XPOVIO®
(selinexor)

THE X FACTOR

XPOVIO® (selinexor) is the first and only FDA-approved XPO1 inhibitor that helps restore the body's own tumor suppressor pathways to fight multiple myeloma (MM)[1]

RESTORE YOUR PATIENTS' OWN CANCER DEFENSES

TREATING MM WITH XPOVIO + Vd (XVd) AS EARLY AS FIRST RELAPSE[1]

Meet Joseph, Emily, and Jon—3 patients living with MM

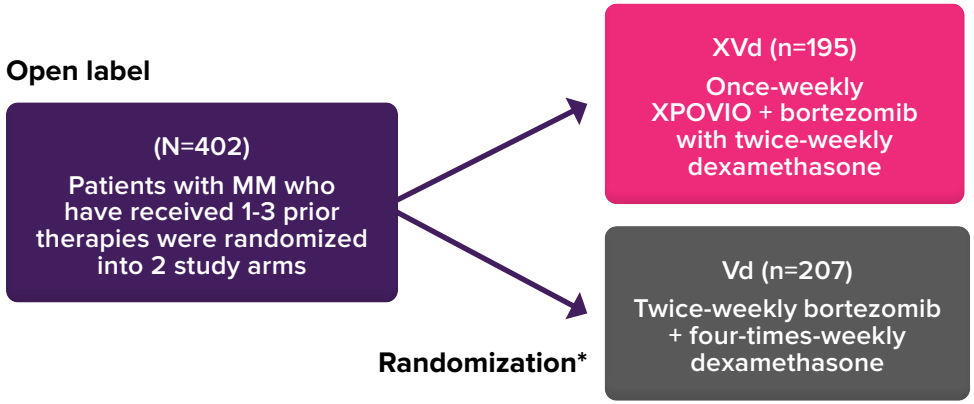
INDICATION

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.

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

BOSTON trial: Phase 3, global, randomized, open-label study of patients with multiple myeloma (MM) who have received 1-3 prior therapies that compared XPOVIO + Vd (XVd) with Vd[1]



Primary endpoint[1]:

- Progression-free survival (PFS)

Select secondary endpoints[1]:

- Overall response rate (ORR)
- Very good partial response (≥VGPR) rate
- Grade ≥2 peripheral neuropathy (PN)

*Stratified based on prior proteasome inhibitor exposure, number of prior regimens, stage, and region.
MM=multiple myeloma

IN THE BOSTON TRIAL, THE ORAL, ONCE-WEEKLY XVd REGIMEN REQUIRED APPROXIMATELY 40% LESS BORTEZOMIB AND 25% LESS DEXAMETHASONE THAN Vd, WHICH RESULTED IN 37% REDUCTION IN TREATMENT ADMINISTRATION VISITS IN THE FIRST 24 WEEKS OF TREATMENT[1,2]

