January 12, 2015

#### **OUTPERFORM**

Michael Schmidt, Ph.D. (617) 918-4588 Michael.Schmidt@Leerink.com

Jonathan Chang, Ph.D.

Reason for report:

**FLASH NOTE** 

**LEERINK** (617) 918-4015 Jonathan.Chang@Leerink.com

## DICERNA PHARMACEUTICALS, INC.

**Positive Preclinical and IP Updates** 

- Bottom Line: DRNA presented incrementally positive preclinical updates to the DCR-MYC program and a second Dicer substrate short interfering RNA (DsiRNA) targeting β-catenin today. DRNA also announced the issuance of a US patent providing coverage of extended Dicer substrate short interfering RNAs (DsiRNA-EX). We positively view DRNA's continuing efforts to evolve its platform, which we think is necessary to remain competitive in the RNAi therapeutics landscape. DCR-MYC development is on track with initial clinical data from the first trial expected by YE15. Reiterate Outperform rating.
- Positive preclinical updates to DCR-MYC program and β-catenin (CTNNB1) targeting. DRNA presented a poster at AACR MYC: From Biology to Therapy that highlighted several incremental advances in its DsiRNA programs for oncology. First, DRNA was able to show with a new assay that 90% of MYC mRNA fragments in the tumor match the predicted DsiRNA target site. This assay will be used in the clinic, along with FDG-PET as a more conventional radiology marker to determine if silencing the MYC oncogene results in a favorable reduction of tumor metabolic activity. Second, in a subcutaneous xenograft mouse model of colorectal cancer (CRC), a DsiRNA targeting β-catenin was able to silence the CTNNB1 gene, resulting in more than 75% tumor growth inhibition. Thirdly, DRNA demonstrated optimization of the envelope cationic lipid, part of its proprietary EnCore lipid nanoparticle (LNP) technology, increasing the potency of  $\beta$ -catenin silencing in CRC tumors.
- · DRNA announced the issuance of a US patent providing broad coverage of DsiRNA-EX payloads. This patent provides broad composition of matter claims for DsiRNA-EX, which carry single-stranded extensions of variable length on their 5' and/or 3' ends. Importantly, the DsiRNA-EX platform can be configured for subcutaneous conjugatemediated liver-targeted delivery. We view this patent issuance as positive. Recall that DCR-PH1 incorporates the DsiRNA-EX payload. DRNA is also optimizing DsiRNA-EX-conjugates for four undisclosed therapeutic liver targets, the first of which will enter the clinic in 2016. We view DRNA's continuing efforts to evolve its platform positively.
- DCR-MYC development is on track with initial clinical data from the first trial expected by YE15. We believe positive data from this firstin-man study could be a key derisking step. Recall, DCR-MYC-101 is a Phase I study in advanced solid tumors, myeloma, or lymphoma that initiated in 2Q14. DCR-MYC-102 is a Phase lb/II study in hepatocellular carcinoma (HCC) patients and is being initiated. Additionally, DRNA plans to initiate a natural history study of primary hyperoxaluria type 1 (PH1) in 1Q15, which we view positively as it would provide guidance on the eventual pivotal trial study design and facilitate patient enrollment into future DCR-PH1 trials. The DCR-PH1 Phase 1 study is expected to initiate in 2H15, with data from the single ascending dose (SAD) portion of the study expected by YE15, and data from both the SAD and multiple ascending dose (MAD) portions available in 2016. Additionally, both the formulation and oligonucleotide payload are being optimized for clinical development of CTNNB1 DsiRNA.

Key Stats:	(NASDAQ:DRNA)
------------	---------------

S&P 600 Health Care Index: Price:	1,444.85 \$19.85
52 Week High:	\$46.00
52 Week Low:	\$8.00
Shares Outstanding (mil):	17.7
Market Capitalization (mil):	\$351.3



# **Disclosures Appendix Analyst Certification**

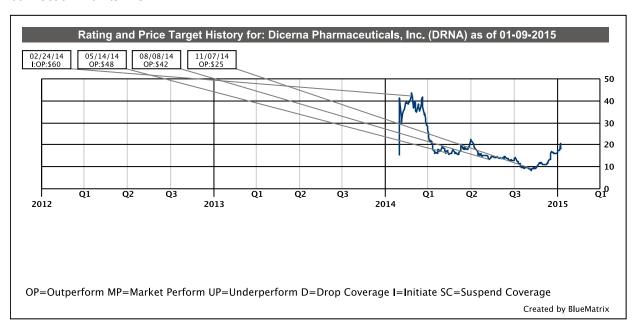
I, Michael Schmidt, Ph.D., certify that the views expressed in this report accurately reflect my views and that no part of my compensation was, is, or will be directly related to the specific recommendation or views contained in this report.

#### **Valuation**

Our \$25 price target for DRNA shares in 12 months is based on a discounted cash flow (DCF) sum-of-parts analysis. Based on our DCF analysis, we attribute \$18/share to the pipeline and the rest to net cash. We use a 15% discount rate for probability of success-weighted pipeline products. We probability-weight the MYC program at 20% and the PH1 program at 25% probability-of-success. The KRAS program partnered with KHK and additional product candidates generated by DRNA's platform are sources of upside to our valuation.

