MAYO CLINIC

First Results from BOND-003: Phase 3 Study of Cretostimogene Grenadenorepvec Monotherapy for Patients with BCG-Unresponsive High-Risk NMIBC with CIS +/- Papillary (Ta/T1) Tumors

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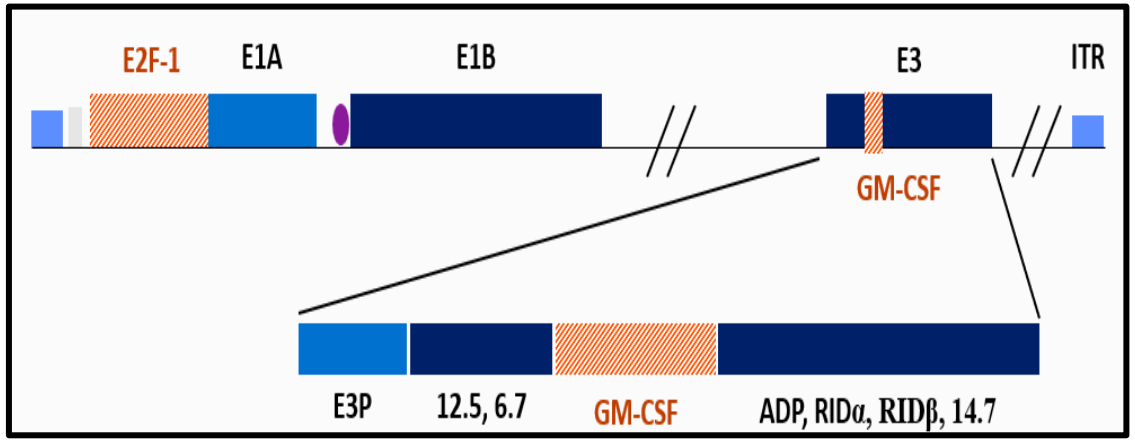
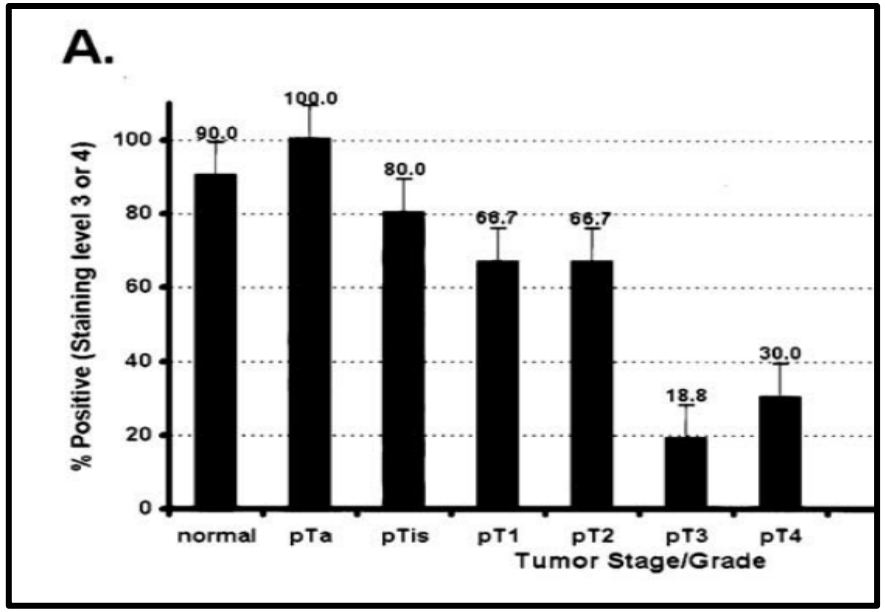
https://cgoncology.com/wp-content/uploads/2023/10/SUO_2023_First_Results_from_BOND-003.pdf

What is Cretostimogene Grenadenorepvec?

