



Translational correlates using urinary
MRD to assess Cretostimogene
Grenadenorepvec: Analysis from the
BOND-003 and CORE-001 clinical trials

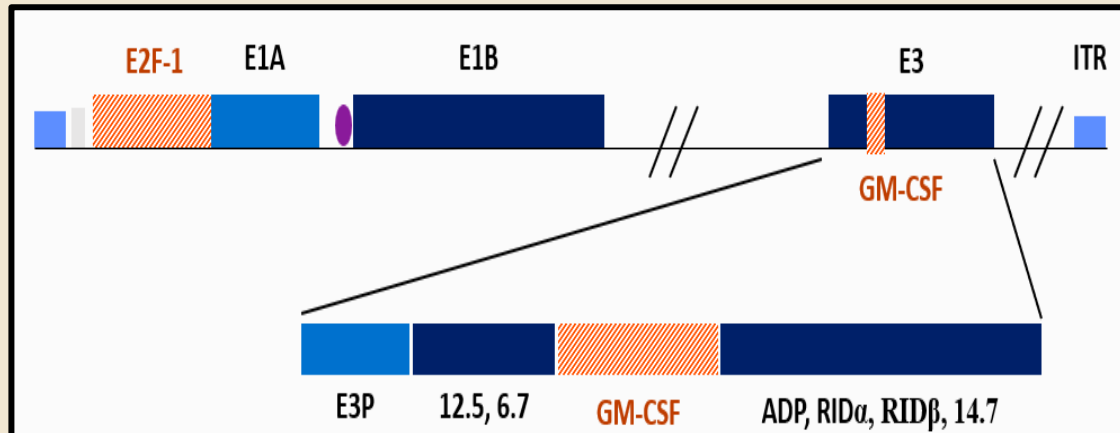
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Disclosures

Research support from CG Oncology

What is Cretostimogene Grenadenorepvec?

- Conditionally replicating adenovirus
 - Highly immunogenic
 - Under the regulation of human E2F-1 promoter
- Oncolytic immunotherapy
 - Viral replication and tumor lysis of RB deficient cells
 - Encodes GM-CSF
 - Immune activation by GM-CSF transgene and neoantigens released by lysed tumor cells

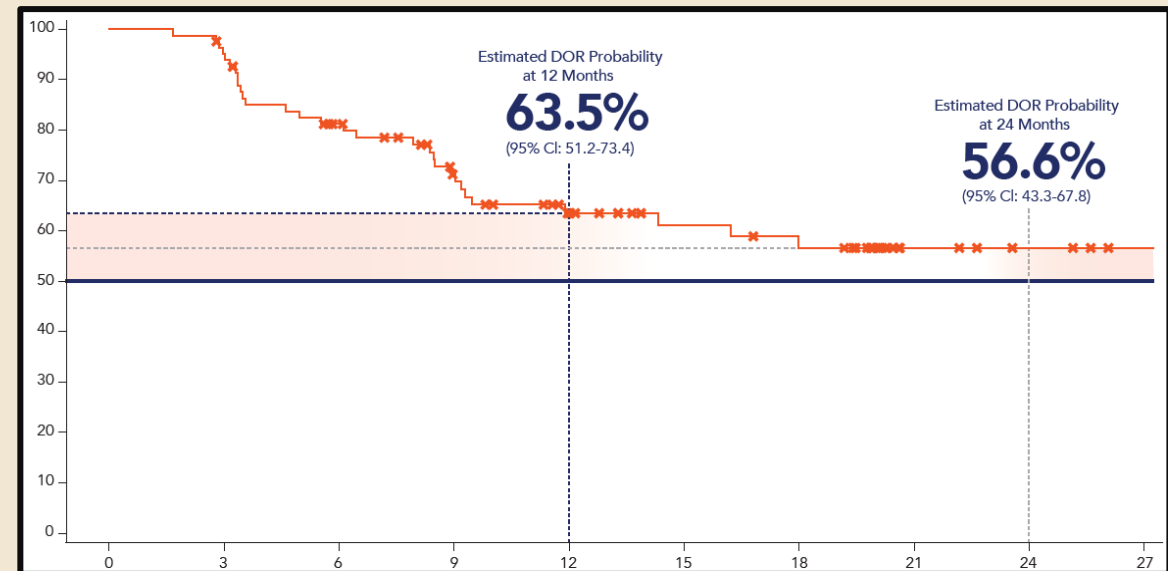


BOND-003
75.4%
(95% CI, 65% - 82%)

