

BIND Therapeutics (BIND)

SMALL & MID CAP RESEARCH

Update on the "Class of 2013" Part 5

We are revisiting the names in our coverage that went public last year and assessing their accomplishments and upcoming catalysts. Prior notes in this series include: [PTCT](#), [XNCR](#), [ESPR](#) and [PTLA](#).

BIND went public in September 2013 with plans to advance its proprietary nanoparticle enabled cancer drug, BIND-014, through two Phase II trials in prostate cancer and non-small cell lung cancer, and to develop its technology for additional payloads for both its internal pipeline and corporate partners.

- **Programs on track with original timelines:** Since its IPO, BIND has (1) completed enrollment in the Q3W Phase II studies for both prostate and lung cancer, (2) initiated the weekly dosing cohort of the Phase II lung cancer trial, (3) initiated a new trial in KRAS mutant lung cancer following potentially positive interim data from the first stage of its lung cancer trial, and (4) signed a partnership with Roche for its Accurin nanoparticle technology. On the negative side, its partner AMGN decided not to move forward with an undisclosed Accurin drug candidate.
- **Upcoming catalysts:** BIND anticipates releasing initial tumor response results from its two Phase II trials in prostate and lung cancer in H2:14. A more specific update on the timing is likely on its next earnings call. More mature PFS and OS results are likely to follow at a subsequent medical meeting. BIND also hopes to initiate a Phase II trial in Q4:14 with multiple tumor-specific cohorts in bladder, cervical, neuroendocrine, and cholangio carcinoma.

Rating	OUTPERFORM* [V]
Price (14 Jul 14, US\$)	11.33
Target price (US\$)	20.00 ¹
52-week price range	15.40 - 8.06
Market cap. (US\$ m)	186.37
Enterprise value (US\$ m)	74.88

*Stock ratings are relative to the coverage universe in each analyst's or each team's respective sector.

¹Target price is for 12 months.

[V] = Stock considered volatile (see Disclosure Appendix).

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Financial and valuation metrics

Year	12/13A	12/14E	12/15E	12/16E
EPS (CS adj.) (US\$)	-5.28	-2.03	-0.22	-2.05
Prev. EPS (US\$)	—	—	—	—
P/E (x)	-2.1	-5.6	-52.2	-5.5
P/E rel. (%)	-11.9	-33.7	-350.4	-41.1
Revenue (US\$ m)	10.9	9.0	67.4	19.2
EBITDA (US\$ m)	-25.4	-35.2	-3.4	-59.7
OCFPS (US\$)	-2.19	-1.84	-0.06	-1.75
P/OCF (x)	-6.9	-6.1	-184.3	-6.5
EV/EBITDA (current)	-6.5	-4.7	-49.0	-2.8
Net debt (US\$ m)	-47	-111	-108	-221
ROIC (%)	-119.99	-86.30	-10.23	-124.43
Number of shares (m)	16.45	IC (current, US\$ m)		22.39
BV/share (Next Qtr., US\$)	11.7	EV/IC (x)		3.9
Net debt (Next Qtr., US\$ m)	-28.3	Dividend (current, US\$)		—
Net debt/tot cap (Next Qtr., %)	-41.2	Dividend yield (%)		—

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Important catalysts from two Phase II trials

In H2:14, BIND plans to release the initial results of two Phase II trials of BIND-014 dosed on an every three week schedule. Additional trials are ongoing and will have results in 2015.

- **Phase II non-small cell lung cancer (NSCLC):** This 80-patient trial is examining two different dosing regimens (Q3W and Q1W dosing). Forty patients will be enrolled into each dosing regimen and both dosing cohorts follow a two-stage design. A minimum response rate hurdle is set for the first 20 patients, and if cleared the remaining 20 are enrolled. The Q3W cohort is fully enrolled, and results are expected in H2:14. BIND previously provided some insight into the trial by reporting 2 PRs and 2 SD among the 6 patients in the first stage who were KRAS mutant. No information was provided for the other 14 patients in that cohort. Enrollment in the Q1W cohort is ongoing.
- **Phase II metastatic castrate-resistant prostate cancer (mCRPC):** The HRPC trial is examining BIND-014 in 40 mCRPC patients that are chemotherapy-naïve. BIND previously announced that enrollment is complete and is on track to release initial response results in H2:14.

In 2015, we expect (1) potential initiation of pivotal trials in NSCLC and/or mCRPC, (2) data from the Phase II trial in KRAS mutant NSCLC, and (3) initial stage 1 results from the planned Phase II trial in multiple rarer tumor types. We also expect potentially one IND from a partner and multiple clinical candidates selected for internal development.

