

Karyopharm Therapeutics Inc. (KPTI)

Selinexor Shows Deeper AML Response Rates at ASH

MARKET DATA	
Price	\$16.91
52-Week Range:	\$15.50 - \$19.09
Shares Out. (M):	27.6
Market Cap (\$M):	\$466.7
Average Daily Vol. (000):	506.0
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)		
EPS 2013 Q2: Results are for six months ended June 30, 2013 Revenue (\$M) 2013 Q2: Results are for six months ended June 30, 2013 Source: Company reports and JMP Securities LLC						



MARKET OUTPERFORM | Price: \$16.91 | Target Price: \$25.00

INVESTMENT HIGHLIGHTS

Updated Phase I Selinexor data in AML show improved objective response rates over prior analysis, including two additional CRs; reiterate Market Outperform rating on Karyopharm Therapeutics and \$25 price target based on DCF, SOTP and comparable valuation methodologies. From a total of 33 evaluable patients with heavily pretreated refractory AML, updated results now show selinexor achieving an objective response rate of 21%, compared to a 9% ORR reported at the end of September (Figure 2). Safety results remain consistent with prior reporting, with GI toxicities (i.e., nausea, vomiting, anorexia) constituting the most frequent side effects. Overall, the Phase I AML data, together with an incremental update in myeloma (detailed further below), are increasingly encouraging and bode well for a potential pivotal study in AML beginning 1H14.

Selinexor deepens Phase I AML response rate with longer follow up. This was primarily evidenced in a patient (040-504) whose previous best response of stable disease (SD) matured into a complete response with greater duration of therapy (Figure 3). A second additional CR was observed in a newly evaluable patient (040-122). In addition to these updates, two patients previously noted as achieving SD in September were re-qualified as partial responders in view of a completed bone marrow analysis. Importantly, we note the extent to which these patients were pretreated, with up to 82% of patients receiving \geq 2 prior therapies (Figure 1), making the observed response rate all the more impressive, in our view.

Selinexor safety profile in line with prior reporting consisting primarily of GI toxicities. Nausea and anorexia remain the leading adverse events, most cases being of low grade (53% and 42% grade \leq 2, respectively; Figure 4). Fatigue rates were also largely unchanged with grade \leq 2 events noted in \sim 39% of patients and grade 3 events in another 8%. That said, current and future trial protocols have already been amended to better manage the adverse event profile with prophylactic supportive care and antiemetics to maintain caloric intake and fluid retention.

Selinexor update shows moderately lower response rates in multiple myeloma and consistent activity in Waldenstrom's. Since the previous reporting in September, eight additional patients were treated as part of an expansion cohort at 35mg/m2 and became evaluable, bringing the total N to 25. Absolute responses have thus far held steady (including one partial response and four minor responses), with seven of eight of the expansion cohort patients achieving stable disease as best response. Two such patients continue on the study. An additional patient with Waldenstrom's macroglubulinemia treated at the expansion dose (patient 040-052) also achieved a minor response and continues on the study, maintaining a minor response rate of 100% (3/3) within the indication. Given a median of 5.4 prior therapies, we maintain our view

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that the current Phase I data understate the clinical potential of selinexor in multiple myeloma. That said, we ultimately foresee combinations with standard of care and treatment in support of Kyprolis and/or Pomalyst as integral to selinexor's registration strategy in the indication.

Commencement of registration-directed trials during 2014 should catapult shares to the next level of valuation. In our view, when Karyopharm enters registration-directed trials next year, the valuation of the stock should be more reflective of other late-stage oncology companies steered by management teams that have successfully demonstrated significant value creation in the space. The "elite three" we would compare KPTI to include Clovis Oncology (CLVS, NC), Puma Biotechnology (PBYI, NC) and Tesaro (TSRO, NC). While none of these companies is a perfect comparable for KPTI, we believe the valuation of the shares belongs amongst these peers based on the quality of the scientific and clinical data, as well as management's track record of value creation in the biotechnology industry.

