

Reason for report:

EARNINGS

## CERULEAN PHARMA INC.

### 3Q14 Recap - Pipeline Programs on Track

• **Bottom Line:** CERU announced 3Q14 financial results yesterday after the close and provided a pipeline update. Two key proof-of-concept data readouts from single arm CRLX101 combination studies are expected in 1Q15 from ovarian cancer and neoadjuvant rectal cancer trials respectively. The results will inform randomized/controlled Phase II go/no-go decisions. The randomized Phase II trial in renal cell cancer in combination with Avastin continues to enroll patients with data expected in late 2015. **We are maintaining our Outperform rating and are adjusting our estimates to account for 3Q15 results.**

• **Single arm CRLX101 Phase I/II data in neoadjuvant rectal expected in 1Q15.** Management expects to have data on ~10 patients in 1Q15 and is looking for at least 30% pathologic complete response (pCR) to launch larger Phase II trials. In the first cohort of 3 patients at the 12mg/m<sup>2</sup> CRLX101 dose, one patient had a pathologic complete response (pCR) and two patients showed pronounced tumor reduction with minimal residual disease. The second cohort is now being assessed at the single

agent maximum tolerated CRLX101 dose of 15mg/m<sup>2</sup>. Management notes that the combination has been well tolerated to date, with no dose-limiting toxicities reported in combination with Xeloda and radiation which we view positively

• **CRLX101 Avastin Phase II combination data in platinum-resistant ovarian cancer expected in 1Q15.** Mgmt expects to report data on ~10 patients in 1Q15, and has set a 20% Objective Response Rate (ORR) as the bar to advance the program into a randomized-controlled trial.

• **Data from the randomized Phase II trial evaluating CRLX101 in combination with Avastin in relapsed RCC is expected to be announced in 4Q15.** Recall, this trial will enroll 110 patients across 30 centers who have received at least two prior lines of therapy for metastatic RCC. Patients will be randomized to receive either CRLX101 plus Avastin or investigator's choice.

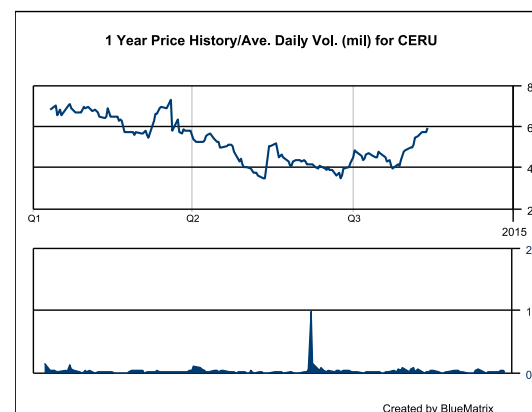
• **Phase I trial initiation with CERU's second candidate, CRLX301, is expected by YE14** for solid tumors with data expected in 4Q15.

• **CERU ended 3Q14 with \$57.8M in cash and equivalents** and expects this will be sufficient to fund the ongoing randomized Phase II trial of CRLX101 in RCC, the Phase I trial of CRLX301, and the ongoing investigator-sponsored trials of CRLX101.

#### Key Stats:

(NASDAQ:CERU)

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| <b>S&amp;P 600 Health Care Index:</b> | <b>1,369.99</b>                     |
| <b>Price:</b>                         | <b>\$5.93</b>                       |
| Price Target:                         | \$13.00                             |
| Methodology:                          | DCF analysis with 16% discount rate |
| 52 Week High:                         | \$8.06                              |
| 52 Week Low:                          | \$3.35                              |
| Shares Outstanding (mil):             | 20.1                                |
| Market Capitalization (mil):          | \$119.2                             |
| Cash Per Share:                       | \$2.87                              |
| Dividend (ann):                       | \$0.00                              |
| Dividend Yield:                       | 0.0%                                |



| Dec Yr      | 1Q   | 2Q   | 3Q   | 4Q  | FY Rev | 1Q        | 2Q        | 3Q        | 4Q       | FY EPS    | P/E |
|-------------|------|------|------|-----|--------|-----------|-----------|-----------|----------|-----------|-----|
| 2013A       | --   | --   | --   | --  | 0.0    | --        | --        | --        | --       | (\$25.10) | NM  |
| 2014E - New | 0.0A | 0.0A | 0.0A | 0.0 | \$0.1  | (\$3.70)A | (\$0.44)A | (\$0.28)A | (\$0.42) | (\$1.68)  | NM  |
| 2014E - Old | 0.0A | 0.0A | 0.0A | 0.0 | \$0.1  | (\$3.70)A | (\$0.44)A | (\$0.45)  | (\$0.56) | (\$2.13)  | NM  |
| 2015E - New | --   | --   | --   | --  | 0.0    | --        | --        | --        | --       | (\$1.71)  | NM  |
| 2015E - Old | --   | --   | --   | --  | 0.0    | --        | --        | --        | --       | (\$1.73)  | NM  |

