BOND-003 Results Investor Call

CG ONCOLOGY

Attacking Bladder Cancer
for a Better Tomorrow™

December 5, 2024

Disclaimer and Forward-Looking Statements

We caution you that this presentation contains forward-looking statements about us and our industry. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, research and development plans, the anticipated timing, costs, design and conduct of our ongoing and planned clinical trials and preclinical studies for cretostimogene and any future product candidates, the timing and likelihood of regulatory filings and approvals for cretostimogene and any future product candidates, our ability to commercialize cretostimogene and any future product candidates, if approved, the pricing and reimbursement of cretostimogene and any future product candidates, if approved, the potential to develop future product candidates, the potential benefits of strategic collaborations and potential to enter into any future strategic arrangements, the timing and likelihood of success, plans and objectives of management for future operations, and future results of anticipated product development efforts, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions.

The inclusion of forward-looking statements should not be regarded as a representation by us that any of our plans will be achieved. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in our business, including, without limitation: we currently depend entirely on the success of cretostimogene, which is our only product candidate and is based on a novel approach to the treatment of cancer; potential delays in the commencement, enrollment, and completion of clinical trials and preclinical studies; results from earlier clinical trials and preclinical studies not necessarily being predictive of future results; unfavorable results from clinical trials; unexpected adverse side effects or inadequate efficacy of cretostimogene that may limit its development, regulatory approval, and/or commercialization; preliminary or interim data results are not necessarily indicative of final results and one or more of the clinical outcomes may materially change as patient enrollment continues, following more comprehensive reviews of the data and more patient data become available; our dependence on third parties in connection with manufacturing, shipping and clinical and preclinical testing; regulatory developments in the United States and foreign countries; our ability to obtain, maintain and enforce intellectual property protection for cretostimogene; we may use our capital resources sooner than we expect; we face significant competition; and other risks described in our filings with the SEC, including under the heading "Risk Factors" in our annual report on Form 10-K and any subsequent filings with the SEC. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this presentation, and except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

This presentation concerns products that are under clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration. It is currently limited by federal law to investigational use, and no representation is made as to its safety or effectiveness for the purposes for which it is being investigated.

Cretostimogene grenadenorepvec is an investigational engineered oncolytic immunotherapy (OIT). It is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy has not been established. In BCG-unresponsive, Non-Muscle Invasive Bladder Cancer (NMIBC), cretostimogene has shown clinical benefit and has been generally well-tolerated as both a monotherapy and in combination with other therapies in clinical trials.

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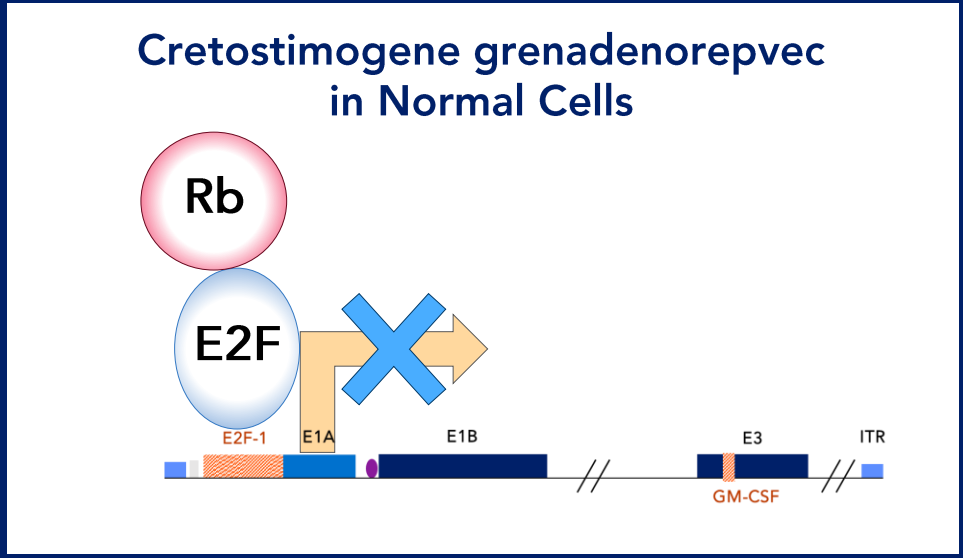
Opening Remarks

