Karyopharm® Therapeutics

Fourth Quarter and Full Year 2021 Financial Results & Business Update

February 8, 2022

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 2022 net product revenues and 2022 non-GAAP research and development and selling, general and administrative expenses; Karyopharm's expected cash runway; the ability of selinexor or eltanexor to treat patients with multiple myeloma, diffuse large B-cell lymphoma, solid tumors and other diseases; and expectations related to future clinical development and potential regulatory submissions of selinexor and eltanexor. Such statements are subject to numerous important factors, risks and uncertainties, many of which are beyond Karyopharm's control, that may cause actual events or results to differ materially from Karyopharm's current expectations. For example, there can be no guarantee that Karyopharm will successfully commercialize XPOVIO; that regulators will grant confirmatory approval in the European Union based on the BOSTON study in adult patients with multiple myeloma; or that any of Karyopharm's drug candidates, including selinexor and eltanexor, will successfully complete necessary clinical development phases or that development of any of Karyopharm's drug candidates will continue. Further, there can be no guarantee that any positive developments in the development or commercialization of Karyopharm's drug candidate portfolio will result in stock price appreciation. Management's expectations and, therefore, any forward-looking statements in this press release could also be affected by risks and uncertainties relating to a number of other factors, including the following: the risk that the COVID-19 pandemic could disrupt Karyopharm's business more severely than it currently anticipates, including by negatively impacting sales of XPOVIO, interrupting or delaying research and development efforts, impacting the ability to procure sufficient supply for the development and commercialization of selinexor or other product candidates, delaying ongoing or planned clinical trials, impeding the execution of business plans, planned regulatory milestones and timelines, or inconveniencing patients; the adoption of XPOVIO in the commercial marketplace, the timing and costs involved in commercializing XPOVIO or any of Karyopharm's drug candidates that receive regulatory approval; the ability to obtain and retain regulatory approval of XPOVIO or any of Karyopharm's drug candidates that receive regulatory approval; Karyopharm's results of clinical trials and preclinical studies, including subsequent analysis of existing data and new data received from ongoing and future studies; the content and timing of decisions made by the U.S. Food and Drug Administration and other regulatory authorities, investigational review boards at clinical trial sites and publication review bodies, including with respect to the need for additional clinical studies; the ability of Karyopharm or its third party collaborators or successors in interest to fully perform their respective obligations under the applicable agreement and the potential future financial implications of such agreement; Karyopharm's ability to enroll patients in its clinical trials; unplanned cash requirements and expenditures; development or regulatory approval of drug candidates by Karyopharm's competitors for products or product candidates in which Karyopharm is currently commercializing or developing; and Karyopharm's ability to obtain, maintain and enforce patent and other intellectual property protection for any of its products or product candidates. These and other risks are described under the caption "Risk Factors" in Karyopharm's Quarterly Report on Form 10-Q for the quarter ended September 30, 2021, which was filed with the Securities and Exchange Commission (SEC) on November 3, 2021, and in other filings that Karyopharm may make with the SEC in the future. Any forward-looking statements contained in this press release speak only as of the date hereof, and, except as required by law, Karyopharm expressly disclaims any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise. Karyopharm regularly uses its website to post information regarding its business, drug development programs and governance. Karyopharm encourages investors to use www.karyopharm.com, 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, eltanexor, KPT-9274 and verdinexor are investigational drugs that have not been approved by the FDA or any other regulatory agency, and the safety and efficacy of these drugs has not been established by any agency.

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On Today's Call

- **Welcome**
  Sarah Connors, *Vice President, Corporate Communications*
- **Overview**
  Richard Paulson, *President and Chief Executive Officer*
- **Commercial Highlights**
  Sohanya Cheng, *Chief Commercial Officer*
- **Clinical Pipeline Updates**
  Jatin Shah, MD, *Chief Medical Officer*
- **Financial Summary and Guidance**
  Michael Mason, *Chief Financial Officer*
- **Closing Remarks**
  Richard Paulson, *President and Chief Executive Officer*
- **Q&A Session**

Joining for Q&A:

- **Stephen Mitchener, PharmD**
  Chief Business Officer
- **Sharon Shacham, PhD**
  Chief Scientific Officer

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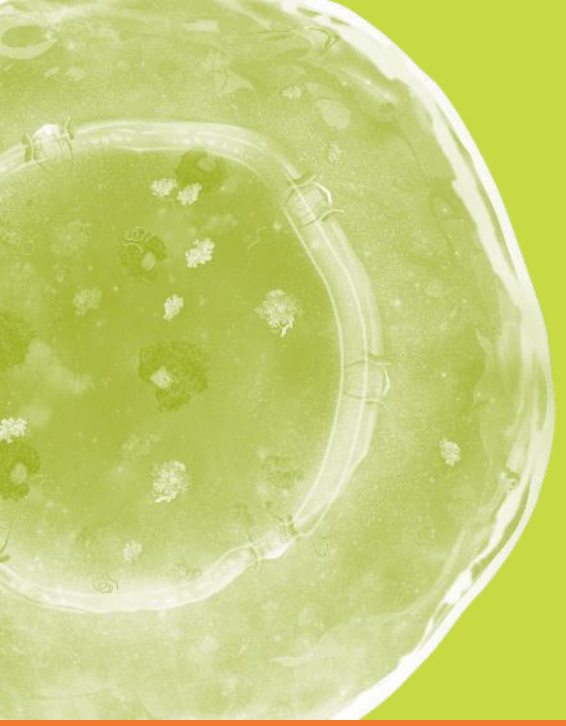
Richard Paulson
Chief Executive Officer

OVERVIEW



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

Karyopharm® Therapeutics

Passionately driven in its mission to positively impact lives and defeat cancer

Expanding on myeloma foundation

Expecting opinion on MAA in 2L+ in 1H22; pursuing additional 2L+ indications

Near-term opportunity in solid tumors

SIENDO met primary endpoint with statistically significant 50% improvement in median PFS versus placebo

Focused clinical pipeline

Pursuing approvals in MDS and myelofibrosis over the next 3-4 years

Strong executive leadership

Ability to achieve commercial and development excellence to execute corporate objectives

Well-capitalized

Cash runway into early 2024

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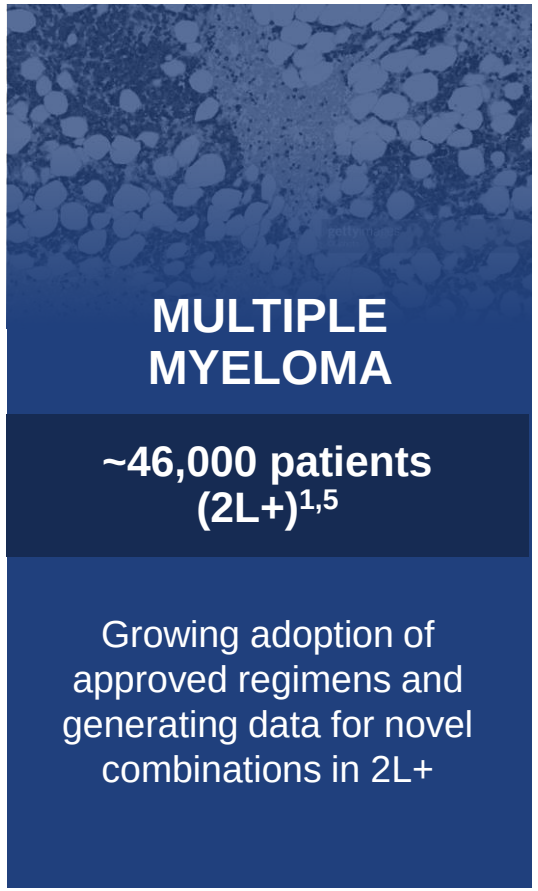
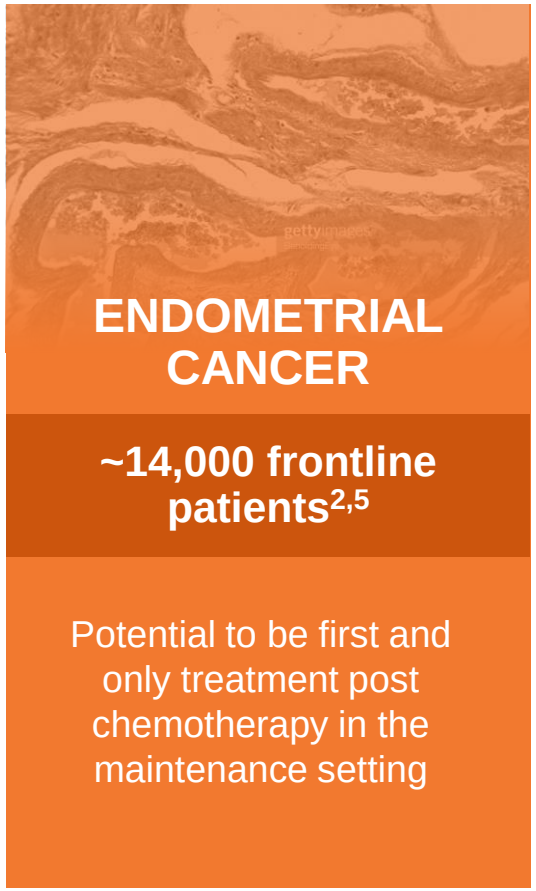
Prioritized and targeted core programs focused on areas of high unmet need driving continued and sustained innovation across our pipeline