- Conditionally replicating adenovirus
  - Highly immunogenic
- Oncolytic immunotherapy
  - Encodes GM-CSF
  - Insertion of human E2F-1 promoter
- Binds to Coxsackie Adenovirus Receptor (CAR)
  - Robust expression in all stages of bladder cancer
- Viral replication results in tumor lysis





CG Oncology proprietary illustration. Sachs, et al. Urology 2002

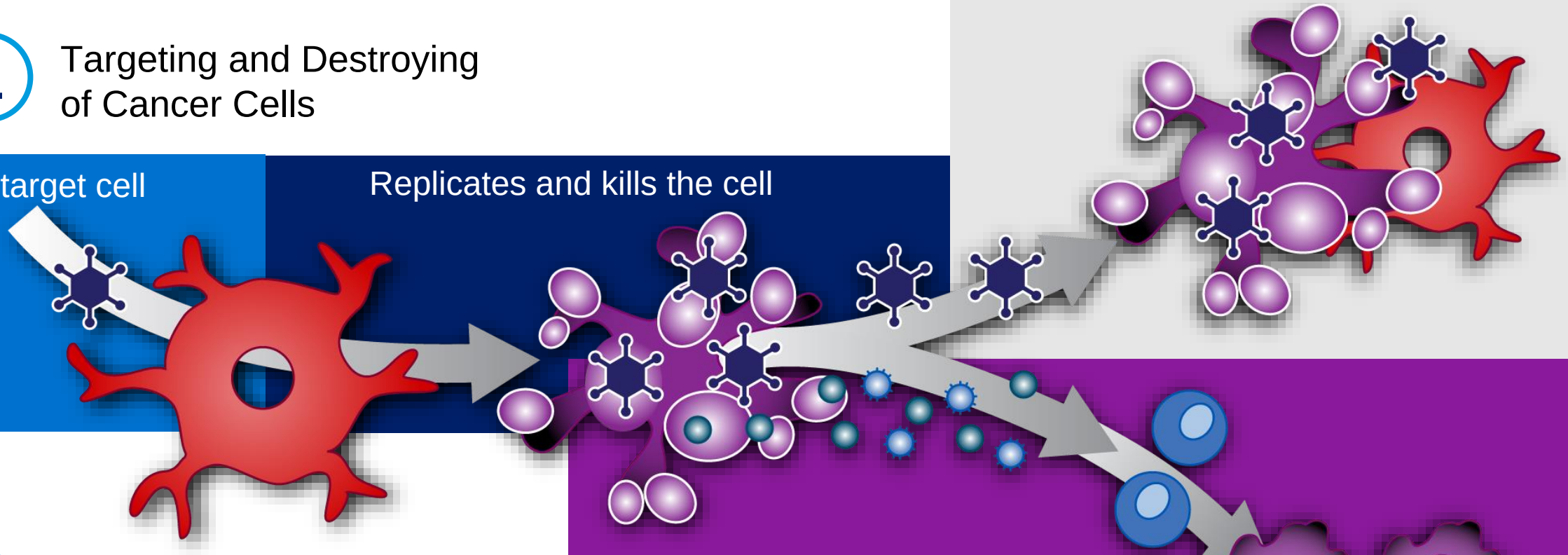
Oncolytic Immunotherapy: Selective Oncolysis and Potent Anti-Tumor Immune Response

1 Targeting and Destroying of Cancer Cells

Enters target cell

Replicates and kills the cell

Spreads to additional tumor cells inducing a chain reaction of killing cancer cells



2 Stimulation of Anti-tumor Immune Response

Virus stimulates cytokines and antigens from dying cancer cells which activates T-cells inducing tumor cell death and destruction

BOND-003 Phase 3 Trial Cretostimogene Monotherapy for BCG-Unresponsive High-Risk NMIBC with CIS[1]

Enrollment Complete (N=116)

Trial Design

- Single-arm, open-label, intravesical administration of cretostimogene monotherapy
- Pathologically confirmed BCG-unresponsive High-Risk NMIBC with CIS +/- Ta/T1
- Have all Ta/T1 disease resected prior to treatment
- Mandatory biopsies at 12-month assessment[2]

Dosing Regimen

Induction Course:
Weekly x 6

Second Induction:
Weekly x 6 for non-responders

Maintenance Course:
Weekly x 3 Q3M for Year 1
Weekly x 3 Q6M for Year 2

Endpoints

- CR at any time
- CR at 12-months
- DoR, PFS, RFS

1. Carcinoma *in situ,* with or without Ta/T1; 2. Patients undergo urine cytology and cystoscopy every 3 months for first 2 years and mandatory, multi-site biopsies at Month 12.

