In RRMM, meet your patients where they are with a...

TREATMENT THAT FITS[1*]

XPOVIO® (selinexor) tablets

With XPOVIO you can:

- Introduce a **different treatment class**[1]
- Deliver **proven efficacy**[†] in combination with Vd, with **efficacy observed across a variety of patient subgroups**[1,2]
- Provide **oral, once-weekly tablets** that are readily accessible and can be taken at home[1,3*]
- Administer treatment and monitor patients **without required hospitalization**[1]

*XPOVIO® (selinexor) is a prescription medicine approved in combination with subcutaneous bortezomib injection and oral dexamethasone in 2L+ RRMM.

XVd is an NCCN Category 1 regimen in early RRMM[4]

Oral, once-weekly selinexor (XPOVIO) in combination with bortezomib and dexamethasone (XVd) is recommended by the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) as an NCCN Category 1[‡] therapeutic option in RRMM after 1 to 3 prior therapies.

[†]**XVd vs Vd trial:** Phase 3, global, open-label study of adult patients with MM who received 1 to 3 prior therapies that compared XVd with Vd in 402 patients randomized into 2 study arms. 195 patients were treated with once-weekly XPOVIO and bortezomib and twice-weekly dexamethasone. 207 patients were treated with twice-weekly bortezomib and 4-times-weekly dexamethasone. The primary endpoint was PFS, and select secondary endpoints included ORR and DOR. The XVd mPFS of the ITT population was 13.9 months vs a Vd mPFS of 9.5 months (HR: 0.70 [95% CI: 0.53, 0.93], *P*=0.0075).[1]

[‡]Category 1: Based upon high-level evidence (≥1 randomized phase 3 trials or high-quality, robust meta-analyses), there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.

INDICATION

XPOVIO® (selinexor) is a prescription medicine approved in combination with bortezomib and dexamethasone (XVd) to treat adult patients with multiple myeloma who have received at least one prior therapy.

IMPORTANT SAFETY INFORMATION

Thrombocytopenia: XPOVIO can cause life-threatening thrombocytopenia, potentially leading to hemorrhage. Thrombocytopenia was reported in patients with multiple myeloma.

Thrombocytopenia is the leading cause of dosage modifications. Monitor platelet counts at baseline and throughout treatment. Monitor more frequently during the first 3 months of treatment. Monitor patients for signs and symptoms of bleeding. Interrupt, reduce dose, or permanently discontinue based on severity of adverse reaction.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

Patients across the RRMM treatment landscape need different drug classes[5-7]

POST ANTI-CD38 mAb

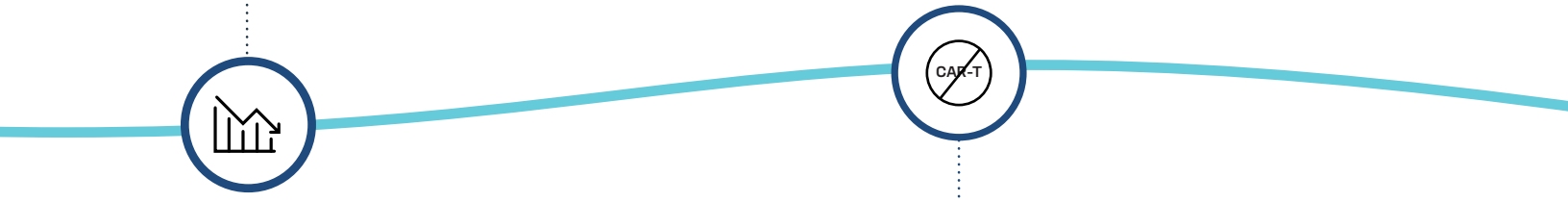
Outcomes are poor once patients are refractory to—or recycled on—an anti-CD38 mAb[7,8]:

In MAMMOTH (N=275), a retrospective study, outcomes once a patient became refractory[7]*:

31%	3.4	9.3
ORR	MONTHS mPFS	MONTHS mOS

In a prospective phase 2b study (N=32), outcomes when an anti-CD38 mAb was immediately recycled[8†]:

0%	1.6	10.7
ORR	MONTHS mPFS	MONTHS mOS



NONCANDIDATES FOR CAR-T

Patients may not be appropriate for CAR-T for reasons such as:

CLINICAL: poor performance status, poorly controlled disease, major organ dysfunction[9,10‡]

NONCLINICAL: unable to travel to facility, lack of a caregiver, financial clearance, and affordability concerns (including travel and accommodations)[11-16]

*Data collected between January 2017 and June 2018. The subgroup of 249 patients who received ≥1 subsequent treatment beyond T_0 was analyzed using comparisons of PFS and OS estimates. T_0 was the time point when patients met the criteria of progression as defined by the IMWG Response Criteria.

†Based on a prospective analysis of 32 patients refractory to an anti-CD38 mAb recycled with an anti-CD38 mAb-based regimen in their next line of therapy.

‡Based on the protocols for the phase 3 trials of 2 FDA-approved CAR-T therapies.

§Based on a real-world retrospective analysis of 106 adult patients with RRMM who received teclistamab under a commercial FDA label or an expanded access program between August 1, 2022 and August 15, 2023.

¶NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

AWAITING CAR-T

Some patients receive additional treatment due to several factors, including[14]:

- **FINANCIAL CLEARANCE**
- **MANUFACTURING AVAILABILITY**
- **APHERESIS CAPACITY**

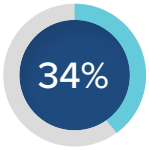
The IMWG recommends physicians "strongly consider" a line of therapy after CAR-T apheresis[14]

For patients who have high disease burden or who are at risk of morbidity during the 4- to 6-week manufacturing process.