MULTIPLE MYELOMA

~46,000 patients (2L+)[1,5]

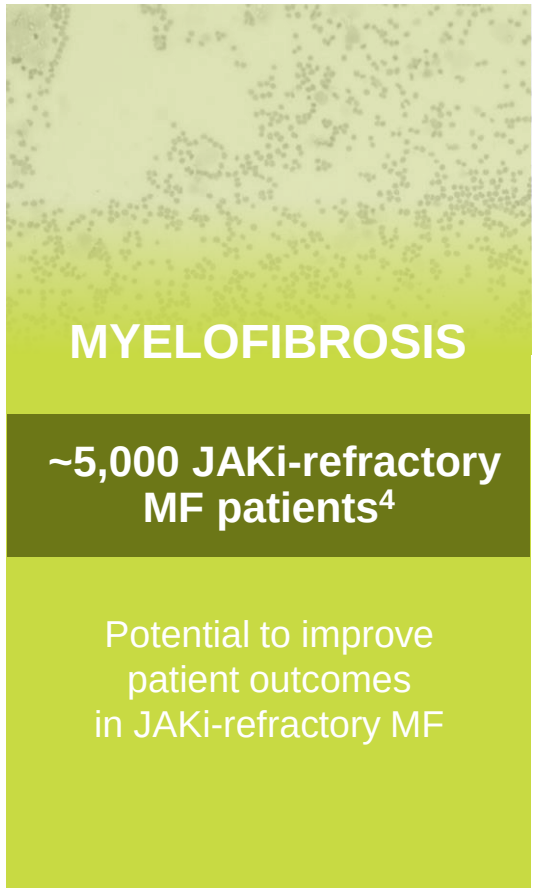
Growing adoption of approved regimens and generating data for novel combinations in 2L+



ENDOMETRIAL CANCER

~14,000 frontline patients[2,5]

Potential to be first and only treatment post chemotherapy in the maintenance setting



MYELOFIBROSIS

~5,000 JAKi-refractory MF patients[4]

Potential to improve patient outcomes in JAKi-refractory MF

MYELODYSPLASTIC SYNDROMES

~15,000 intermediate to high risk patients[3,5]

Potential to improve survival in HMA-refractory MDS

Opportunity to expand into additional lines of therapy in all four core indications

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1. Clarivate/DRG Forecast & Landscape for MM (2021) **2.** Clarivate/DRG Epidemiology Data for EC (2021). **3.** Clarivate/DRG Epidemiology Data for MDS (2020). **4.** Epic Oncology estimate of annual JAKi refractory patients (2021) 5. Annual U.S. incidence.

Sohanya Cheng
Chief Commercial Officer

COMMERCIAL HIGHLIGHTS

XPOVIO Evolving Into a Standard of Care with Dose and Schedule Refined Over Time to Improve Efficacy and Patient Experience

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

Approval Date: July 2019	Approval Date: Dec 2020	Ongoing/Completed
1st approval in MM Dose: **160 mg (80 mg twice weekly)**	2nd approval in MM Dose: **100 mg once weekly**	Phase 1/2 study in MM Dose range: **60-100 mg once weekly**
Xd STORM	**XVd** BOSTON	**SPd, SKd, SDd** STOMP
Phase 2b, single-arm, open-label, multicenter study Patients with penta-refractory MM	Phase 3, 2-arm, active comparator-controlled, open-label, multicenter study After at least 1 prior therapy in MM	Phase 1/2, open-label, multicenter study Patients with RRMM (dose escalation/expansion)

Once Weekly *(previously twice weekly)*

Lower Dose *(previously a higher dose)*

XPOVIO-based Triplets *(previously a doublet)*

Earlier Lines *(previously only in later lines)*

Supportive Care *(active symptom management)*

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

Combinations other than XVd and Xd are not promoted by Karyopharm, but may be considered for future indication updates

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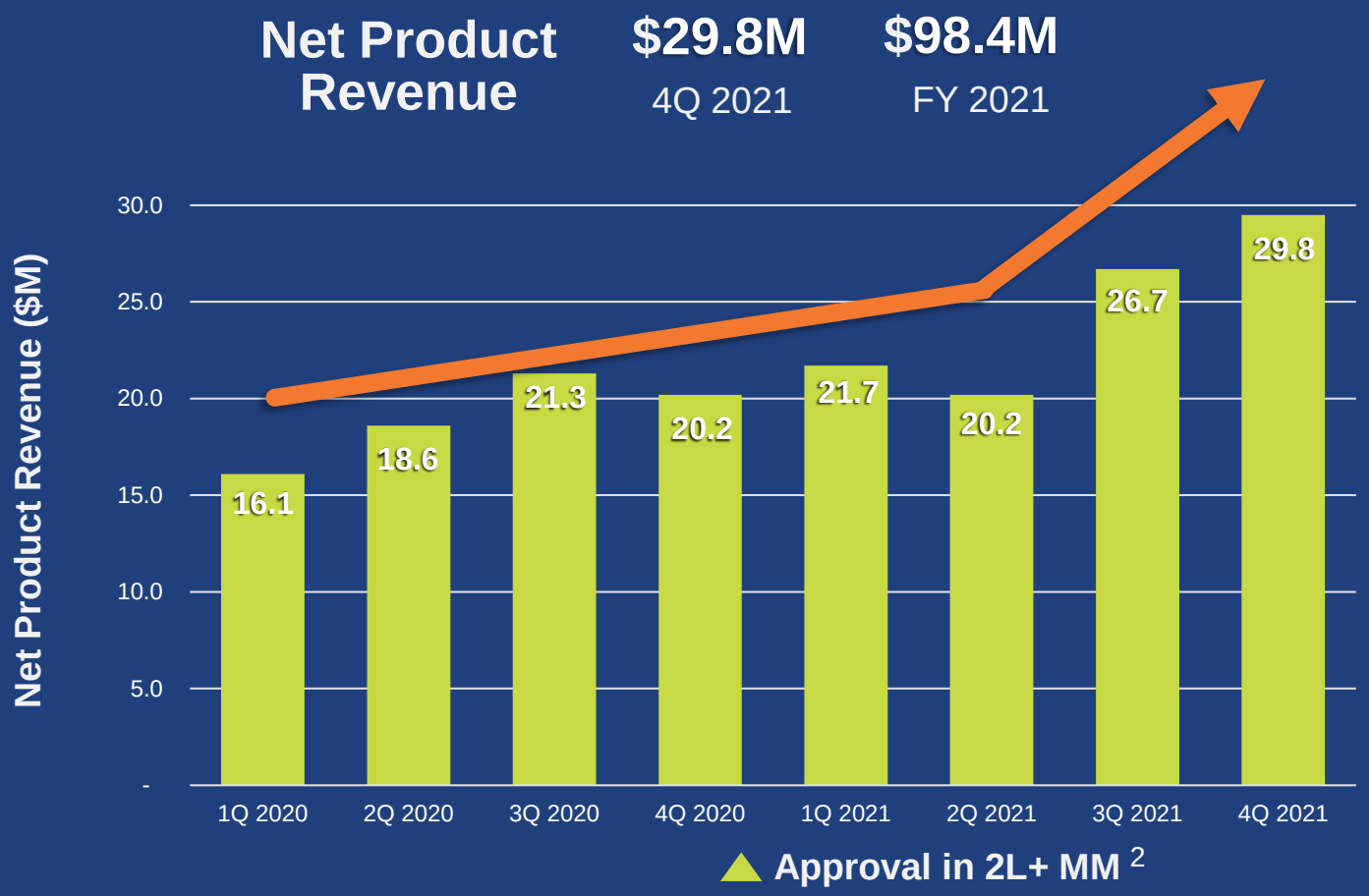
XPOVIO Launch Update: 4Q/YE 2021

