Supplemental Figures

Supplemental Table 1. Incidence of most common (≥10%) treatment-related adverse events per dose range

<table>
<thead>
<tr>
<th></th>
<th>3-23 mg/m² Selinexor (n=17)</th>
<th>30-40 mg/m² Selinexor (n=16)</th>
<th>45 mg/m² Selinexor (n=11)</th>
<th>60 mg/m² Selinexor (n=4)</th>
<th>45 mg/m² Selinexor + 20mg Dexamethasone (n=14)</th>
<th>60 mg/m² Selinexor + 20mg Dexamethasone (n=11)</th>
<th>40-60mg Selinexor (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any Grade</td>
<td>Grade 3 or 4</td>
<td>Any Grade</td>
<td>Grade 3 or 4</td>
<td>Any Grade</td>
<td>Grade 3 or 4</td>
<td>Any Grade</td>
</tr>
<tr>
<td>Nausea</td>
<td>13 (77%)</td>
<td>-</td>
<td>14 (88%)</td>
<td>-</td>
<td>7 (64%)</td>
<td>-</td>
<td>3 (75%)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>10 (59%)</td>
<td>-</td>
<td>12 (75%)</td>
<td>1 (6%)</td>
<td>7 (64%)</td>
<td>3 (27%)</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Anorexia</td>
<td>11 (65%)</td>
<td>-</td>
<td>10 (63%)</td>
<td>-</td>
<td>6 (55%)</td>
<td>1 (9%)</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>6 (35%)</td>
<td>4 (24%)</td>
<td>7 (44%)</td>
<td>7 (44%)</td>
<td>6 (55%)</td>
<td>6 (55%)</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>7 (41%)</td>
<td>-</td>
<td>7 (44%)</td>
<td>-</td>
<td>5 (46%)</td>
<td>-</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>6 (35%)</td>
<td>1 (6%)</td>
<td>4 (25%)</td>
<td>1 (6%)</td>
<td>4 (36%)</td>
<td>-</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Weight loss</td>
<td>7 (41%)</td>
<td>-</td>
<td>5 (31%)</td>
<td>1 (6%)</td>
<td>2 (18%)</td>
<td>-</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Anemia</td>
<td>4 (24%)</td>
<td>2 (12%)</td>
<td>1 (6%)</td>
<td>1 (6%)</td>
<td>2 (18%)</td>
<td>2 (18%)</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Hypotension</td>
<td>2 (12%)</td>
<td>2 (12%)</td>
<td>7 (44%)</td>
<td>6 (38%)</td>
<td>1 (9%)</td>
<td>1 (9%)</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>3 (29%)</td>
<td>4 (24%)</td>
<td>4 (25%)</td>
<td>3 (19%)</td>
<td>-</td>
<td>-</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Dehydration</td>
<td>4 (24%)</td>
<td>1 (6%)</td>
<td>3 (19%)</td>
<td>-</td>
<td>5 (46%)</td>
<td>1 (9%)</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>3 (18%)</td>
<td>-</td>
<td>4 (25%)</td>
<td>-</td>
<td>2 (18%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dysphoria</td>
<td>5 (29%)</td>
<td>-</td>
<td>2 (13%)</td>
<td>-</td>
<td>2 (18%)</td>
<td>-</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Dysuria</td>
<td>3 (18%)</td>
<td>-</td>
<td>1 (6%)</td>
<td>-</td>
<td>1 (9%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>2 (12%)</td>
<td>1 (6%)</td>
<td>3 (19%)</td>
<td>2 (13%)</td>
<td>-</td>
<td>-</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Muscle Weakness</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2 (18%)</td>
<td>2 (18%)</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Confusion</td>
<td>-</td>
<td>-</td>
<td>1 (6%)</td>
<td>-</td>
<td>1 (9%)</td>
<td>-</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>WC AE</td>
<td>8 (47%)</td>
<td>7 (44%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (21%)</td>
<td>5 (45%)</td>
<td>3 (27%)</td>
</tr>
<tr>
<td>WC Related AE</td>
<td>6 (35%)</td>
<td>6 (38%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (14%)</td>
<td>5 (45%)</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>WC Related GI AE</td>
<td>5 (29%)</td>
<td>4 (25%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (7%)</td>
<td>4 (36%)</td>
<td>1 (9%)</td>
</tr>
</tbody>
</table>

Data are number (%) and comprise the most common adverse events occurring in ≥10% of the total study population (n=84). WC AE = withdrawal of consent due to an adverse event of any causality. WC Related AE = withdrawal of consent due to a treatment-related adverse event. WC Related GI AE = withdrawal of consent due to a treatment-related gastrointestinal or constitutional (fatigue) adverse event. Withdrawal of consent for GI-related adverse events improved in the later portions of the dose-escalation phase (higher doses of selinexor) due to the incorporation of prophylactic supportive care agents for nausea, anorexia diarrhea and fatigue.
Supplemental Table 2. Pharmacokinetics of single-agent selinexor

<table>
<thead>
<tr>
<th>Day</th>
<th>PK Parameter</th>
<th>Range of Parameter (Doses 3-45 mg/m²)</th>
<th>Dose proportionality ($r^2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C&lt;sub&gt;max&lt;/sub&gt; (ng/mL)</td>
<td>36.2 - 552.5</td>
<td>0.9093</td>
</tr>
<tr>
<td></td>
<td>T&lt;sub&gt;max&lt;/sub&gt; (hr)</td>
<td>1.0 - 5.0</td>
<td>0.1990</td>
</tr>
<tr>
<td></td>
<td>AUC&lt;sub&gt;0-inf&lt;/sub&gt;(ng*hr/mL)</td>
<td>328.2 - 4996.7</td>
<td>0.9847</td>
</tr>
<tr>
<td></td>
<td>V&lt;sub&gt;d&lt;/sub&gt;/F (mL)</td>
<td>1832.1 - 2685.1</td>
<td>0.0101</td>
</tr>
<tr>
<td></td>
<td>t&lt;sub&gt;1/2&lt;/sub&gt; (h)</td>
<td>4.6 - 6.5</td>
<td>0.0158</td>
</tr>
<tr>
<td>17</td>
<td>C&lt;sub&gt;max&lt;/sub&gt; (ng/mL)</td>
<td>26.1 - 444.5</td>
<td>0.9115</td>
</tr>
<tr>
<td></td>
<td>T&lt;sub&gt;max&lt;/sub&gt; (hr)</td>
<td>1.5 - 6.0</td>
<td>0.0039</td>
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<tr>
<td></td>
<td>AUC&lt;sub&gt;0-inf&lt;/sub&gt;(ng*hr/mL)</td>
<td>153.6 - 2501.6</td>
<td>0.9787</td>
</tr>
</tbody>
</table>

Plasma samples were collected from 22 patients in the dose escalation phase treated at 3, 6, 12, 16.8, 23, 30, 35 and 45 mg/m². Selinexor plasma concentrations were assayed by LC/MS/MS and calculated by standard non-compartmental analysis using PK Solutions Software. Data are presented as the lowest and highest mean for each PK parameter.
Supplemental Table 3. Waterfall of Best Response (n=57)

Best percent change in M-spike value from baseline for 57 patients with quantitative assessments at baseline and after 1 cycle of treatment. Thirteen patients evaluable for best response did not have quantitative assessments after baseline and were deemed by the Investigator to have clinical progression (n=12) or stable disease (n=1). The remaining 14 were considered non-evaluable. * indicates patients that were treated with selinexor plus an anti-myeloma dose (20mg, twice weekly) of dexamethasone.