>
<tr>
<td>Week 24</td>
<td>-18.5 (13.48)</td>
<td></td>
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</table>

¹ Proportion of patients with ≥50% reduction in 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.

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

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Robust Symptom Improvement Observed with Selinexor + Ruxolitinib

Corroborated by Rapid and Sustained Reduction in Pro-Inflammatory Cytokines and Improvement in all Relevant Symptom Domains

Mean % Change at Week 24 in Symptom Domains

Plasma Change in Cytokines

1. Percentage change from baseline to Week 24 was calculated for each symptom domain for subjects (N) who have non-zero and non-missing baseline score and non-missing Week 24 score at the domain. The Bar graph summarizes the mean and SD of the percentage changes.

2. Plasma sample cytokine levels were assessed by Eve Technologies (Calgary, Alberta, Canada) using the 71-plex, TGFβ, and Hepcidin assays. For patients with available longitudinal samples, screening samples were used to determine % change at C2D1 or EOT. Graph depicts median and interquartile ranges for selected cytokines important for myelofibrosis pathobiology.
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**

- 11 of 14 (79\%) patients achieved SVR35 at 24W
- Median DOR: NR
- (95\% CI: NA-NA\(^3\))

**TSS50: Selinexor + Ruxolitinib Treatment Shows 100\%\(^2\) Probability of Continuing Response**

- 7 of 12 (58\%) patients achieved TSS50 at 24W
- Median DOR: NR
- (95\% CI: NA-NA\(^3\))

**Subject at Risk**

- Time from Onset of First Response
- Subject at Risk
- Median duration of follow-up: 32 weeks (12, 78)

**Subject at Risk**

- Time from Onset of First Response
- Subject at Risk
- Median duration of follow-up: 51 weeks (12, 64)

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*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.*

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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.
50% of All Patients Treated with Selinexor 60 mg + Ruxolitinib Achieved SVR35 and TSS50 at Week 24; 75% of Patients Achieved Both at Anytime

**Response at Week 24**

- **50%**
  - SVR35 Only: n=6/12 (50%), n=5/14 (35.7%)
  - Both SVR35 & TSS50: n=3/14 (21.4%)

- **TSS50 Only**: n=1/12 (8.3%)

**Response at Anytime**

- **75%**
  - SVR35 Only: n=9/12 (75%)
  - Both SVR35 & TSS50: n=0/12 (0%)

* 2 patients with no baseline symptoms (TSS = 0) were excluded from the TSS50 response and the SVR35/TSS50 dual response analyses.

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.
Markers of Disease Modification Observed With Stable Hemoglobin

Stable Hemoglobin Achieved with Selinexor 60mg QW

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
In the Phase 1 study, selinexor 60mg plus ruxolitinib in patients with JAKi naïve myelofibrosis has demonstrated compelling results, particularly regarding spleen and symptom improvement, and illustrates the promising activity of this rational combination regimen in the form of deep and durable responses.

These data suggest that this tolerable and unique combination of XPO1 and JAK inhibition can significantly improve these efficacy measures for first-line myelofibrosis patients.
Phase 3 Part of Study (XPORT-MF-034*) Evaluating Selinexor in Combination with Ruxolitinib in Treatment-naïve Myelofibrosis

Study is Actively Enrolling

JAKi naïve Patients with Myelofibrosis (N=306)
Plt ≥100 x 10⁹/L

Ruxolitinib¹ BID + Selinexor 60mg QW (28-day cycle)

Ruxolitinib¹ BID + Placebo

Primary Endpoints*
SVR35 at week 24
TSS50 at week 24²

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 cm³ vs. ≥1800 cm³ by MRI/CT scan
• Baseline platelet counts 100-200 x 10⁹/L vs. >200 x 10⁹/L

Top-line Data Expected in 2H 2025

*NCT04562389

1. Ruxolitinib dose based on platelet count per prescribing information
2. Evaluated in the myelofibrosis assessment form (MFSAF)
ENDOMETRIAL CANCER
Potential for Significant Paradigm Shift for the Treatment of Women with Advanced or Recurrent TP53 Wild-Type (WT) EC

Generated strong hypothesis in patients with TP53 WT EC

XPO1 inhibition forces retention of p53 in the cell nucleus, allowing it to carry out its tumor suppressor and other regulatory functions

No FDA approved treatments for pMMR\(^1\) (proficient mismatch repair), which represents ~80% of advanced and recurrent EC\(^2\)

~16K patients diagnosed with advanced and recurrent EC in the U.S. each year\(^3\)

~ >50% have TP53 WT EC, and 40-55% are TP53WT and pMMR\(^2,4\)

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.