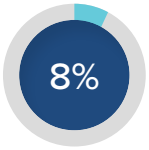
PROGRESSING AFTER BsAb

Patients who do not respond to or tolerate BsAb therapy may need additional treatment[17§]

In a retrospective real-world analysis of heavily pretreated patients who received CAR-T (N=106):



34% of patients did not respond to BsAb therapy[17]



8% of patients permanently discontinued due to treatment toxicities[17]

The National Comprehensive Cancer Network® (NCCN®) recommends introducing different drugs/drug classes[4]

For RRMM, the NCCN recommends new regimens, including drugs or drug classes that patients have not been exposed to before or for at least 6 months.[¶]

XPOVIO + Vd provides the versatility to meet patients where they are in their RRMM journey[1*]

EARLY LINES OF THERAPY — LATER LINES OF THERAPY

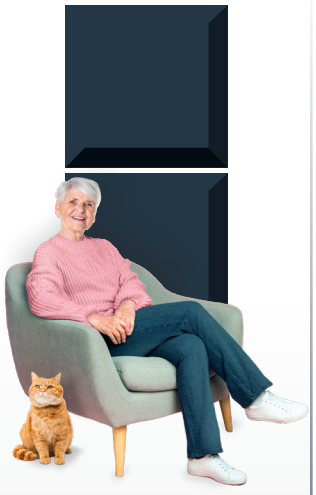
Charles, 76

Progressing on an anti-CD38 mAb

- Progressing on DRd in 1L
- Likes his current doctor and wants to stay with them
- Prefers to avoid traveling far from home or seeing additional specialists
- Wants a treatment with an established safety profile

Patricia, 81

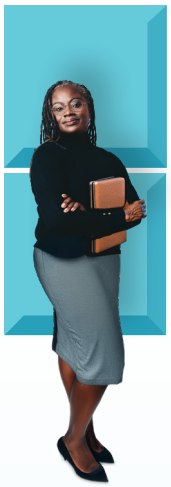
Unlikely candidate for CAR-T



- Progressing on DPd in 2L
- Widow, lives independently and has no family living nearby
- Lacks ability to drive long distances or stay away from home
- Wants a treatment with an established safety profile

Tanya, 55

Awaiting CAR-T



- Progressing on KPd in 2L
- Pursuing CAR-T therapy now that her disease is progressing
- Willing to travel to a treatment center to receive CAR-T

David, 67

Progressing on a BsAb

- Progressing on talquetamab in 5L
- A lifelong fighter who is determined to continue treatment
- Remains optimistic and hopeful

Do you have a patient who could be appropriate for a different treatment class like XPOVIO?

*XPOVIO® (selinexor) is a prescription medicine approved in combination with subcutaneous bortezomib injection and oral dexamethasone in 2L+ RRMM.

Charles, Patricia, Tanya, and David are not actual patients. These patient characteristics do not represent all patient types for whom XPOVIO may be appropriate.

IMPORTANT SAFETY INFORMATION (continued)

Neutropenia: XPOVIO can cause life-threatening neutropenia, potentially increasing the risk of infection. Monitor more frequently during the first 3 months of treatment. Consider supportive measures, including antimicrobials and growth factors (e.g., G-CSF). Interrupt, reduce dose, or permanently discontinue based on severity of adverse reaction.

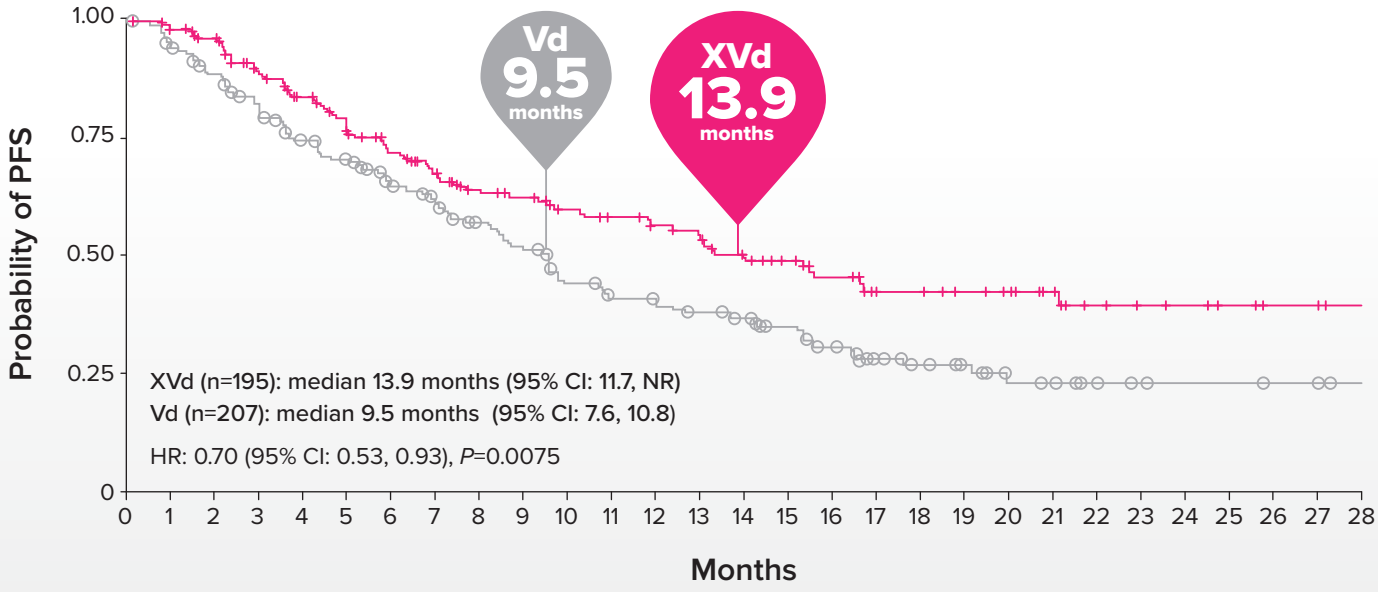
Gastrointestinal Toxicity: XPOVIO can cause severe gastrointestinal toxicities in patients.