Source: Company Information and Leerink Partners LLC Research  
Revenues in MM.  
GAAP EPS presented.

## INVESTMENT THESIS

We rate Cerulean Pharma (CERU) Outperform with a \$13/share price target representing a \$260M market capitalization. CERU is an oncology-focused company developing anti-cancer drugs based on its proprietary nanoparticle drug delivery platform. CERU's lead product CRLX101 has an attractive mechanism of action in our view that could overcome several limitations of approved agents. Based on our analysis we believe CRLX101 is active and CERU's development rationale is strong. Three major catalysts by 2H15 could validate CRLX101's therapeutic potential. We believe CRLX101 could address a \$1Bn US opportunity in 2030E and apply a 25% probability of success.

## VALUATION

We estimate a \$13 per share price target in 12 months for CERU, reflecting a \$260M market capitalization based on a discounted cash flow analysis. We use a 16% WACC as the discount rate, which we view as appropriate for CERU. We use probability weighted revenue assumptions. We model ~\$1.0Bn peak US CRLX101 sales in 2030E across three lead indications in 3rd line renal cell cancer, platinum-resistant ovarian cancer, and neoadjuvant rectal cancer.

## RISKS TO VALUATION

CERU faces significant clinical and regulatory risks since its main value driver is currently in multiple early stage investigator-sponsored clinical trials. Like many other developmental stage Biopharma companies, CERU faces manufacturing, competitive, commercial, regulatory, and safety risks, as well as risks to its intellectual property. Specifically, CERU faces regulator uncertainty on whether pCR will be accepted by the FDA as an approvable endpoint for a potential future neoadjuvant rectal cancer trial. CERU also faces financial risk and may need to raise dilutive capital near term. We expect the company's current cash balance to be sufficient to fund operations until late 2015.

| CERU P&L (in \$MM)                                  | 2012A         | 2013A         | 1Q14A        | 2Q14A        | 3Q14A        | 4Q14E        | 2014E         | 2015E         | 2016E         |
|---|---------------|---------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|
| Product revenue                                     | -             | -             | -            | -            | -            | -            | -             | -             | -             |
| Other revenue                                       | 0.6           | 0.0           | 0.0          | 0.0          | -            | -            | 0.1           | -             | -             |
| <b>Total Revenue</b>                                | <b>0.6</b>    | <b>0.0</b>    | <b>0.0</b>   | <b>0.0</b>   | -            | -            | <b>0.1</b>    | -             | -             |
| COGS  | -             | -             | -            | -            | -            | -            | -             | -             | -             |
| R&D Expense   | 15.8          | 9.7           | 1.5          | 2.6          | 2.9          | 5.0          | 12.1          | 35.0          | 55.0          |
| SG&A Expense  | 6.4           | 6.2           | 1.5          | 2.0          | 2.4          | 3.5          | 9.5           | 10.4          | 11.5          |
| Total Operating Expenses                            | 22.2          | 15.9          | 3.0          | 4.7          | 5.4          | 8.5          | 21.6          | 45.4          | 66.5          |
| Operating income (Loss)                             | (21.6)        | (15.9)        | (3.0)        | (4.6)        | (5.4)        | (8.5)        | (21.5)        | (45.4)        | (66.5)        |
| Total other income (expense) - net                  | (0.5)         | (1.3)         | 0.0          | (2.8)        | (0.2)        | (0.1)        | (3.0)         | (0.3)         | -             |
| EBT   | (22.1)        | (17.1)        | (2.9)        | (7.4)        | (5.6)        | (8.6)        | (24.5)        | (45.7)        | (66.5)        |
| Tax   | -             | -             | -            | -            | -            | -            | -             | -             | -             |
| Net income (loss)                                   | (22.1)        | (17.1)        | (2.9)        | (7.4)        | (5.6)        | (8.6)        | (24.5)        | (45.7)        | (66.5)        |
| Accretion of redeemable convertible preferred stock | (0.1)         | -             | -            | -            | -            | -            | -             | -             | -             |
| <b>Net loss attributable to common shareholders</b> | <b>(22.2)</b> | <b>(17.1)</b> | <b>(2.9)</b> | <b>(7.4)</b> | <b>(5.6)</b> | <b>(8.6)</b> | <b>(24.5)</b> | <b>(45.7)</b> | <b>(66.5)</b> |
| EPS - diluted                                       | (36.4)        | (25.1)        | (3.70)       | (0.44)       | (0.28)       | (0.42)       | (1.68)        | (1.71)        | (2.48)        |
| Common shares outstanding - diluted                 | 0.6           | 0.7           | 0.8          | 16.9         | 20.1         | 20.6         | 14.6          | 26.8          | 26.8          |

