

Official Title: CCCWFU 22316: An Investigator-Sponsored Randomized Phase II Study of
Selinexor in Combination With Induction/Consolidation Therapy in Acute Myeloid Leukemia
Patients

NCT02835222

IRB-Approved Date: 6/16/2025

Department/Section of *Hematology and Oncology*

An Investigator-Sponsored Randomized Phase II Study of Selinexor in Combination with Induction/Consolidation Therapy in AML Patients

Informed Consent Form to Participate in Research
Timothy Pardee, MD, PhD, Principal Investigator

INTRODUCTION

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you have recently been diagnosed with acute myeloid leukemia (AML), are 18 years of age or older, and have not yet been treated for your AML. You do not have to participate. Please take your time in making your decision as to whether or not you wish to participate. Ask your study doctor or the study staff to explain any words or information contained in this informed consent document that you do not understand. You may also discuss the study with your friends and family.

WHY IS THIS STUDY BEING DONE?

In this research study, we will use a new drug called Selinexor (KPT-330) in addition to standard treatment drugs (Cytarabine and Daunorubicin) during two phases of chemotherapy: the induction period (the first line therapy) and consolidation therapy (a therapy to help ensure all cancer cells are killed). The purpose of this study is to find out what effects (good or bad) the new drug, Selinexor, has on you or your condition. We will also determine if the addition of Selinexor to standard therapy treatment is better or not than standard therapy alone.

In AML, the cancer cells make a protein called XPO1 more than usual that can contribute to the disease. Selinexor blocks this protein and when this protein is blocked, it kills the cells that produce it.

Selinexor is an investigational drug. This means it has not been approved by the U.S. Food and Drug Administration (FDA). Drugs and devices that do not have approval by the FDA cannot be sold or prescribed by your physician.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

A total of 64 people will take part in this study. Some people may be screened for the study but will not be eligible to participate. This study is being done at other locations as well (Virginia Commonwealth University Massey Comprehensive Cancer Center). About 54 people will participate at this site.

WHAT IS INVOLVED IN THE STUDY?

After your study doctor has answered all your questions about this study and you have given

written consent by signing this form, several tests will be done to be sure you are able to enter this study, as described in the Screening Visit below. Many of the tests will be the same as those you have had in the past to diagnose and treat your disease (AML.) Some of these same tests will also be done during the study to follow your progress. If you meet all of the study requirements, you will be randomized to either Arm 1 (the standard of care therapy) or Arm 2 (the standard of care therapy plus Selinexor.) Randomization means that you are put into a group by chance. It is like flipping a coin. In this study, you will have a 3 to 1 chance of being placed in Arm 2.

In this study, your participation will be divided into different visits. These visits and the procedures involved are described below.

Screening Visit

At study entry, you will be asked to sign this form to enter the study. You will also be asked to provide personal information including medical history, information regarding where you live, sex, age, and other similar information. The following is a list of tests and procedures that may be performed at this visit. Most of these would take place even if you were not taking part in this study:

- The study doctor or nurse will ask you about your medical history and what other medications you are taking at this time.
- The study doctor or nurse will examine you to determine your performance status. This is to determine how your cancer is affecting your daily activities.
- A physical examination with your vital signs (heart rate, blood pressure, breathing rate and body temperature), height and weight will be recorded.
- Either an Echocardiogram or MUGA (special types of cardiac imaging tests) will be performed to see if your heart is healthy enough for the treatments on this study.
- Approximately 10 teaspoons of blood will be drawn for routine lab tests.
- A bone marrow biopsy (a little over ½ teaspoon) to determine the extent of your cancer (if not previously performed)
- *Optional:* You will be given the option to provide additional blood and bone marrow samples throughout the study for research purposes, as outlined below.
 - Blood samples: These samples would be taken just before the first induction therapy on the first day and then at 1, 2, 4, and 8 hours after the therapy has been started. The total amount of blood drawn for these research samples will be 8-16 teaspoons.
 - Bone Marrow: Bone marrow samples for research will be requested at each routine bone marrow collection. We will retain a portion of your routine bone marrow sample for future research; this is not an additional procedure or needle stick.
- For women of childbearing potential, a pregnancy test must be performed within 1 week (7 days) before starting on the study

Treatment Visits and Procedures

The study treatment has several phases: induction, and consolidation.