Sustained Growth in 2L-4L



4Q/YE 2021 Highlights

- Net product revenue up 29% for 2021 versus 2020
- Net product revenue up 47% 4Q21 versus 4Q20
- Increased uptake in 2L to 3L[1]; fastest growing MM therapy used in 3L regimens[1]
- Continued increase in breadth and depth of use of XPOVIO
- Building confidence in community and continued positive shift in intent-to-prescribe metrics

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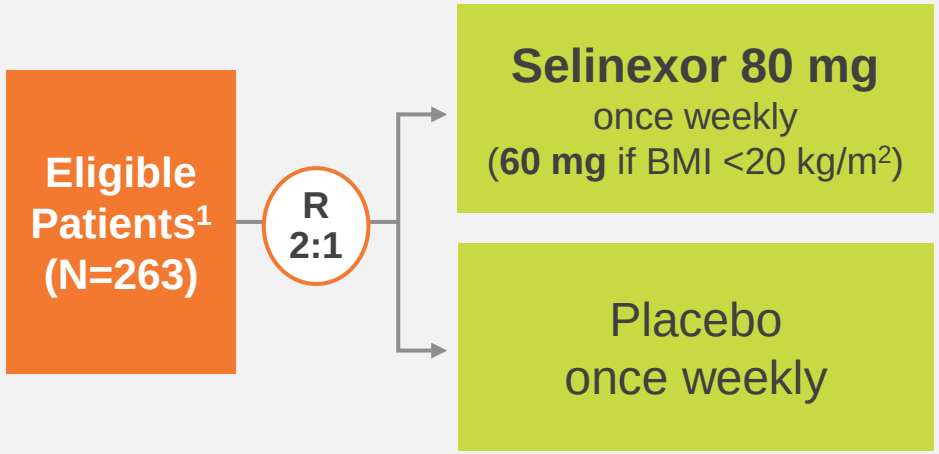
1. Komodo Health Claims Data Jan-Dec 2021. 2. Approval of 2L+MM in December 2020.

Jatin Shah, MD
Chief Medical Officer

Sohanya Cheng
Chief Commercial Officer

PHASE 3 SIENDO DATA IN ENDOMETRIAL CANCER

Phase 3 SIENDO Results Confirm Selinexor's Potential to Significantly Extend Remission in Patients with Advanced or Recurrent Endometrial Cancer



Primary Endpoint

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

Preliminary Top-line Results

- Selinexor demonstrated a statistically significant 50% increase in median PFS compared to placebo (5.7 months vs 3.8 months) (p=0.0486)
- Hazard ratio (HR) = 0.70 (CI: 0.49-0.99); representing 30% reduction in risk of disease progression or death
- 37% increase in probability of being in remission at 12 months (25.8% for placebo vs 35.3% for selinexor)
- Selinexor generally well tolerated with no new safety signals identified and low discontinuation rate of 10.5% due to adverse events
- Patients with wild-type p53 (current n=103) achieved statistically significant improvement in PFS of 13.7 months vs 3.7 months (HR: 0.38; p=0.0006)

Full Data to be Submitted for Presentation at Medical Meetings in 1H 2022

sNDA Planned to be Submitted to FDA in 1H 2022

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1. Patients who completed a single line of at least 12 weeks of taxane-platinum combination therapy for primary stage IV disease or first relapse (i.e., relapse after primary therapy including surgery and/or adjuvant therapy for Stage I-IV disease).

Endometrial Cancer is the Most Common Gynecologic Cancer with Significant Unmet Need for Patients with Advanced or Recurrent Disease

What is Endometrial Cancer?

- Arises from the endometrium, the layer of cells that form the lining of the uterus.

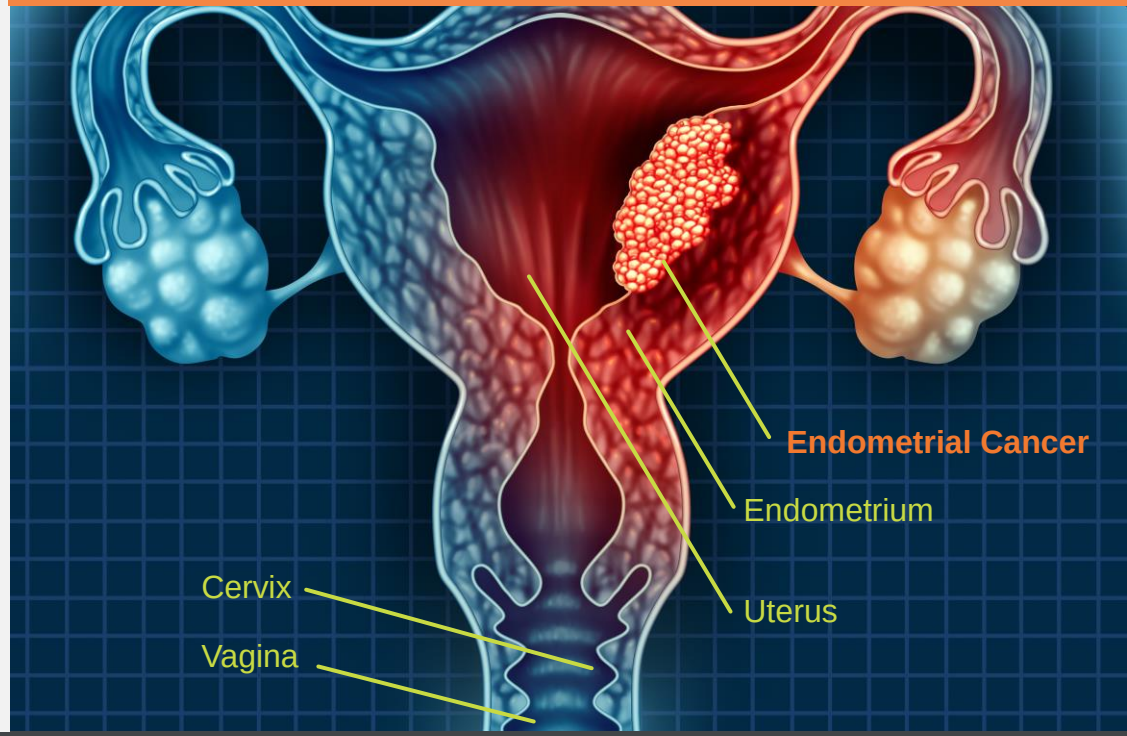
Treatment Landscape

- First-line treatment is chemotherapy (taxane plus platinum), where response rates (CR or PR) can be as high as 67%[3]
- Following chemotherapy, NCCN Guidelines® recommend “watch and wait” until disease relapses[4]

Unmet Need

- Prognosis is poor, with **progression expected within ~4 months**[5] for patients responding to first-line chemotherapy treatment
- **No SoC or FDA-approved agent for maintaining response in EC** post-systemic treatment to prevent or delay progression to later lines of treatment