BOND-003 Patient Demographics

Subjects in Efficacy Dataset	N=66	%
Gender		
Male	50	75.8
Female	16	24.2
Age (Years)		
Mean (SD)	72.32 (8.30)	
Median (Range)	73 (49-90)	
Age (Categories)		
< 65	13	19.7
> 65	53	80.3
ECOG		
0	53	80.3
1	13	19.7
BCG History: Number of Prior Instillations		
Median (Range)	14.4 (7 – 47)	
High-Risk NMIBC T-Stage at Study Entry		
CIS with T1	2	3
CIS with Ta HG	10	15
CIS	54	82

- Majority of patients are male (76%), white (56%), > 65 years (80%)
- ECOG 0 at baseline (80%)
- Qualifying BCG
  - TICE most common (83%)

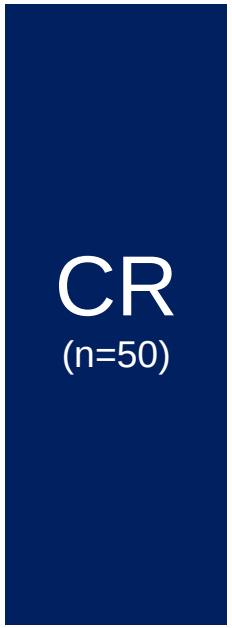
Efficacy data cutoff as of October 5, 2023.

First Results From BOND-003: 76% CR at Any Time

CR at Any Time

75.7%

(95% CI, 63% - 85%)



Cretostimogene (n=66)

- Efficacy analysis for all patients based on central review
- All patients have active disease at baseline prior to enrollment
- Received adequate BCG therapy as per FDA 2018 Guidance on BCG-unresponsive NMIBC

Efficacy data cutoff as of October 5, 2023.

First Results From BOND-003: 76% CR at Any Time

74.4% of Responders Maintained Response ≥ 6 Months

CR at Any Time

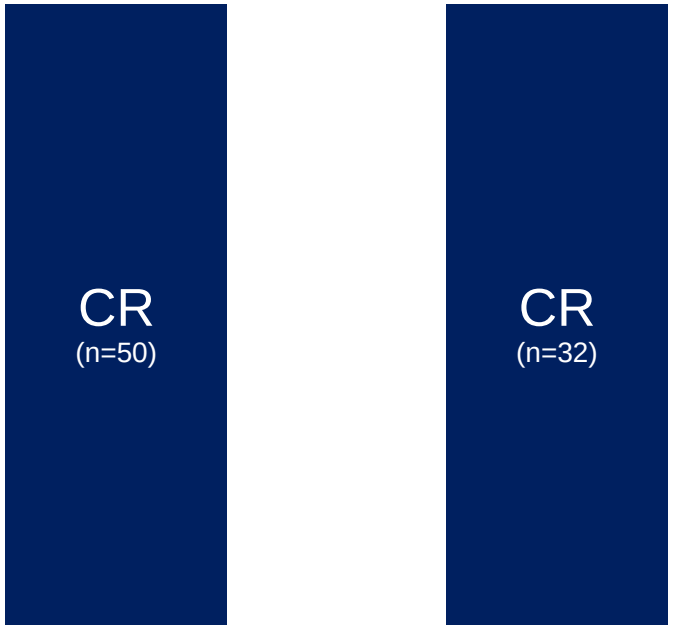
75.7%

(95% CI, 63% - 85%)

CR Lasting ≥ 6 Mo

74.4%

(95% CI, 58% - 86%)



Cretostimogene (n=66)