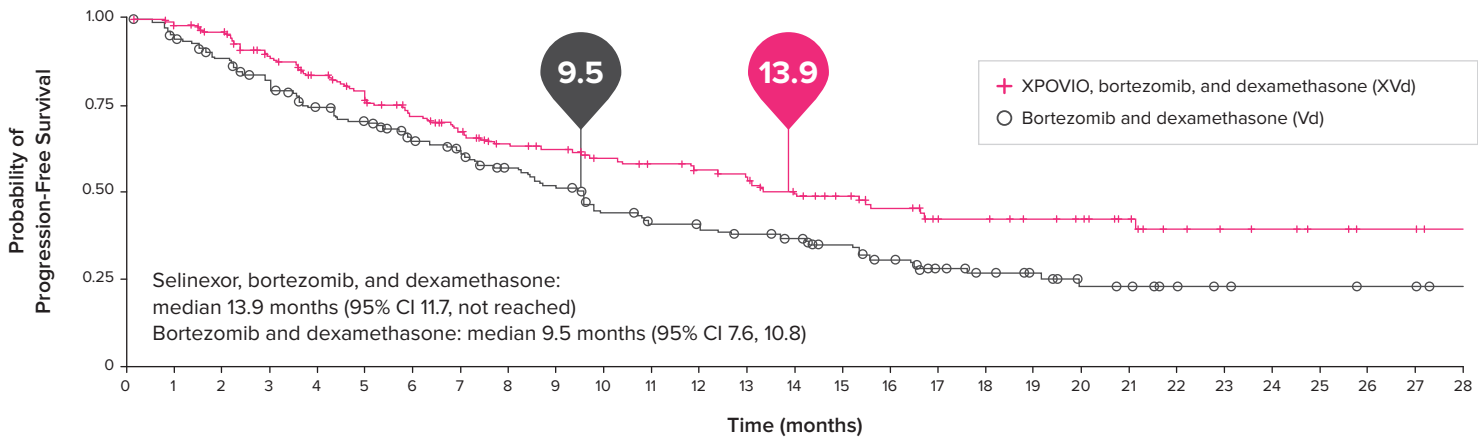
IMPORTANT SAFETY INFORMATION

- 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 and full Prescribing Information.

XPOVIO® (selinexor)

XVd demonstrated an early and sustained progression-free survival (PFS) benefit compared with Vd[1]



46% increased median PFS compared with Vd[1]

30% reduction in risk of progression or death[1]

Hazard ratio: 0.70 [95% CI: 0.53-0.93]
P=0.0075

XVd MET ITS PRIMARY ENDPOINT (PFS) AND SELECT SECONDARY ENDPOINTS (IMPROVED ORR, IMPROVED ≥VGPR, AND LOWER GRADE 2+ PERIPHERAL NEUROPATHY [PN]) WHEN COMPARED WITH Vd[1]