There will be nearly 66,000 new cases diagnosed in the U.S. in 2022[1] **and more than 130,000 cases in Europe**[2]



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

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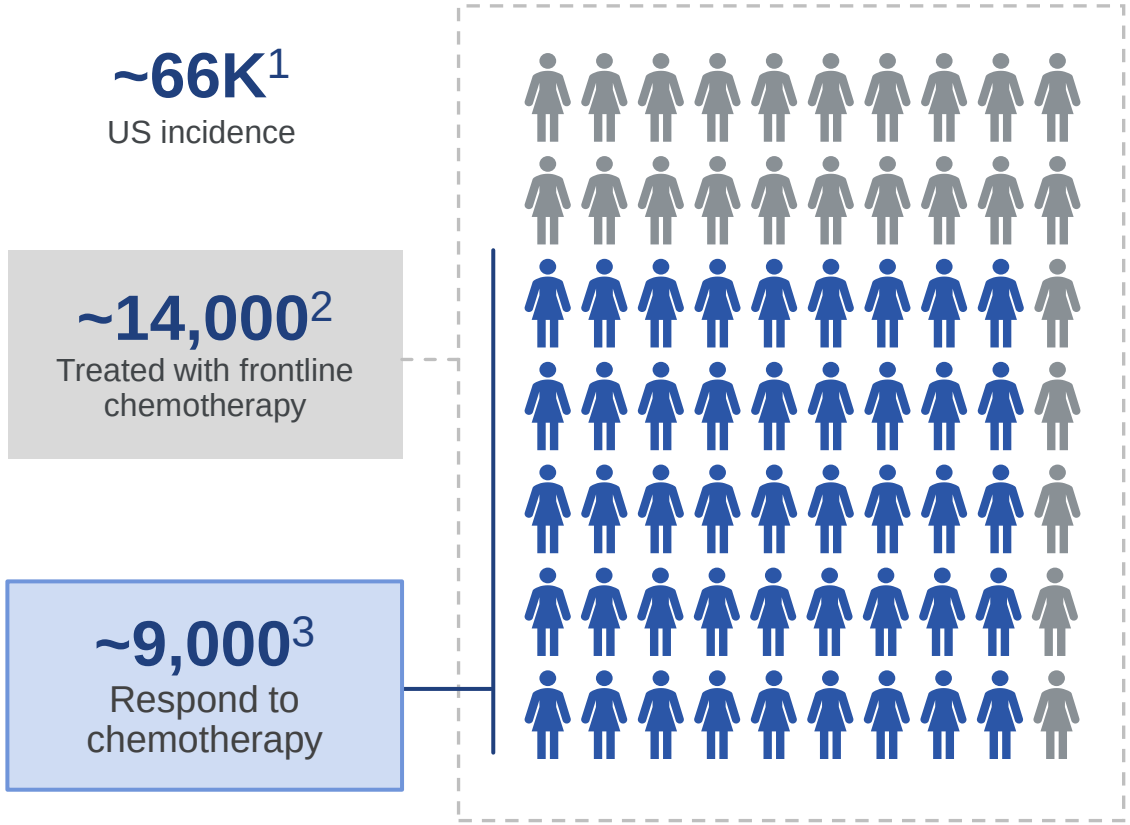
1. American Cancer Society, “About and Key Statistics.” Endometrial Cancer. https://www.cancer.org/content/dam/CRC/PDF/Public/8609.00.pdf **2.** International Agency for Research on Cancer, World Health Organization. “Corpus uteri Fact Sheet.” Cancer Today, 2020. https://gco.iarc.fr/today/data/factsheets/cancers/24-Corpus-uteri-fact-sheet.pdf **3.** Sorbe, B et al. Int J Gynecol Cancer. 2008). **4.** National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology. Uterine Neoplasms. v4.2021. September 3, 2021; www.nccn.org. 5. Based on progression after 6 cycles of CP; Lorusso D. et al, 2015 by American Society of Clinical Oncology

Significant U.S. Market Opportunity for Selinexor in Endometrial Cancer based on Frontline Maintenance Potential Alone



Market Opportunity Drivers

- Maintenance therapy is **well established with physicians** in multiple solid tumors, including ovarian and breast cancer
- **PFS of 5.7 months** statistically significant compared to “watch and wait” approach (3.8 months on placebo)
- Patients **treated until progression** in the maintenance setting
- **First and only, oral treatment** post chemotherapy in the maintenance setting
- **Established and strong commercial and medical affairs footprint**, rapidly engaging in pre-launch activities

= 200 patients

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

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1. American Cancer Society, “About and Key Statistics” Endometrial Cancer. https://www.cancer.org/content/dam/CRC/PDF/Public/8609.00.pdf **2.** Clarivate/DRG Forecast for EC (2021 report) 3. Sorbe, B et al. Int J Gynecol Cancer. 2008).

SIENDO Results Represent the Potential for a Significant Paradigm Shift for the Treatment of Women with Advanced or Recurrent Endometrial Cancer

Phase 3 SIENDO study met primary endpoint

Selinexor improved PFS by 50% with a HR=0.70 (p=0.0486)

Addressing a significant unmet need

Currently no FDA approved treatments in the maintenance setting

Significant market opportunity

Based on 14,000 patients treated with frontline chemotherapy

Planning sNDA submission in 1H22

Also submitting for presentation at medical meetings in 1H22

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Jatin Shah, MD
Chief Medical Officer

OTHER CORE PROGRAMS

Progressing Focused Pipeline 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	w/R-GDP	DLBCL (R/R)	XPORT-DLBCL-030[1]				
	monotherapy	Endometrial cancer (maintenance therapy)	SIENDO				
	w/pomalidomide + dexamethasone	Multiple myeloma (2L+)	XPORT-MM-031[2,3,4]				
	w/carfilzomib	Multiple myeloma (relapsed/refractory)	STOMP				
	monotherapy	Myelofibrosis (previously treated)	XPORT-MF-035				
	w/ruxolitinib	Myelofibrosis (treatment naïve)	XPORT-MF-034[5]				
ELTANEXOR	monotherapy	Myelodysplastic syndromes (refractory)	KCP-8602-801				
	+ hypomethylating agents	Myelodysplastic syndromes (treatment naive)	KCP-8602-801				

hematologic cancer solid tumor cancer Coming soon

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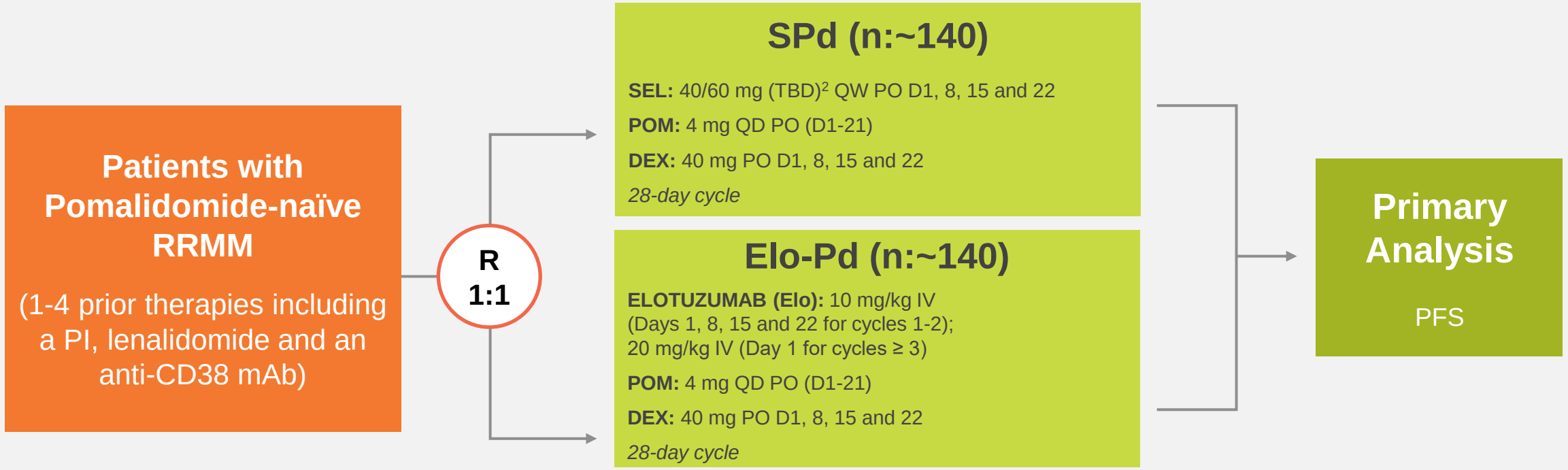
1. XPORT-DLBCL-030 is a Phase 2/3. **2.** Versus elotuzumab, pomalidomide, and dexamethasone. **3.** Study expected to dose first patient in 1Q22. **4.** Sponsored by European Myeloma Network. **5.** XPORT-MF-034 is a Phase 1/2.