Nausea/Vomiting/Diarrhea: Provide prophylactic antiemetics or treatment as needed.

XPOVIO + Vd was proven to improve outcomes for patients with RRMM in early lines of therapy[1]

XVd provided an early and sustained PFS benefit over Vd

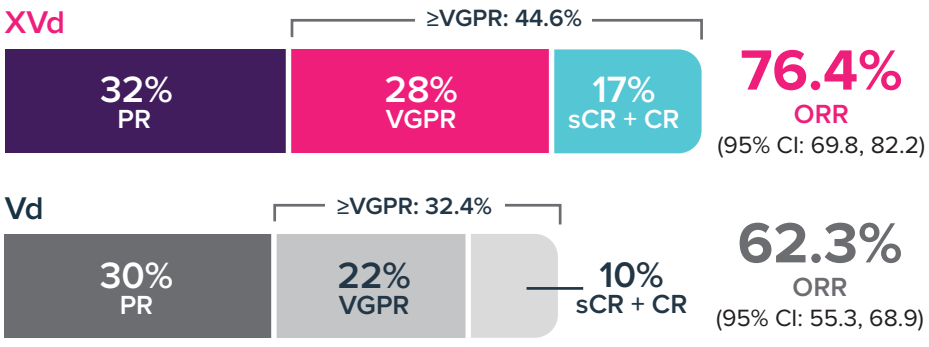
mPFS in the XVd trial



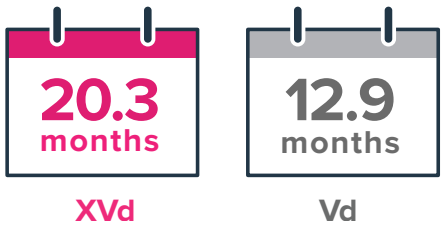
XVd offered deep and durable responses

ORR in the XVd trial

P=0.0012



mDOR, among responders



Among patients who received XVd, the **median time to first response was 1.4 months**

Among patients who received XPOVIO, the **median duration of treatment was 29 weeks**

IMPORTANT SAFETY INFORMATION (continued)

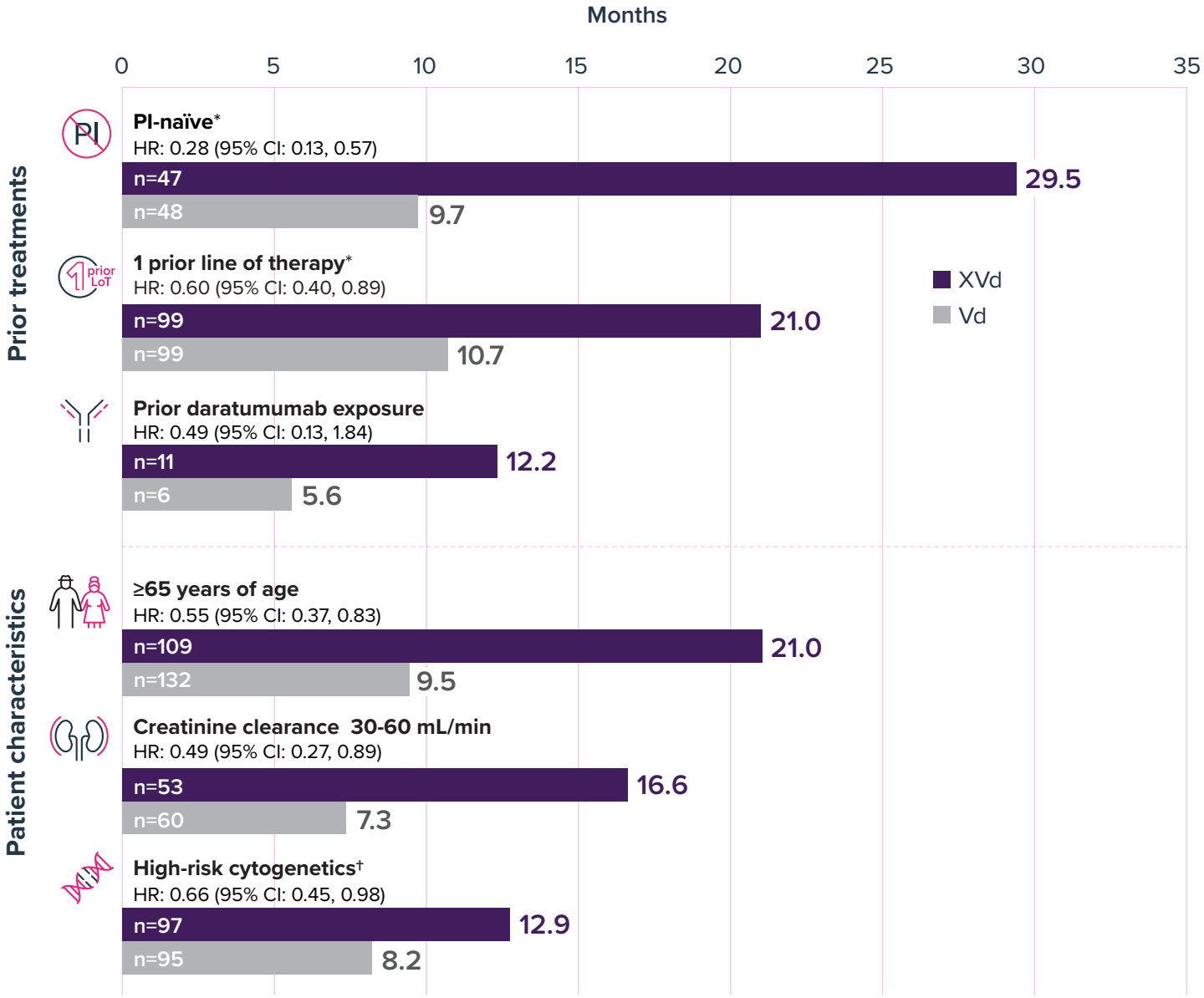
Anorexia/Weight Loss: Monitor weight, nutritional status, and volume status at baseline and throughout treatment and provide nutritional support, fluids, and electrolyte repletion as clinically indicated.