Exhibit 1: BIND news flow

Product/Event	Indication	Catalyst	Expected Date	Price Sensitivity
BIND-014	4 new indications	Initiate new Phase II trial	Q3:14	Low
BIND-014	NSCLC	Phase II response data	H2:14	High
BIND-014	mCRPC	Phase II response data	H2:14	High
BIND-014	KRAS mutant NSCLC	Initial Phase II data	2015	High
BIND-014	Bladder, cervical, cholangio, and neuroendocrine	Stage I data from Phase II	2015	High
BIND-014	NSCLC and mCRPC	Phase II data for weekly schedule	2015	High
Partnered program	N/A	IND submission	2015	Low

Source: Company data, Credit Suisse estimates

Exhibit 2: BIND-014 Phase II trial design

	NSCLC	mCRPC
Patients	80	40
Inclusion criteria	Second-line NSCLC (Failed one prior platinum-containing regimen)	Chemo naïve, may receive hormonal therapy, including next gen androgen receptor targeted agents
Primary endpoint	ORR	Radiographic PFS (rPFS)
Secondary endpoint	PFS, OS, safety	Time to PSA progression, OS, safety
Exploratory endpoint	PSMA expression by IHC	PSMA expression by IHC
Dosing	60 mg/m ² every 3 weeks (40 pts); 40 mg/m ² weekly (40 pts)	60 mg/m ² every 3 weeks, will add a weekly dosing arm if favorable in Phase I
Status	Enrollment for Q3W complete; Q1W enrollment ongoing; Data in H2:14	Enrollment completed Data in H2:14

Source: Company data, Credit Suisse estimates

Positive thesis on targeted nanoparticle technology

We continue to believe that BIND's Accurin technology offers a unique and targeted approach to improving the drug properties of standard cancer chemotherapies and potentially a variety of other cancer and non-cancer drugs.

The first real proof-of-concept data could come in H2:14 with the release of the first Phase II results. Though uncontrolled, these trials test BIND-014 in tumor types that are likely to have a relatively low response rate to taxotere alone (the active agent in BIND-014), so a higher than expected response rate or prolonged PFS/OS could be a significant positive for BIND.

- **Our \$20 target price** for BIND includes ~\$16.6/share for BIND-014 and ~\$3.6/share for the partnerships. For BIND-014, we assume a 65% probability of success and a 2018 launch. Positive Phase II results could provide significant support for our assumptions and potentially take our probability higher.

Interim results show activity in KRAS mutant NSCLC

The two-stage Phase II trials in NSCLC and mCRPC each have a similar design. Stage 1 includes 20 patients. If a prespecified efficacy hurdle is met, then the remaining 20 patients are enrolled. Both trials have now completed enrollment of the full 40 patients (Exhibit 3).

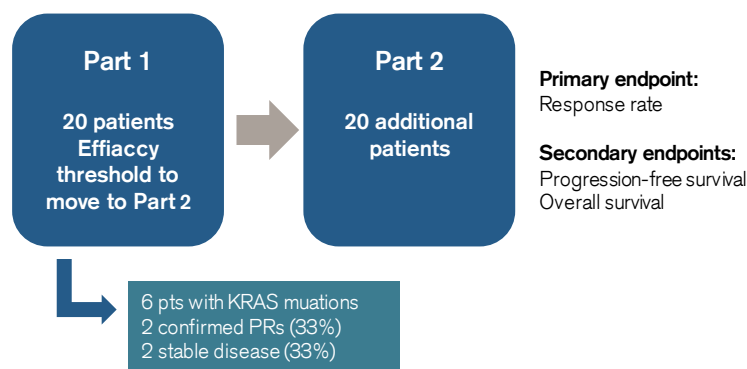
BIND disclosed some preliminary data from Part 1 of the NSCLC Phase II trial, which was triggered by its decision to start a new trial specifically targeting patients with mutant KRAS.

BIND initially looked at KRAS mutations because they had the expectation that these patients might do very poorly based on prior data for taxotere in this population (Exhibit 4, left side). In prior trials, KRAS mutant NSCLC patients have had response rates as low as 0% and as high as 11%. If the results with BIND-014 were equally bad in this population, BIND had planned not to enroll any more KRAS mutant patients in Stage 2.

The results were quite the opposite. Among the first 20 patients in the trial, there were 6 patients with KRAS mutations. Of these, two patients had confirmed PRs (33%) and 2 had stable disease. This potentially very strong signal led BIND to initiate a separate Phase II trial in this subpopulation.

Presumably there are more KRAS mutant patients in Part 2, and this subgroup will be of particular interest when the full Phase II data is unblinded.