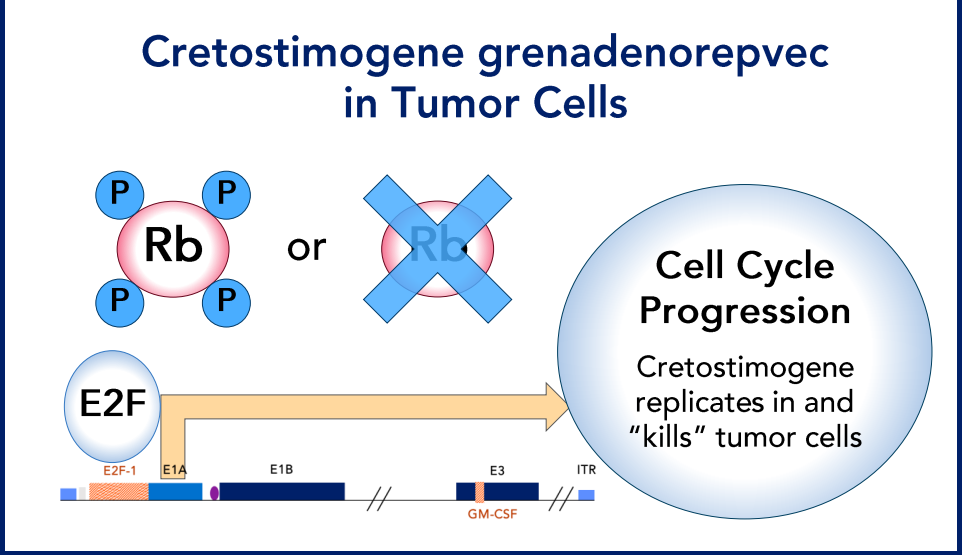
Arthur Kuan
Chairman & CEO, CG Oncology

BOND-003 Cohort C Topline Data Review

Dr. Mark Tyson
Urologic Oncologist, Mayo Clinic, Phoenix, AZ
BOND-003 Lead Investigator

Cretostimogene Selectively Targets Rb-E2F Pathway Altered Cancers





- Highly immunogenic, conditionally replicating adenovirus with insertion of human E2F-1 promoter to enable selectivity for RB-E2F pathway alterations that encodes GM-CSF transgene
- Binds to Coxsackie Adenovirus Receptor (CAR) and is expressed in all stages of bladder cancer
- Cretostimogene is an oncolytic immunotherapy with dual mechanism of action that selectively replicates in and lyses cancer cells and stimulates immune response

Laine, et al. Molecular Pathways: Harnessing E2F1 Regulation for Prosenescence Therapy. Molecular Therapy. Vol. 10, No. 4, October 2004.
Sachs, et al. Urology 2002, Burke, et al J Urol 2012

BOND-003 Cohort C

Phase 3 Cretostimogene Monotherapy for High-Risk BCG-Unresponsive NMIBC with CIS

HR BCG-Unresponsive NMIBC → **Cretostimogene**
Single-Arm, Open-Label, Intravesical Administration → **Primary Endpoint**
CR at Any Time

Population

- Enrollment complete (n=112)
- Pathologically confirmed High-Risk BCG-Unresponsive NMIBC with CIS +/- Ta/T1
- All Ta/T1 disease resected prior to treatment
- Mandatory biopsies at 12-month assessment[2]

Study Design / Regimen

Induction Course:
Weekly x 6

Second Induction[1]:
Weekly x 6 for non-responders

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

Additional Endpoints

- CR at 12 months
- DoR
- RFS
- PFS
- CFS
- Safety

CIS = Carcinoma *in situ*. Ta/T1 = papillary lesions. CR = Complete Response. DoR = Duration of Response. RFS = recurrence free survival. PFS = progression free survival.
Note: Patients undergo urine cytology and cystoscopy every 3 months for first 2 years, as well as mandatory bladder mapping at month 12.
[1] Second induction course of weekly x 6 for non-responders at month 3. [2] All patients required to undergo mandatory, systematic bladder mapping of 5 locations, biopsy of the prostatic urethra, and upper tract imaging to confirm CR.