Please see additional Important Safety Information throughout.

XPOVIO® (selinexor) tablets

XPOVIO + Vd efficacy observed across a variety of patient subgroups[2,18,19]

mPFS in select subgroups



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 these subgroups

*These subgroup data are derived from an updated efficacy analysis from the XVd trial.
†Includes any of del(17p), t(14;16), t(4;14), 1q21.

IMPORTANT SAFETY INFORMATION (continued)

Hyponatremia: XPOVIO can cause severe or life-threatening hyponatremia. Monitor sodium level at baseline and throughout treatment.

Serious Infection: XPOVIO can cause serious and fatal infections. Atypical infections reported after taking XPOVIO include, but are not limited to, fungal pneumonia and herpesvirus infection.

XPOVIO + Vd offers an established safety profile[1,20]

Most common ARs in the XVd trial (≥20% in the XPOVIO + Vd arm)

	XVd arm (n=195)		Vd arm (n=204)‡	
	Any grade	Grade 3-4	Any grade	Grade 3-4
Hematological ARs (%)[5]				
Thrombocytopenia	60	39	27	17
Anemia	36	16	23	10
Non-hematological ARs (%)[1]				
Fatigue§	59	21	28	5
Nausea	50	8	10	0
Diarrhea	32	6	25	<1
Decreased appetite	35	4	5	0
Peripheral neuropathy¶	32	5	47	9
Upper respiratory tract infection#	29	4	22	2
Weight decrease	26	2	12	1
Cataract	22	9	6	2
Vomiting	21	4	4	0

- Fatal ARs occurred in 6% of patients within 30 days of last treatment, including pneumonia (n=3) and sepsis (n=3)[1]
- Serious ARs occurred in 52% of patients. Treatment discontinuation rate due to ARs was 19%. The most frequent ARs requiring permanent discontinuation in >2% of patients included fatigue, nausea, thrombocytopenia, decreased appetite, peripheral neuropathy, and vomiting[1]

‡Three patients from this group who did not receive any doses of study drug were excluded from the safety population.

§Fatigue includes fatigue and asthenia.

¶Peripheral neuropathy includes neuropathy peripheral, peripheral sensory neuropathy, polyneuropathy, peripheral sensorimotor neuropathy, toxic neuropathy, and peripheral motor neuropathy.

#Upper respiratory tract infection includes upper respiratory infection, nasopharyngitis, pharyngitis, respiratory syncytial virus infection, respiratory tract infection, rhinitis, and viral upper respiratory tract infection.

Serious organ toxicities of the cardiac, pulmonary, renal, or liver systems were not observed with XVd[21]

XPOVIO does not have a boxed warning or REMs program[22]

Nausea associated with XVd was transient and resolved over time[23]**

MONTH 1

33.8% of patients had ≥1 nausea event (n=66/195)

Nausea cases **RESOLVED/RESOLVING** within the first month **92%** (n=61/66)

MONTH 3

8.6% of patients had ≥1 nausea event (n=16/185)

Nausea cases **RESOLVED/RESOLVING** within the third month **100%** (n=16/16)

**The XVd trial protocol required a prophylactic 5-HT3 antagonist and other antinausea treatment agents prior to and during treatment with XPOVIO to address nausea and allowed for other interventions as required.[1]

Please see additional Important Safety Information throughout.

XPOVIO® (selinexor) tablets

Oral, once-weekly XPOVIO tablets are readily accessible, can be taken at home, and can be adjusted to help mitigate ARs[1,3]

Tablets are available for prescription off the shelf

The majority of patients receive treatment in <1 week of prescription[3]

Hospitalization is not required for administration or monitoring

Dose reductions are available to help mitigate ARs and may help keep patients on therapy

Recommended dosing schedule[1]

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
XPOVIO 100 mg **+ bortezomib 1.3 mg/m²** for first 4 weeks, followed by 1 week off **+ dexamethasone 20 mg**	**Dexamethasone 20 mg**	No dose	No dose	No dose	No dose	No dose
Recommended prophylactic antiemetics[24,25*]						
Ondansetron 8 mg 30 minutes prior to XPOVIO then Q8 hours + **Olanzapine** 2.5-5 mg QHS	**Ondansetron** 8 mg Q8 hours + **Olanzapine** 2.5-5 mg QHS	**Ondansetron** 8 mg Q8 hours + **Olanzapine** 2.5-5 mg QHS	**Olanzapine** 2.5-5 mg QHS	**Olanzapine** 2.5-5 mg QHS	**Olanzapine** 2.5-5 mg QHS	**Olanzapine** 2.5-5 mg QHS

*An NK-1 antagonist (eg, aprepitant or rolapitant) could also be used as an antiemetic. Antiemetics such as olanzapine and NK-1 inhibitors can be reduced or stopped after 8 weeks if patients are tolerating XPOVIO.[24]

Specific antiemetics listed above are for reference purposes only. All treatment decisions must be individualized and made solely at the discretion of the healthcare professional.