Updated Data from SIENDO Study\textsuperscript{1} Indicate Encouraging Signal of PFS Benefit with Median PFS Benefit > Two Years in TP53 Wild Type EC

Most common adverse events in TP53\textsuperscript{wt} exploratory subgroup: Nausea (90\%, grade $\geq 3$: 12\%), vomiting (60\%, grade $\geq 3$: 3\%), thrombocytopenia (42\%, grade $\geq 3$: 10\%) and diarrhea (42\%, grade $\geq 3$: 4\%). TEAE's leading to discontinuation 16\% and death 0\%.

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.
SIENDO Study: Strongest Signal in TP53 WT pMMR with Median PFS NotReached; PFS Improvement Observed Regardless of MMR Status

Long Term Follow-Up¹: PFS in TP53 WT Exploratory Subgroup Based on MMR status

**TP53 WT / pMMR (MSS)**

Selinexor (N=47): NR (95% CI 19.3-NR)  
Placebo (N=23): 4.9 mo (95% CI 2.0-NR)  
HR: 0.32 (95% CI 0.16-0.64)  
One-sided nominal P-value = 0.0004

**TP53 WT / dMMR (MSI-H)**

Selinexor (N=20): 13.1 mo (95% CI 3.6-NR)  
Placebo (N=9): 3.7 mo (95% CI 1.9-NR)  
HR: 0.45 (95% CI 0.16-1.27)  
One-sided nominal P-value = 0.0643

Median follow-up: 31.6 months

Median follow-up: 27.3 months

*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.*

¹. Presented at IGCS 2023 Annual Global Meeting
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

**Study in Collaboration with ENGOT** and **GOG**

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### Key Eligibility

*TP53* wild-type endometrial cancer

- 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

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**Primary Endpoint**

PFS

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**Selinexor 60 mg orally QW until PD**

- **n=110**

**Placebo weekly until PD**

- **n=110**

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*NCT05611931

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*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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**Top-line Data in 1H 2025**

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

Study is Actively Enrolling

Patients with Pomalidomide-naïve RRMM
1-4 prior therapies including a PI, lenalidomide; and an anti-CD38 mAb as part of the last line of therapy prior to enrollment

R 1:1

SPd (n:~111)
- SEL: 40 mg QW PO D1, 8, 15 and 22
- POM: 4 mg QD PO (D1-21)
- DEX: 40 mg PO D1, 8, 15 and 22
  28-day cycle

EPd (n:~111)
- ELOTUZUMAB (Elo): 10 mg/kg IV (Days 1, 8, 15 and 22 for cycles 1-2); 20 mg/kg IV (Day 1 for cycles ≥ 3)
- POM: 4 mg QD PO (D1-21)
- DEX: 40 mg PO D1, 8, 15 and 22
  28-day cycle

Primary Endpoint
PFS

Top-line Data in 1H 2025

*NCT05028348

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

1. 40mg 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
Sohanya Cheng
Chief Commercial Officer

COMMERCIAL HIGHLIGHTS
XPOVIO Update: 4Q 2023 and FY 2023

Net Product Revenue in 2023 Adversely Impacted by Increase in PAP\(^1\), Higher Gross-To-Net and Increased Competition

<table>
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<tr>
<th>Quarter</th>
<th>2022</th>
<th>2023</th>
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<td>$120.4M</td>
<td>$112.0M</td>
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\(\text{PAP impact}^1 \approx \$6.0M\)

1. Patient Assistant Program
2. Includes PAP and commercial demand
3. Based on Komodo claims data accessed in November 2023

4Q and FY 2023 Highlights

- XPOVIO Net Product Revenue of $112M and $25M for FY 2023 and Q4 2023, respectively

- Demand\(^2\) growth in the community setting in FY 2023 vs 2022, accounting for ~ two thirds of XPOVIO net product revenue

- Demand\(^2\) adversely impacted in the academic setting due to increasing competition in 4L+

- ~$6M impact from PAP due to closure of multiple myeloma foundations. In 2024, fewer patients expected to utilize PAP for co-pay assistance due to re-design of Part D benefits.