BOND-003 Cohort C

Patient Demographics & Baseline Characteristics

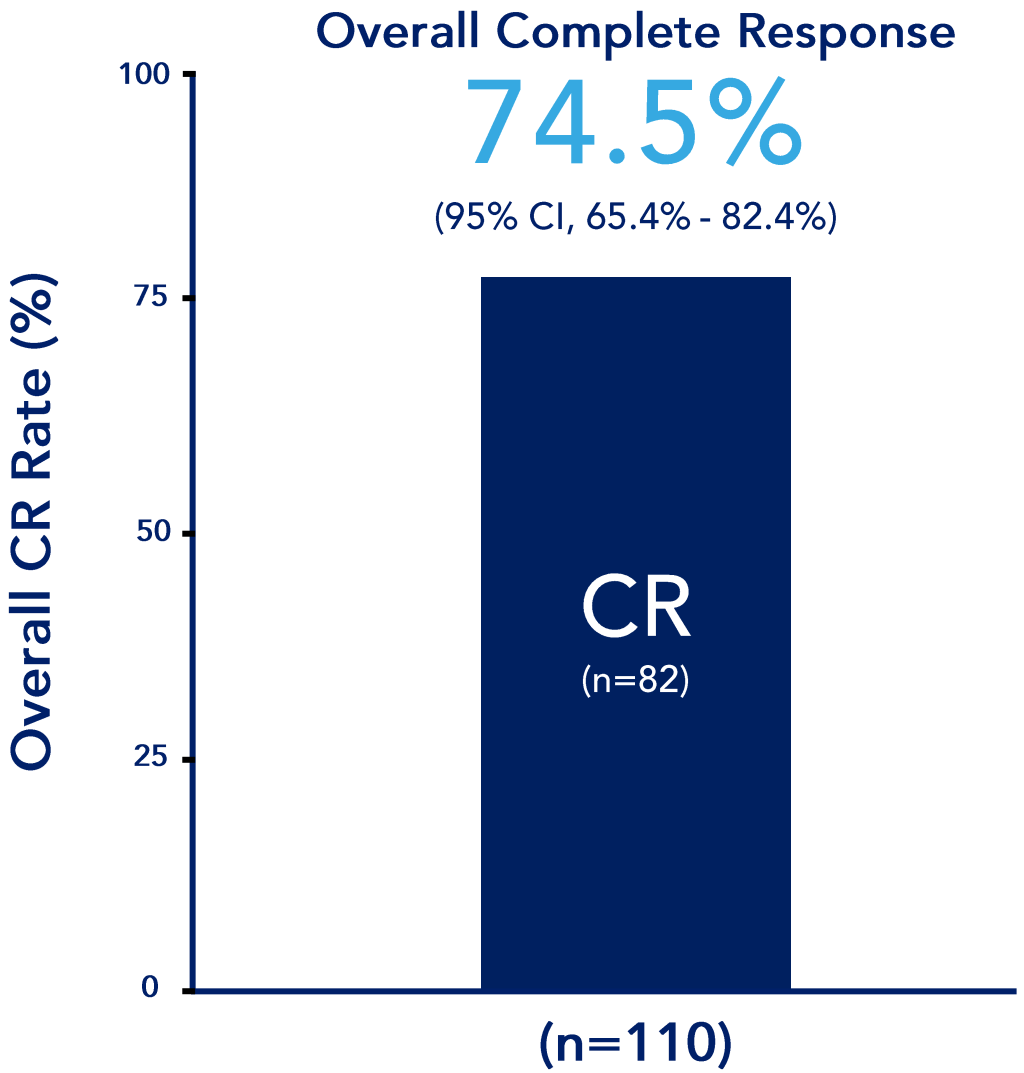
	N=112	%
Gender		
Male	83	74.1
Female	29	25.9
Age (Years)		
Mean (SD)	72.9 (9.19)	
Median (Range)	74.0 (43-90)	
Age (Categories)		
< 65	19	17.0
> 65	93	83.0
BCG History: Number of Prior Instillations		
Median (Range)	12 (7 – 66)	
High-Risk NMIBC T-Stage at Study Entry		
CIS with HG Ta/T1	22	19.6
CIS alone	90	80.4

- Majority of patients are:
  - Male (74%)
  - White (61%)
  - > 65 years (83%)
- 63.4% of patients in U.S.
- Study included highly pre-treated population
  - Patients with prior intravesical chemotherapy and systemic immunotherapy were allowed on study

Safety data cutoff as of September 30, 2024.

BOND-003 Cohort C

Cretostimogene Favorable Efficacy and Durability Data



CR Landmark Analysis	CR Rate, % (95% CI)	CR by K-M Est, % (95% CI)
12-month	**46%** (36.9, 56.1)[1] *51 out of 110 patients*	**50%** (39.6, 58.9)
24-month	*There are 25 confirmed CRs that have reached 24-month timepoint and beyond*[2]	**41%** (30.4, 50.8)

- 97.3% free from progression to MIBC at 12 months
- 90.0% Cystectomy-Free Survival at 12 months
- All complete responses have been centrally confirmed[3]

Efficacy data cutoff as of September 30, 2024. Efficacy analysis are centrally confirmed. All patients have active disease at baseline prior to enrollment. Received adequate BCG per FDA 2018 guidance.
[1] Based on centrally confirmed assessments as of September 30, 2024 efficacy cutoff including two additional responders centrally confirmed past the data cutoff. [2] Based on centrally confirmed responders who have reached 24-month evaluation timepoint. [3] A CR is defined as having a negative cystoscopy, a negative urine cytology, and a negative biopsy. In addition, all patients at 12-month timepoint undergo mandatory, systematic bladder mapping of 5 locations, biopsy of the prostatic urethra, and upper tract imaging to confirm CR and detect potential occult disease in the bladder.