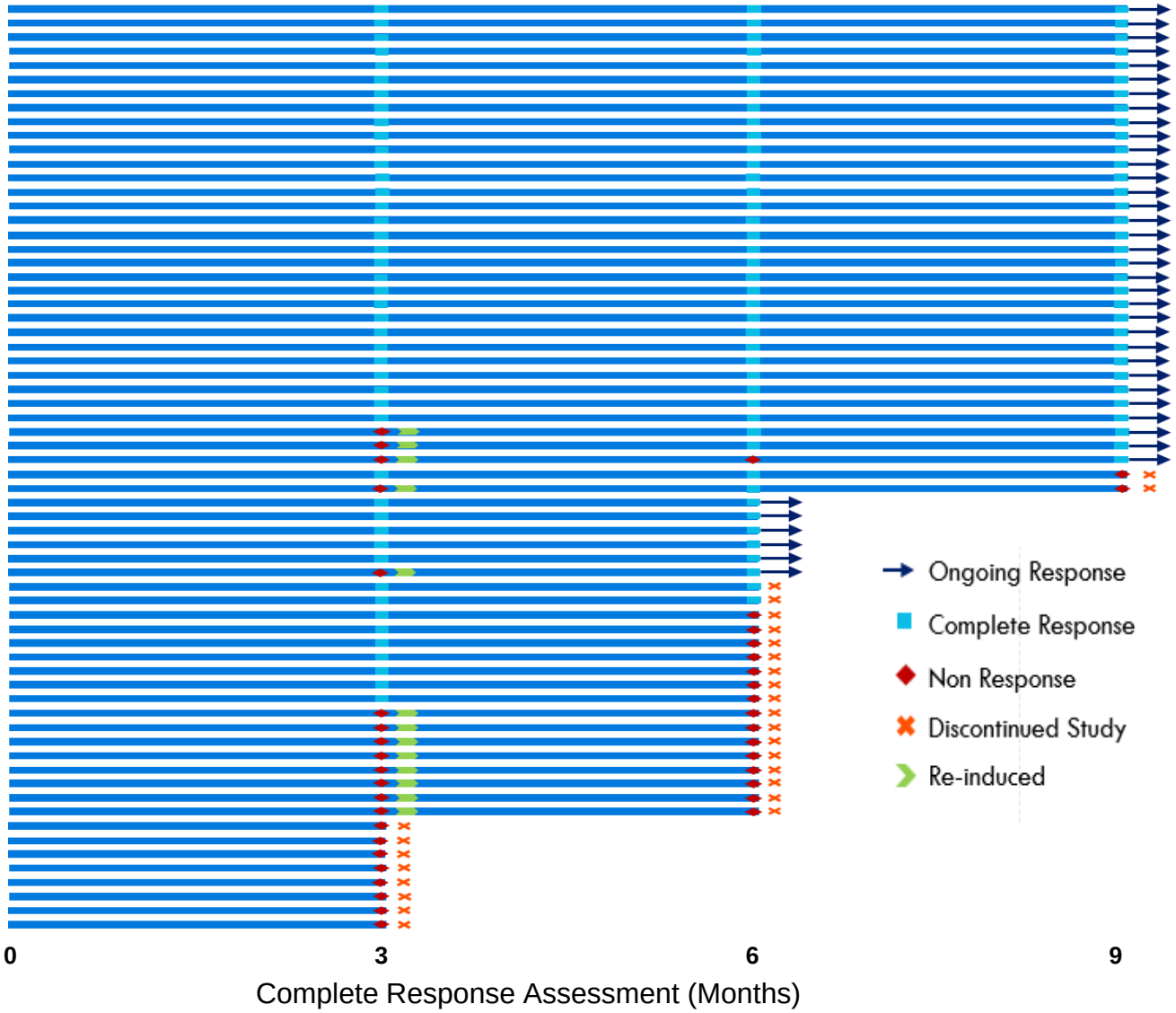
Cretostimogene (n=43)[1]

Response Evaluation	Cretostimogene Monotherapy	
	%, (n/N)	Confidence Interval (CI)
Complete Response		
Complete Response, Any Time	75.7% (50/66)	95% CI: 63% - 85%
Complete Response, 3 Months	68.2% (45/66)	95% CI: 55% - 79%
Complete Response, 6 Months	63.6% (42/66)	95% CI: 51% - 75%
Duration of Complete Response		
Duration of Response ≥ 3 Months	84.0% (42/50)	95% CI: 70% - 92%
Duration of Response ≥ 6 Months	74.4% (32/43)[1]	95% CI: 58% - 86%

Efficacy data cutoff as of October 5, 2023.

1. Seven patients yet to reach minimum duration of response evaluation and not included in durable CR lasting ≥ 6 months assessment.

Cretostimogene Shows Durable Response Over Time



- 74% of complete responders maintained their response for at least 6 months
- 31% of patients salvaged with re-induction

Efficacy data cutoff as of October 5, 2023.