For additional information regarding the dosing and administration of bortezomib or dexamethasone, refer to the prescribing information for each.

Four dosage strengths are available for dose modifications to help mitigate ARs[1]

100 mg
RECOMMENDED STARTING DOSE

80 mg
FIRST REDUCTION

60 mg
SECOND REDUCTION

40 mg
THIRD REDUCTION

PERMANENTLY DISCONTINUE

IMPORTANT SAFETY INFORMATION (continued)

Neurological Toxicity: XPOVIO can cause life-threatening neurological toxicities. Coadministration of XPOVIO with other products that cause dizziness or mental status changes may increase the risk of neurological toxicity.

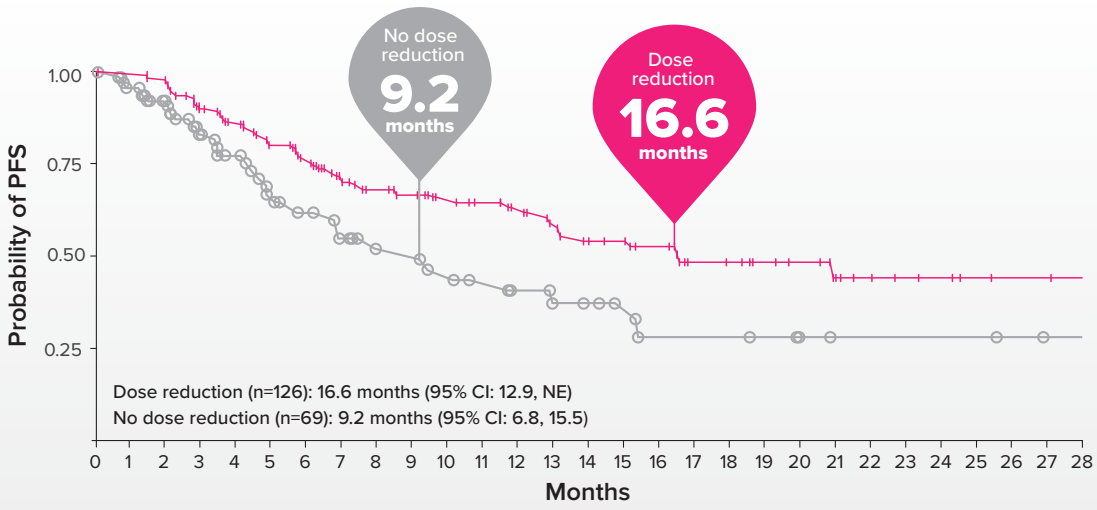
Advise patients to refrain from driving and engaging in hazardous occupations or activities until the neurological toxicity fully resolves. Institute fall precautions as appropriate.

Please see additional Important Safety Information throughout.

XPOVIO dose may be reduced to help mitigate ARs[1,26,27]

Efficacy maintained with XPOVIO dose reductions[27]

mPFS in the XVd trial



Limitations of post hoc analyses:

- This post hoc analysis was exploratory in nature and was not a study objective
- This post hoc analysis was underpowered to detect clinically meaningful differences in treatment effect
- This post hoc analysis was intended to provide information about dose modifications and not to compare efficacy across treatment groups

65% (126/195) of patients **had an XPOVIO dose reduction**[26]

80 mg Range: 30-137 was the median **once-weekly dose** of XPOVIO[1]

34.5 weeks was the median treatment duration with an XPOVIO dose reduction **vs 20 weeks without**[26]

Duration-adjusted incidence of ARs observed with XPOVIO dose reductions[26†]

	On or before first XPOVIO reduction (n=195)		After first XPOVIO reduction (n=126)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
Hematological ARs (%)				
Thrombocytopenia	62.5	29.6	47.6	19.2
Anemia	17.9	4.7	10.3	3.2
Non-hematological ARs (%)				
Nausea	31.6	3.9	7.3	2.7
Fatigue	28.1	4.1	9.9	2.7
Decreased appetite	21.5	1.6	6.4	0.4
Vomiting	14.4	2.4	3.8	0.7
Diarrhea	12.9	2.0	5.2	0.7
Weight decrease	9.0	0.6	5.9	0.7
Peripheral neuropathy	7.9	0.3	5.2	1.3

†Duration-adjusted incidence of ARs is defined as the average number of events per 100 patients during a 4-week cycle.

IMPORTANT SAFETY INFORMATION (continued)

Embryo-Fetal Toxicity: XPOVIO can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential and males with a female partner of reproductive potential to use effective contraception during treatment with XPOVIO and for 1 week after the last dose.

XPOVIO® (selinexor) tablets

Progressing on an anti-CD38 mAb-based regimen

Charles is ready to tackle RRMM with a different treatment class

Patient background

- Likes his current doctor and wants to stay with them
- Prefers to avoid traveling far from home or seeing additional specialists
- Wants a treatment with an established safety profile

Treatment considerations

- Transplant ineligible
- Progressing following treatment with an anti-CD38 mAb
- Has not been treated with a PI

Treatment history

1L treatment

- DRd (daratumumab + lenalidomide + dexamethasone): 38 cycles

Would you prescribe XPOVIO for patients like Charles?