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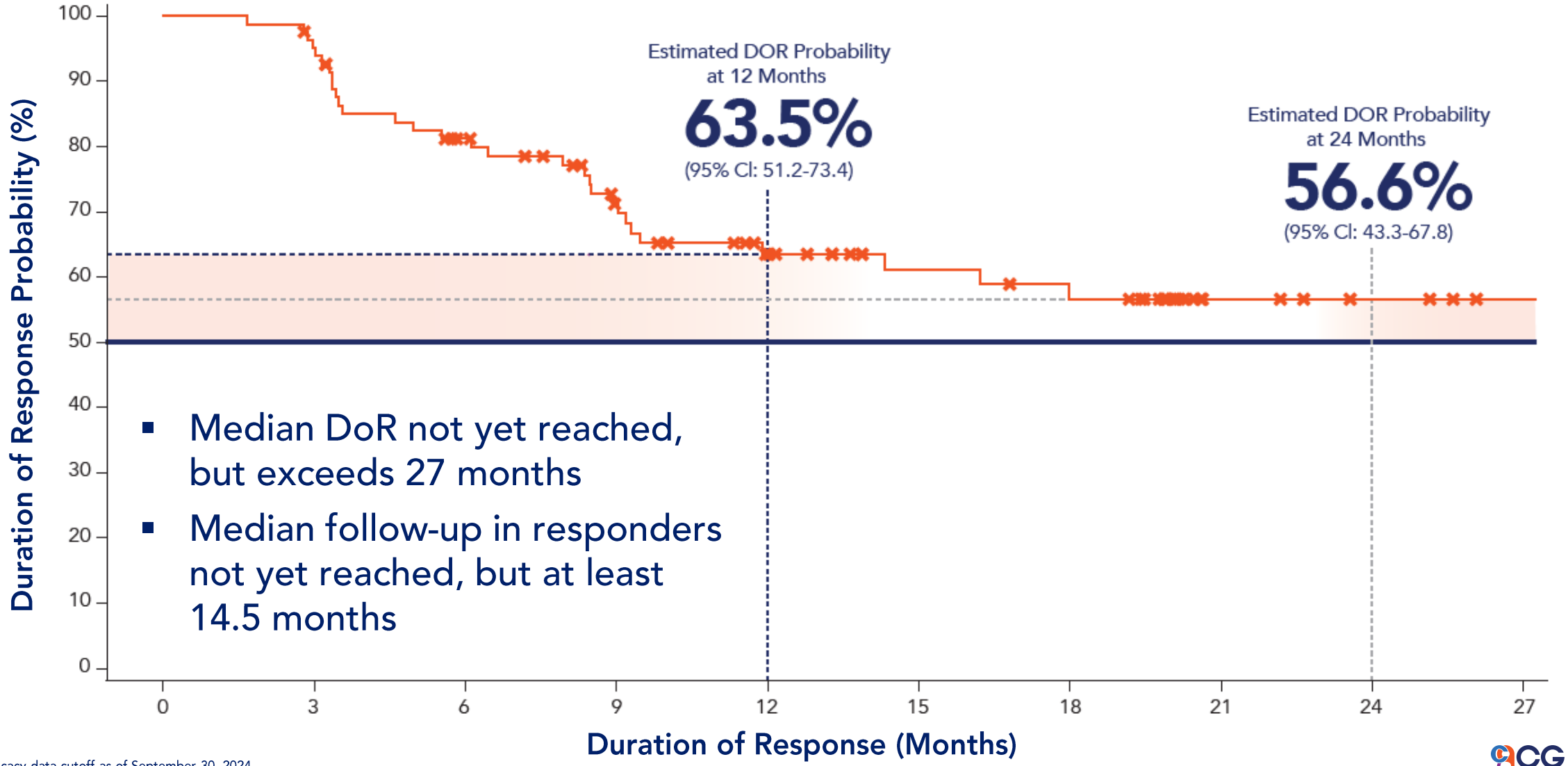
Cretostimogene Demonstrates Sustained Duration of Response in HR BCG-UR NMIBC