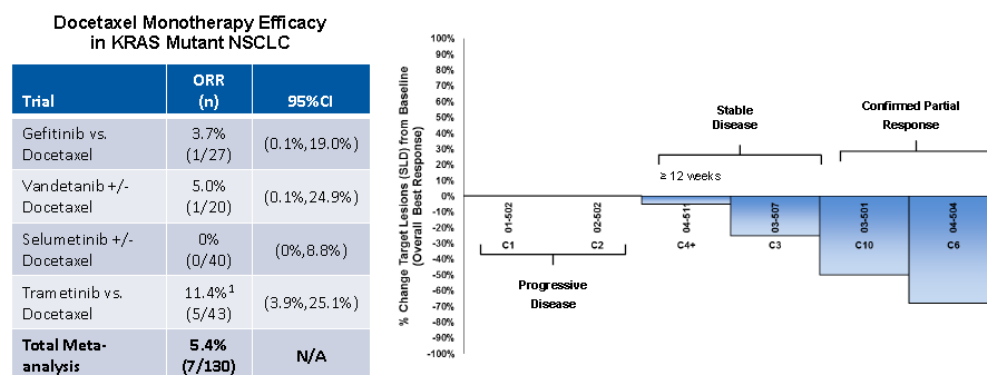
Exhibit 3: Two-stage Phase II NSCLC trial; preliminary data in KRAS mutant patients



Source: Company data, Credit Suisse estimates

Exhibit 4: Evidence of enhanced activity in KRAS mutant NSCLC

BIND-014 Interim KRAS Mutant Analysis
Data as of 5/9



Source: Company data, Credit Suisse estimates

Hurdle for Phase III trials

Assuming positive Phase II results, Phase III trials could begin in 2015. In order to progress to Phase III, BIND-014 will need to show either a safety or efficacy benefit over docetaxel. The specific efficacy and safety thresholds are not defined, but we have some rough estimates of what might be needed to show a clear benefit.

- The current response rate for docetaxel in NSCLC is around 5-9%. We believe that a >20% response rate signal would be significant for supporting a move into Phase III. In addition, we believe that a 1.5-2 month PFS improvement over the current 3-month PFS of docetaxel, would be significant in Phase II.
- Prostate cancer represents a higher bar, since docetaxel is more active (PFS of 6-8 months and 45-65% response rate). Also, the treatment landscape in prostate cancer is changing significantly with chemotherapy used later in the course of treatment.

Exhibit 5: Docetaxel Response Rate and PFS

Indication	PFS	Response rate
mBC	6 mo	30-60%
Advanced NSCLC	3 months	5-9%
mCRPC	6-8 months	45-65%

Source: Company data, Credit Suisse research.

Efficacy and differentiated profile seen in Phase I

BIND conducted a Phase I dose-escalation study in refractory solid tumors, testing two dosing strategies: Q3W (every three weeks) and Q1W (weekly) dosing study. Phase II testing mirrors the Phase I, with trials testing both Q3W and Q1W.

Results of the Phase I Q3W study demonstrated the following:

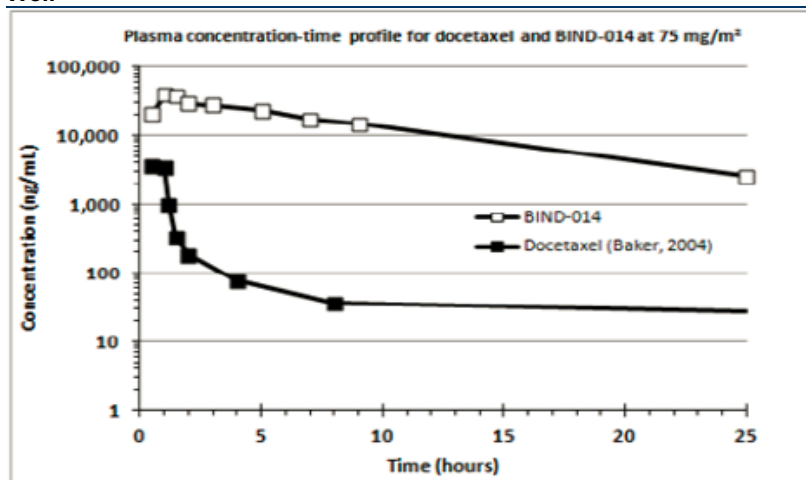
- **Prolonged pharmacokinetics**, with 90%+ of the plasma docetaxel sequestered within the nanoparticles (Exhibit 6)
- **Clear signs of efficacy** with 4 (14%) confirmed clinical responses (CR+PR), and 5 additional patients with stable disease. Responses were seen in cervical, non-small cell lung, prostate, and ampullary cancer (Exhibit 7). How well the efficacy compares to taxotere alone is not evaluable in this Phase I trial.

- **Potentially differentiated safety profile** with less fatigue, edema, and gastrointestinal side effects compared to historical docetaxel trials (Exhibit 9). The main dose-limiting toxicities are neutropenia and fatigue, like docetaxel. The MTD of BIND-014 was 60mg/m² every three weeks.