XPOVIO can meet Charles where he is

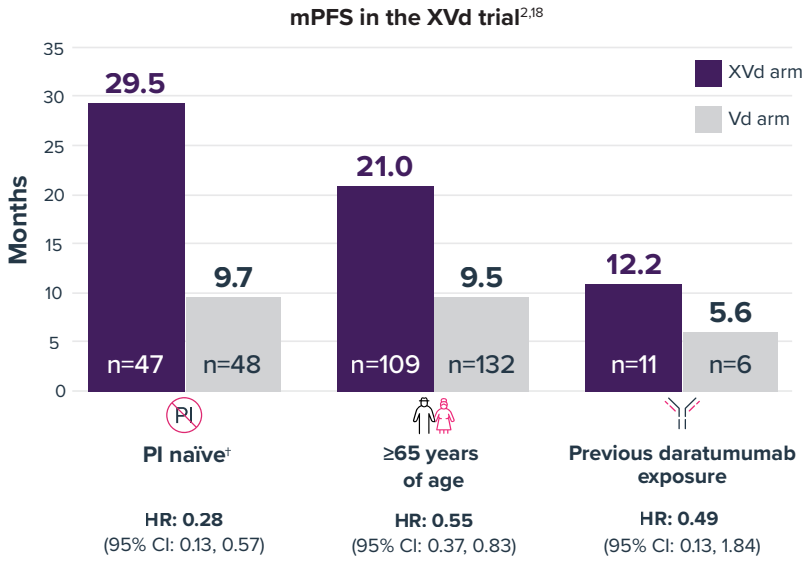
Introduces a **different treatment class**[1]

Oral, once-weekly tablets are readily accessible and can be taken at home[1,3]*

Hospitalization is not required for administration or monitoring[1]

*XPOVIO® (selinexor) is a prescription medicine approved in combination with subcutaneous bortezomib injection and oral dexamethasone.

Efficacy observed in multiple subgroups[2,18]



Limitations of subgroup analyses:

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†These subgroup data are derived from an updated efficacy analysis from the XVd trial.

IMPORTANT SAFETY INFORMATION (continued)

Cataracts: New onset or exacerbation of cataract has occurred during treatment with XPOVIO. The incidence of new onset or worsening cataract requiring clinical intervention was reported.

Unlikely candidate for CAR-T

Patricia is ready for a different treatment class that is accessible for her

Patient background

- Widow, lives independently and has no family living nearby
- Lacks ability to drive long distances or stay away from home
- Wants a treatment with an established safety profile

Treatment considerations

- High-risk cytogenetics
- Renal impairment: CL_{CR} of 52 mL/min
- Progressing following treatment with an anti-CD38 mAb

Treatment history

1L treatment

- RVd (lenalidomide + bortezomib + dexamethasone): 12 cycles
- Maintenance lenalidomide: 16 cycles

2L treatment

- DPd (daratumumab + pomalidomide + dexamethasone): 12 cycles

XPOVIO® (selinexor) tablets

Patricia, 81

"I want an established therapy that's accessible for me."

Would you prescribe XPOVIO for patients like Patricia?

XPOVIO can meet Patricia where she is

Introduces a **different treatment class**[1]

Oral, once-weekly tablets are readily accessible and can be taken at home[1,3*]

Hospitalization is not required for administration or monitoring[1]

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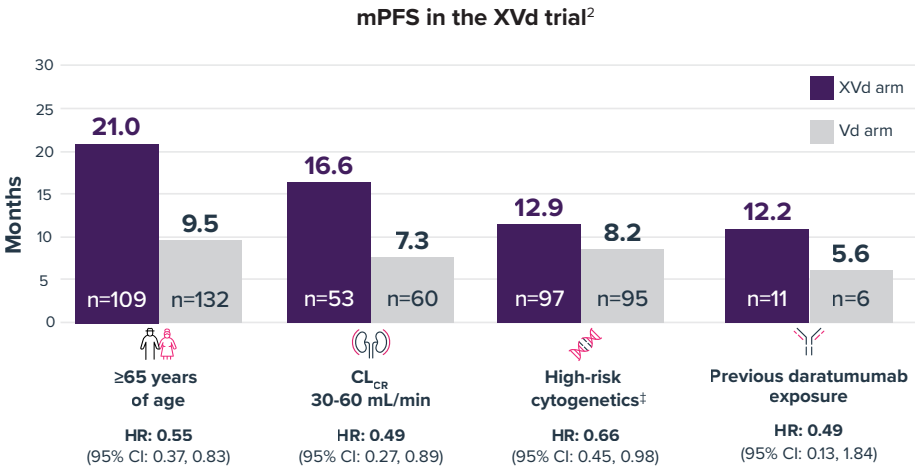
Efficacy observed in multiple subgroups[2]



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IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS

The most common adverse reactions (ARs) (≥20%) in patients with multiple myeloma who received XVd were fatigue, nausea, decreased appetite, diarrhea, peripheral neuropathy, upper respiratory tract infection, decreased weight, cataract, and vomiting.

Please see additional Important Safety Information throughout.

XPOVIO® (selinexor) tablets

Awaiting CAR-T

Tanya is ready for a different treatment class while awaiting CAR-T

Patient background

- Pursuing CAR-T therapy now that her disease is progressing
- Willing to travel to a treatment center to receive CAR-T

Treatment considerations

- High-risk cytogenetics
- Renal impairment: CL_{CR} of 40 mL/min
- Consistent rising M-spike over last 3 treatment cycles

Treatment history

1L treatment

- DRVd (daratumumab + lenalidomide + bortezomib + dexamethasone): 8 cycles
- ASCT
- Maintenance lenalidomide + daratumumab: 18 cycles

2L treatment

- KPd (carfilzomib + pomalidomide + dexamethasone): 7 cycles

Currently being evaluated for CAR-T

XPOVIO® (selinexor) tablets

Tanya, 55

"I am pursuing CAR-T, but it's going to take some time."

Would you prescribe XPOVIO for patients like Tanya?