Therapy for those in the standard of care group (Arm 1) will include the intravenous drugs

Cytarabine and Daunorubicin. For the experimental group (Arm 2), this will include those drugs plus Selinexor. The descriptions below describe the different parts of therapy for each study arm.

Induction

This phase takes two weeks (14 days) and you will stay at the hospital for this part of the study. The two weeks is considered one cycle. One cycle of induction is one week of taking medicine and one week of rest.

Cycle 1

During the first week, treatment is given as follows:

Days 1-7 (Arms 1 and 2)

- You will be given a continuous Cytarabine infusion (100 mg/m²/day,) through an IV

Days 1-3(Arms 1 and 2)

- You will be given a bolus of Daunorubicin (60 mg/m²/day,) through your IV, in addition to the Cytarabine infusion

Days 1,3 (Arm 2 only)

- You will be given the continuous Cytarabine infusion first
- Zofran will be given 30 minutes before the study drug, Selinexor, to prevent any nausea that may occur after you are given the study drug. Zofran is a standard drug used in hospitals for symptom control and is provided at no cost to you.
- You will be given Selinexor (60mg) tablets by mouth
- 2 Hours after Selinexor, you will be given the bolus of Daunorubicin, through the IV

Days 8,10,15*,17* (Arm 2 only)

- You will be off of intravenous treatment but continue to receive Selinexor (60mg) by mouth on these days.
- Zofran will be given to you by mouth 30 minutes before you receive Selinexor

*Days 15 and 17 are part of your observation period (described below) and will only occur if you do not show signs of residual disease after your bone marrow biopsy on Day 14. If you have residual disease, you will go straight to Cycle 2.

Day 14 (Arms 1 and 2)

You will have a bone marrow biopsy to see if your disease has responded (just like you would if you were not on the study). If you have consented to additional biopsy samples for future research, these will be collected at this time also. Depending on your bone marrow biopsy results, you may need another induction cycle (Re-Induction).

After your 14 day cycle and bone marrow biopsy, you will be observed daily in the hospital for up to 6 weeks, or 42 days. Each day that you receive treatment and/or are still in the hospital, your vital signs will be collected as well as 10 teaspoons of your blood for laboratory testing. This is part of standard care. You will also be asked about any side effects you may be experiencing from treatment.

Cycle 2 (Re-Induction)

If you need another cycle of induction therapy, the second cycle will be the same as Cycle 1 with the following differences:

- Cytarabine will be given as a continuous infusion only Days 1-5
- Daunorubicin will be given as a bolus infusion only Days 1-2
- Selinexor (Arm 2 only) will still be given Days 1,3,10,15,17 by mouth
- A bone marrow biopsy (and research bone marrow sample, if you agreed to this) will be taken on Day 14, as in the first cycle.
- The treatment cycle will end after 14 days, but you will continue to stay in the hospital until your counts recover to the point where your doctor thinks it is safe for you to be discharged.
- A second bone marrow biopsy (and research bone marrow sample, if you agreed to this) will be performed when blood tests show that you have fully responded to treatment OR on Day 42 from the start of Cycle 2, whichever occurs first.

If, after 42 days, you do not respond to any treatment, you will be removed from the study.

Consolidation

If you do respond to the induction treatment, you may move on to the next phase called 'consolidation.' Consolidation therapy may need to be done for up to 4 cycles (42 days each) as recommended by your doctor. You will stay at the hospital only for the first 3 days per cycle. Consolidation therapy will consist of you taking Cytarabine at a higher dose (1-1.5g/m²/day) on Days 1- 3, and Zofran followed by Selinexor (60mg) by mouth still on days 1,3,8,10,15, and 17 if you are part of Arm 2. Each day that you receive a treatment drug, your vital signs will be collected and 10mL of blood drawn from a vein for laboratory testing. On days 8, 10, 15 and 17, you will already be discharged from the hospital but have blood collected at your local clinic as is convenient to you.