Results of the Phase I Q1W study demonstrated the following

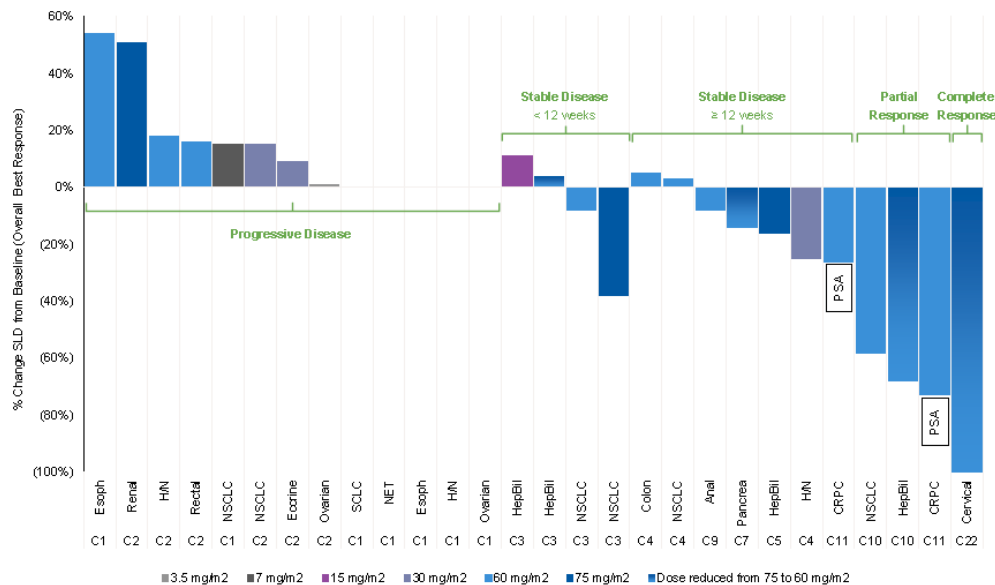
- **Greater total drug exposure was achieved.** The MTD for the weekly dosing schedule was 40 mg/m². This is a 50% increase in total exposure compared to the 60mg Q3W dose. The dose limiting toxicities were one case of febrile neutropenia and one grade 3 mucositis at 45 mg/m².
- **Substantially less neutropenia** was observed compared to the Q3W schedule (Exhibit 9). There may have been an increase in mucositis and GI related toxicity.
- **Clear signs of efficacy.** 2 PRs were observed in breast cancer and gastroesophageal cancer and 5 other patients had stable disease lasting at least 12 weeks. How well the efficacy compares to taxotere alone is not evaluable in this Phase I trial.

Exhibit 6: BIND-014 Has a Long Circulation Time Compared to Docetaxel in Humans As Well



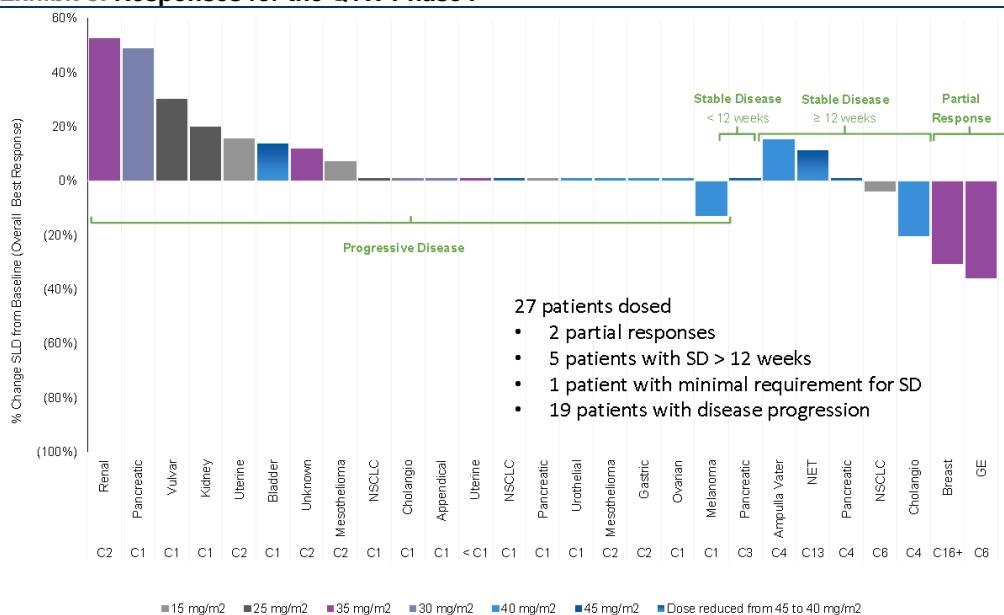
Source: Company data, Credit Suisse research.

