Phase 3 SENTRY Trial of Selinexor + Ruxolitinib in JAKi-Naïve Myelofibrosis (Topline Data)

Study population

JAKi-naïve patients with myelofibrosis
(Primary or post-ET/PV)
- Spleen volume ≥ 450 cm^3
- DIPSS Int-1 or Int-2/High risk
- Symptomatic (MSAF v4.0): average symptom score ≥5 or TSS ≥12
- Platelet count ≥100 × 10^9/L

2:1

Double-blind treatment

Selinexor 60 mg PO QW
(28-day cycle) +
Ruxolitinib[a] BID

Dual anti-emetics required for first two cycles

Placebo
+
Ruxolitinib[a] BID

Co-primary endpoints
(tested sequentially)

SVR35 at week 24[b,c]
+
Absolute change in **TSS** from baseline at week 24[b,d]

Stratification:
- DIPSS risk: Intermediate-1 vs Intermediate-2 or high-risk
- Spleen volume: <1800 cm^3 vs ≥1800 cm^3 by MRI/CT scan
- Baseline platelet counts: 100-200x10^9/L vs > 200x10^9/L

Select secondary endpoints[e]:
- Overall survival
- Safety

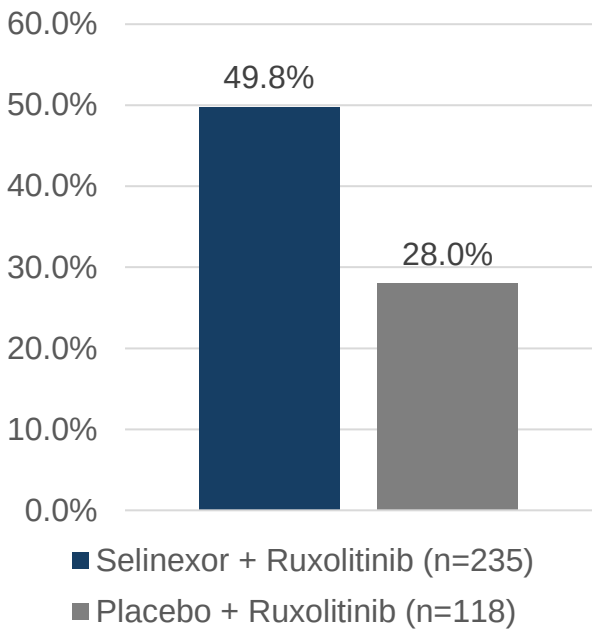
Select exploratory endpoint[f]
- Variant allele frequency (VAF) reduction

Baseline Patient Characteristics

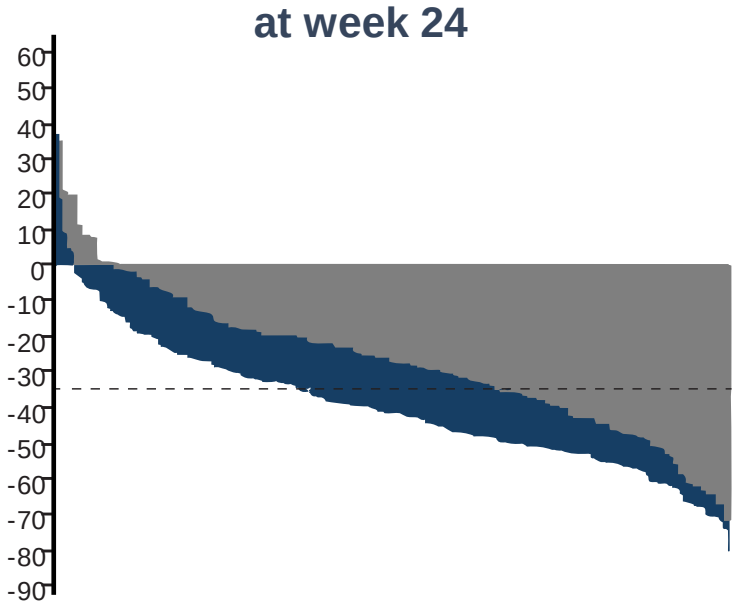
	Selinexor + Ruxolitinib (N = 235)	Placebo + Ruxolitinib (N = 118)
Median age (range)	66 years (20-86)	67 years (33-87)
Male sex	60.4%	51.7%
Primary MF | post-PV MF | post-ET MF[g]	50.6% | 25.1% | 23.8%	50.8% | 27.1% | 22.0%
DIPSS risk: Intermediate-1 | Intermediate-2 | High	57.0% | 35.3% | 7.7%	54.2% | 34.7% | 11.0%
Median time from diagnosis (range)	3.1 months (0.3-316.9)	4.4 months (0.3-270.2)
Median hemoglobin level (range)	11.4 (6.4-18.3) g/dL	11.4 (6.7-17.2) g/dL
Median platelet count (range)	325 (67-1313) x 10^9/L	324 (101-2001) x 10^9/L
Median peripheral blasts (range)	0.0 (0.0 to 9.0)	0.0 (0.0 to 15.0)
RBC transfusion dependent at baseline	6.0%	6.8%
Molecular mutations: *JAK2* | *CALR* | *MPL* | high molecular risk[h] | Other[i]	66.9% | 24.3% | 5.5% | 31.9% | 4.3%	68.6% | 17.8% | 6.8% | 38.1% | 6.8%
ECOG performance-status 0 | 1 | 2	43.0% | 52.8% | 4.3%	44.1% | 51.7% | 4.2%