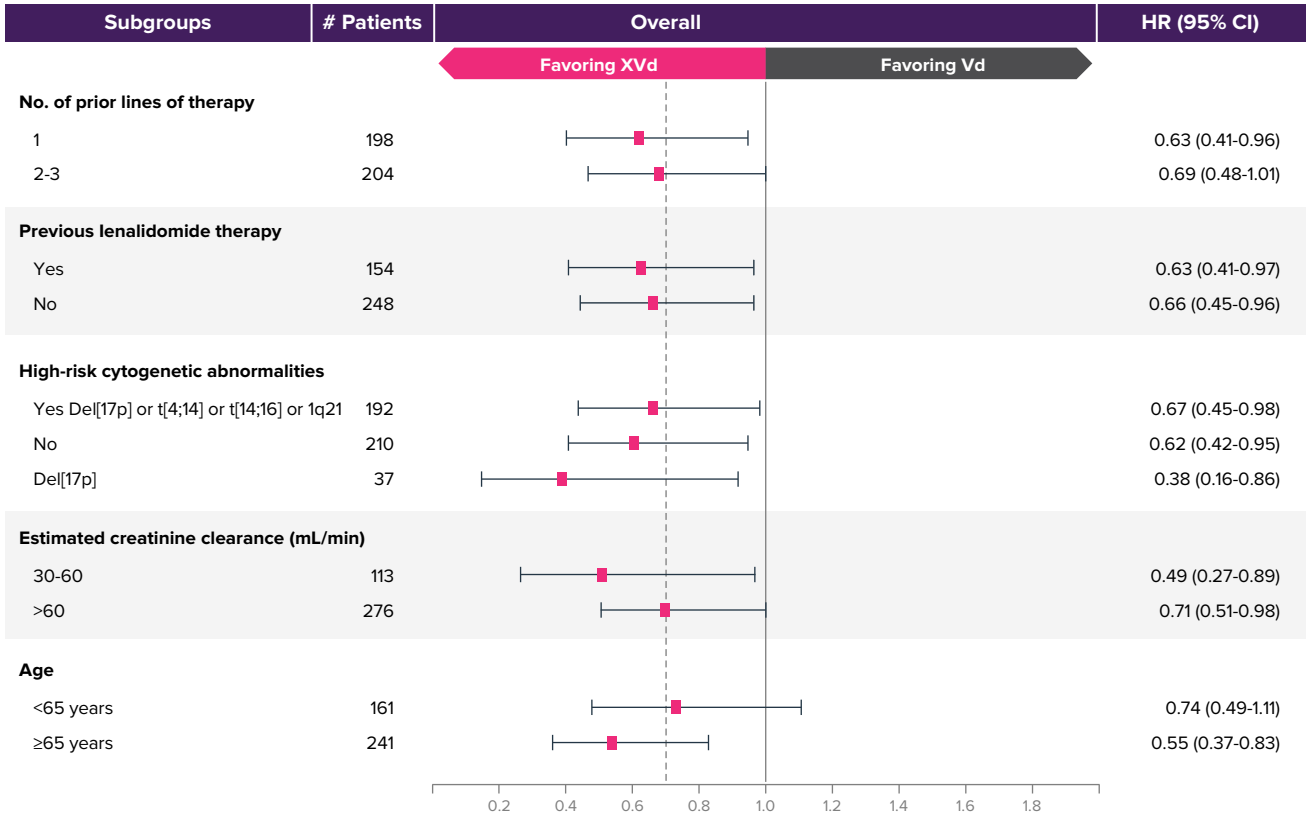
IMPORTANT SAFETY INFORMATION

- 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.

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

XVd demonstrated a PFS benefit across select subgroups, including cytogenetics, renal impairment, prior therapy, ≥65 years of age[2]



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 prespecified subgroups

IMPORTANT SAFETY INFORMATION

- XPOVIO can cause severe gastrointestinal toxicities in patients.
- Provide prophylactic antiemetics or treatment as needed.

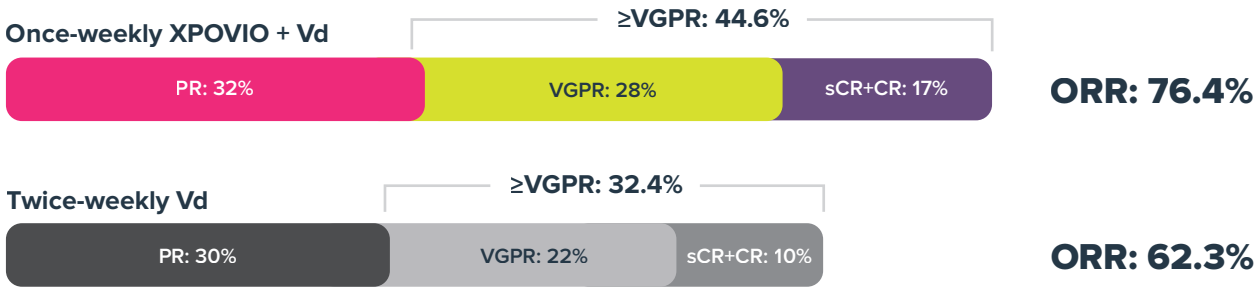
Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

Significantly higher rates of deep responses[1]

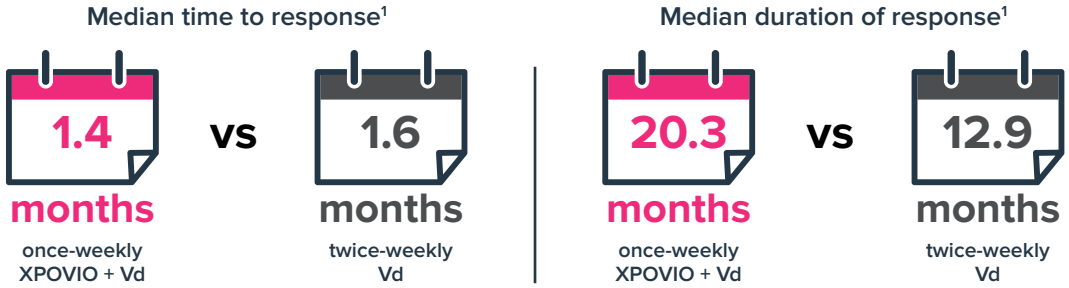
Overall response rates (ORRs) demonstrated in the BOSTON trial[1]:

The ≥VGPR rates were 44.6% compared with 32.4% between the XVd and Vd arms (*P*=0.0082).



CR=complete response; PR=partial response; sCR=stringent complete response; VGPR=very good partial response.[1]

Responses were rapid and durable[1]



Among patients who received XPOVIO, the median duration of XPOVIO treatment was 29 weeks (range: 1 to 120 weeks), and the median dose was 80 mg (range: 30 to 137 mg) per week.