For both arms, at the end of all of the treatment cycles, a bone marrow biopsy and blood sample will be taken. If you would like, you have the option to provide a bone marrow sample for future research.

Storage of Biological Tissue**Future Research**

If you agree to participate in this study and are willing to provide more blood for future research purposes, we will perform 4 more blood draws, about 1-2 teaspoons of blood (total of 8-16 teaspoons) on Days 1 during your first induction cycle to use for future research. Also, you may be asked to allow a portion of your standard bone marrow biopsy samples to be used for research purposes. These sample portions will be kept and may be used in future research to learn more about this or other diseases. Your samples will be obtained in Department of Hematology and Oncology at Atrium Health, Wake Forest University Baptist Medical Center. The sample will be stored Tumor Tissue Core Facility and it will be given only to researchers approved by Dr. Timothy Pardee.

An Institutional Review Board (IRB) must also approve any future research study using your

blood and/or tissue samples. You do NOT have to provide these samples to be in the study. Please check “Yes” or “No” if you would like to, or not like to provide these extra blood and tissue samples for research purposes.

☐ Yes, I would like to provide additional blood samples for research purposes

☐ No, I would NOT like to provide additional blood samples for research purposes

Initials _____ Date _____

☐ Yes, I would like to have a portion of the bone marrow samples used for research purposes

☐ No, I would NOT like to have a portion of the bone marrow samples used for research purposes

Initials _____ Date _____

Your blood and bone marrow samples will be stored de-identified, which means that no identifying information will be stored with it. Researchers will not know the name, date of birth, medical record number, social security number, etc., of the person who donated the sample.

The research that may be performed with your blood and bone marrow samples is not designed to help you specifically. There is no personal benefit to you from taking part in this aspect of the research study. It might help people who have diseases at some point in the future, but it is not known if this will happen. The results of the research performed with your blood and bone marrow will not be given to you or your doctor. The results will not be put in your medical record. The research using your blood and bone marrow samples will not affect your care.

Your blood and bone marrow samples will be used only for research and will not be sold. The findings from this research may result in the future development of products that are of commercial value. There are no plans to share any of the profits with you which may occur as a result of the research.

HOW LONG WILL I BE IN THE STUDY?

With the treatment plans, depending on how your body responds to treatment you will be in the study anywhere from 2 weeks until 13 months or longer, until you choose not to participate, your leukemia progresses, or if your doctor determines that you should be removed from the study. After finishing treatment, there is a follow-up period from a minimum of 2 weeks up to 1 year.

You can stop participating at any time. If you decide to stop participating in the study, we encourage you to talk to the investigators or study staff first to learn about any potential health or safety consequences. Also, if you decide not to participate any more, make sure to talk with your doctor to discuss what the best options are for follow-up care and treatment.

WHAT ARE THE RISKS OF THE STUDY?

Being in this study involves some risk to you. You should discuss the risk of being in this study with the study staff. Risks and side effects related to the investigational drug, Selinexor, we are

studying include:

Risks Related to Daunorubicin and Cytarabine

Common Adverse Reactions ($\geq 10\%$ Incidence) During the Induction Phase

- Uncontrolled loss of blood (hemorrhage)
- Fever with low white blood cell (febrile Neutropenia)
- Rash
- Swelling caused by fluid buildup (edema)
- Nausea
- Diarrhea/inflammation of the colon (colitis)
- Inflammation in the lining of the digestive tract (mucositis)
- Constipation
- Pain in the muscles, bones, joints, ligaments and tendons (musculoskeletal)
- Abdominal pain
- Cough
- Headache
- Shortness of breath (dyspnea)
- Fatigue
- Abnormal heartbeat (arrhythmia)
- Decreased appetite
- Pneumonia (excluding fungal)
- Sleep disorders
- Bacteria in blood (bacteremia, excluding sepsis)
- Vomiting
- Chills
- Low blood pressure (hypotension)
- High blood pressure (hypertension)
- Damage to the heart (non-conduction cardiotoxicity)
- Dizziness
- Fungal infection
- Low oxygen levels (hypoxia)
- Upper respiratory infections (excluding fungal)
- Chest pain
- Fever (pyrexia)
- Catheter/device/injection site reaction
- Confusion, difficulty focusing, disorientation (delirium)
- Excess fluid between lung and chest wall (pleural effusion)
- Anxiety
- Itching (pruritus)
- Severe blood infection (sepsis, excluding fungal)
- Swollen veins in the anus or rectum (hemorrhoids)
- Tiny, unraised, round red spots under the skin caused by bleeding (petechiae)
- Kidney failure (renal insufficiency)