| CERU BS & CFS (in \$MM) | 2012A | 2013A | 1Q14A | 2Q14A | 3Q14A | 4Q14E | 2014E | 2015E | 2016E |
|-------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Cash & equivalents      | 16.7  | 5.5   | 8.5   | 64.3  | 57.8  | 49.1  | 49.1  | 84.2  | 23.5  |
| Debt                    | 9.1   | 15.1  | 23.2  | 4.7   | 3.9   | 3.3   | 3.3   | -     | -     |

Source: SEC Filings and Leerink Partners Estimates

|                                |               |               |              |              |              |              |               |               |               |
|--------------------------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|
| Change in Cash                 | 1.4           | (11.2)        | 3.0          | 55.8         | (6.5)        | (8.7)        | 43.6          | 35.1          | (60.7)        |
| <b>Cash from operations</b>    | <b>(21.0)</b> | <b>(16.6)</b> | <b>(3.7)</b> | <b>(4.2)</b> | <b>(5.6)</b> | <b>(7.9)</b> | <b>(21.3)</b> | <b>(41.6)</b> | <b>(60.7)</b> |
| Net income (loss)              | (22.2)        | (17.1)        | (2.9)        | (7.4)        | (5.6)        | (8.6)        | (24.5)        | (45.7)        | (66.5)        |
| Share based comp               | 0.5           | 0.6           | 0.1          | 0.2          | 0.3          | 0.7          | 1.3           | 3.6           | 5.3           |
| Non-cash interest expense      | 0.1           | 0.6           | 0.1          | 0.1          | 0.1          | -            | 0.3           | -             | -             |
| D&A                            | 0.3           | 0.2           | 0.0          | 0.0          | 0.0          | 0.1          | 0.2           | 0.5           | 0.5           |
| Other (Change in WC)           | 0.2           | (0.9)         | (1.1)        | 2.8          | (0.4)        | -            | 1.4           | -             | -             |
| <b>Cash from investing</b>     | <b>(0.2)</b>  | <b>(0.0)</b>  | <b>(0.0)</b> | <b>0.0</b>   | <b>(0.1)</b> | -            | <b>(0.1)</b>  | -             | -             |
| Capex                          | (0.2)         | (0.0)         | (0.0)        | (0.0)        | (0.0)        | -            | (0.1)         | -             | -             |
| Acquisitions                   | -             | -             | -            | -            | -            | -            | -             | -             | -             |
| Other                          | -             | -             | 0.0          | 0.0          | (0.0)        | -            | -             | -             | -             |
| <b>Cash from financing</b>     | <b>22.5</b>   | <b>5.4</b>    | <b>6.7</b>   | <b>60.0</b>  | <b>(0.8)</b> | <b>(0.8)</b> | <b>65.0</b>   | <b>76.6</b>   | -             |
| Equity issue (buyback)         | 12.9          | 0.0           | 0.0          | 60.0         | 0.0          | -            | 60.0          | 80.0          | -             |
| Debt issue (principal payment) | 9.6           | 5.4           | 7.7          | (1.0)        | (0.9)        | (0.8)        | 5.0           | (3.4)         | -             |
| Other                          | (0.0)         | -             | (1.1)        | 1.1          | (0.0)        | -            | 0.0           | -             | -             |