Exhibit 7: Responses for the Q3W Phase I



Source: Company data

Exhibit 8: Responses for the Q1W Phase I



Source: Company data

Exhibit 9: AE profile in both Phase I trials

Adverse event	Q3W Schedule		Q1W Schedule	
	Any grade	Grade ≥ 3 AEs	Any grade	Grade ≥ 3 AEs
Neutropenia	36%	36%	19%	4%
Fatigue	25%	4%	56%	4%
Diarrhea	21%		26%	
Anemia	18%	7%	26%	11%
Alopecia	14%		19%	
Infusion Related Reaction	14%		not reported	
Dehydration	11%		not reported	
Leukopenia	11%	14%	11%	
Nausea	11%		30%	
Vomiting	11%		19%	
Edema	4%	4%	not reported	
Hypokalemia	4%	4%	not reported	
Sepsis	4%	4%	not reported	
Decreased appetite	not reported		15%	
Dysgeusia	not reported		15%	
Stomatitis	not reported		15%	
Dry mouth	not reported		11%	
Leukopenia	not reported		11%	
Mucosal inflammation	not reported		11%	11%
Rash	not reported		11%	

Source: Company data

Refresher on the Accurin Drug Delivery Platform

Platform Is Broadly Applicable for Different Drugs, Targeting Multiple Tissues and Tumor Types

BIND's nanomedicine platform was developed out of technology from the lab of Robert Langer and Omid Farokhzad at MIT and Harvard, respectively. Essentially, the labs developed a polymer system that can encapsulate cytotoxic chemotherapy agents. The polymers can be modified with specific targeting agents to direct the nanoparticle to the tumor. The polymer system and targeting ligand of BIND-014 were discovered through screening a large library of nanoparticle formulations for key properties (e.g., size, charge, degradation rate, release rate, drug loading, and surface density targeting ligand).

In theory, there are two potential advantages to this approach over conventional chemotherapy.

- 1) The drug might be expected to accumulate in tumor tissue at higher concentrations than conventional chemotherapy, due to the longer circulation time of the nanoparticle, the physical properties of the particles that tend to accumulate in tumors, and molecular targeting with a selective ligand to enhance tumor localization and retention.
- 2) The drug's toxic effects on healthy tissues could be less than with free/unbound drug, since the nanoparticle is designed to accumulate in the tumor selectively. The nanoparticle is a controlled-release formulation, so there is relatively little free drug in the bloodstream (estimated <10% free drug). In Phase I, there was evidence that the nanoparticle formulation reduced severity of docetaxel's nonhematological side effects.

Several Key Features Drive Potential Benefits of Delivery System

Accurins have several unique properties that potentially improve the clinical profile of the active drug. In the case of BIND-014, the nanoparticle system enables an increased concentration of docetaxel in the vicinity of the tumor due to the combined effects of prolonged circulation time, extravasation into tumors through blood vessel defects, binding of particles to PSMA on the tumor surface, and the controlled release of docetaxel.

- **Cellular Targeting:** BIND-014 displays a ligand that binds to the extracellular domain of PSMA (prostate-specific membrane antigen), which is expressed on the surface of prostate cancer cells and on the neovasculature of multiple cancers. PSMA is a well validated target that has shown clinical activity with other targeted therapies, such as ADCs and mAbs. The targeting ligand can be modified for different types of cancers or tissues.

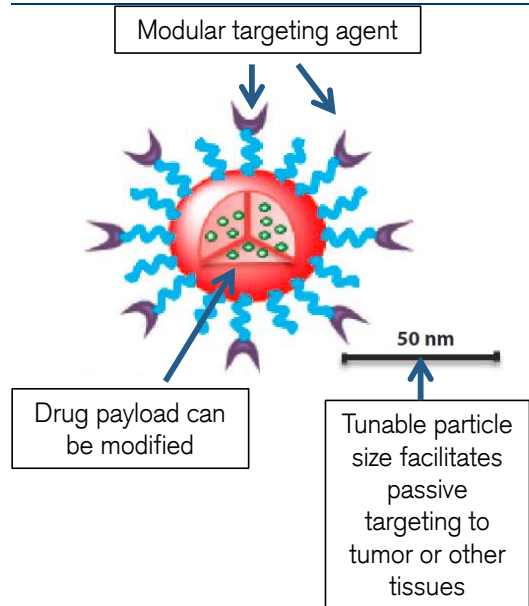
Exhibit 10: PSMA Expression by Tumor Type

Tumor	Number of Tissue Samples		Number of US patients	
	Tumor Cells	Neovasculature	Annual Incidence	Annual Mortality
Prostate	184/184 (100%)	2/12 (17%)	238,590	29,720
Breast	0/6	5/6 (83%)	232,340	39,620
NSCLC	0/5	5/5 (100%)	228,190	159,480
Bladder	8/187 (5%)	166/167 (99%)	72,570	15,210

Source: Company data, Credit Suisse estimates.