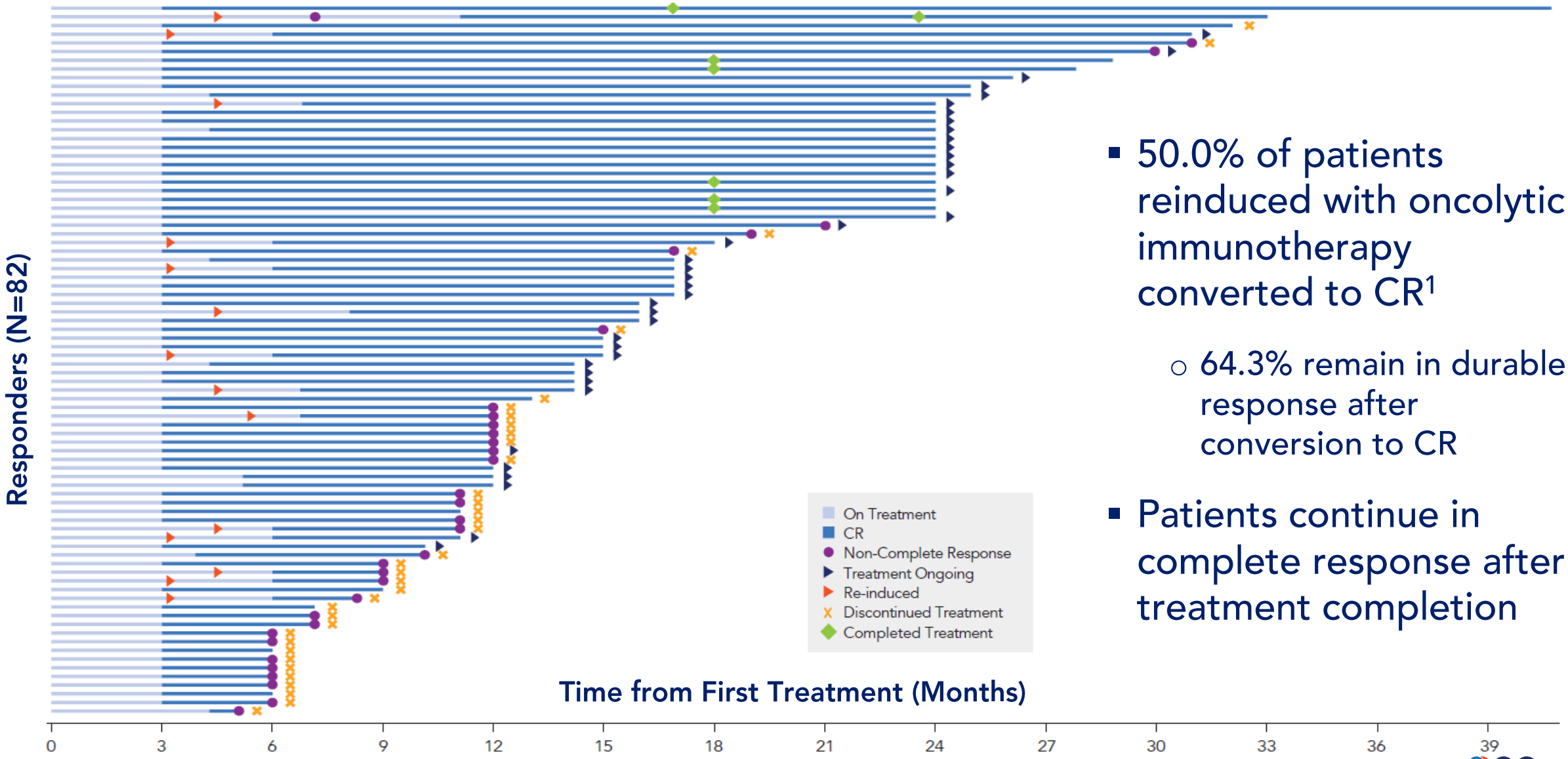


- Median DoR not yet reached, but exceeds 27 months
- Median follow-up in responders not yet reached, but at least 14.5 months

Efficacy data cutoff as of September 30, 2024.