#### Risks to Valuation

DRNA faces significant clinical and regulatory risks since all of its product candidates are currently in development. DRNA specifically also faces clinical development risk since none of its products have been tested in humans, and the company is developing first-in-class RNAi-based drugs with a novel proprietary delivery mechanism. In addition to that, DRNA's product candidates address new, clinically invalidated targets. Similar to many other developmental stage Biopharma companies, DRNA also faces manufacturing, competitive, commercial, regulatory, and safety risks, as well as risks to its intellectual property. In addition, DRNA faces financing risk dilutive to shareholders since we don't believe the company will be profitable for the foreseeable future. We see additional risks for investors since the company is closely held and substantially all of DRNA's outstanding shares are not subject to lock-up agreements in connection with its IPO.





Distribu	Distribution of Ratings/Investment Banking Services (IB) as of 12/31/14 IB Serv./Past 12 Mos.				
Rating	Count	Percent	Count	Percent	
BUY [OP]	150	70.00	61	41.00	
HOLD [MP]	64	30.00	0	0.00	
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.

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

<u>Underperform (Sell):</u> 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 Dicerna Pharmaceuticals, Inc. .

Leerink Partners LLC makes a market in Dicerna Pharmaceuticals, Inc.



Leerink Partners LLC has acted as the manager for a public offering of Dicerna Pharmaceuticals, Inc. in the past 12 months.

©2015 Leerink Partners LLC. All rights reserved. This document may not be reproduced or circulated without our written authority.

Leerink Partners LLC Equity Research						
Director of Equity Becomes	John I. Sullivan CEA	(617) 010 407E	iahn aullivan @laarink aam			
Director of Equity Research Associate Director of Research	John L. Sullivan, CFA Alice C. Avanian, CFA	(617) 918-4875	john.sullivan@leerink.com alice.avanian@leerink.com			
Associate Director of Research	Alice C. Availlali, CFA	(617) 918-4544	ance.avaman@leemik.com			
Healthcare Strategy	John L. Sullivan, CFA	(617) 918-4875	john.sullivan@leerink.com			
	Alice C. Avanian, CFA	(617) 918-4544	alice.avanian@leerink.com			
Biotechnology	Howard Liang, Ph.D.	(617) 918-4857	howard.liang@leerink.com			
	Joseph P. Schwartz	(617) 918-4575	joseph.schwartz@leerink.com			
	Michael Schmidt, Ph.D.	(617) 918-4588	michael.schmidt@leerink.com			
	Gena Wang, Ph.D., CFA	(212) 277-6073	gena.wang@leerink.com			
	Paul Matteis	(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			
		(0.4.0), 0.77, 0.4.4.0				
Life Science Tools	Dan Leonard	(212) 277-6116	dan.leonard@leerink.com			
and Diagnostics	Justin Bowers, CFA	(212) 277-6066	justin.bowers@leerink.com			
Pharmaceuticals/Major	Seamus Fernandez	(617) 918-4011	seamus.fernandez@leerink.com			
	Aneesh Kapur	(617) 918-4576	aneesh.kapur@leerink.com			
	·	,	1			
Specialty Pharmaceuticals	Jason M. Gerberry, JD	(617) 918-4549	jason.gerberry@leerink.com			
	Derek C. Archila	(617) 918-4851	derek.archila@leerink.com			
Medical Devices, Cardiology	Danielle Antalffy	(212) 277-6044	danielle.antalffy@leerink.com			
	Puneet Souda	(212) 277-6091	puneet.souda@leerink.com			
& Orthopedics	Richard Newitter	(212) 277-6088	richard.newitter@leerink.com			
	Ravi Misra	(212) 277-6049	ravi.misra@leerink.com			
Healthcare Services	Ana Gupte, Ph.D.	(212) 277-6040	ana.gupte@leerink.com			
ricaltricale Services	Alia Gupte, Fli.D.	(212) 277-0040	ana.gupte@ieennk.com			
Healthcare Technology	David Larsen, CFA	(617) 918-4502	david.larsen@leerink.com			
& Distribution	Christopher Abbott	(617) 918-4010	chris.abbott@leerink.com			
Digital Health	Steven Wardell	(617) 918-4097	steven.wardell@leerink.com			
On Edition/Orange	Manus Ellans Es	(047) 042 422				
Sr. Editor/Supervisory Analyst	Mary Ellen Eagan, CFA	(617) 918-4837	maryellen.eagan@leerink.com			
Supervisory Analysts	Robert Egan		bob.egan@leerink.com			
F. W	Amy N. Sonne	(0.17) 0.15 17.5	amy.sonne@leerink.com			
Editorial	Cristina Diaz-Dickson	(617) 918-4548	cristina.diaz-dickson@leerink.com			
Decemb Associate	Cormon Augustins	(242) 277 6042	cormon quality a @leavials			
Research Associate	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