IMPORTANT SAFETY INFORMATION

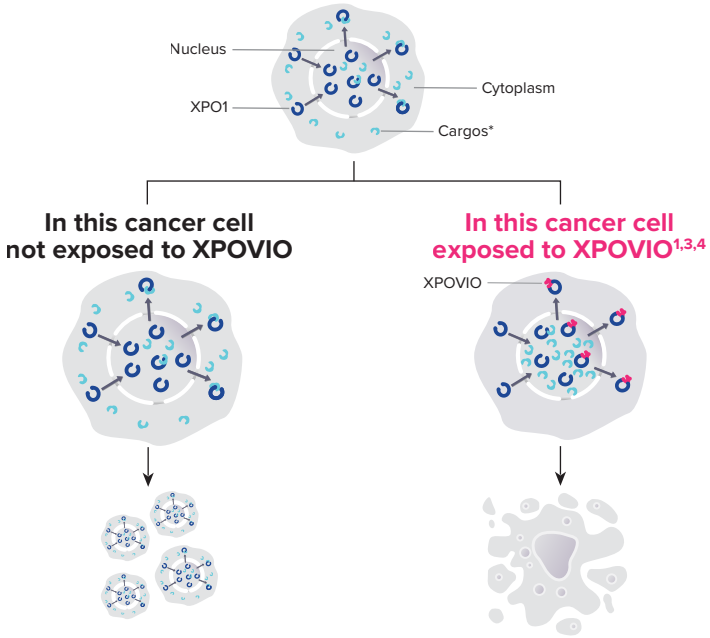
- Monitor weight, nutritional status, and volume status at baseline and throughout treatment and provide nutritional support, fluids, and electrolyte repletion as clinically indicated.
- XPOVIO can cause severe or life-threatening hyponatremia.

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

XPOVIO® (selinexor) is the first and only FDA-approved, oral XPO1 inhibitor that gets to the cell's nucleus, which leads to cell-cycle arrest and apoptosis in cancer cells[1]

- XPO1 is overexpressed[3-6]
- The nuclear export of cargos, including tumor suppressor proteins, into the cytoplasm is increased[3,5,7,8]
- With these important cargos mislocalized, the cancer cell is free to grow and survive[4-6]



- XPOVIO blocks XPO1 so it can't carry cargos out of the nucleus
- The cargos accumulate in the nucleus
- This accumulation causes cell-cycle arrest and apoptosis

For illustrative purposes only.

*Cargos include tumor suppressor proteins (p53, p73, FOXO3a, IκB, pRb, BRCA1), growth regulators (glucocorticoid receptors), and oncoprotein mRNA (c-Myc, cyclin D, Bcl-2, Bcl-6). The identified cargos do not represent all cargos exported by XPO1.[4,5,7,9,10]

IMPORTANT SAFETY INFORMATION

- Monitor sodium level at baseline and throughout treatment.
- XPOVIO can cause serious and fatal infections. Atypical infections reported after taking XPOVIO include, but are not limited to, fungal pneumonia and herpesvirus infection.

Please see Important Safety Information and full Prescribing Information.

XPOVIO®
(selinexor)

Patient information

Current age: 59
Occupation: Product manager
Interests: Biking with his wife
Disease information:
ECOG PS 1, R-ISS II, CL_{CR} 45 mL/min

Not an actual patient.

After a stem cell transplant and progressing on maintenance, Joseph and his healthcare team are discussing next steps to treat his MM that may be IMiD refractory

1st line

RVd (8 cycles)
lenalidomide
+ bortezomib
+ dexamethasone

Stem cell transplant

Maintenance (16 months)
lenalidomide

What's next?

Treatment considerations

- Novel mechanism of action for Joseph
- Patient may be IMiD refractory
- Renal impairment

2nd line

Explore XVd (XPOVIO® (selinexor) + Vd)
an IMiD-free triplet for patients like Joseph who have renal impairment and/or who are potentially IMiD refractory

IMPORTANT SAFETY INFORMATION

- 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.
- XPOVIO can cause fetal harm when administered to a pregnant woman.