Phase 3 Study Evaluating Selinexor, Pomalidomide and Dexamethasone (SPd) in Patients with Previously Treated Multiple Myeloma[1]



Expect to dose first patient in 1Q 2022

Top-line data expected 2024

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1. XPORT-MM-031; 2. Final dosing for Selinexor arm to be determined following interim analysis of data from first 60 patients

Ongoing Progress With Global Selinexor Access

Europe

- MAA validated and under review by CHMP for 2L+; expect review to be completed in 1H22

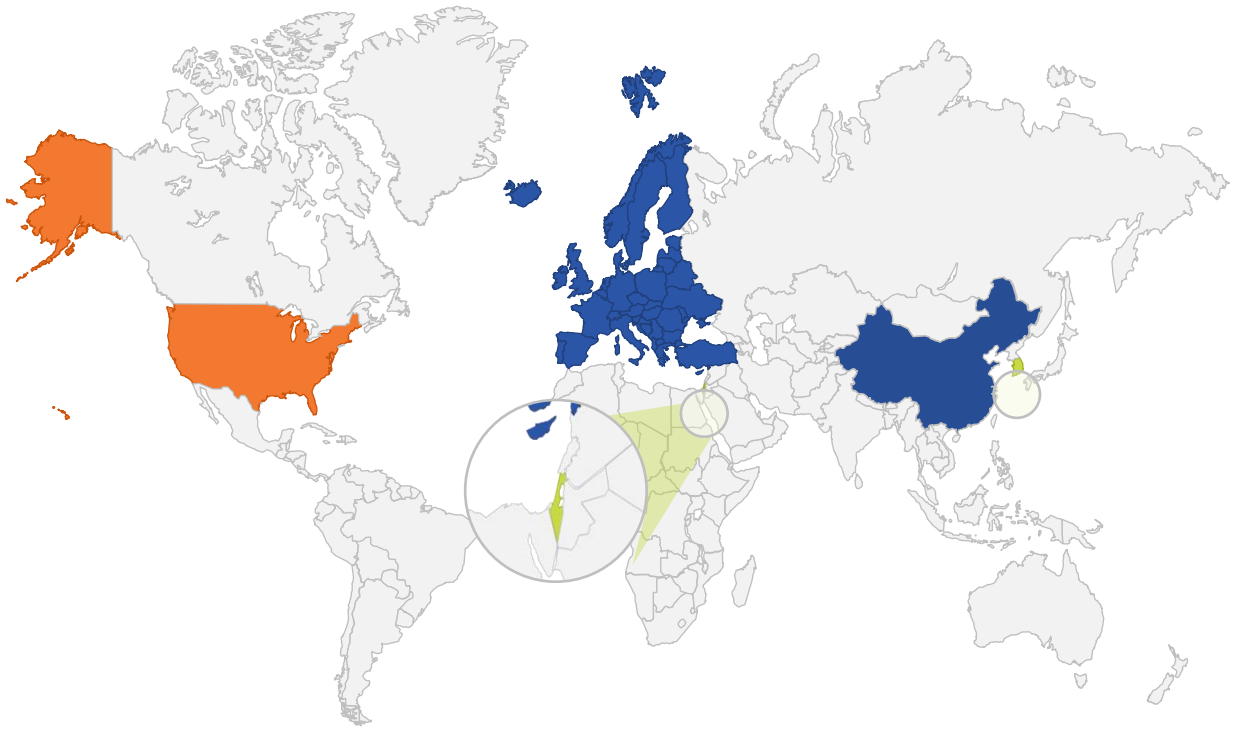
Asia

- Antengene received conditional approval in China for penta-refractory multiple myeloma

- NDAs submitted by Antengene in multiple additional Asia Pacific markets including Hong Kong, Australia, Singapore and Taiwan[1]

Canada

- NDS in 2L+ filed by Forus Therapeutics and accepted for review by Health Canada



2L+ multiple myeloma and R/R DLBCL

Penta-refractory multiple myeloma

Penta-refractory multiple myeloma and R/R DLBCL[2]

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1. Antengene press release dated June 4, 2021. **2.** Approved in Israel and South Korea.

MYELOFIBROSIS

Selinexor Has the Potential to Improve Patient Outcomes in JAKi Refractory Myelofibrosis

What is Myelofibrosis (MF)?

- Type of bone marrow cancer that disrupts body's normal production of blood cells.
- Causes extensive scarring in bone marrow, leading to severe anemia that can cause weakness and fatigue

Treatment Landscape

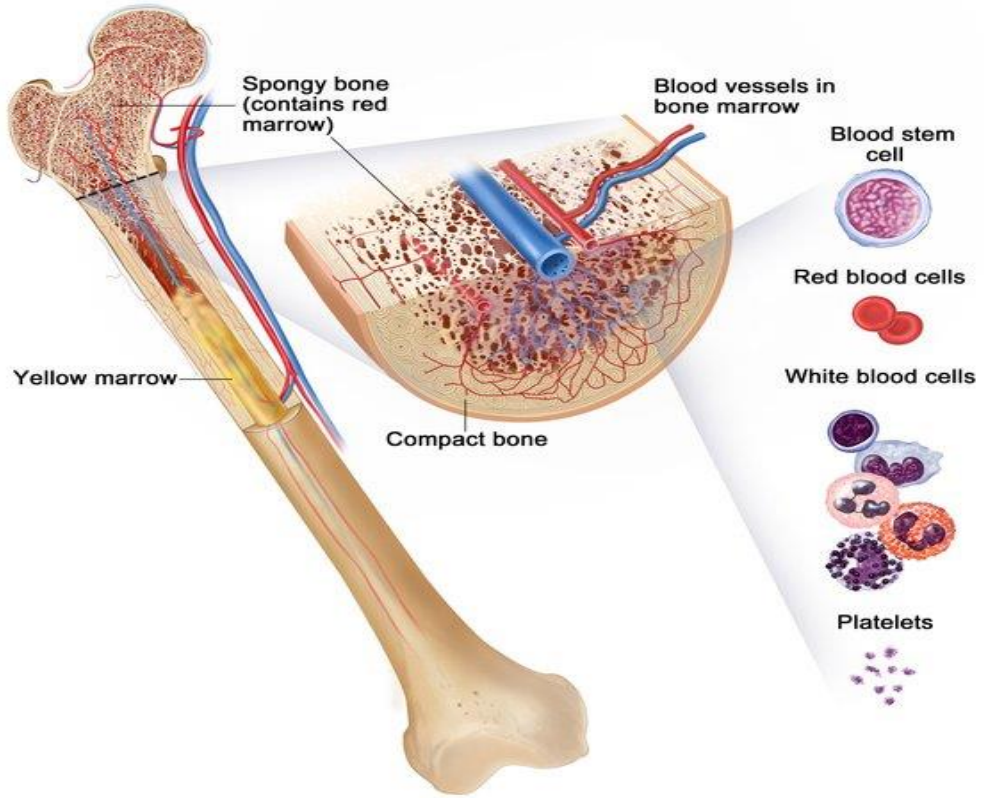
- Ruxolitinib is the standard of care for patients with newly diagnosed MF and it has resulted in splenic and clinical responses up to 4 years for primary responders
- Approximately 40% of patients respond[2]