SENTRY Efficacy: Primary Endpoints

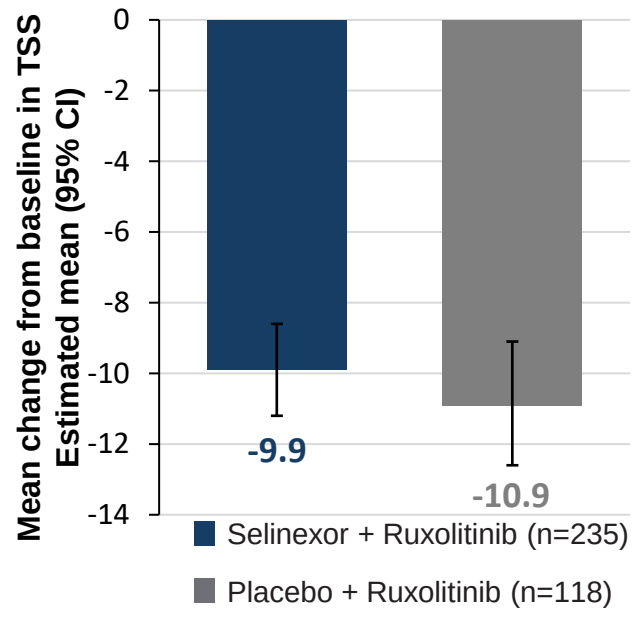
SVR35 at week 24[j]



% change in spleen volume at week 24



No difference in absolute TSS at week 24[k]



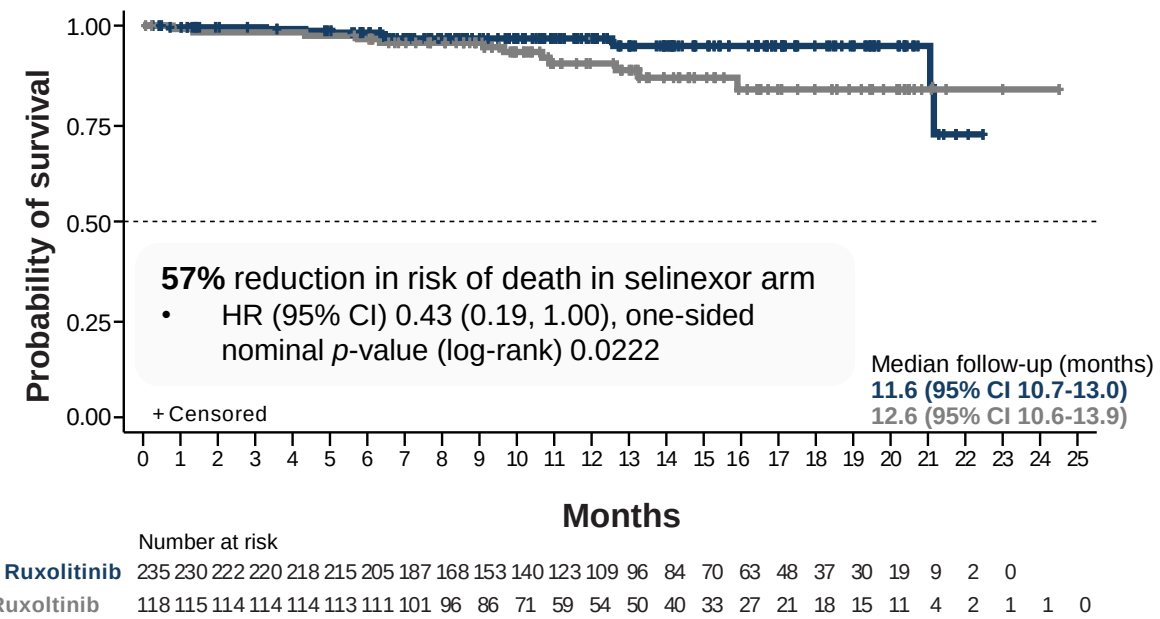
Data cut off: 20 Feb 2026
BID, twice daily; *CALR*, calreticulin gene; DIPSS, CI, confidence interval; Dynamic International Prognostic Scoring System; ECOG, Eastern Cooperative Oncology Group; ET, essential thrombocythemia; *JAK2*, Janus kinase 2 gene; JAKi, janus kinase inhibitors; MF, myelofibrosis; MPL, thrombopoietin receptor gene; Plt, platelets; PV, polycythemia vera; QW, once weekly; SVR35, 35% or greater reduction in spleen volume; TSS, total symptom score.
[a]Ruxolitinib dose based on platelet count per prescribing information. [b]Both endpoints are powered at >80%. [c]SVR35 was analyzed using a stratified Cochran–Mantel–Haenszel test according to randomization stratification factors. Odds ratios with 95% confidence intervals and 1-sided p-value are reported. [d]TSS measured by the Myelofibrosis Symptom Assessment Form (MFSAF) v4.0 (excluding fatigue) analyzed using a mixed-effects model for repeated measures that included treatment group, visit, baseline score, and stratification factors. Longitudinal least-squares adjusted means with 95% confidence interval and 1-sided p-value are reported. [e]Secondary endpoints also included progression-free survival (PFS). [f]Exploratory endpoints also included bone marrow fibrosis improvement, changes in cytokine levels and hemoglobin stabilization. [g]One patient in the selinexor group did not have a diagnosis of myelofibrosis. [h]High molecular risk genes include: ASXL1, EZH2, IDH1, IDH2, SRSF2, U2AF1. [i]Other included multiple driver mutations, triple negative, and missing. [j]Difference 21.8% (OR: 2.58 (95% CI, 1.60–4.17)), one-sided $p < 0.0001$. Baseline median spleen volume was similar in both arms 1385 (range 450-9210) cm^3 in selinexor arm; 1448 (range 464-7929) cm^3 in placebo arm. [k]Adjusted mean difference (95% CI) 0.97 (-1.07, 3.02); one-sided p=0.825.