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

BOSTON trial: Real-world patients with a broad range of characteristics, including those with reduced kidney function, stem cell transplants, and a wide range of prior therapies[1,2]

126 patients had reduced kidney function at baseline[1]

Disease Characteristics[1]		
Creatinine Clearance (CL_{CR}) (mL/min)	XVd (n=195) n (%)	Vd (n=207) n (%)
<30	3 (1.5)	10 (5)
30–59	53 (27)	60 (29)
≥60	139 (71)	137 (66)

154 PATIENTS HAD PRIOR IMiD TREATMENT[1]

139 PATIENTS HAD A STEM CELL TRANSPLANT[1]

The effect of end-stage renal disease (CL_{CR} <15 mL/min) or hemodialysis on XPOVIO pharmacokinetics is unknown.

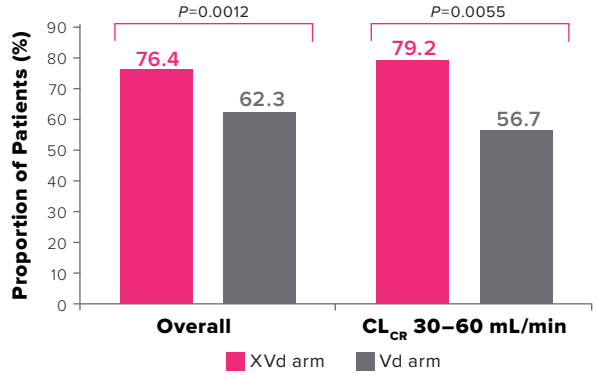
Median progression-free survival (mPFS) in patients with CL_{CR} 30–60 mL/min[11]

16.6 Months XVd vs **7.3** Months Vd

HR=0.49 [95% CI: 0.27–0.89]

This subgroup analysis was exploratory in nature. It does not control for type 1 error and was not powered or adjusted for multiplicity to assess PFS.

Overall response rate (ORR) overall, and in patients with CL_{CR} 30–60 mL/min[1,2]



IMPORTANT SAFETY INFORMATION

- 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.
- 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.

Please see Important Safety Information and full Prescribing Information.

XPOVIO®
(selinexor)

Emily, who has high-risk cytogenetics, is exploring treatment options for her relapsed MM with her healthcare team

Patient information

Current age: 66
Occupation: Writer
Interests: Scrapbooking family memories
Disease information:
ECOG PS 2, R-ISS III, del(17p), blood pressure 139/89 mm Hg, Grade 1 PN

Not an actual patient.

1st line

RVd (8 cycles)
lenalidomide
+ bortezomib
+ dexamethasone

Stem cell transplant

Maintenance (8 months)
lenalidomide

What's next?

Treatment considerations

- Novel mechanism of action for Emily
- Progressing on lenalidomide
- Hypertension
- Possible sensitivity to proteasome inhibitor
- Risk of increased peripheral neuropathy (PN)

2nd line

Explore XVd (XPOVIO® (selinexor) + Vd)
to help extend the benefits of bortezomib and lower the risk of PN

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

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

Almost half of the patients in the BOSTON trial had high-risk cytogenetics, including del(17p)[11]

Other known high-risk cytogenetics included any of del(17p)/p53, t(14;16), t(4;14), 1q21[11]

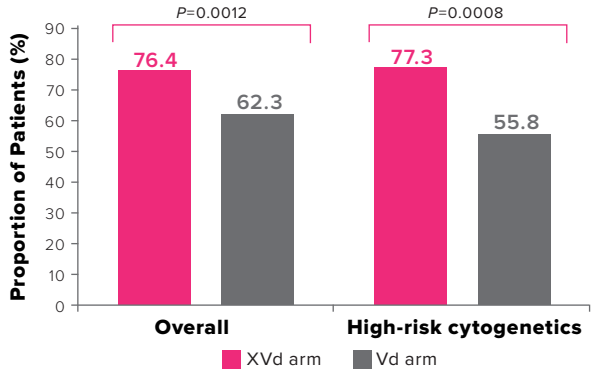
Median progression-free survival (mPFS) in patients with high-risk cytogenetics[11]

12.9 Months XVd vs **8.3** Months Vd

HR=0.67 [95% CI: 0.45–0.99]

This subgroup analysis was exploratory in nature. It does not control for type 1 error and was not powered or adjusted for multiplicity to assess PFS.