Opportunity and Unmet Need

- Prognosis in ruxolitinib-refractory disease is poor, with an **expected median survival of ~14 months**[3]
- No other class of therapies other than JAK inhibitors

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

It is estimated that ~5,000 cases of MF occur in the US annually[1]



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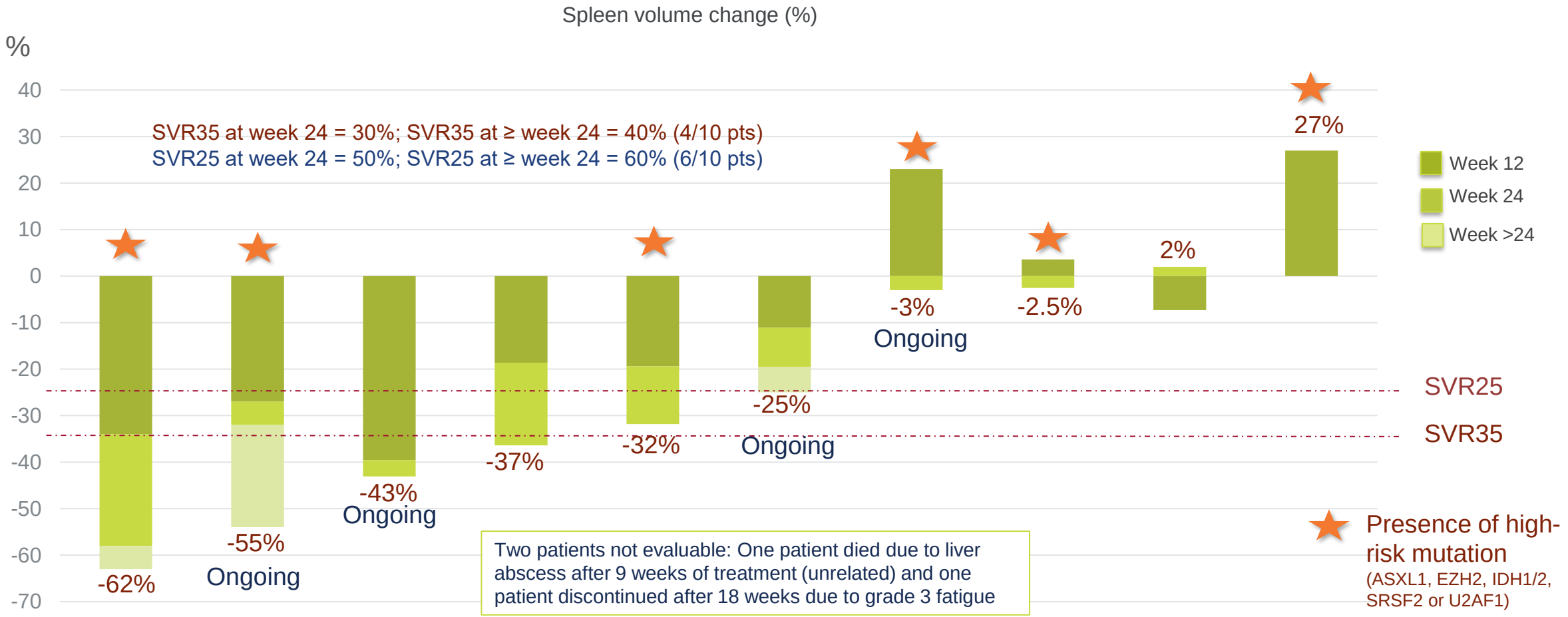
1. https://my.clevelandclinic.org/health/diseases/15672-myelofibrosis. **2.** https://www.jakafi.com/myelofibrosis/high-risk-treatment. Accessed Nov 2021. 3. Newberry KJ , et al. Clonal evolution and outcomes in myelofibrosis after ruxolitinib discontinuation. Blood . 2017;130:1125–1131; Palandri F, et al. Life after ruxolitinib: reasons for discontinuation, impact of disease phase, and outcomes in 218 patients with myelofibrosis. Cancer . 2019;26:1243–1252; Kuykendall AT, et al. Between a rux and a hard place: evaluating salvage treatment and outcomes in myelofibrosis after ruxolitinib discontinuation. Ann Hematol . 2018;97:435–441.

Single-Agent Selinexor Resulted in Sustained Spleen Responses in Refractory MF Patients[1]



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

1. Tantravahi, et al. ASH 2021.

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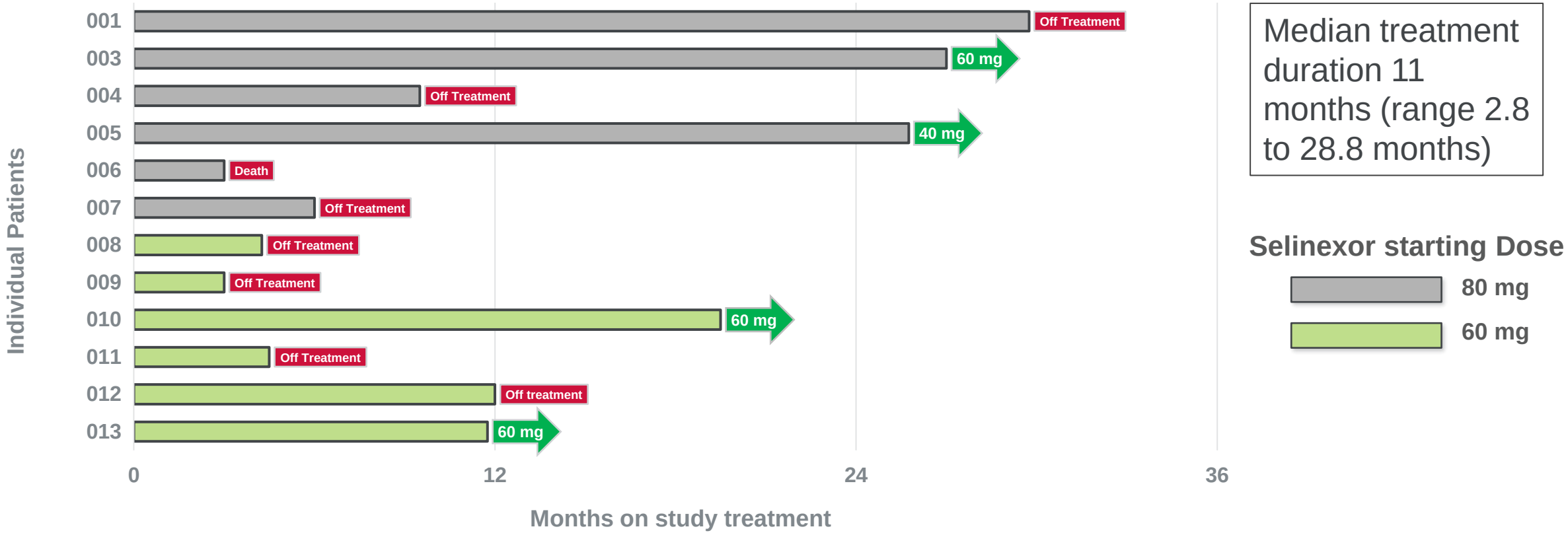
Single-Agent Selinexor Resulted in Durable Responses with Long Term Therapy Documented Beyond Two Years[1]



Median treatment duration 11 months (range 2.8 to 28.8 months)

Selinexor starting Dose

- 80 mg
- 60 mg

Eight pts (70%) discontinued Selinexor due to: progression (n=2; 1 spleen size progression and 1 AML), changed to another clinical trial (n=2), death (n=1), and toxicity (n=3; 1 fatigue and 2 weight loss)

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

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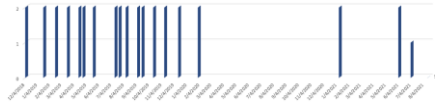
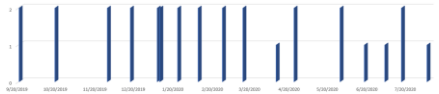
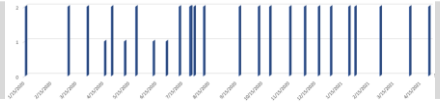
1. Tantravahi, et al. ASH 2021.