BOND-003 Cohort C

Sustained Responses Observed Beyond 30 Months

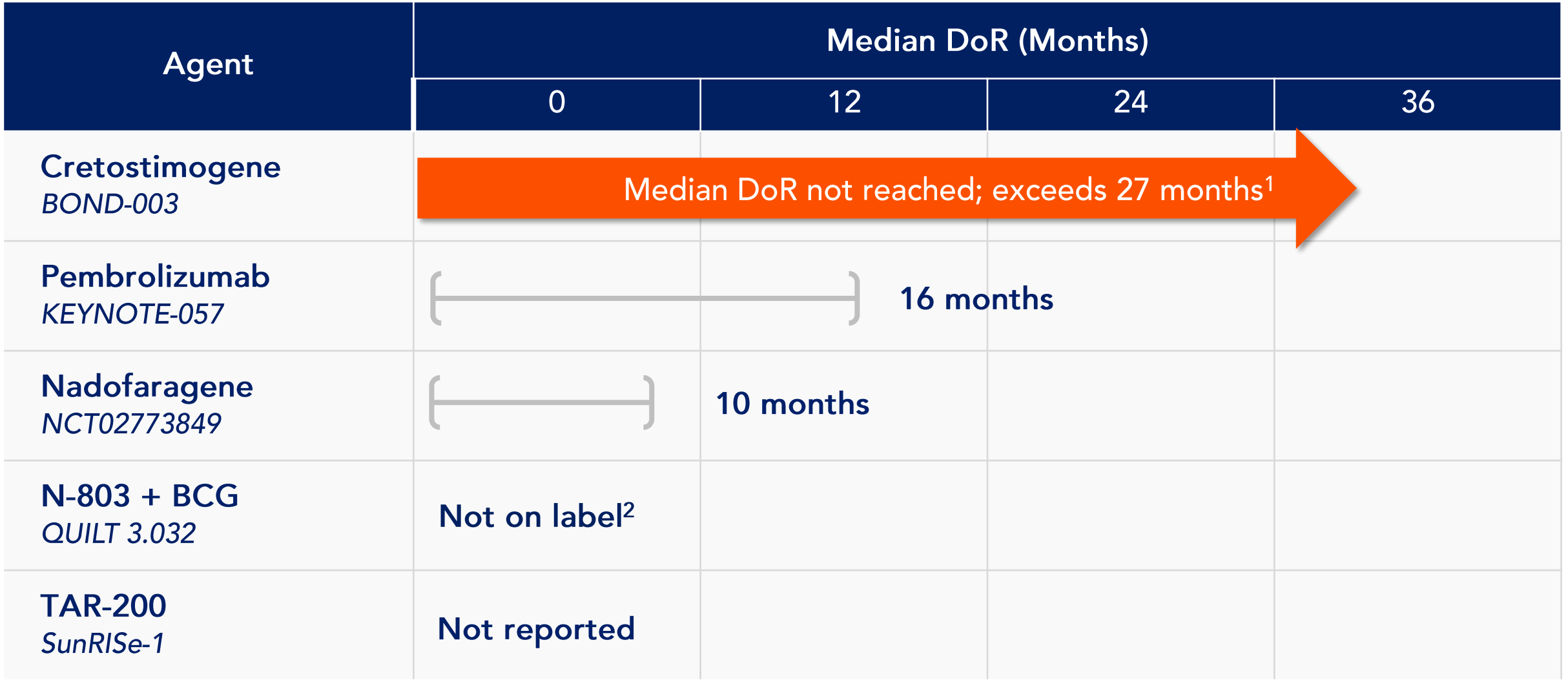


- 50.0% of patients reinduced with oncolytic immunotherapy converted to CR[1]
  - 64.3% remain in durable response after conversion to CR
- Patients continue in complete response after treatment completion

Based on centrally confirmed assessments as of September 30, 2024 efficacy cutoff including two additional responders centrally confirmed past the data cutoff at 12-month timepoint. [1] Per 2018 FDA Guidance Document on BCG-Unresponsive NMIBC (page 6), sponsors should consider and discuss with FDA a patient's disease history, type of disease present at 3 months, and the mechanism of action of the investigational drug regarding patients with CIS who do not achieve a CR at their 3-month assessments.

BOND-003 Cohort C

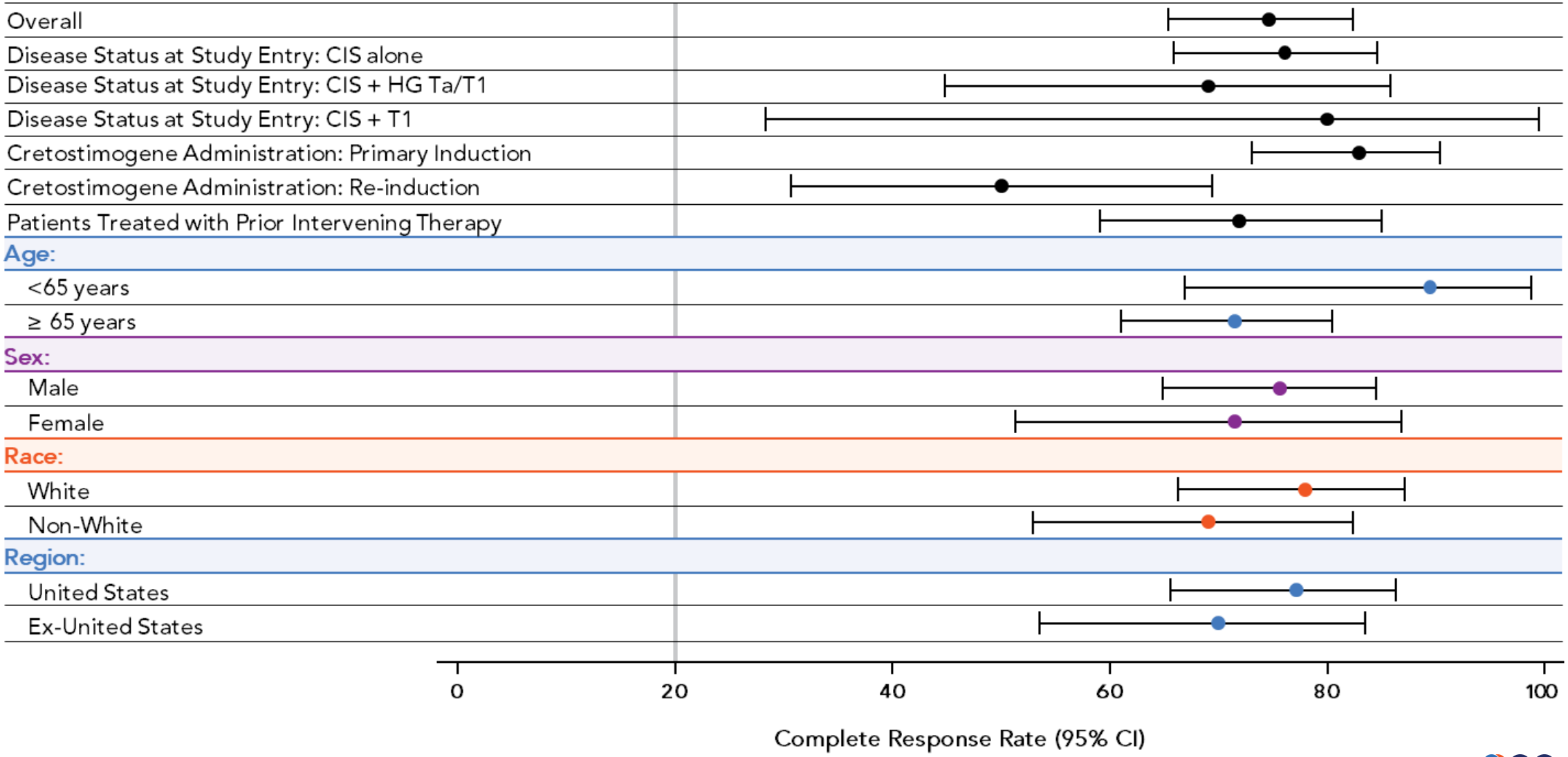
Cretostimogene Median Duration of Response Exceeds 27 Months and Ongoing