FIGURE 1. Baseline AML Patient Demographics

Charact	eristic N=39			
Median Age (Range)	68 (24-89)			
Male to Female	20 Males : 19 Females			
ECOG PS 0:1	9:30			
Therapy Line for	or Disease in Study			
AML with prior MDS	2 (5%)			
2nd Line AML	9 (23%)			
3rd Line AML	10 (26%) 13 (33%)			
> 3rd Line AML				
Unknown	5 (13%)			
AML Cyt	ogentic Risk			
Good	4 (10%)			
Intermediate	15 (39%)			
Poor	13 (33%)			
Unknown	7 (18%)			

Source: Savona M, et al., ASH 2013, Abstract #1440

FIGURE 2. Comparison of Phase I Outcomes: ASH vs. September 2013

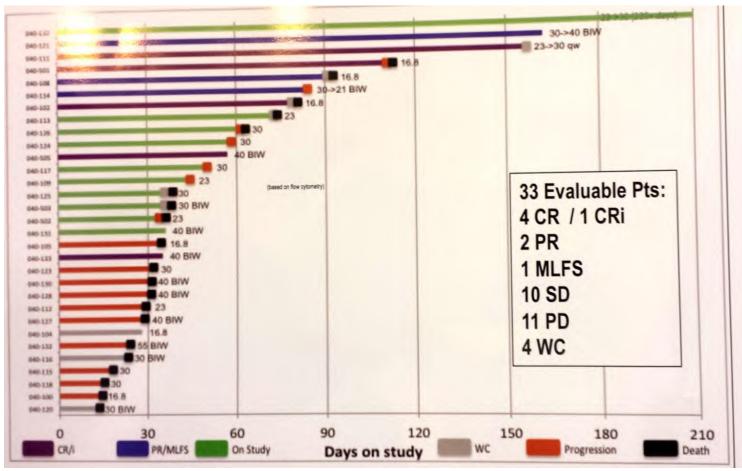
Selinexor Phase I Response in R/R AML							
	Sep-13						
Evaluable Pts	33	32					
ORR (%)	7 (21)	3 (9)					
CR (%)	4 (12)	2 (6)					
CRi (%)	1 (3)	1 (3)					
PR (%)	2 (6)	-					
SD (%)	10 (30)	12 (38)					
PD (%)	11 (33)	11 (34)					

Source: Savona M, et al., ASH 2013, Abstract #1440, Karyopharm company reports and JMP Securities LLC

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Complete remission (CR), complete remission with particle count recovery (CRp), partial response (PR), and major hematologic improvement (HI)

Source: Savona M, et al., ASH 2013, Abstract #1440



FIGURE 4. Drug Related Adverse Events in AML

AE NAME	GRADE	KPT-3				
AE NAIVIE	GRADE	16.8	23	30	40	Total All
Gastrointestinal, Constitutional,		N=10	N=6	N=14	N=8	N=38
	Grade 1	3 (30%)	3 (50%)	2 (14%)	4 (50%)	31.5%
Nausea	Grade 2	2 (20%)	1 (17%)	4 (28.5%)	1 (12.5)%	21%
	Grade 3	1 (10%)	= (27,0)	1 (7%)		5%
	Grade 1			5 (36%)	1 (12.5)%	16%
Anorexia	Grade 2	3 (30%)	3 (50%)	3 (21%)	1 (12.5)%	26%
Allorexia	Grade 3		1 (17%)			3%
A CONTRACTOR OF LAND AND LAND L	Grade 1		1 (17%)	1 (7%)		5%
Fatigue	Grade 2	4 (40%)	3 (50%)	5 (38%)	1 (12.5%)	34%
	Grade 3	1 (10%)		1 (7%)	1 (12.5%)	8%
	Grade 1	3 (30%)	3 (50%)	3 (21%)	2 (25%)	31.5%
Vomiting	Grade 2				1 (12.5)%	3%
	Grade 3			1 (7%)		3%
B1000000	Grade 1	3 (30%)	1 (17%)	2 (14%)	2 (25%)	21%
Diarrhea	Grade 2		1 (17%)	2 (14%)	1 (12.5)%	10.5%
14/-1-1-1-1	Grade 1	2 (20%)	3 (50%)	2 (14%)		18%
Weight Loss	Grade 2	1 (10%)	1 (17%)	1 (7%)		8%
To a Table of the	Grade 1	1 (10%)		1 (7%)		5%
Dehydration	Grade 3			1 (7%)	87	3%
	Grade 1		2 (33%)	2 (14%)		10.5%
Taste Alteration	Grade 2			1 (7%)		3%
Asparate	Grade 1		1 (17%)	1 (7%)		5%
Aminotransferase -	Grade 3	1 (10%)	mr pe			3%
	Grade 1			2 (14%)	1 (12.5%)	8%
Hypomagnesemia	Grade 2	1 (10%)				3%
	Grade 1		1 (17%)			3%
Hypokalemia	Grade 2		1 (17%)	4-0		3%
	Grade 3	2 (20%)				5%
	Grade 1	1 (10%)				3%
Hypotension	Grade 2	1 (10%)				3%
	Grade 3	1 (10%)			**	3%
() was a strangle	Grade 1	2 (20%)	3 (50%)	44		13%
Hyponatremia	Grade 3	1 (10%)		**		3%
plumed Males	Grade 1		2 (33%)	1 (7%)		8%
Blurred Vision	Grade 2			44	1 (12.5%)	3%
Hematol	ogical					
Thrombocytopenia	Grade 4	1 (10%)	1 (17%)	1 (7%)		8%