Source: SEC Filings and Leerink Partners Estimates

**CRLX-101**

| Indication                | Trial  | Event                        | Timing      |
|---------------------------|--|------------------------------|-------------|
| 3rd/4th line mRCC         | Phase I Avastin combination IST                    | Final data (ORR, PFS)        | ASCO 2015   |
|                           | Phase II randomized Avastin combination            | <b>ORR data</b>              | <b>4Q15</b> |
| Platinum-resistant OC     | Phase II Avastin combination IST                   | Single arm ORR data          | 1Q15        |
|                           | Phase II/III randomized Avastin combination        | <b>Final data (ORR, PFS)</b> | <b>3Q15</b> |
| Neoadjuvant rectal cancer | Phase II/III randomized Avastin combination        | Initiate Phase II/III        | 2015        |
|                           | Phase I/II CRT/Xeloda combination IST              | Single arm pCR data          | 1Q15        |
|                           | Phase II randomized CRT/Xeloda combination         | Initiate Phase II            | 1Q15        |
|                           |  | <b>pCR data</b>              | <b>4Q15</b> |
|                           |  | End-of-Phase II FDA meeting  | 1Q16        |
|                           | Phase III randomized CRT/Xeloda combination        | Initiate Phase III           | 2016        |
| HER2- gastric cancer      | Phase II PD single agent IST                       | trial ongoing                |             |
| 2nd line SCLC             | Phase II randomized single agent IST vs. topotecan | trial ongoing                |             |

**CRLX-301**

| Indication   | Trial   | Event          | Timing |
|--------------|---------|----------------|--------|
| Solid tumors | Phase I | Initiate trial | 4Q14   |
|              |         | Phase I data   | 4Q15   |

Source: Leerink Partners Estimates and Company Filings

## Disclosures Appendix

### Analyst Certification

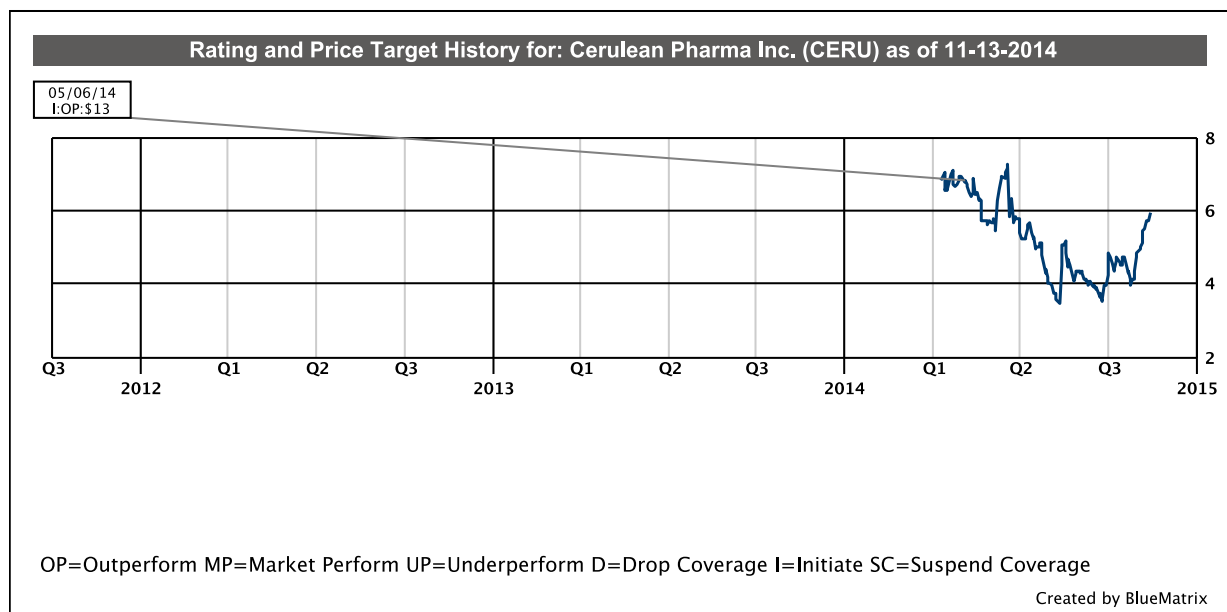
I, Michael Schmidt, Ph.D., certify that the views expressed in this report accurately reflect my views and that no part of my compensation was, is, or will be directly related to the specific recommendation or views contained in this report.