Mascarenhas J et al. Presented at ASCO Annual Meeting May 29-June 2, 2026, Chicago, IL. Abstract 6508.

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SENTRY Efficacy: Secondary/Exploratory Endpoints

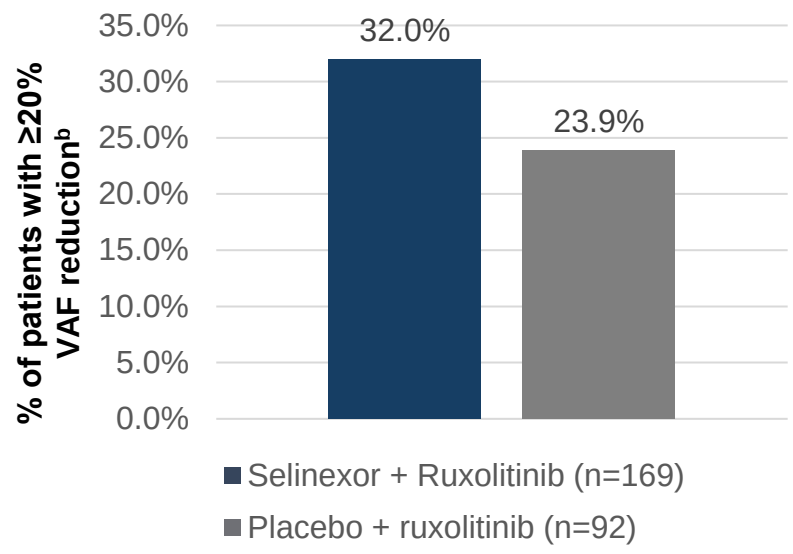
OS (secondary endpoint)[a]