- Anemia which may require transfusion
- Visual impairment (except bleeding)

Other notable adverse drug reactions that occurred in less than 10% of patients treated during induction or consolidation included:

- Inner ear infections or complications (e.g., deafness in both ears or one ear)
- Eye Disorders: Pink eye, Dry eye, Swelling of the eyes or area around the eyes, Eye irritation, Eye pain, Discomfort around the eyes, Inflammation of the eyes, Eye redness
- Gastrointestinal disorders such as indigestion (dyspepsia)
- Psychiatric disorders such as hallucinations
- Respiratory and chest disorders: Inflammation of the lungs (pneumonitis)

Risks Related to Selinexor

Risks of Potential Diminished Effect or Increased Toxicity with Selinexor

A recent randomized study (HOVON study) in AML patients using Selinexor during the induction and consolidation period was stopped because patients receiving Selinexor had worse results than patients not receiving Selinexor. People who received Selinexor had lower complete remission rates, lower overall survival rates and lower event-free survival after 18 months (this is the percentage of patients surviving that did not have any disease complications at 18 months). In this study, most of the people receiving Selinexor were considered high or very high risk patients. Also, patients in this study were 66 years of age or older. The authors of this study suggest the main reason for the negative outcome was the limited ability for these older patients to tolerate the additional toxicity from the Selinexor. Therefore, if you are in this age range (66 years of age or older) or considered a high risk patient, you may be at higher risk of diminished effect or toxicity from Selinexor.

Very common side effects (≥10%):

In 100 people receiving selinexor more than 10 people may have:

- nausea
- vomiting
- diarrhea
- weight loss
- constipation
- fatigue and asthenia – loss of energy; weakness
- decreased appetite
- dehydration
- abdominal pain
- dysgeusia – change in taste
- shortness of breath
- cough
- dizziness
- fever
- blurred vision
- headache
- difficulty falling asleep
- low platelets in the blood (thrombocytopenia), which may increase the risk of bleeding
- decrease in red blood cells (anemia) causing fatigue
- decrease in white blood cells (leukopenia), which may increase the risk of infection

- decrease in neutrophils (a type of white blood cell that helps fight infections)
- pneumonia
- low blood sodium which may increase the risk of seizures
- low potassium which may cause weakness, muscle cramps and spasms
- peripheral edema – swelling in extremities due to accumulation of fluid, usually in legs
- high blood sugar which may cause fatigue, increased thirst/hunger, frequent urination, weight loss, numbness and tingling in hands/feet

Common side effects (≥1-<10%):

In 100 people receiving selinexor about 1 to 10 people may have:

- rash
- eye disorders including cataract (new or worsened), dry eye, visual impairment, seeing flashes of light
- night sweats
- dry mouth
- stomatitis – a condition that causes painful swelling and sores inside the mouth
- dyspepsia – indigestion
- chills
- hypotension – low blood pressure
- hypertension
- tachycardia – fast heart rate
- nosebleed
- contusion (bruise due to body injuries such as fall)
- electrolyte disturbances including:
 - low phosphate which may cause muscle weakness and fatigue
 - low magnesium which may cause muscle twitches and cramps
 - low calcium which may cause numbness and tingling in hands/feet/face, muscle stiffness and cramps
 - high potassium which may cause muscle weakness, palpitations or irregular heartbeats and chest pain
- low albumin (which may cause swelling especially of the hands/feet, weakness or exhaustion)
- peripheral neuropathy – weakness, numbness, and pain from nerve damage, usually in the hands and feet
- decrease in lymphocytes – a specific type of white blood cell that are part of your immune system
- increase of creatinine in the blood due to a reduction in kidney function, often related to dehydration
- elevated liver enzymes including alanine aminotransferase increased, aspartate aminotransferase increased, blood alkaline phosphatase increased
- elevated pancreatic enzymes including high amylase and high lipase
- muscle weakness
- febrile neutropenia – fever in the absence of a normal white blood cell response that may mean you have an infection
- respiratory tract infection (including upper)
- urinary tract infection
- sepsis (including septic shock)- complication of an infection that may be life-threatening and/or cause death
- pain in joints and muscles
- malaise (a general feeling of being ill or bodily weakness)
- muscle spasms
- gait disturbance
- hair loss