- **Tissue Targeting:** Due to the size of the particles (<100nm), the drug circulates longer (avoids liver clearance) and accumulates in tumors at sites of "leaky vasculature". The size, shape, and surface properties (e.g., charge) can all be modified for optimal delivery. The particle surface consists of hydrated PEG molecules, which have the effect of masking the particle from the immune system and clearance mechanisms. PEG is a well validated tool for increasing circulation time.
- **Molecular Targeting/Active Drug:** The drug, docetaxel, has proven clinical activity in multiple tumors. The Accurin formulation is designed to reduce the toxicity and increase the efficacy of docetaxel. The platform is amenable for delivery of different types of drugs, both novel therapeutics and currently marketed drugs.

With the Accurin system, the nanoparticles do not appear to be directly internalized by the tumor cells. Instead, the particles are directed to the tumor milieu by the three mechanisms previously outlined. The controlled release polymer shell is designed to break down slowly over time, releasing the drug in the vicinity of the tumor, increasing the concentration of the drug in the tumor relative to other tissues. The polymer degrades into lactic acid and is not expected to have any toxicity.

Exhibit 11: Modular Platform Enables Use with Range of Drugs and Targeting Ligands

Source: Company data, Credit Suisse research.

All of the current indications in development for Accurins are in oncology. However, it is possible that the platform could also be modified for delivery to other tissues. For example, it may be possible to utilize this system for treating cardiovascular disease (e.g., plaque localization).

Exhibit 12: BIND Earnings Model

	2013A	Q1:14A	Q2:14A	Q3:14E	Q4:14E	2014E	2015E	2016E	2017E	2018E
Revenues										
BIND-014 US sales										50.6
BIND-014 ex-US royalties and mfg. rev										
Partnering, grants, milestones	10.9	1.6	0.8	5.8	0.8	9.0	67.4	19.2	38.4	39.0
Total Revenues	10.9	1.6	0.8	5.8	0.8	9.0	67.4	19.2	38.4	89.6
Expenses										
Research and development	24.4	6.8	8.0	8.5	9.0	32.3	57.0	60.4	64.0	67.9
Sales, general, administrative	13.4	3.3	3.3	3.4	3.4	13.3	15.3	20.1	36.1	107.9
Cost of goods										6.1
Royalty expense										1.5
Total Operating Expenses	37.8	10.1	11.3	11.9	12.4	45.7	72.3	80.5	100.2	183.4
Operating income (loss)	(26.9)	(8.5)	(10.5)	(6.1)	(11.6)	(36.7)	(4.9)	(61.3)	(61.8)	(93.8)
Total Other Income (Expense)	(0.8)	0.2	(0.0)	(0.0)	(0.0)	0.2	(0.0)	0.8	0.6	0.4
Pre Tax Income	(27.7)	(8.3)	(10.5)	(6.1)	(11.6)	(36.6)	(5.0)	(60.5)	(61.2)	(93.4)
Income tax										
Net Income	(31.4)	(8.3)	(10.5)	(6.1)	(11.6)	(36.6)	(5.0)	(60.5)	(61.2)	(93.4)
EPS - basic (proforma)	(\$5.28)	(\$0.51)	(\$0.64)	(\$0.37)	(\$0.51)	(\$2.03)	(\$0.22)	(\$2.05)	(\$2.04)	(\$3.08)
EPS - diluted (proforma)	(\$5.28)	(\$0.51)	(\$0.64)	(\$0.37)	(\$0.51)	(\$2.03)	(\$0.22)	(\$2.05)	(\$2.04)	(\$3.08)
Shares outstanding - basic (proforma)	5.94	16.42	16.51	16.59	22.67	18.05	22.96	29.48	29.92	30.37
Shares outstanding - diluted (proforma)	5.94	16.42	16.51	16.59	22.67	18.05	23.77	29.48	29.92	30.37

Source: Company data, Credit Suisse estimates

Exhibit 13: BIND News Flow

Product/Event	Indication	Catalyst	Expected Date
BIND-014	KRAS mutant NSCLC	Initiate new Phase II trial	Q3:14
BIND-014	4 new indications	Initiate new Phase II trial	Q3:14
BIND-014	NSCLC and mCRPC	Phase II data in NSCLC and mCRPC	H2:14
BIND-014	KRAS mutant NSCLC	Initial Phase II data	Q1:15
Partnered program	N/A	IND submission	H1:15
BIND-014	4 new indications	Initial Phase II data	H1:15
2nd BIND product	N/A	IND submission	2015
3rd BIND product	N/A	IND enabling tox studies	2015

Source: Company data, Credit Suisse estimates

Exhibit 14: BIND Pipeline

Drug	Indication	Stage	Partner
BIND 014 (PSMA targeted docetaxel)	NSCLC and mCRPC	Phase II	Proprietary
Solid Tumor Accurin	Solid Tumor	Pre-clinical	Proprietary
Hematologic Cancer Accurin	Hematologic Cancer	Pre-clinical	Proprietary
AZD1152 (Aurora-B kinase inhibitor)	N/A	Pre-clinical	AstraZeneca
Targeted therapies	N/A	Pre-clinical	Pfizer
N/A	Non-oncology	Pre-clinical	Roche