Overall response rate (ORR) was significantly higher overall, and in patients with high-risk cytogenetics[11]



Patients receiving XVd experienced lower levels of Grade ≥2 peripheral neuropathy (PN)[1]

21% Grade ≥2 PN[1] XVd

34% Grade ≥2 PN[1] Vd

Odds ratio=0.50 [95% CI: 0.32–0.79]

- The median treatment duration was 30 weeks (range: 1-120 weeks) in patients who received once-weekly XVd as compared to 32 weeks (range: 1-122 weeks) in patients who received twice-weekly Vd
- Permanent discontinuation of XPOVIO due to an adverse reaction occurred in 19% of patients
- Adverse reactions which resulted in permanent discontinuation of XPOVIO in >2% of patients included fatigue (3.6%), nausea (3.1%), thrombocytopenia, decreased appetite, peripheral neuropathy and vomiting (2.1% each)

IMPORTANT SAFETY INFORMATION
ADVERSE REACTIONS

- Fatal ARs occurred in 6% of patients within 30 days of last treatment. 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. Adverse reactions led to XPOVIO dose interruption in 83% of patients and dose reduction in 64% of patients.

Please see Important Safety Information and full Prescribing Information.

XPOVIO®
(selinexor)

Patient information

Current age: 78
Occupation: Retired math teacher
Interests: Building model airplanes
Disease information:
ECOG PS 1, R-ISS I, CL_{CR} 29 mL/min

Not an actual patient.

After progressing on an anti-CD38 mAb in second line, Jon, who is elderly, and his healthcare team are exploring a new mechanism as the next step in his MM treatment

1st line

RVd (6 cycles)
lenalidomide
+ bortezomib
+ dexamethasone

Maintenance (8 months)
lenalidomide

2nd line

DPd (28 months)
daratumumab
+ pomalidomide
+ dexamethasone

What's next?

Treatment considerations

- Novel mechanism of action for Jon
- Previously treated with an anti-CD38 mAb
- Previously treated with an IMiD
- Elderly

3rd line

Explore XVd (XPOVIO® (selinexor) + Vd)
for elderly patients like Jon who have been previously treated with both an IMiD and an anti-CD38 mAb

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

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

BOSTON trial: Overall response rate (ORR) was significantly higher in the XVd group regardless of age[1]

~60% of patients (n=241) were ≥65 years of age[1]

Baseline Demographics[1]		
Age Characteristic	**XVd (n=195)**	**Vd (n=207)**
Median age, years (range)	66 (40, 87)	67 (38, 90)
Age distribution, n (%)		
<65 years	86 (44)	75 (36)
65 – 74 years	75 (38)	85 (41)
≥75 years	34 (17)	47 (23)

IN MULTIPLE MYELOMA (MM), TREATING WITH DIFFERENT MECHANISMS AS EARLY AS FIRST RELAPSE MAY BE VITAL FOR SUCCESS[12]

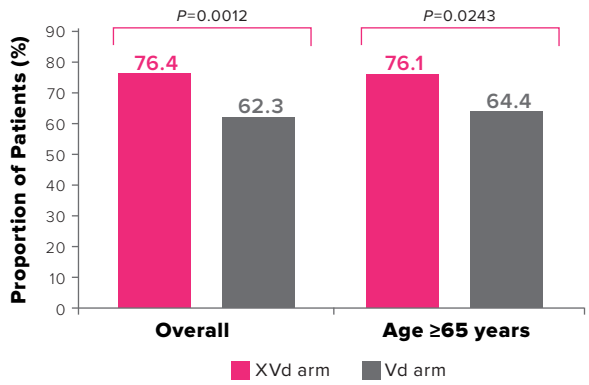
Median progression-free survival (mPFS) in patients aged ≥65 years[11]

21.0 Months XVd **vs** **9.5** Months Vd

HR=0.56 [95% CI: 0.37–0.84]

This subgroup analysis was exploratory in nature. It does not control for type 1 error and was not powered or adjusted for multiplicity to assess PFS.