XPOVIO can meet Tanya where she is

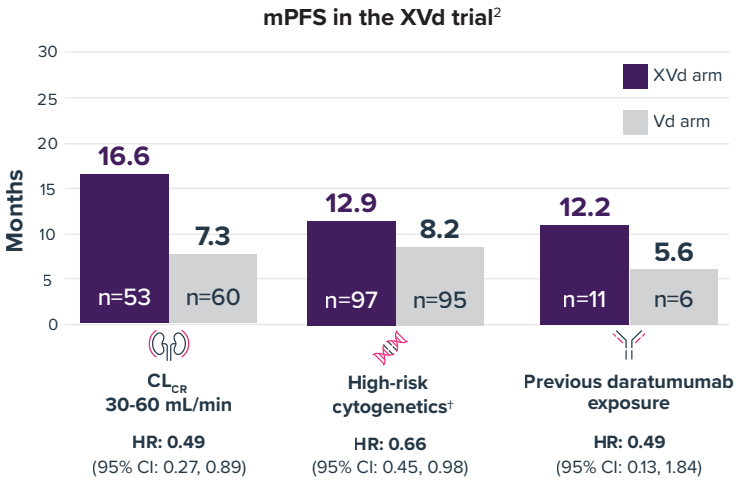
Introduces a **different treatment class**[1]

Oral, once-weekly tablets are readily accessible and can be taken at home[1,3]*

The majority of patients **receive treatment in <1 week** of prescription[3]

*XPOVIO® (selinexor) is a prescription medicine approved in combination with subcutaneous bortezomib injection and oral dexamethasone.

Efficacy observed in multiple subgroups[2]



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IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

Grade 3-4 laboratory abnormalities (≥10%) were thrombocytopenia, lymphopenia, hypophosphatemia, anemia, hyponatremia and neutropenia.

Progressing on a BsAb

David is determined to keep fighting with a different treatment class

Patient background

- A lifelong fighter who is determined to continue treatment
- Remains optimistic and hopeful

Treatment considerations

- High-risk cytogenetics
- Renal impairment: CL_{CR} of 36 mL/min
- Slowly rising M-spike over 2 cycles

Treatment history

1L treatment

- RVd (lenalidomide + bortezomib + dexamethasone): 8 cycles
- ASCT
- Maintenance lenalidomide: 36 cycles

2L treatment

- DKd (daratumumab + carfilzomib + dexamethasone): 12 cycles

3L treatment

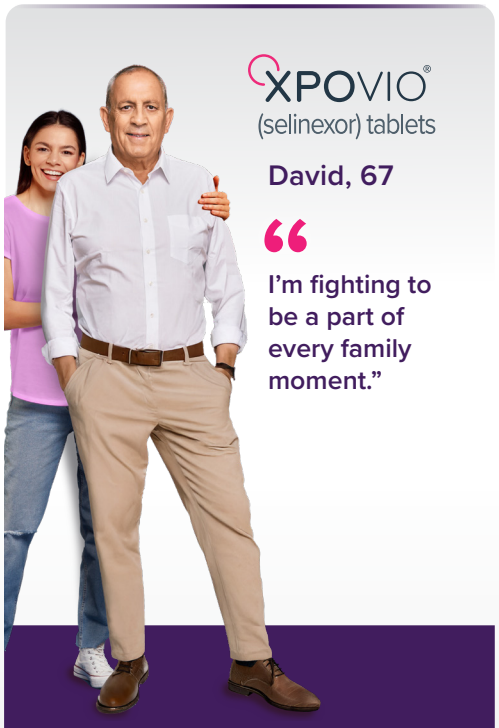
- EPd (elotuzumab + pomalidomide + dexamethasone): 8 cycles

4L treatment

- Ciltacabtagene autoleucel: DOR of 12 months

5L treatment

- Talquetamab: 4 cycles



Would you prescribe XPOVIO for patients like David?

XPOVIO can meet David where he is

Introduces a **different treatment class**[1]

Oral, once-weekly tablets are readily accessible and can be taken at home[1,3]*

The majority of patients **receive treatment in <1 week** of prescription[3]

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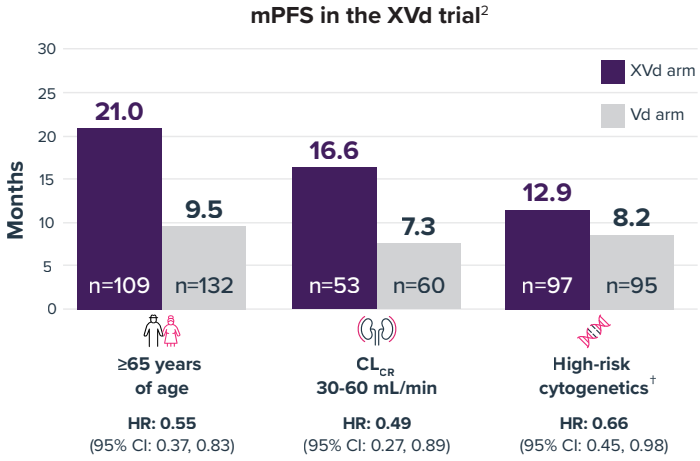

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IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

Fatal ARs occurred in 6% of patients within 30 days of last treatment. Serious ARs occurred in 52% of patients.

Please see additional Important Safety Information throughout.

XPOVIO® (selinexor) tablets

KaryFORWARD®
PATIENT SUPPORT BY KARYOPHARM

XPOVIO®
(selinexor) tablets

Help your patients receive

Dedicated Support

KaryForward® is a patient support program for eligible XPOVIO patients and provides dedicated help with insurance information, financial assistance, and guidance from Nurse Case Managers.