Source: Company data, Credit Suisse estimates

Companies Mentioned (Price as of 14-Jul-2014)**Amgen Inc.** (AMGN.OQ, \$118.98)**AstraZeneca** (AZN.L, 4369.5p)**BIND Therapeutics** (BIND.OQ, \$11.33, OUTPERFORM[V], TP \$20.0)**Pfizer** (PFE.N, \$30.24)**Roche** (ROG.VX, SFr266.1)

Disclosure Appendix

Important Global Disclosures

Jason Kantor, PhD, Ravi Mehrotra PhD and Lee Kalowski each certify, with respect to the companies or securities that the individual analyzes, that (1) the views expressed in this report accurately reflect his or her personal views about all of the subject companies and securities and (2) no part of his or her compensation was, is or will be directly or indirectly related to the specific recommendations or views expressed in this report.

3-Year Price and Rating History for Amgen Inc. (AMGN.OQ)

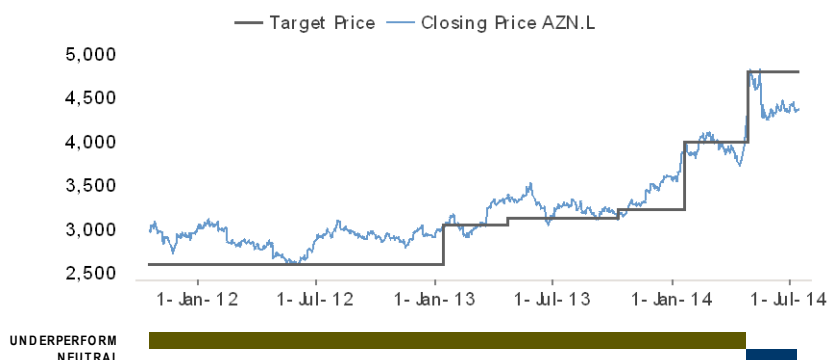
AMGN.OQ	Closing Price	Target Price	
Date	(US\$)	(US\$)	Rating
01-Aug-11	53.77	59.00	N
07-Nov-11	58.43		R
08-Dec-11	58.41	59.00	N
09-Dec-11	58.59	71.00	
25-Jul-12	77.96	85.00	O
26-Jul-12	79.30	90.00	
03-Jan-13	88.59	100.00	
22-Jan-13	83.29	90.00	N
04-Mar-13	92.73	100.00	
04-Apr-13	105.90	115.00	
17-May-13	105.63	120.00	
10-Dec-13	114.10	125.00	

* Asterisk signifies initiation or assumption of coverage.

**3-Year Price and Rating History for AstraZeneca (AZN.L)**

AZN.L	Closing Price	Target Price	
Date	(p)	(p)	Rating
19-Oct-11	2981.00	2600.00	U
21-May-12	2654.50		*
22-May-12	2650.00		*
17-Jul-12	2953.50	2600.00	U
14-Jan-13	3030.00	3050.00	
22-Apr-13	3350.00	3130.00	
10-Oct-13	3133.00	3220.00	
20-Jan-14	3920.00	4000.00	
28-Apr-14	4666.50	4800.00	N

* Asterisk signifies initiation or assumption of coverage.



3-Year Price and Rating History for BIND Therapeutics (BIND.OQ)

BIND.OQ	Closing Price	Target Price	
Date	(US\$)	(US\$)	Rating
15-Oct-13	15.10	21.00	O *
02-Jul-14	12.88	20.00	

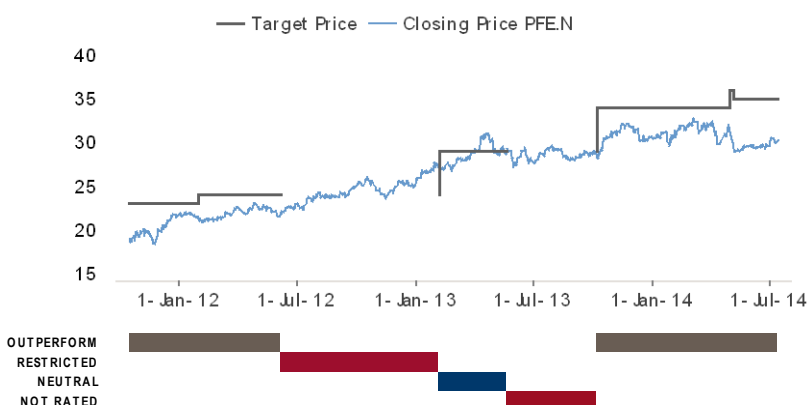
* Asterisk signifies initiation or assumption of coverage.