Among Patients with Anemia or Transfusion Dependence 50% Achieved Improved Hemoglobin Levels or Transfusion Independence

Patient	Baseline	Best response	Transfusion requirements
01-001	TD	Became TI	
01-003	TD (<6u/12 weeks)	Became TI	
01-004	TD	Unchanged	
01-010	TD	Unchanged	
01-011	TD	Unchanged	(chart not available)

Patient	At screening	Best response	Anemia response
01-005	Hgb 8.7	Hgb 13.7	2.0 g/dl increase
01-008	Hgb 9.3	Hgb 10.5	1.2 g/dl increase
01-012	Hgb 9.7	Hgb 11.8	2.1 g/dl increase

- **50%** of patients (4 of 8) achieved either improved hemoglobin levels or transfusion independence (TI)
- **40%** of transfusion dependent (TD) patients(2 of 5) became TI
- Hemoglobin increased by 2g/dl in **67%** of patients (2 of 3)

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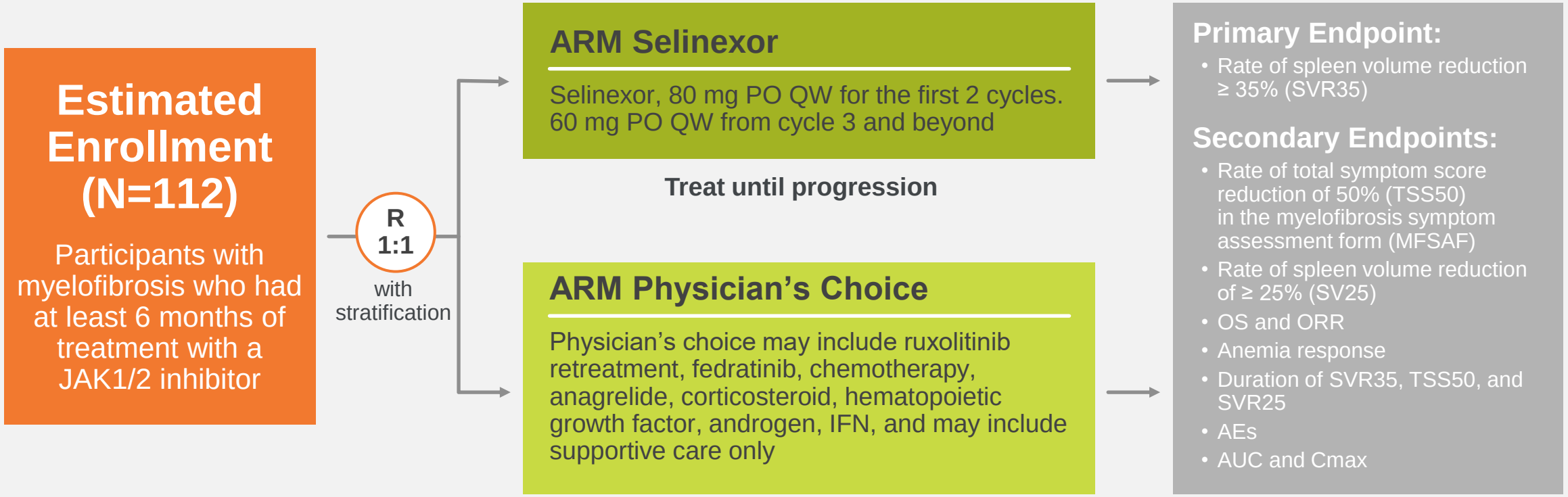
A Company-sponsored Phase 2 Study Evaluating Single-Agent Selinexor Versus Physician's Choice in Previously Treated MF



First patient dosed December 2021

Top-line data expected 2H 2023

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AEs, adverse events; AUC, area under the curve; Cmax, maximum concentration; DCR, disease control rate; DOR, duration of response; IFN, interferon; MDS, myelodysplastic syndrome; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PO, by mouth; QW, once weekly; Therapeutics Inc. Clinical Study Protocol. Version 7.0. KCP-8602-801.

MYELODYSPLASTIC SYNDROMES

Eltanexor Has the Potential to Improve Survival in HMA Refractory Myelodysplastic Syndromes

What is Myelodysplastic Syndrome (MDS)?

- Blood-forming cells in marrow become abnormal and create immature blood cells that are not able to function properly

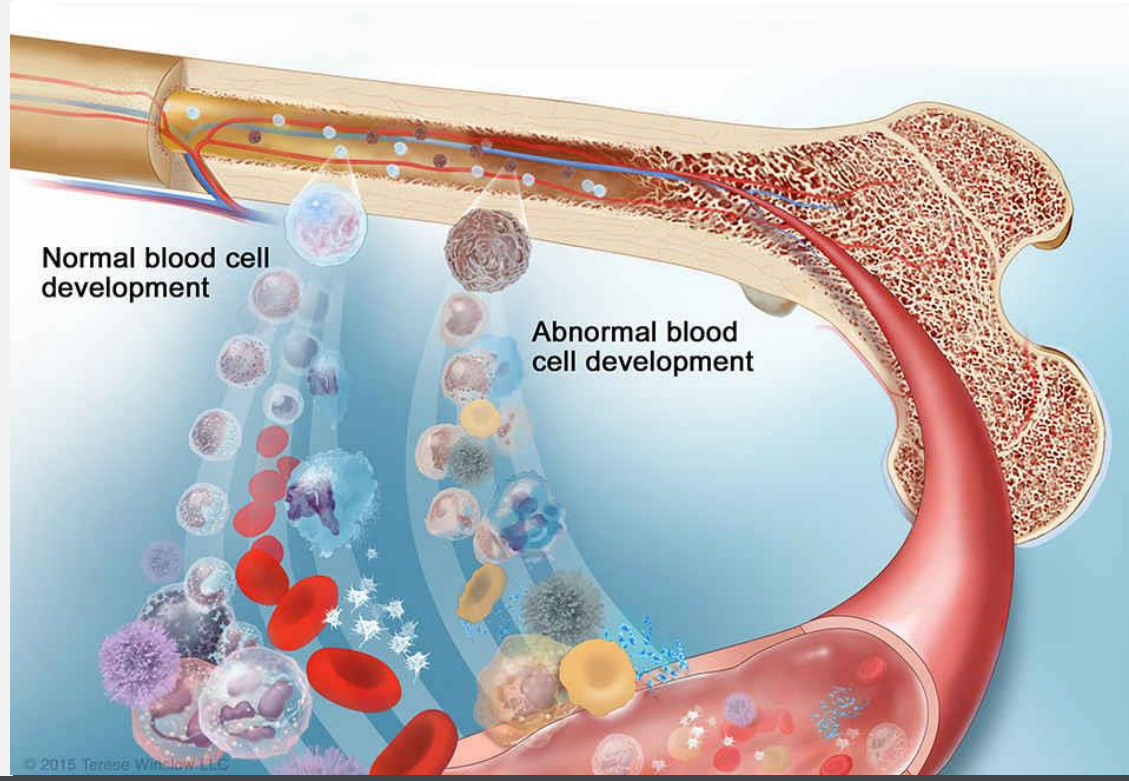
Treatment Landscape

- Hypomethylating agents (HMA) are the current standard of care for patients with newly diagnosed, higher-risk MDS
- Approximately 50% of patients respond; responses typically last <2 years[2]

Opportunity and Unmet Need

- Prognosis in HMA-refractory disease is poor, with an **expected survival of 4-6 months**[3,4]
- No currently approved therapies for HMA-refractory disease

~15,000 patients diagnosed with intermediate-to-high risk MDS each year in the US[1]



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1. Clarivate/DRG Myelodysplastic Syndromes Landscape & Forecast (Nov 2020). **2.** Gil-Perez A. Ther Adv Hematol. 2019 doi:10.1177/2040620719847059.. **3.** Jabbour E, Cancer. 2010;116(16):3830-4. **4.** Prébet T. J Clin Oncol. 2011;29:3322-7. **5.** Clarivate/DRG Myelodysplastic Syndromes Landscape & Forecast (Nov 2020).