- itching
- depression
- syncope - fainting
- cognitive disorder
- mental status changes including confusion

Uncommon side effects (>0.1-1%):

In 1,000 people receiving selinexor about 1 to 10 people may have:

- tumor lysis syndrome – a side effect caused by the rapid breakdown of tumor cells and may cause irregular heartbeat, kidney failure or abnormal blood test results which included elevated uric acid level, elevated serum potassium and phosphorus levels, and a decreased calcium level. Tumor lysis syndrome can be life-threatening and/or cause death
- enterocolitis infectious (inflammation of digestive tract caused by infection)
- gastroenteritis (stomach flu)
- rhinovirus infection (common cold; infection of nose, ear, sinuses; very rarely leading to pneumonia or bronchitis)

Rare side effects (>0.01-0.1%):

In 10,000 people receiving selinexor about 1 to 10 people may have:

- acute cerebellar syndrome – symptoms can include a sudden loss of coordination, balance or slurred speech

Serious adverse effects (≥3 cases reported as related to selinexor by the principal investigator):

- cardiac failure
- general physical health deterioration
- multiple organ dysfunction syndrome
- lung infection
- bacteremia – bacterial infection in the blood
- bronchitis – infection of tubes that carry air to and from lungs
- decreased ejection fraction – reduction in amount of blood pumped out of heart
- encephalopathy – brain disease, damage, or malfunction, which can present different symptoms that range from mild, such as some memory loss or subtle personality changes, to severe, such as dementia, seizures, or coma
- delirium – state of acute confusion
- acute kidney injury
- pulmonary embolism – pulmonary embolism occurs when a clump of material, most often a blood clot, gets wedged into an artery in your lungs
- hypoxia – an absence of oxygen supply at tissue level

Use of acetaminophen and acetaminophen-containing drugs should not exceed 1 gram total dose on the days of Selinexor dosing.

There also may be other side effects that we cannot predict. We will receive and review drug safety reports from the sponsor periodically; should any new risks be identified, an amendment to this consent form will be submitted and you will be verbally informed of these risks. You will also sign the new consent form. You should tell the research staff about all the medications, vitamins and supplements you take and any medical conditions you have. This may help avoid side effects, interactions and other risks.

In addition, there is a slight risk of a breach of confidentiality. We will do our best to protect your confidential information. Taking part in this research study may involve providing

information that you consider confidential or private. Efforts, such as coding research records, keeping research records secure and allowing only authorized people to have access to research records, will be made to keep your information safe.

Risks Related to Blood draws

You may experience discomfort, bruising and/or bleeding where the needle is inserted. Occasionally some people become dizzy lightheaded or feel faint. Infection may occur on rare occasions. Frequent donation of blood can result in low iron in your blood (iron deficient anemia).

Reproductive Risks and other Issues to Participating in Research

Selinexor can harm an unborn or nursing baby. Therefore, if you are pregnant or nursing a child you cannot participate in this clinical study. You must confirm, to the best of your knowledge, that you are not now pregnant, and that you do not intend to become pregnant while taking these drugs.

If you are sexually active, or have a chance of becoming pregnant, it is important that you use a highly effective birth control method (contraception) during treatment and for 3 months after your last dose.