3-Year Price and Rating History for Pfizer (PFE.N)

PFE.N	Closing Price	Target Price	
Date	(US\$)	(US\$)	Rating
17-Oct-11	18.69	23.00	O
31-Jan-12	21.40	24.00	
07-Jun-12	21.94		R
07-Feb-13	26.96	29.00	N
22-May-13	29.30		NR
08-Oct-13	28.24	34.00	O *
01-May-14	31.15	36.00	
07-May-14	29.02	35.00	

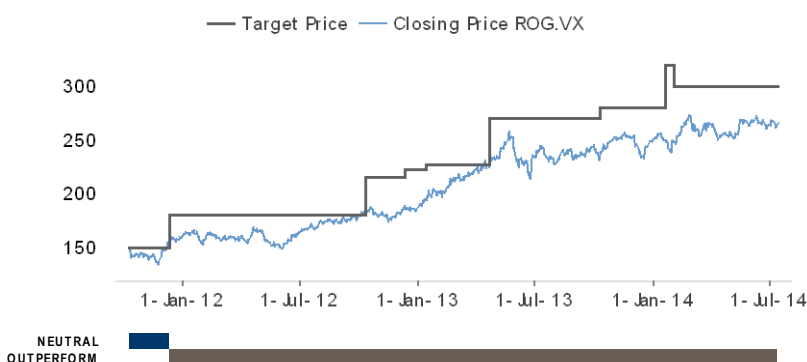
* Asterisk signifies initiation or assumption of coverage.



3-Year Price and Rating History for Roche (ROG.VX)

ROG.VX	Closing Price	Target Price	
Date	(SFr)	(SFr)	Rating
11-Oct-11	148.90	150.00	N
12-Dec-11	153.90	180.00	O
11-Oct-12	181.20	215.00	
12-Dec-12	187.20	223.00	
14-Jan-13	194.60	227.00	
22-Apr-13	225.10	270.00	
10-Oct-13	234.60	280.00	
20-Jan-14	250.00	320.00	
03-Feb-14	248.20	300.00	

* Asterisk signifies initiation or assumption of coverage.



The analyst(s) responsible for preparing this research report received Compensation that is based upon various factors including Credit Suisse's total revenues, a portion of which are generated by Credit Suisse's investment banking activities

As of December 10, 2012 Analysts' stock rating are defined as follows:

Outperform (O) : The stock's total return is expected to outperform the relevant benchmark* over the next 12 months.

Neutral (N) : The stock's total return is expected to be in line with the relevant benchmark* over the next 12 months.

Underperform (U) : The stock's total return is expected to underperform the relevant benchmark* over the next 12 months.

*Relevant benchmark by region: As of 10th December 2012, Japanese ratings are based on a stock's total return relative to the analyst's coverage universe which consists of all companies covered by the analyst within the relevant sector, with Outperforms representing the most attractive, Neutrals the less attractive, and Underperforms the least attractive investment opportunities. As of 2nd October 2012, U.S. and Canadian as well as European ratings are based on a stock's total return relative to the analyst's coverage universe which consists of all companies covered by the analyst within the relevant sector, with Outperforms representing the most attractive, Neutrals the less attractive, and Underperforms the least attractive investment opportunities. For Latin American and non-Japan Asia stocks, ratings

are based on a stock's total return relative to the average total return of the relevant country or regional benchmark; prior to 2nd October 2012 U.S. and Canadian ratings were based on (1) a stock's absolute total return potential to its current share price and (2) the relative attractiveness of a stock's total return potential within an analyst's coverage universe. For Australian and New Zealand stocks, 12-month rolling yield is incorporated in the absolute total return calculation and a 15% and a 7.5% threshold replace the 10-15% level in the Outperform and Underperform stock rating definitions, respectively. The 15% and 7.5% thresholds replace the +10-15% and -10-15% levels in the Neutral stock rating definition, respectively. Prior to 10th December 2012, Japanese ratings were based on a stock's total return relative to the average total return of the relevant country or regional benchmark.

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Price Target: (12 months) for BIND Therapeutics (BIND.OQ)

Method: Our \$20 target price for BIND is based on DCF (discounted cash flow) using probability-weighted sales estimates for BIND-014 modeled through 2028 (\$16.6 per share) and a DCF analysis of three partnerships with major pharmaceutical companies (\$3.6 per share). We estimate a 65% probability of success for BIND-014 and a 15% probability of success for partnered programs. We model a commercial launch of BIND-014 in 2018. We use a 38% tax rate and a 12% discount rate.

Risk: Risks to our \$20 target price for BIND are (1) unexpected negative efficacy or safety result in ongoing Phase II BIND-014 study, (2) regulatory risk of potential approval for BIND-014, (3) execution risk in signing a potential partner for BIND-014 and/or launch and marketing of BIND-014, if approved, (4) failure of its partners to move forward with current programs, and (5) financing risk.

Please refer to the firm's disclosure website at <https://rave.credit-suisse.com/disclosures> for the definitions of abbreviations typically used in the target price method and risk sections.

See the Companies Mentioned section for full company names

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