Single-agent Eltanexor Demonstrated Robust Activity with an ORR of 53% Among Patients With HMA Refractory MDS in a Phase 1 Study[1]

- No approved drugs and historical overall survival (OS) of 4-6 months in patients with HMA-refractory MDS
- **Single-agent eltanexor demonstrated median OS of 9.9 months**
  - Response rate correlated to OS; Median OS mCR vs PD: 11.86 vs 3.15 months (HR=0.23, p=0.04)
- **Single-agent eltanexor demonstrated 53% ORR**

	Total N=15
Overall Response Rate (mCR + HI)[2,3]	**53%**
Median treatment duration (weeks, all patients)	13.0
Median time to response (weeks)	8.4
Median duration of response (weeks)	19.2

The Grade 3/4 AEs across all patients were anemia (40%), leukopenia (20%), thrombocytopenia without bleeding (20%), decreased appetite/weight (20%), neutropenia (40%): no febrile neutropenia, 1 case of sepsis.
The safety and efficacy of eltanexor in myelodysplastic syndrome not been established and has not been approved by the US FDA or any other regulatory authority.
No severe bleeding events — which is the corresponding clinical outcome for thrombocytopenia (as you have febrile neutropenia and sepsis as the clinical outcome for neutropenia.

1. Lee, Sangmin, et al. ASH 2021. 2. mCR = complete response without marrow recovery. 3. HI = hematologic improvement.

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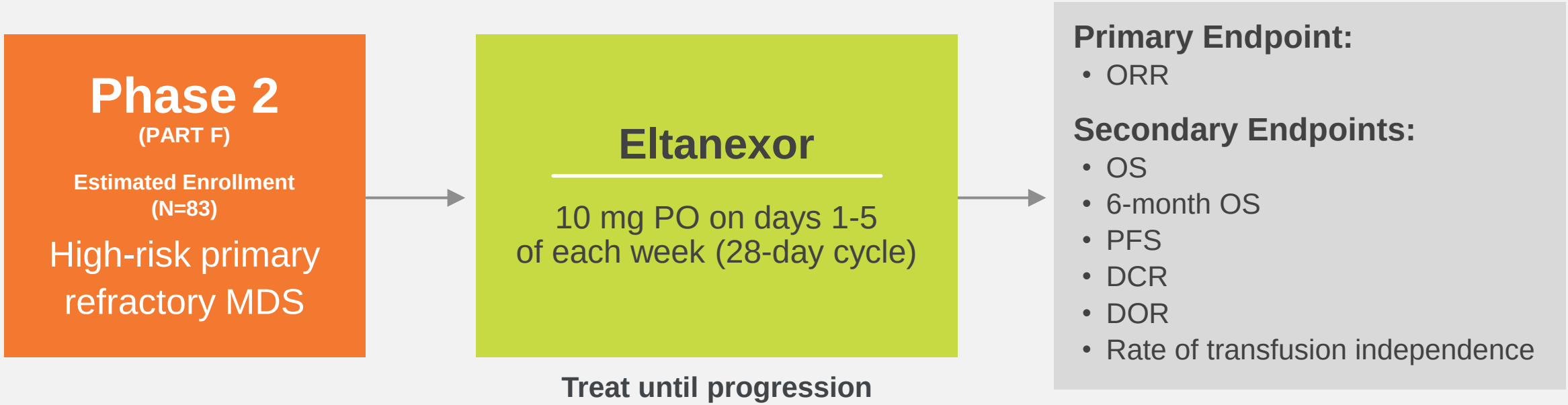
Phase 2 Expansion of the Ongoing Phase 1/2 Study of Single-Agent Eltanexor in HMA Refractory MDS



First patient dosed Sept 2021

Top-line data expected 1H 2023

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DCR, disease control rate; DOR, duration of response; MDS, myelodysplastic syndrome; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PO, by mouth; Karyopharm Therapeutics Inc. Clinical Study Protocol. Version 7.0. KCP-8602-801.

MICHAEL MASON
Chief Financial Officer

FINANCIAL RESULTS AND GUIDANCE

Strategic Partnerships Driving Expansion of Our Global Footprint

Commercial Partnerships Serving Key Global Markets

NEXPOVIO® (selinexor) NOW PARTNERED in Europe, Asia Pacific, and other key global territories

The MENARINI Group

Exclusively licensed rights to NEXPOVIO in European Union, the UK, Switzerland, CIS Countries and Latin America

- Karyopharm received upfront payment of $75M in 4Q21
- Eligible to receive up to an additional $202.5M in future milestones (based on regulatory and sales performance), plus tiered double-digit royalties on net sales ranging from the mid-teens to the mid-twenties
- Menarini to co-fund 25%, up to a maximum of $15M per calendar year, of Karyopharm's global R&D expenses each year from 2022 to 2025

ANTENGENE

- Karyopharm recorded $19.5 million in milestone revenue from Antengene in 4Q21

ANTENGENE

AsiaPac

the MENARINI group

EU & LatAm

NEOPHARM

Israel

FORUS THERAPEUTICS

Canada

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4Q and FY 2021 Financial Results

Statements of Operations ($ millions)	4Q 2021	4Q 2020	FY 2021	FY 2020
Total Revenue	**$126.3**	**$35.1**	**$209.8**	**$108.1**
XPOVIO Net Sales	29.8	20.2	98.4	76.2
License and Other Revenue	96.5	14.9	111.4	31.9
Total Operating Expenses	**$79.3**	**$72.2**	**$308.1**	**$279.9**
Cost of Sales	0.7	1.1	3.4	2.7
Research and Development Expenses	44.0	37.2	160.8	150.8
Selling, General & Administrative Expenses	34.6	33.9	143.8	126.4
Net Income (Loss)	**$38.7**	**($43.4)**	**($124.1)**	**($196.3)**
Net Income (Loss) per share	**$0.46**	**($0.59)**	**($1.65)**	**($2.72)**

Balance Sheet ($MM)	Dec 31, 2021	Dec 31, 2020
Cash, Cash Equivalents, Restricted Cash and Investments	**$235.6**	**$276.7**

2022 Financial Guidance

- Net Product Revenue of $135-$145 million, reflecting ~40% growth over 2021
- Non-GAAP R&D and SG&A Expenses of $265-$280 million[1]
- Cash runway expected to be sufficient to fund planned operations into early 2024

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1. Karyopharm has not reconciled the full year 2022 outlook for non-GAAP R&D and SG&A expenses to full year 2022 outlook for GAAP R&D and SG&A expenses because Karyopharm cannot reliably predict without unreasonable efforts the timing or amount of the factors that substantially contribute to the projection of stock compensation expense, which is excluded from the full year 2022 outlook for non-GAAP R&D and SG&A expenses.

Richard Paulson
Chief Executive Officer

CLOSING REMARKS

Upcoming Milestones for 2022 and 2023

- Leverage commercial capabilities and increase US XPOVIO sales (2022)
- Dose first patient in Phase 3 study evaluating selinexor + pomalidomide + dex (Q1 2022)
- EMA decision on MAA in 2L+ based on BOSTON study[1] (1H 2022)

- Submit full Phase 3 selinexor SIENDO data for presentation at upcoming medical meeting (1H 2022)
- Submit sNDA (1H 2022)
- Conduct pre-launch activities (2022)
- Potential approval and launch as a maintenance therapy (1H 2023)

- Report top-line Phase 1 data in combination with JAKi in treatment naïve MF (2H 2022)
- Report top-line Phase 2 selinexor data in previously treated MF (2H 2023)

- Report preliminary Phase 1 eltanexor data in combination with HMA in frontline MDS (2022)
- Report top-line Phase 2 eltanexor data in HMA-refractory MDS (1H 2023)

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1. Approval of the BOSTON study will fulfill the confirmatory study requirement for STORM conditional approval.

Q&A SESSION

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