

Karyopharm Therapeutics Inc. (KPTI)

Highlights From Our Meeting with Management

MARKET DATA

Price	\$22.61
52-Week Range:	\$15.50 - \$25.69
Shares Out. (M):	27.6
Market Cap (\$M):	\$624.0
Average Daily Vol. (000):	55.0
Cash (M):	\$153
Cash/Share:	\$5.56
Enterprise Value (M):	\$474
Float (M):	12.2
LT Debt (M):	\$0

Source: Thomson Reuters and JMP Securities LLC

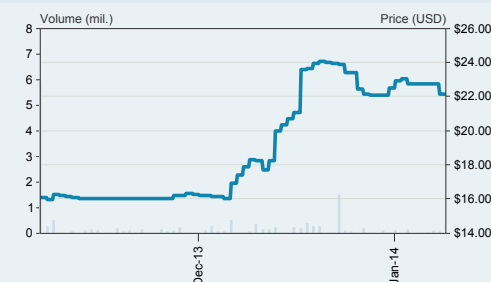
FY DEC	2012A	2013E	2014E
Revenue (\$M) 1Q	--	--	\$0.0
2Q	--	\$0.4A	\$0.0
3Q	--	\$0.0	\$0.0
4Q	--	\$0.0	\$0.0
FY	\$0.6	\$0.0	\$0.0
EPS 1Q	--	--	(\$0.30)
2Q	--	(\$5.39)A	(\$0.35)
3Q	--	(\$0.31)	(\$0.44)
4Q	--	(\$0.29)	(\$0.55)
FY	(\$8.95)	(\$1.22)	(\$1.64)

Revenue (\$M) 2013 Q2: Results are for six months ended June 30, 2013

EPS 2013 Q2: Results are for six months ended June 30, 2013

Source: Company reports and JMP Securities LLC

STOCK PRICE PERFORMANCE



MARKET OUTPERFORM | Price: \$22.61 | Target Price: \$25.00

INVESTMENT HIGHLIGHTS

Takeaways from our meeting with management reinforce our optimistic outlook on selinexor development in 2014; reiterating Market Outperform rating on Karyopharm Therapeutics and \$25 price target based on DCF, SOTP and comparable valuation methodologies. Commencement of registration-directed trials will continue to be a primary driver for KPTI over 2014, with pivotal, single-agent studies in relapsed/refractory AML and DLBCL presently taking shape (further detail provided below). Trials in both indications are likely to benefit from higher dose levels than the 35mg/m2 detailed at ASH, enabled by better management of GI side effects with supportive care. In addition, 2014 will be a year of a number of combination trial starts and ISTs in order to support movement into earlier lines of therapy in AML and DLBCL as well as to establish a potential registration path in multiple myeloma (e.g., combinations with Revlimid, Pomalyst, Velcade and Kyprolis). Finally, recent updates with the canine NHL-directed verdinexor point to incrementally better efficacy since the company's IPO, which in our view, bodes well for selinexor activity in human DLBCL (recall that response rates of drugs in canine lymphoma is highly predictive of those in humans). Overall, we maintain an extremely favorable outlook on KPTI shares based on the quality of data seen to date supporting selinexor's potential as a fundamental, new pillar of cancer therapy, as well as management's track record of value creation in the biotechnology industry.

Further dose escalation permitted through better side-effect management.

According to management, trial investigators appear to have a better handle on the predominant adverse events of anorexia and nausea through better monitoring and use of supportive care. The hematologic malignancy Phase I trial continues to dose escalate above the 35mg/m2 expansion cohort dose presented at ASH. A 50mg/m2 cohort recently completed enrollment and investigators expect to be able to dose up to at least 70mg/m2, as an MTD has not yet been reached.

Preparation for AML pivotal study is a central focus for the next five months.

Parameters for a forthcoming registration directed study continue to take shape. Specifically, the trial will be conducted in a relapse/refractory elderly population following at least one prior line of therapy with cytarabine, hypomethylating agents (HMAs) or supportive care. The trial is likely to adopt a 2:1 randomized design using an OS primary endpoint, comparing selinexor to best supportive care in ~200 patients, without the potential for crossover. Target overall survival in selinexor is in the area of ≥ 3 months, or a HR of 0.67 given the current survival rate of 2-3 months in the relapsed setting. Based on the high level of physician interest, management expects to recruit rapidly from both U.S. and EU centers. While we agree that R/R AML offers a prudent, initial path to market given the unmet need, we maintain a view of selinexor ultimately being

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used as upfront therapy in elderly AML in addition to the relapsed setting, either as a single-agent or in combination with the best supportive therapy. To the latter point, we note that 2014 will also be a year of combination trial starts with HMAs and low-dose cytarabine. This study should initiate before the end of 2Q14.