Note: These data are not based on head-to-head or comparator studies, but have all enrolled FDA guidance defined BCG-Unresponsive High-Risk NMIBC CIS-containing patients according to their inclusion/exclusion criteria. [1] Efficacy data cutoff as of September 30, 2024. [2] https://www.accessdata.fda.gov/drugsatfda_docs/nda/2024/761336Orig1s000MultidisciplineR.pdf

BOND-003 Cohort C

High CR Rate Consistent Across Patient Subgroups, Including Patients Treated with Prior Chemotherapy



Efficacy data cutoff as of September 30, 2024.

BOND-003 Cohort C

Favorable and Well Tolerated Safety Profile

Preferred Term (MedDRA v.26.1)	Cretostimogene (n=112)	
	Any Grade (%)	Grade ≥ 3
Patients with ≥ 1 TRAE	72 (64.3%)	0 (0)
Treatment-Related AE reported in >10% patients		
Bladder Spasm	28 (25.0%)	0 (0)
Pollakiuria	23 (20.5%)	0 (0)
Dysuria	22 (19.6%)	0 (0)
Micturition Urgency	17 (15.2%)	0 (0)
Hematuria	15 (13.4%)	0 (0)

- 0% Grade ≥ 3 treatment-related AEs or deaths reported
- Most AEs were Grade 1-2
- No treatment-related discontinuations observed
- 97.3% completed all protocol-defined treatments
- 1.8% patients (n=2) had serious treatment-related AEs (Grade 2)[1]

AE = adverse event. Safety data cutoff as of September 30, 2024.
[1] Treatment-related SAEs were noninfective cystitis (Grade 2) and clot retention (Grade 2). [2] Unrelated AE leading to treatment discontinuation was Hematuria (Grade 2).

Emerging Target Product Profile Positions Cretostimogene Well in NMIBC[1]

Trial (Status)	BOND-003 (Ph3 Ongoing)	CORE-001 (Ph2 Complete)	QUILT 3.032 (Approved)	NCT02773849 (Approved)	KEYNOTE-057 (Approved)	SunRISe-1 (Ph2 Ongoing)	SunRISe-1 (Ph2 Ongoing)
Drug	Cretostimogene	Cretostimogene + Pembrolizumab	N-803 + BCG	Nadofaragene	Pembrolizumab	TAR-200	TAR-200 + cetrelimab
Mechanism	Oncolytic Immunotherapy	Oncolytic Immunotherapy + Checkpoint Inhibitor	IL-15 Superagonist + BCG combo	Gene Therapy Secreting IFN	Checkpoint Inhibitor	Local Delivery of Gemcitabine via In-Dwelling Device	Local Delivery of Gemcitabine + Checkpoint Inhibitor
RoA	Intravesical	Intravesical + Intravenous	Intravesical	Intravesical	Intravenous	Transurethral Procedure	Transurethral Procedure + IV
Efficacy Population	110	35	77	98	96	85	53
CR at Any Time	**75% (82/110)** *[95% CI: 65% - 82%]*	83% (29/35) *[95% CI: 70% - 95%]*	62% (48/77) *[95% CI: 51% - 73%]*	51% (50/98)[4] *[95% CI: 41% - 61%]*	41% (39/96) *[95% CI: 31% - 51%]*	84% (71/85) *[95% CI: 74% - 91%]*	68% (36/53) *[95% CI: 54% - 80%]*
CR at 12 Mo	**46% (51/110)[2]** *[95% CI: 37% - 56%]*	57% (20/35) *[95% CI: 40% - 73%]*	36% (28/77)[3]	24% (25/103)	19% (18/96)	39% (12/31)[6]	Not Reported
CR at 12 Mo ***(By K-M Est.)***	**K-M: 50%** *[95% CI: 40% - 59%]*	K-M: 77% *[95% CI: 58% - 88%]*	Not Reported	Not Reported	Not Reported	K-M: 57% *[95% CI: 41% - 71%]*	K-M: 57% *[95% CI: 41% - 70%]*
CR at 24 Mo	***25 confirmed CRs at 24 month & beyond***	54% (19/35) *[95% CI: 37% - 71%]*	25% (19/77)[3]	19% (20/103)	9% (9/96)[5]	Not Reported	Not Reported
CR at 24 Mo ***(By K-M Est.)***	**K-M: 41%** *[95% CI: 30% - 51%]*	K-M: 70% *[95% CI: 50% - 83%]*	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Grade 3+ TRAE	**0%**	0% (creto)	Not reported; 16% SAE	4%	13%	9.4%	35.8%; 13.2% SAE
Treatment-related discontinuation	**0%**	0% (creto)	7%	3%	11%	5.9%	26.4% (TAR-200)