Cretostimogene Has Been Generally Well-Tolerated

Patients with TRAEs, n (%)	Cretostimogene (n=112)	
	Any Grade (%)	Grade ≥ 3
≥ 1 TRAE	63 (56.3)	0 (0)
≥ 1 Treatment-Related AE		
Bladder Spasm	23 (20.5)	0 (0)
Pollakiuria	18 (16.1)	0 (0)
Dysuria	16 (14.3)	0 (0)
Micturition Urgency	13 (11.6)	0 (0)
Hematuria	11 (10.7)	0 (0)

- Most AEs were Grade 1-2
- 2 patients (1.8%) had serious treatment-related AEs (Grade 2)[1]
- No grade ≥ 3 treatment-related AEs reported
- No treatment discontinuations due to AEs
- No deaths were reported

Safety data cutoff as of September 8, 2023

1. Treatment-related SAEs were Cystitis noninfective (Grade 2) and clot retention (Grade 2).

Cretostimogene Has Potential to Disrupt NMIBC Treatment Landscape[1]

Trial	BOND-003	CORE-001[2]	QUILT 3.032	NCT02773849	KEYNOTE-057	SunRISe-1
Intervention	**Cretostimogene**	**Cretostimogene + Pembrolizumab**	N-803 + BCG	Nadofaragene	Pembrolizumab	TAR-200
Mechanism	Oncolytic Immunotherapy	Oncolytic Immunotherapy + Checkpoint Inhibitor	IL-15 Superagonist + BCG	Gene Therapy Secreting IFN	Checkpoint Inhibitor	Local Delivery of Gemcitabine via In-Dwelling Device
RoA	Intravesical	Intravesical + Intravenous	Intravesical	Intravesical	Intravenous	Transurethral Procedure[4]
Stage	Phase 3 Enrollment Complete	Phase 2 Ongoing	PDUFA April 2024	Approved, Early Experience Program	Approved	Phase 2 Ongoing
Sample Size	N=116	N=35	N=82	N=98	N=96	N=80
CR Any Time	**76% (50/66)**	85% (29/34)	71% (58/82)	51% (50/98)[3]	41% (39/96)	76% (23/30)[5]
CR 6 Mo	**64% (42/66)**	82% (27/33)	56% (46/82)	41% (42/103)	36% (35/96)	N/A
CR 12 Mo	N/A	68% (17/25)	45% (37/82)	24% (25/103)	19% (18/96)	N/A
Grade 3+ AEs	0% Grade 3 TRAE 0% Grade 4 TRAE **0% treatment-related discontinuation**	Creto-related: 0% Grade 3 TRAE **1 treatment-related discontinuation of pembrolizumab[2]**	20% Grade 3 TEAE 2%, 1% Gr 4/5 TEAE Discontinuation not disclosed	4% Grade 3+ TRAE 3% treatment-related discontinuation	11% Grade 3 TRAE 2% Grade 4 TRAE 11% treatment-related discontinuation	7.4% Grade 3+ TRAE 3.7% treatment-related discontinuation

1. These data are not based on head-to-head or comparator studies. Differences exist between study designs and subject characteristics, and caution should be exercised when comparing data across studies. From published data; 2. Interim efficacy data as of March 3, 2023 and interim safety data as of January 31, 2023; 3. ADSTILADRIN® Package Insert (December 2022); 4. Requires local anesthesia and potentially operating room time; 5. Measured with urine cytology and biopsy at weeks 24 and 48.

References: Merck, KEYTRUDA® (pembrolizumab) [prescribing information]. Rahway, NJ, USA: Merck & Co., Inc.; 2023, Balar AJ, et al, Lancet Oncol. 2021;22:919-930; FerGene (Boorjian et al. Lancet Oncol. 2021 Jan;22(1):107-117. Epub 2020 Nov 27). ImmunityBio (Chamie et al. NEJM Evidence 2022, https://doi.org/10.1056/EVIDoa2200167).

Next Phase of BOND-003 Trial

Trial Extension & Addition of BCG-UR Papillary Only Cohort

Treatment Extension

Maintenance Extension:
Complete Responders eligible for maintenance through Year 3