ORR overall, and in patients aged ≥65 years[11]



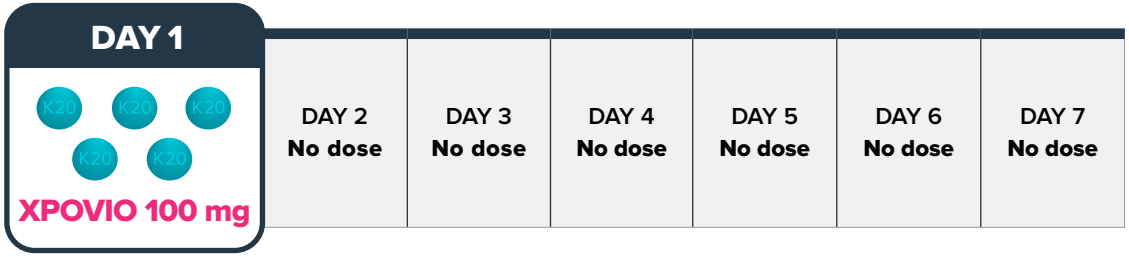
IMPORTANT SAFETY INFORMATION

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

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

Recommended once-weekly dosage and schedule for XPOVIO® (selinexor) within XVd regimen for adults with multiple myeloma (MM)[1]



The recommended dosage of XPOVIO is 100 mg taken orally once weekly on Day 1 of each week until disease progression or unacceptable toxicity in combination with[1]:

- Bortezomib 1.3 mg/m^2 administered subcutaneously once weekly on Day 1 of each week for 4 weeks followed by 1 week off
- Dexamethasone 20 mg taken orally twice weekly on Days 1 and 2 each week

For additional information regarding the dosing and administration of bortezomib or dexamethasone, refer to the prescribing information for each.[1]

Administer anti-nausea agents prior to and during treatment

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend starting with a 5-HT3 RA before selinexor (XPOVIO) and continuing daily. Low-dose olanzapine and/or an NK1 RA may be added to the 5-HT3 for nausea prevention. If nausea and vomiting still persist, add a medication from another class for breakthrough treatment.

Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis V.1.2021. ©National Comprehensive Cancer Network, Inc. 2020. All rights reserved.[13]

IMPORTANT SAFETY INFORMATION

- 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.
- XPOVIO can cause life-threatening neutropenia, potentially increasing the risk of infection.

XPOVIO® (selinexor)

BOSTON trial: Safety[1]

Adverse reactions (ARs) (≥10%) in patients with MM who received XVd with a difference between arms of >5% compared to Vd

	Weekly XVd (n=195)		Twice-weekly Vd (n=204)	
Adverse Reaction	All grades (%)	Grade 3 or 4 (%)	All grades (%)	Grade 3 or 4 (%)
Gastrointestinal				
Nausea	50	8	10	0
Diarrhea	32	6	25	<1
Vomiting	21	4.1	4.4	0
General Conditions				
Fatigue[a]	59	28	21	5
Pyrexia	15	1.5	11	1
Metabolism and Nutrition				
Appetite decrease	35	3.6	5	0
Weight decrease	26	2.1	12	1
Nervous System				
Peripheral neuropathy[b]	32	4.6	47	9
Dizziness	12	<1	3.9	0
Infections				
Upper respiratory tract infections[c]	29	3.6	22	1.5
Eye Disorders				
Cataract	22	9	6	1.5
Vision blurred[d]	13	<1	6	0

- Serious ARs occurred in 52% of patients who received the XVd regimen. 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]
- Fatal adverse reactions occurred in 6% of patients within 30 days of last treatment, including pneumonia (n=3) and sepsis (n=3)[1]

[a]**Fatigue** includes fatigue and asthenia.

[b]**Peripheral neuropathy** includes peripheral neuropathy, peripheral sensory neuropathy, polyneuropathy, peripheral sensorimotor neuropathy, toxic neuropathy, and peripheral motor neuropathy.

[c]**Upper respiratory tract infection** includes upper respiratory infection, nasopharyngitis, pharyngitis, respiratory syncytial virus infection, respiratory tract infection, rhinitis, and viral upper respiratory tract infection.

[d]**Vision blurred** includes blurred vision, visual acuity reduced, and visual impairment.