[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] Based on centrally confirmed assessments as of September 30, 2024 efficacy cutoff including two additional responders centrally confirmed past the data cutoff. [3] Derived from ANKTIVA® plus BCG Package Insert (April 2024) using DOR ≥ 12 months and DOR ≥ 24 months to estimate 12 months and 24 months landmark CR rate. [4] ADSTILADRIN® Package Insert (December 2022) and Summary Basis for Regulatory Action. [5] Derived from GU ASCO 2021, Balar et al presentation DOR ≥ 24 months to estimate 24-months landmark CR rate [6] Goldman Sachs Equity Research – May 6, 2024. References: Merck: (FDA & ODAC presentation slides, NDA/BLA# 125514s-066 for pembrolizumab (https://www.fda.gov/media/133956/download), Balar, AB et al. Lancet Onc. Epub ahead of print. 2021 May 26.; 2021 ASCO GU presentation); FerGene: (Boorjian et al. Lancet Oncol. 2021 Jan;22(1):107-117. Epub 2020 Nov 27) (Narayan et al. Journal of Urology. April 2024 doi:10.1097/JU.0000000000004020). ImmunityBio (ANKTIVA® plus BCG Package Insert; FDA Approval Letter). Janssen (SunRISe-1 – ESMO 2024). CG Oncology (BOND-003 – SUO 2024; CORE-001 – ASCO 2024).

Acknowledgement

Thank You to All Bladder Cancer Patients and Their Families, Key Investigators, Study Coordinators, and Nurses

Key Investigator	Site Location
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Shreyas Joshi	Emory University, GA, USA
Edward Uchio	UC Irvine, CA, USA
Seung Il Jung	Chonnam University, S. Korea
Brant Inman	Duke University, NC, USA
Tim Lyon	Mayo Jacksonville, FL, USA
Janet Kukreja	University of Colorado, CO, USA
David Campbell	Barwon Health, Australia
Neal Shore	CURC, SC, USA
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Seok Ho Kang	Korea University Anam Hospital, S. Korea
Ho Kyung Seo	National Cancer Center, Korea
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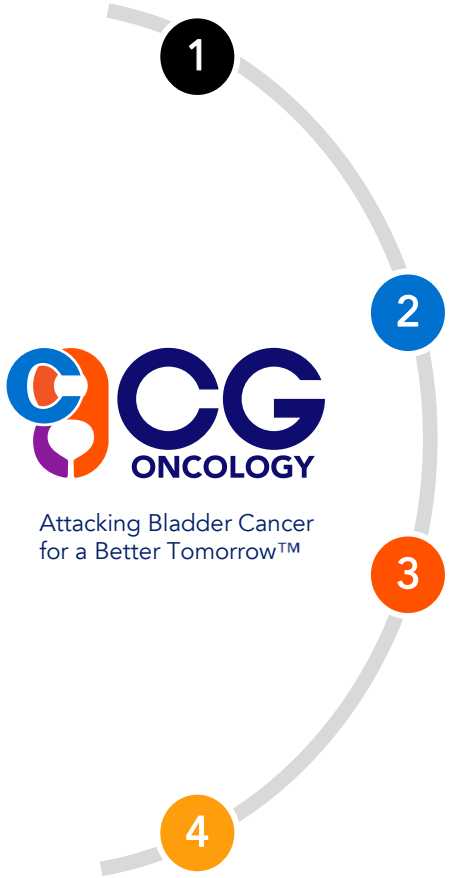
Kanao Kobayashi	Chugoku Rosai Hospital, Japan
Koji Yoshimura	Shizuoka General Hospital, Japan
Isao Hara	Wakayama Medial Univ Hospital, Japan
Wassim Kassouf	McGill University, Canada

Closing Remarks

Arthur Kuan
Chairman & CEO, CG Oncology

Closing Remarks

Cretostimogene Well Positioned to Address Unmet Need in NMIBC with BLA Filing & Potential Commercial Launch Ahead



- Potential best-in-class data with encouraging efficacy and sustained durable responses observed
- Favorable safety profile & no treatment-related discontinuation observed suggest well-tolerated regimen with minimal AE burden
- Treatment supports a familiar instillation process designed to be easily administered, suitable & scalable within existing clinic workflow
- Cretostimogene's therapeutic profile could serve as backbone therapy for patients across NMIBC

Efficacy and safety data cutoff as of September 30, 2024.

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Attacking Bladder Cancer for a Better Tomorrow™

Q&A