### Valuation

We estimate a \$13 per share price target in 12 months for CERU, reflecting a \$260M market capitalization based on a discounted cash flow analysis. We use a 16% WACC as the discount rate, which we view as appropriate for CERU. We use probability weighted revenue assumptions. We model ~\$1.0Bn peak US CRLX101 sales in 2030E across three lead indications in 3rd line renal cell cancer, platinum-resistant ovarian cancer, and neoadjuvant rectal cancer.

### Risks to Valuation

CERU faces significant clinical and regulatory risks since its main value driver is currently in multiple early stage investigator-sponsored clinical trials. Like many other developmental stage Biopharma companies, CERU faces manufacturing, competitive, commercial, regulatory, and safety risks, as well as risks to its intellectual property. Specifically, CERU faces regulator uncertainty on whether pCR will be accepted by the FDA as an approvable endpoint for a potential future neoadjuvant rectal cancer trial. CERU also faces financial risk and may need to raise dilutive capital near term. We expect the company's current cash balance to be sufficient to fund operations until late 2015.



| Distribution of Ratings/Investment Banking Services (IB) as of 09/30/14 |       |         |                       |         |
|---|-------|---------|-----------------------|---------|
| Rating  | Count | Percent | IB Serv./Past 12 Mos. |         |
|   |       |         | Count                 | Percent |
| BUY [OP]  | 138   | 69.30   | 51                    | 37.00   |
| HOLD [MP]   | 61    | 30.70   | 2                     | 3.30    |
| SELL [UP]   | 0     | 0.00    | 0                     | 0.00    |

## Explanation of Ratings

**Outperform (Buy):** We expect this stock to outperform its benchmark over the next 12 months.

**Market Perform (Hold/Neutral):** We expect this stock to perform in line with its benchmark over the next 12 months.

**Underperform (Sell):** We expect this stock to underperform its benchmark over the next 12 months. The degree of outperformance or underperformance required to warrant an Outperform or an Underperform rating should be commensurate with the risk profile of the company.

For the purposes of these definitions the relevant benchmark will be the S&P 600® Health Care Index for issuers with a market capitalization of less than \$2 billion and the S&P 500® Health Care Index for issuers with a market capitalization over \$2 billion.

## Important Disclosures

This information (including, but not limited to, prices, quotes and statistics) has been obtained from sources that we believe reliable, but we do not represent that it is accurate or complete and it should not be relied upon as such. All information is subject to change without notice. This is provided for information purposes only and should not be regarded as an offer to sell or as a solicitation of an offer to buy any product to which this information relates. The Firm, its officers, directors, employees, proprietary accounts and affiliates may have a position, long or short, in the securities referred to in this report, and/or other related securities, and from time to time may increase or decrease the position or express a view that is contrary to that contained in this report. The Firm's salespeople, traders and other professionals may provide oral or written market commentary or trading strategies that are contrary to opinions expressed in this report. The Firm's proprietary accounts may make investment decisions that are inconsistent with the opinions expressed in this report. The past performance of securities does not guarantee or predict future performance. Transaction strategies described herein may not be suitable for all investors. Additional information is available upon request by contacting the Editorial Department at One Federal Street, 37th Floor, Boston, MA 02110.

Like all Firm employees, analysts receive compensation that is impacted by, among other factors, overall firm profitability, which includes revenues from, among other business units, Institutional Equities, and Investment Banking. Analysts, however, are not compensated for a specific investment banking services transaction. MEDACorp is a network of healthcare professionals, attorneys, physicians, key opinion leaders and other specialists accessed by Leerink and it provides information used by its analysts in preparing research.

In the past 12 months, the Firm has received compensation for providing investment banking services to Cerulean Pharma Inc. .

Leerink Partners LLC makes a market in Cerulean Pharma Inc.