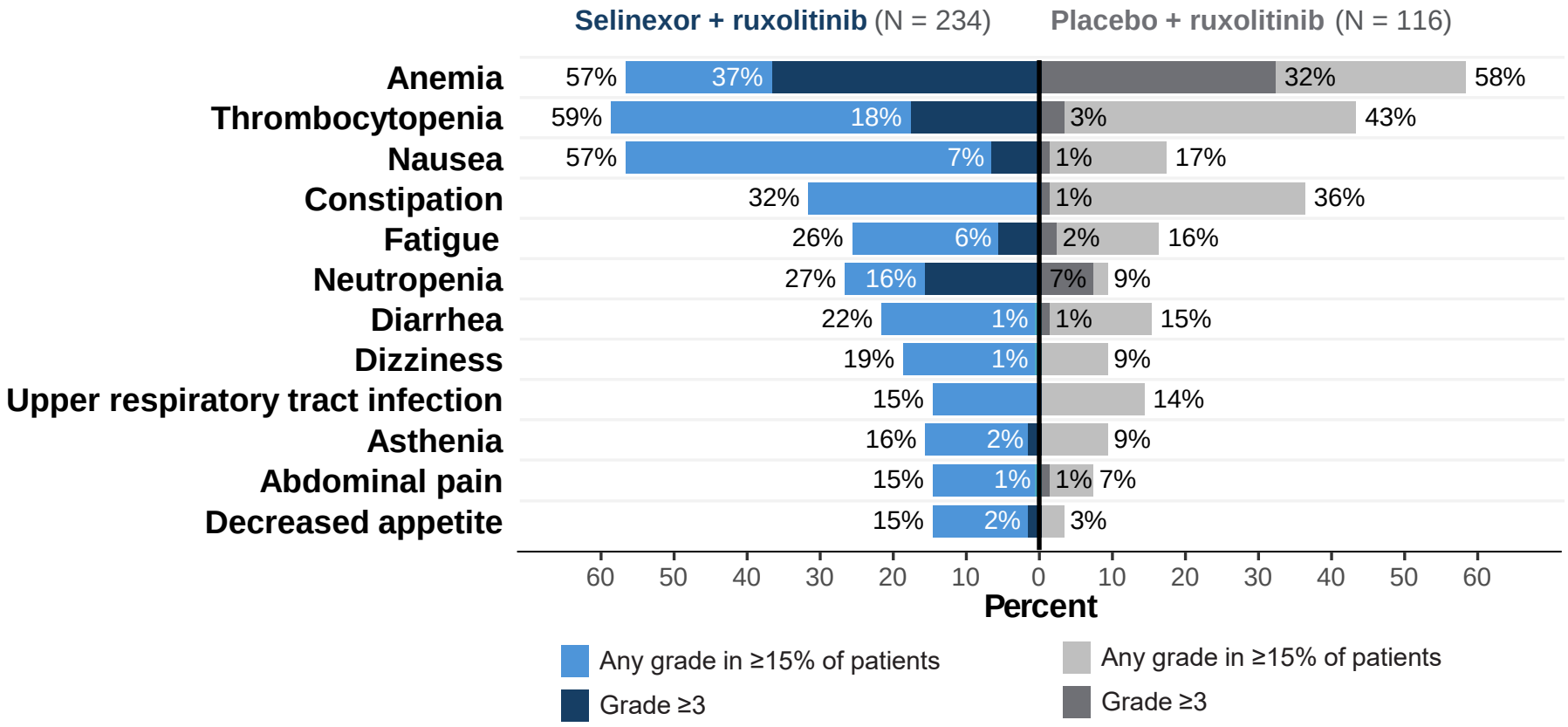
Number at risk

Selinexor + Ruxolitinib	235	230	222	220	218	215	205	187	168	153	140	123	109	96	84	70	63	48	37	30	19	9	2	0	
Placebo + Ruxoltinib	118	115	114	114	114	113	111	101	96	86	71	59	54	50	40	33	27	21	18	15	11	4	2	1	1	0

VAF reduction at week 24 (exploratory endpoint)



SENTRY Safety: Treatment-Emergent Adverse Events (≥15%)[c]



SENTRY: Conclusions

- **Selinexor + ruxolitinib achieved significantly higher SVR35** at week 24 vs ruxolitinib alone
- Mean change in **absolute TSS** was **similar** for both arms
- **Early indication** of **survival benefit with selinexor + ruxolitinib**
- **Safety profile** consistent with known profile of both agents

Data cut off: 20 Feb 2026
CI, confidence interval; HR, hazard ratio; OS, overall survival; TEAE, treatment-emergent adverse event; VAF, variant allele frequency.
[a]OS defined as the duration from date of randomization to date of death due to any cause. Follow up time based on reverse Kaplan-Meier method by swapping the censoring status. OS analysis stratified by the randomization stratification factors. HR based on Cox Proportional Hazard model with Efron's method of handling ties. [b]Cochran-Mantel-Haenszel test stratified by randomization factors. [c]Three patients total did not receive treatment (n=1, selinexor; n=2, placebo) and were excluded from this analysis. TEAEs of any grade/grade ≥3 occurred in 99.1%/70.1% of patients in selinexor arm and 97.4%/50.0% in the placebo arm. TEAEs leading to study treatment discontinuation occurred in 14.5% of patients in selinexor arm and 8.6% in the placebo arm. Deaths due to AE occurred in 0.9% of patients in selinexor arm and 2.6% in the placebo arm (reasons for death respiratory failure, pleural effusion, and unknown). Leukemic transformation rate was identical across both treatment arms at 1.7%.

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