Source: Savona M, et al., ASH 2013, Abstract #1440

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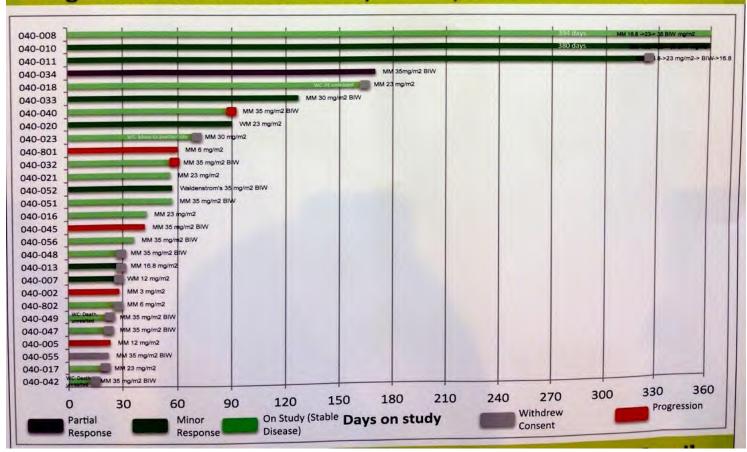


FIGURE 5. Myeloma and Waldenstrom's Patient Outcomes and Time on Study

Responses in Arm	1 Multiple Myel	oma and Waldens	trom's Ma	acroglobulin	emia Patier	nts as of 4-1	ec-2013
Cancer	Number of Pts Evaluated	Total PRs, MRs, and SD (%)	PR (%)	MR (%)	SD (%)	PD	wc
MM (All Doses)	25	20 (80%)	1 (4%)	4 (16%)	15 (60%)	4 (16%)	1 (4%)
MM (>16.8mg/m2)	21	19 (90%)	1 (5%)	4 (19%)	14 (66%)	1 (5%)	1 (5%)
WM	3	3 (100%)		3 (100%)			

PR=Partial Response, MR=Minor Response, SD=Stable Disease, PD=Progressive Disease, WC=Withdrew Consent

Progression Free Survival of Rel/Ref MM/WM Patients on KPT-330



Source: Chen C, ASH 2013, Abstract #1942

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FIGURE 6. Upcoming Milestones

Timing	Drug	Milestones
Dec 7-10	Selinexor	Updated Phase I and pre-clinical data presentations at ASH
		Oral presentation of Phase I data in CLL and NHL (#90)
		 Oral presentation of XPO1 inhibition in AML (#237)
		 Oral presentation of preclinical efficacy in MM -/+ carfilzomib (#279)
		 Three poster presentations of pre-clinical and Phase I AML results (#3165, #3785, #3932,)
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: Company reports



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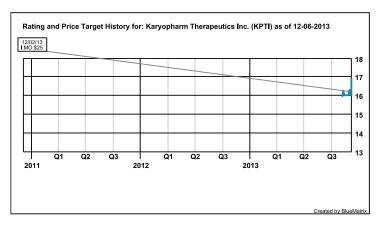
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							# Co's	
							Receiving	
							IB	
		# Co's	%		# Co's	%	Services in	% of Co's
	Regulatory	Under	of	Regulatory	Under	of	Past 12	With This
JMP Rating	Equivalent	Coverage	Total	Equivalent	Coverage	Total	Months	Rating
MARKET OUTPERFORM	Buy	228	54.68%	Buy	228	54.68%	89	39.04%
MARKET PERFORM	Hold	139	33.33%	Hold	139	33.33%	25	17.99%
MARKET UNDERPERFORM	Sell	5	1.20%	Sell	5	1.20%	0	0%
COVERAGE IN TRANSITION		45	10.79%		45	10.79%	0	0%
TOTAL:		417	100%		417	100%	114	27.34%

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 guarter. The action reflected in this note is not annotated in the stock price chart. Source: JMP Securities.



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