Examples of highly effective birth control methods are:

- Total abstinence, when this is in line with your preferred and usual lifestyle. Periodic abstinence like calendar, ovulation, symptom-thermal, post-ovulation methods, and withdrawal are not acceptable methods of contraception.
- Female sterilization, when you have been surgically sterilized by surgical bilateral removal of ovaries (woman's reproductive system that stores and releases eggs for fertilization and produces female sex hormones), or tubal ligation (getting your “tubes tied”) at least six weeks ago.
- Your male partner has already been sterilized. The sterilized male partner should be your sole partner.
- Use of a combination of any two of the following (a+b or a+c or b+c):
 - a) Use of oral, injected or implanted hormonal methods of contraception (in case of oral contraception you should have been using the same pill on a stable dose for a minimum of 3 months before taking treatment),
 - b) Placement of an intrauterine device (IUD) or intrauterine system (IUS),
 - c) Use of an occlusive cap (diaphragm or cervical/vault cap) by you, or a condom by your male partner combined with a spermicidal foam/gel/film/cream/vaginal suppository.

Should you become pregnant while taking Selinexor or suspect that you may be pregnant, you must inform your doctor immediately. You must also inform your doctor if you become pregnant within 3 months after ending treatment.

Contraceptive Measures for Male Participants:

Your participation in this research study may damage your sperm, which could cause harm to a child that you may father while on this study. Such harm may be currently unforeseeable. If you are sexually active, you must agree to use a medically acceptable form of birth control in order to be in this study and for 3 months afterwards. Medically acceptable contraceptives include: (1) surgical sterilization (such as a vasectomy), or (2) a condom used with a spermicide.

Contraceptive measures such as Plan B (TM), sold for emergency use after unprotected sex, are not acceptable methods for routine use. You should inform your partner of the potential for harm to an unborn child. She should know that if pregnancy occurs, you will need to report it to the study doctor, and she should also promptly notify her doctor.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there may or may not be direct benefit to you. We hope the information learned from this study will benefit other people in the future. The benefits of participating in this study may be: improvement in your cancer.

WHAT OTHER CHOICES ARE THERE?

You do not have to be in this study to receive treatment. You should talk to your doctor about all the choices you have. Instead of being in this study, you have these options:

- Standard treatment with Cytarabine and Daunorubicin only
- Other chemotherapies (ask your doctor for more options)
- Comfort care, which is an option if you decide that you do not want any more active treatment for your cancer. Comfort care includes pain medication and other types of support. It aims to maintain your comfort and dignity rather than cure disease. Usually this care can be provided at home. If you think you might prefer comfort care, please discuss this with your family, friends, and your doctor.

WHAT ARE THE COSTS?

Taking part in this study may lead to added costs to you or your insurance company. However, the investigational drug, Selinexor is being provided free of charge from the pharmaceutical company, Karyopharm Therapeutics Inc. We will give you an estimate of what the added costs may be based on your particular situation and insurance coverage. For example, if you are taking anti-coagulants such as Warfarin or Eliquis, your blood may be tested more frequently (for safe levels of clotting factors) while on this study than would be required for standard care. Your insurance plan may or may not cover these extra tests. However, if you consent to the optional blood and bone marrow samples, these will all be charged to the study's financial sponsor (no cost to you.)

WILL YOUR RESEARCH RECORDS BE CONFIDENTIAL?

The results of this research study may be presented at scientific or medical meetings or published in scientific journals. Your identity and/or your personal health information will not be disclosed unless it is authorized by you, required by law, or necessary to protect the safety of yourself or others. There is always some risk that even de-identified information might be re-identified.

Participant information may be provided to Federal and other regulatory agencies as required.

The Food and Drug Administration (FDA), for example, may inspect research records and learn your identity if this study falls within its jurisdiction.

I give permission to Atrium Health, Wake Forest University Health Sciences, and their respective affiliated entities and representatives (including third-party agents if applicable) to contact me by text message at the number I provided to send information, reminders, and to communicate with me about the research study. I understand that I am responsible for the standard text message rate of my carrier. I also understand that text messaging is not a secure form of communication and I accept the risk that individuals not involved in the research study may be able to access the text messages. I also understand that texting is not to be used for emergency situations.

By providing my email address, I give permission for Atrium Health, Wake Forest University Health Sciences, and their respective affiliated entities and representatives (including third-party agents if applicable) to send me information, reminders, and messages about the research study by email. I understand that these email messages may not be encrypted, and I understand and accept the risks that individuals not involved in the research study may be able to access unencrypted email messages. I also understand that email is not to be used for emergency situations.