- Continued shift in XPOVIO new patient mix\(^3\) to 2-4L, approaching 70%, compared to 55% in 2022, with favorable impact on duration

- US XPOVIO Net Product Revenue guidance of $100-$120M in 2024
FINANCIAL HIGHLIGHTS AND MILESTONES
## 4Q and FY 2023 Financial Results

<table>
<thead>
<tr>
<th>Statements of Operations ($ millions)</th>
<th>4Q 2023</th>
<th>4Q 2022</th>
<th>FY 2023</th>
<th>FY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$33.7</td>
<td>$33.6</td>
<td>$146.0</td>
<td>$157.1</td>
</tr>
<tr>
<td>XPOVIO Net Sales</td>
<td>25.1</td>
<td>31.1</td>
<td>112.0</td>
<td>120.4</td>
</tr>
<tr>
<td>License and Other Revenue</td>
<td>8.7</td>
<td>2.5</td>
<td>34.0</td>
<td>36.6</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>$71.6</strong></td>
<td><strong>$67.4</strong></td>
<td><strong>$275.6</strong></td>
<td><strong>$299.3</strong></td>
</tr>
<tr>
<td>Cost of Sales</td>
<td>1.5</td>
<td>1.9</td>
<td>4.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Research and Development Expenses</td>
<td>39.4</td>
<td>30.9</td>
<td>138.8</td>
<td>148.7</td>
</tr>
<tr>
<td>Selling, General &amp; Administrative Expenses</td>
<td>30.7</td>
<td>34.6</td>
<td>131.9</td>
<td>145.4</td>
</tr>
<tr>
<td>Net Loss</td>
<td>$41.8</td>
<td>$38.5</td>
<td>$143.1</td>
<td>$165.3</td>
</tr>
<tr>
<td>Net Loss per share</td>
<td>$0.36</td>
<td>$0.43</td>
<td>$1.25</td>
<td>$2.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Balance Sheet ($ millions)</th>
<th>Dec 31, 2023</th>
<th>Dec 31, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, Cash Equivalents</td>
<td>$192.4</td>
<td>$279.7</td>
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<tr>
<td>Restricted Cash and Investments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2024 Financial Guidance

- **Total Revenue of $140-$160 million**
- **U.S. XPOVIO Net Product Revenue of $100-$120 million**
- **R&D and SG&A Expenses of $260-$280 million, including estimated non-cash stock compensation of ~ $20-$25 million**
- **Cash runway expected to be sufficient to fund planned operations into late 2025***

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*Excluding repayment of the principal of the Company’s convertible notes due in October 2025.
Richard Paulson
Chief Executive Officer

CLOSING REMARKS
Accelerating Innovation and Growth Strategy with Key Milestones in 2024 and 2025

**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 exploratory updated 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 (2H 2024)
- Report top-line results from pivotal EC-042 Phase 3 trial in *TP53* wild-type EC (1H 2025)

**Myelofibrosis**
- Report updated results in 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 $50 \times 10^9/L$. (2H 2024)
- Report top-line results from Phase 3 trial of selinexor + ruxolitinib in treatment-naïve MF (2H 2025)
SIENDO*: A Randomized Double-Blind, Phase 3 Trial of Maintenance with Selinexor / Placebo after Combination Chemotherapy for Patients with Advanced or Recurrent Endometrial Cancer\textsuperscript{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

**Stratification**
- Primary stage IV vs recurrent
- PR vs CR

**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

- Selinexor 80 mg P.O. QW
- Placebo P.O. QW

**Enrollment:** January 2018 - December 2021

\textsuperscript{*} NCT03555422

\textsuperscript{1} 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.