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

BOSTON trial: Laboratory abnormalities[1]

Select laboratory abnormalities (≥15%) that worsened from baseline in patients with MM who received XVd

	Weekly XVd		Twice-weekly Vd	
Laboratory abnormality	All grades (%)	Grade 3 or 4 (%)	All grades (%)	Grade 3 or 4 (%)
Hematologic				
Platelet count decrease	92	43	51	19
Lymphocyte count decrease	77	38	70	27
Hemoglobin decrease	71	17	51[a]	12
Neutrophil count decrease	48	12	19	7
Chemistry				
Glucose increase	62	3.8	47	4.1
Phosphate decrease	51	23	42	11
Sodium decrease	58	14	25	3
Calcium decrease	55	2.1	47	1
Blood urea nitrogen increase	41	5	40	5
Creatinine increase	28	3.6	24	1.5
Potassium decrease	27	6	22	3.5
Magnesium decrease	27	<1	23	1.5
Potassium increase	18	4.1	21	2.5
Hepatic				
ALT increase	33	3.1	30	<1
Albumin decrease	27	<1	19	<1
AST increase	24	1.5	19	<1
Bilirubin increase	16	1	13	2
ALP increase	12	0	16	<1

[a]Includes one fatal anemia.

The denominator used to calculate the rate varied from 91 to 201 based on the number of patients with at least one post-treatment value.

Please see Important Safety Information and full Prescribing Information.

XPOVIO® (selinexor)

Important safety information

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 (AR).

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.

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.

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.

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.

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.

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XPOVIO® (selinexor)

Important safety information, cont'd

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.

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.

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

Fatal ARs occurred in 6% of patients within 30 days of last treatment. 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. Adverse reactions led to XPOVIO dose interruption in 83% of patients and dose reduction in 64% of patients.

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 full Prescribing Information.

To report SUSPECTED ADVERSE REACTIONS, contact Karyopharm Therapeutics Inc. at 1-888-209-9326 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

XPOVIO® (selinexor)

Support and resources

Discover the benefits of KaryForward®, a patient support program by Karyopharm Therapeutics® Inc. dedicated to providing assistance and resources to patients and their caregivers for XPOVIO® (selinexor) treatment.

Dedicated Nurse Case Managers can provide additional information about XPOVIO treatment such as:

- Prescription instructions
- Psychosocial support and additional nonclinical education
- Highlight what to expect when taking Karyopharm medications and the importance of talking to healthcare providers about the treatment journey
- Determine if additional third-party support is available, such as transportation assistance

ENROLL YOUR PATIENTS OR LEARN MORE:

CALL
1-877-KARY4WD (1-877-527-9493)
Monday through Friday, 8 AM to 8 PM ET

VISIT
KaryForward.com/hcp

KaryFORWARD®
PATIENT SUPPORT BY KARYOPHARM

Please see Important Safety Information and full Prescribing Information.

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THE X FACTOR

XPOVIO® (selinexor)

APPROVED AS EARLY AS 1ST RELAPSE IN MULTIPLE MYELOMA (MM)[1]

XPOVIO® (selinexor) is the 1st and only FDA-approved, oral XPO1 inhibitor that helps restore the body's own tumor suppressor pathways to fight MM[1]

Now approved in combination with bortezomib and dexamethasone (XVd) for the treatment of adults with multiple myeloma (MM) as early as first relapse.[1]

- Clinically proven to significantly increase progression-free survival (PFS)[1]
- Delivers a rapid, deep, and durable response
- Proven efficacy regardless of the patient's age, cytogenetics, renal impairment, and responses to prior therapy[11]
- High-efficacy, once-weekly regimen potentially reduces burden of number of in-office visits[1,2]
- Manageable safety profile for a broad range of patients[1,2]

SELINEXOR (XPOVIO) IS RECOMMENDED BY THE NCCN GUIDELINES® AS A CATEGORY 1* THERAPEUTIC OPTION IN PREVIOUSLY TREATED MM[14]

*Category 1=Based upon high-level evidence, there is uniform National Comprehensive Cancer Network® (NCCN®) consensus that the intervention is appropriate.

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IMPORTANT SAFETY INFORMATION

- 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.
- XPOVIO can cause severe gastrointestinal toxicities in patients.
- Provide prophylactic antiemetics or treatment as needed.

Please see Important Safety Information and full Prescribing Information.

Karyopharm® Therapeutics