Contours of a second pivotal DLBCL study also begin to take shape. Specifically, management has identified the double refractory or greater population, including at least one prior rituximab containing regimen, as its target indication. The trial is likely to adopt a 2:1 randomized design of single-agent selinexor compared to the physician's choice of chemotherapy (oxaliplatin, ifosfamide, gemcitabine or vinorelbine) in ~300 patients, using a PFS primary endpoint. Although a Phase II dose has not yet been established, expectations are that a dose >45mg/m² will be adopted. In terms of efficacy, management views PFS ≥3 months or HR=0.67 (most patients typically failing by their second cat scan) as the appropriate hurdle for success. Our expectation is that this study should commence shortly after the AML trial.

Efficacy and march-to-market with verdinexor continues steadily. As a reminder, verdinexor is Karyopharm's SINE analog compound directed toward the treatment of canine NHL. The company recently announced the submission of a new animal drug application (NADA) for verdinexor with the FDA, at the same time disclosing an updated overall response rate of 34% (20/58 dogs, including one complete response) in newly diagnosed and first-relapse B- and T-cell lymphoma, compared to 29% at the time of the IPO. Given the similarities in disease pathology and treatment options, we regard verdinexor's efficacy as a meaningful and encouraging surrogate for selinexor potential in humans, akin to Imbruvica (PCYC, MO, \$163 PT) and demonstrated activity in canine lymphoma during the early stages of its development. A verdinexor market launch remains a year away, wherein the company expects to secure a commercial partner to support and implement a commercial production marketing strategy and complete the CMC portion of the NADA filing. Animal sales are excluded, and are thus potential upside, to our valuation.

Multiple other milestones for 2014 lie ahead. These include the initiation of combination ISTs with IMiDs and proteasome inhibitors in refractory/salvage multiple myeloma and the start of single-arm trial in Richter's transformation CLL potentially in 2H14. Progress is also taking place on the solid tumor front with Phase II trials in gynecologic carcinoma and recurrent GBM slated to begin enrollment near term, according to clinicaltrials.gov (NCT0205985 and NCT01986348, respectively). Finally, management anticipates several updates from ongoing Phase I studies in both heme malignancy and solid tumors to be presented at ASCO in June.

FIGURE 1. Upcoming Milestones

Timing	Drug	Milestones
1H14	Selinexor	Initiation of first pivotal Phase II/III study in (elderly R/R AML, DLBCL, or MM)
1H14	Selinexor	Initiation of second pivotal Phase II/III study in (second potential indication)
1H14	Selinexor	Initiation of first Phase II trial in solid tumor indication (potentially gynecological malignancies)
1H14	Selinexor	Initiation of second Phase II trial in solid tumor indication (squamous cell cancer, e.g., head and neck, lung or esophageal cancer)
2H14	KPT-350	IND completion for use in inflammation, auto-immune and anti-viral indications
2H14	PAK Inhibitor	IND completion for use in oncology indications

Source: Karyopharm company reports

Company Description

Karyopharm Therapeutics (KPTI) is a Natick, MA based, clinical-stage biopharmaceutical company focused on the discovery and development of novel first-in-class drugs directed against nuclear transport targets for the treatment of cancer and other major diseases. Karyopharm's Selective Inhibitors of Nuclear Export (SINE) compounds function by preventing the export of tumor suppressor proteins from the nucleus, driving their accumulation and restoration of function. The company's lead pipeline candidate selinexor (KPT-330) is a Phase I orally available small molecule inhibitor of XPO1, set to initiate pivotal Phase II/III evaluation in various hematologic malignancies in 2014. Karyopharm is also developing selinexor and SINE as potential therapies for autoimmune and inflammatory disease, viral infections and wound healing.

Investment Risks

Clinical. Drug development is an inherently risky business. Clinical trials always carry a risk of failure and Karyopharm's assets (Selinexor (KPT330), KPT-350, PAK4 inhibitor, verdinexor or future drug candidates) may fail to demonstrate meaningful enough levels of efficacy in current or future clinical trials.