The purpose of this research study is to obtain data or information on the safety and/or effectiveness of the study drug, Selinexor. The results will be provided to the pharmaceutical company responsible for the study drug (Karyopharm Therapeutics Inc.,) the Food and Drug Administration, and other federal and regulatory agencies as required. In addition, Karyopharm Therapeutics, Inc. may use the study's results for any lawful purpose and may continue to use the health information that is collected as part of this study in the future.

If you choose to participate in this study, your medical record at Atrium Health, Wake Forest University Health Sciences, will indicate that you are enrolled in a research study. Information about the research and any medications or devices you are being given as a participant may also be included in your medical record. This part of the medical record will only be available to people who have authorized access to your medical record, including Karyopharm representatives. If you are not a patient at this Medical Center, a medical record will be created for you anyway to ensure that this important information is available to doctors in case of an emergency.

WILL YOU BE PAID FOR PARTICIPATING?

You will receive no payment or other compensation for taking part in this study. However, parking validation will be provided for study-related visits.

WHO IS SPONSORING THIS STUDY?

This study was initiated by Dr. Timothy Pardee and is being conducted by him and his researchers at Atrium Health, Wake Forest University Health Sciences. Karyopharm Therapeutics, Inc. is providing financial assistance (a limited sponsorship) as well as the investigational drug, Selinexor, to Atrium Health, Wake Forest University Health Sciences to

help conduct this study. The researchers do not, however, hold a direct financial interest in Karyopharm Therapeutics Inc. or the product being studied.

WHAT HAPPENS IF YOU EXPERIENCE AN INJURY OR ILLNESS AS A RESULT OF PARTICIPATING IN THIS STUDY?

Should you experience a physical injury or illness as a direct result of your participation in this study, Atrium Health, Wake Forest University Baptist Medical Center maintains limited research insurance coverage for the usual and customary medical fees for reasonable and necessary treatment of such injuries or illnesses. To the extent research insurance coverage is available under this policy the reasonable costs of these necessary medical services will be paid, up to a maximum of \$25,000. Atrium Health, Wake Forest University Baptist Medical Center holds the insurance policy for this coverage. It provides a maximum of \$25,000 coverage for each claim and is limited to a total of \$250,000 for all claims in any one year. The Atrium Health, Wake Forest University Baptist Medical Center and Karyopharm Therapeutics Inc. do not assume responsibility to pay for these medical services or to provide any other compensation for such injury or illness. Additional information may be obtained from the Medical Center's Director of Risk and Insurance Management, at [REDACTED]. You may receive care at Wake Forest University Baptist Medical Center and/or Atrium Health.

If you are injured, the insurer may require information such as your name, social security number, and date of birth in order to pay for your care. This is because the insurer is required by law to report any payments made to cover the care of any persons who are members of a government insurance plan to the Department of Health and Human Services.

You do not give up any legal rights as a research participant by signing this consent form. For more information on medical treatment for research related injuries or to report a study related illness, adverse event, or injury you should call Timothy Pardee, M.D. at [REDACTED].

WHAT ABOUT MY HEALTH INFORMATION?

In this research study, any new information we collect from you and/or information we get from your medical records or other facilities about your health or behaviors is considered Protected Health Information. The information we will collect for this research study includes: your personal information such as race/ethnicity and other demographics, your medical and health history, past and current medications, how you respond to study procedures and treatments, laboratory and other blood/tissue test results, and results of physical examinations.

If this research study involves the diagnosis or treatment of a medical condition, then Protected Health Information collected from you during this study will be placed in your medical record, and may be used to help treat you, arrange payment for your care, or assist with Medical Center operations.

We will make every effort to keep your Protected Health Information private. We will store records of your Protected Health Information in a cabinet in a locked office or on a password protected computer. Only the following people or organizations will be granted access to your Protected Health Information:

- 1) The study investigator and his/her staff, or others at Atrium Health, Wake Forest University Baptist Medical Center who oversee research
- 2) Other people or laboratories providing services for this research project on behalf of Atrium Health, Wake Forest University Baptist Medical Center.