Maintenance Dosing:
Weekly x 3 Q3M in Year 1
Weekly x 3 Q6M in Year 2 and Year 3

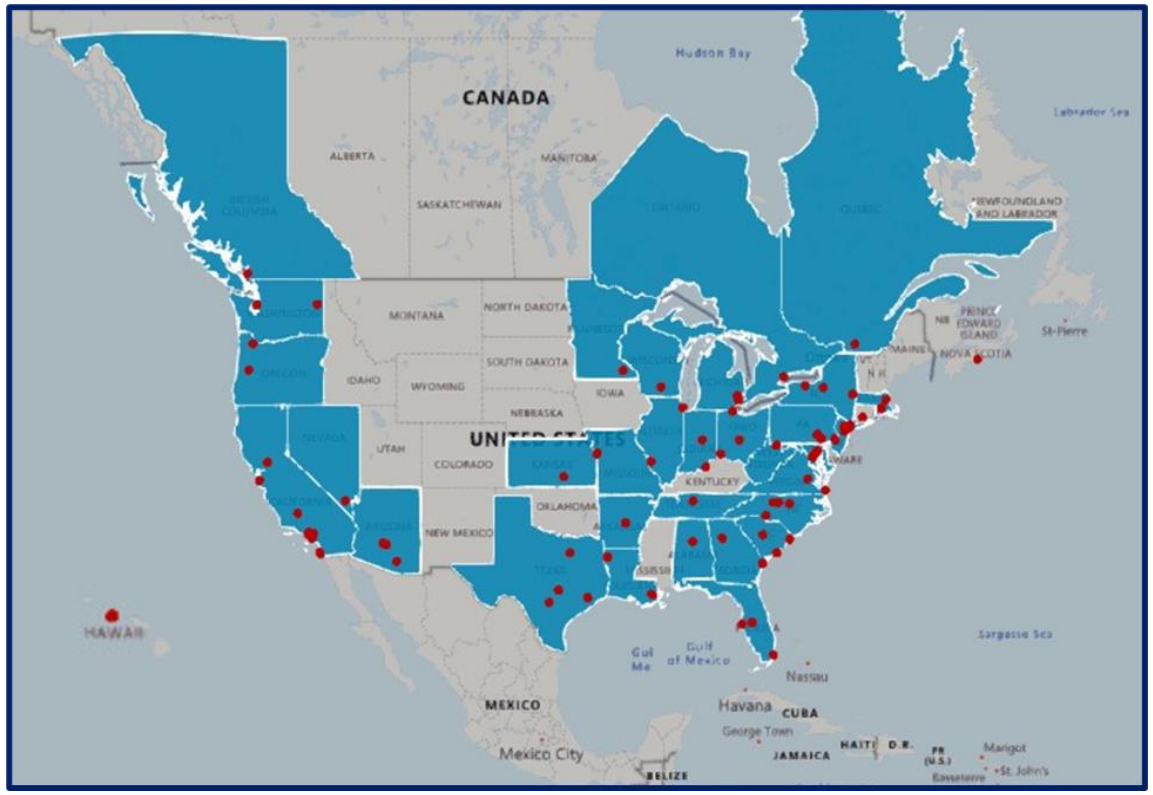
Addition of Papillary Cohort (n=70)

Dosing Schedule:
Standard cretostimogene induction and maintenance schedule

Summary of Changes:
Patients not eligible for second induction course or maintenance upon recurrence

SUO-CTC Trial: PIVOT-006 Phase 3 Adjuvant Cretostimogene Versus TURBT Alone in Intermediate Risk NMIBC

Dr. Robert Svatek as Global Principal Investigator (NCT06111235)



- Over 90 North American sites to participate in the study
- First Site Open
  - Carolina Urologic Research Center, Neal Shore, M.D.

PIVOT-006

SUO CTC
Society of Urologic Oncology Clinical Trials Consortium, Inc.

BCAN
Bladder Cancer Advocacy Network
Leading the way to awareness and a cure

Acknowledgements

All BCG-Unresponsive Bladder Cancer Patients and Their Families

The Study Coordinators and Nurses

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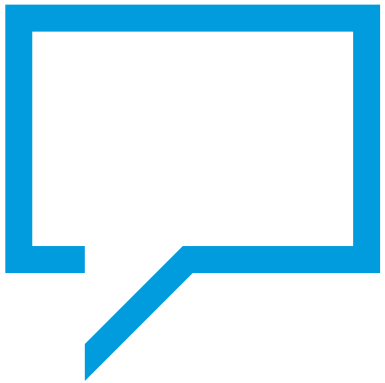
Fast Track Designation Granted for Cretostimogene Monotherapy in BCG-Unresponsive CIS with or with out Ta/T1 Papillary Disease!

FDA

Fast Track Designation

QUESTIONS & ANSWERS



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