**Leerink Partners LLC has acted as the manager for a public offering of Cerulean Pharma Inc. in the past 12 months.**

**©2014 Leerink Partners LLC. All rights reserved. This document may not be reproduced or circulated without our written authority.**

---

**Leerink Partners LLC Equity Research**


---

|  |                               |                |                                   |
|--|-------------------------------|----------------|-----------------------------------|
| <b>Director of Equity Research</b>                       | <b>John L. Sullivan, CFA</b>  | (617) 918-4875 | john.sullivan@leerink.com         |
| <b>Associate Director of Research</b>                    | <b>Alice C. Avanian, CFA</b>  | (617) 918-4544 | alice.avanian@leerink.com         |
| <b>Healthcare Strategy</b>                               | <b>John L. Sullivan, CFA</b>  | (617) 918-4875 | john.sullivan@leerink.com         |
|  | <b>Alice C. Avanian, CFA</b>  | (617) 918-4544 | alice.avanian@leerink.com         |
| <b>Biotechnology</b>                                     | <b>Howard Liang, Ph.D.</b>    | (617) 918-4857 | howard.liang@leerink.com          |
|  | <b>Joseph P. Schwartz</b>     | (617) 918-4575 | joseph.schwartz@leerink.com       |
|  | <b>Michael Schmidt, Ph.D.</b> | (617) 918-4588 | michael.schmidt@leerink.com       |
|  | <b>Gena Wang, Ph.D., CFA</b>  | (212) 277-6073 | gena.wang@leerink.com             |
|  | <b>Paul Matteis</b>           | (617) 918-4585 | paul.matteis@leerink.com          |
|  | Jonathan Chang, Ph.D.         | (617) 918-4015 | jonathan.chang@leerink.com        |
|  | Richard Goss                  | (617) 918-4059 | richard.goss@leerink.com          |
| <b>Life Science Tools<br/>and Diagnostics</b>            | <b>Dan Leonard</b>            | (212) 277-6116 | dan.leonard@leerink.com           |
|  | Justin Bowers, CFA            | (212) 277-6066 | justin.bowers@leerink.com         |
| <b>Pharmaceuticals/Major</b>                             | <b>Seamus Fernandez</b>       | (617) 918-4011 | seamus.fernandez@leerink.com      |
|  | Ario Arabi                    | (617) 918-4568 | ario.arabi@leerink.com            |
|  | Aneesh Kapur                  | (617) 918-4576 | aneesh.kapur@leerink.com          |
| <b>Specialty Pharmaceuticals</b>                         | <b>Jason M. Gerberry, JD</b>  | (617) 918-4549 | jason.gerberry@leerink.com        |
|  | Derek C. Archila              | (617) 918-4851 | derek.archila@leerink.com         |
| <b>Medical Devices, Cardiology<br/>&amp; Orthopedics</b> | <b>Danielle Antalffy</b>      | (212) 277-6044 | danielle.antalffy@leerink.com     |
|  | Puneet Souda                  | (212) 277-6091 | puneet.souda@leerink.com          |
|  | <b>Richard Newitter</b>       | (212) 277-6088 | richard.newitter@leerink.com      |
|  | Ravi Misra                    | (212) 277-6049 | ravi.misra@leerink.com            |
| <b>Healthcare Services</b>                               | <b>Ana Gupte, Ph.D.</b>       | (212) 277-6040 | ana.gupte@leerink.com             |
| <b>Healthcare Technology<br/>&amp; Distribution</b>      | <b>David Larsen, CFA</b>      | (617) 918-4502 | david.larsen@leerink.com          |
|  | Christopher Abbott            | (617) 918-4010 | chris.abbott@leerink.com          |
| <b>Digital Health</b>                                    | <b>Steven Wardell</b>         | (617) 918-4097 | steven.wardell@leerink.com        |
| <b>Sr. Editor/Supervisory Analyst</b>                    | <b>Mary Ellen Eagan, CFA</b>  | (617) 918-4837 | maryellen.eagan@leerink.com       |
| <b>Supervisory Analysts</b>                              | Robert Egan                   |                | bob.egan@leerink.com              |
|  | Amy N. Sonne                  |                | amy.sonne@leerink.com             |
| <b>Editorial</b>   | Cristina Diaz-Dickson         | (617) 918-4548 | cristina.diaz-dickson@leerink.com |
| <b>Research Associate</b>                                | Carmen Augustine              | (212) 277-6012 | carmen.augustine@leerink.com      |

**New York**  
299 Park Avenue, 21<sup>st</sup> floor  
New York, NY 10171  
(888) 778-1653

**Boston**  
**One Federal Street, 37<sup>th</sup> Floor**  
**Boston, MA 02110**  
**(800) 808-7525**

**San Francisco**  
201 Spear Street, 16<sup>th</sup> Floor  
San Francisco, CA 94105  
(800) 778-1164