- ✓ **Assistance with benefits investigation***
- ✓ **Financial assistance***
- ✓ **XPOVIO Copay Program***
- ✓ **QuickStart and Bridge Programs***
- ✓ **Dose Exchange Program***
- ✓ **Nurse Case Manager support**

Enroll your patients or learn more:

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*All programs and support are subject to eligibility requirements.

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 (CL_{CR} <15 mL/min) or hemodialysis on XPOVIO pharmacokinetics is unknown.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

Abbreviations: 1/2/34/5L, first-/second-/third-/fourth-/fifth-line; AR, adverse reaction; ASCT, autologous stem cell transplant; BsAb, bispecific antibody; CAR-T, chimeric antigen receptor T-cell therapy; CD, cluster of differentiation; CI, confidence interval; CL_{CR}, creatinine clearance; CR, complete response; (m)DOR, (median) duration of response; HR, hazard ratio; IMiD, immunomodulatory imide drug; IMWG, International Myeloma Working Group; ITT, intent-to-treat; LoT, line of therapy; mAb, monoclonal antibody; MM, multiple myeloma; NCCN, National Comprehensive Cancer Network (NCCN); NE, not evaluable; NK-1, neurokinin 1; NR, not reached; ORR, overall response rate; (m)OS, (median) overall survival; (m) PFS, (median) progression-free survival; PI, proteasome inhibitor; PR, partial response; Q, every; QHS, every night at bedtime; RRMM, relapsed or refractory multiple myeloma; sCR, stringent complete response; T_0, time zero; Vd, bortezomib and dexamethasone; VGPR, very good partial response; XVd, selinexor, bortezomib, and dexamethasone.

References: 1. XPOVIO (selinexor) [prescribing information]. Newton, MA: Karyopharm Therapeutics, Inc. **2.** Data on file. Karyopharm Therapeutics, Inc. 2021 [1]. **3.** Data on file. Karyopharm Therapeutics, Inc. 2021 [2]. **4.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma V1.2025. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed September 17, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. **5.** Mateos MV, Weisel K, DeStefano V, et al. *Leukemia*. 2022;36(5):1371-1376. doi:10.1038/s41375-022-01531-2 **6.** Lesokhin AM, Tomasson MH, Arnulf B, et al. *Nat Med*. 2023;29(9):2259-2267. doi:10.1038/s41591-023-02528-9 **7.** Gandhi UH, Cornell RF, Lakshman A, et al. *Leukemia*. 2019;33(9):2266-2275. doi:10.1038/s41375-019-0435-7 **8.** Mikhael J, Belhadj-Merzoug K, Hulin C, et al. *Blood Cancer J*. 2021;11(5):89. doi:10.1038/s41408-021-00478-4 **9.** San-Miguel J, Dhakal B, Yong K, et al. *N Engl J Med.* 2023;389(Protocol JNJ-68284528-MMY-3002):335-347. doi:10.1056/NEJMoa2303379 **10.** Rodriguez-Otero P, Ailawadhi S, Arnulf B, et al. *N Engl J Med*. 2023;388(11)(Protocol BB2121-MM-003):1002-1014. doi:10.1056/NEJMoa2213614 **11.** Carvykti. Prescribing information. Janssen Biotech, Inc; 2024. **12.** Abecma. Prescribing information. Bristol-Myers Squibb; 2021. **13.** Barata A, Hoogland AI, Hyland KA, et al. *Psychooncology*. 2021;30(8):1294-1301. doi:10.1002/pon.5674 **14.** Costa LJ, Banerjee R, Mian H, et al. *Leukemia*. 2025;39(3):543-554. doi:10.1038/s41375-024-02482-6 **15.** CAR-T cell therapy. Dana-Farber Cancer Institute. Accessed April 3, 2025. https://cartpatient.dana-farber.org/identifying-a-caregiver.html **16.** CAR-T cell therapy: A guide for adult patients and caregivers. Memorial Sloan Kettering Cancer Center. Updated February 27, 2025. Accessed April 3, 2025. https://www.mskcc.org/cancer-care/patient-education/car-cell-therapy-guide-adult-patients-caregivers **17.** Dima D, Davis JA, Ahmed N, et al. *Transplant Cell Ther*. 2024;30(3):308.e1-308.e13. doi:10.1016/j.jtct.2023.12.016 **18.** Data on file. Karyopharm Therapeutics, Inc. 2023 [3]. **19.** Data on file. Karyopharm Therapeutics, Inc. 2023 [4]. **20.** Grosicki S, Simonova M, Spicka I, et al. *Lancet*. 2020;396(10262):1563-1573. doi:10.1016/S0140-6736(20)32292-3 **21.** Data on file. Karyopharm Therapeutics, Inc. 2023 [5]. **22.** Approved risk evaluation and mitigation strategies (REMS). US Food & Drug Administration. Accessed March 24, 2025. https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm **23.** Data on file. Karyopharm Therapeutics, Inc. 2023 [6]. **24.** Gavriatopoulou M, Chari A, Chen C, et al. *Leukemia*. 2020;34(9):2430-2440. doi:10.1038/s41375-020-0756-6 **25.** Mikhael J, Noonan KR, Faiman B, et al. *Clin Lymphoma Myeloma Leuk*. 2020;20(6):351-357. doi:10.1016/j.clml.2019.12.026 **26.** Jagannath S, Delimpasi S, Grosicki S, et al. *Clin Lymphoma Myeloma Leuk*. 2023;23(12):917-923.e3. doi:10.1016/j.clml.2023.08.018 **27.** Jagannath S, Facon T, Badros AZ, et al. *Blood*. 2021;138(suppl 1):3793. doi:10.1182/blood-2021-146003