Regulatory and commercial. The ability of Karyopharm to market its drugs depends on those drugs obtaining approval from the FDA and foreign regulatory agencies. Failure to achieve approval or delays in the timelines to approval could negatively impact the company's share price.

Competitive. Hematologic malignancies including multiple myeloma, indolent non-Hodgkin lymphoma and acute myeloid leukemia represent increasingly competitive fields and Karyopharm faces competition from both commercial and development-stage companies with product(s) or product candidates addressing similar clinical indications. Some of these companies may possess substantially greater R&D and commercial resources than Karyopharm. As such, there is no assurance Karyopharm will be competitive or differentiated from other drug products.

Financial. Following its IPO, we estimate that Karyopharm will end 4Q13 with approximately \$153MM in cash and cash equivalents, which are adequate resources to fund operations into 2015, according to Karyopharm financial guidance. We anticipate the company is likely to seek additional equity financing in the form of a secondary offering in order to complete the development of its drug candidates, creating dilution risk for existing shareholders.

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Market Outperform (MO): JMP Securities expects the stock price to outperform relevant market indices over the next 12 months.

Market Perform (MP): JMP Securities expects the stock price to perform in line with relevant market indices over the next 12 months.

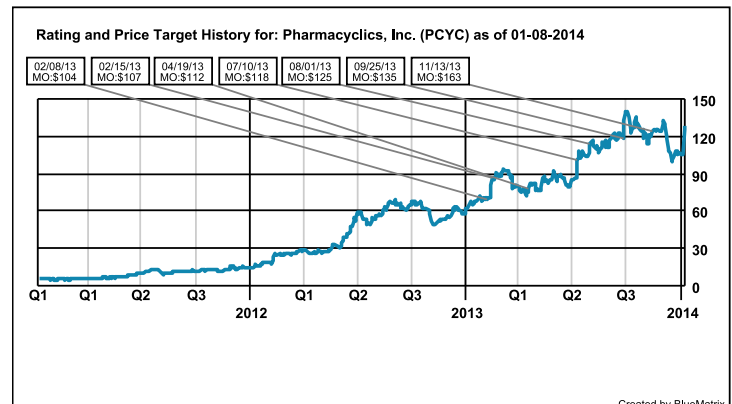
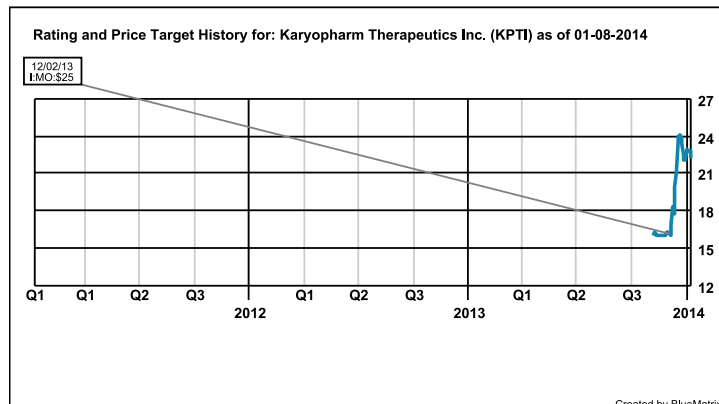
Market Underperform (MU): JMP Securities expects the stock price to underperform relevant market indices over the next 12 months.

JMP Securities Research Ratings and Investment Banking Services: (as of January 8, 2014)

JMP Rating	Regulatory Equivalent	# Co's Under Coverage	% of Total	Regulatory Equivalent	# Co's Under Coverage	% of Total	# Co's Receiving IB Services in Past 12 Months	% of Co's With This Rating
MARKET OUTPERFORM	Buy	241	55.40%	Buy	241	55.40%	92	38.17%
MARKET PERFORM	Hold	145	33.33%	Hold	145	33.33%	26	17.93%
MARKET UNDERPERFORM	Sell	6	1.38%	Sell	6	1.38%	0	0%
COVERAGE IN TRANSITION		43	9.89%		43	9.89%	0	0%
TOTAL:		435	100%		435	100%	118	27.13%

Stock Price Chart of Rating and Target Price Changes:

Note: First annotation denotes initiation of coverage or 3 years, whichever is shorter. If no target price is listed, then the target price is N/A. In accordance with NASD Rule 2711, the chart(s) below reflect(s) price range and any changes to the rating or price target as of the end of the most recent calendar quarter. The action reflected in this note is not annotated in the stock price chart. Source: JMP Securities.



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