Your personal health information and information that identifies you (“your health information”) may be given to others during and after the study. This is for reasons such as to carry out the study, to determine the results of the study, to make sure the study is being done correctly, to provide required reports and to get approval for new products.

Some of the people, agencies and businesses that may receive and use your health information are Karyopharm Therapeutics Inc. and its representatives and collaborators assisting with the research; investigators at other sites who are assisting with the research; central laboratories, reading centers or analysis centers; the Institutional Review Board; representatives of Atrium Health, Wake Forest University Baptist Medical Center; representatives from government agencies such as the Food and Drug Administration (FDA), the Department of Health and Human Services (DHHS) and similar agencies in other countries.

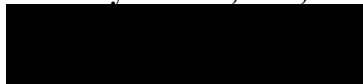
Some of these people, agencies and businesses may further disclose your health information. If disclosed by them, your health information may no longer be covered by federal or state privacy regulations. Your health information may be disclosed if required by law. Your health information may be used to create information that does not directly identify you. This information may be used by other researchers. You will not be directly identified in any publication or presentation that may result from this study unless there are photographs or recorded media which are identifiable.

If required by law or court order, we might also have to share your Protected Health Information with a judge, law enforcement officer, government agencies, or others. If your Protected Health Information is shared with any of these groups it may no longer be protected by federal or state privacy rules.

Any Protected Health Information collected from you in this study that is maintained in the research records will be kept for an indeterminate period of time. This authorization does not expire and any research information entered into your medical record will be kept for as long as your medical record is kept by the Medical Center. You will not be able to obtain a copy of your Protected Health Information in the research records until all activities in the study are completely finished.

You can tell Dr. Timothy Pardee that you want to take away your permission to use and share your Protected Health Information at any time by sending a letter to this address:

Timothy Pardee, MD, PhD



However, if you take away permission to use your Protected Health Information you will not be

able to be in the study any longer. We will stop collecting any more information about you, but any information we have already collected can still be used for the purposes of the research study.

By signing this form you give us permission to use your Protected Health Information for this study.

If you choose to participate in this study, your medical record at Atrium Health, Wake Forest University Baptist Medical Center will indicate that you are enrolled in a clinical trial. Information about the research and any medications or devices you are being given as a participant may also be included in your medical record. This part of the medical record will only be available to people who have authorized access to your medical record. If you are not a patient at this Medical Center, a medical record will be created for you anyway to ensure that this important information is available to doctors in case of an emergency.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this Web site at any time.

Laboratory test results and other medical reports created as a result of your participation in the research study may be entered into the computer systems of Atrium Health, Wake Forest University Baptist Medical Center. These will be kept secure, with access to this information limited to individuals with proper authority, but who may not be directly involved with this research study.

A North Carolina Baptist Hospital (NCBH) medical record will be created for all study participants. Information about your participation in the study will be placed in the NCBH medical record, along with any routine medical test results that were obtained at NCBH as part of this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to stop participating in the study we encourage you to talk to the investigators or study staff first to learn about any potential health or safety consequences. The investigators also have the right to stop your participation in the study at any time. This could be because it is in your best medical interest, your condition worsened, new information becomes available, you had an unexpected reaction, you failed to follow instructions, or because the entire study has been stopped.

You will be given any new information we become aware of that would affect your willingness to continue to participate in the study.

You are encouraged to ask questions regarding this treatment.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator, Timothy Pardee, M.D. at [REDACTED].

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, or you would like to discuss problems or concerns, have questions or want to offer input, or you want to obtain additional information, you should contact the Chairman of the IRB at [REDACTED].

You will be given a copy of this signed consent form.

SIGNATURES

I agree to take part in this study. I authorize the use and disclosure of my health information as described in this consent and authorization form. If I have not already received a copy of the Privacy Notice, I may request one or one will be made available to me. I have had a chance to ask questions about being in this study and have those questions answered. By signing this consent and authorization form, I am not releasing or agreeing to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Subject Name (Printed): _____

Subject Signature: _____ Date: _____ Time: _____ am pm

Person Obtaining Consent (Printed): _____

Person Obtaining Consent: _____ Date: _____ Time: _____ am pm