CR
(n=82)

CORE-001
82.9%
(95% CI, 66% - 93%)

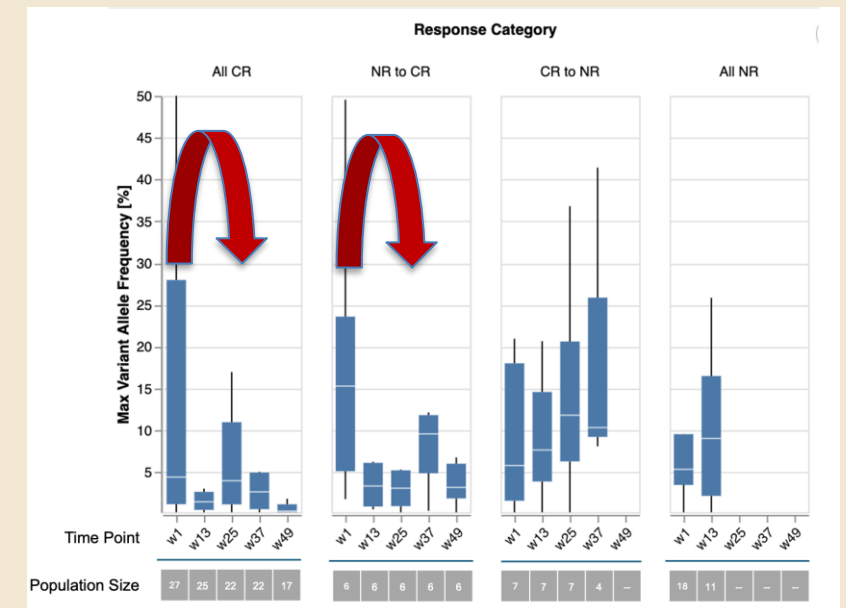
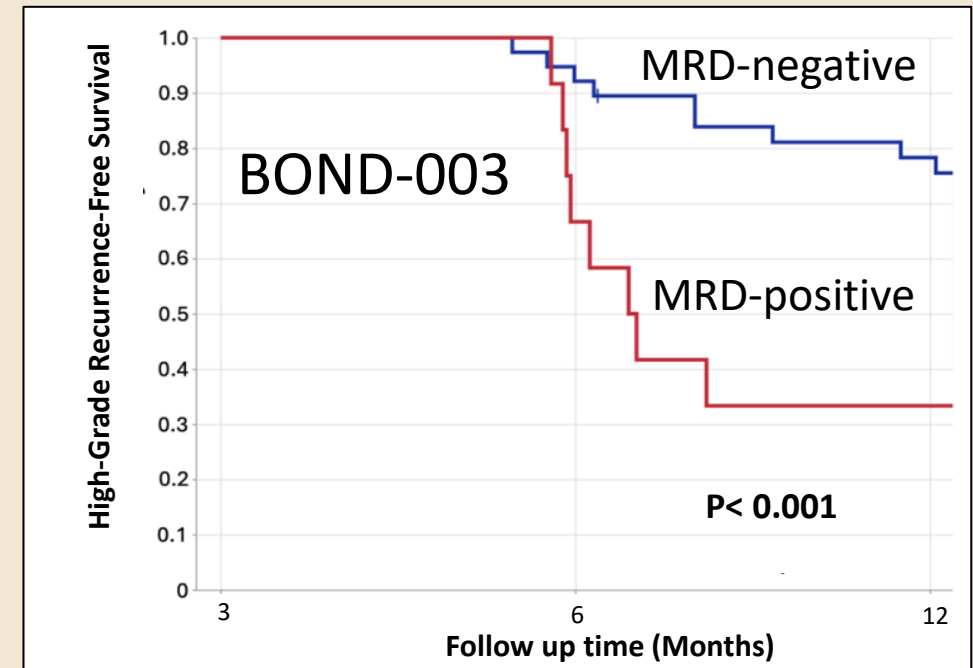
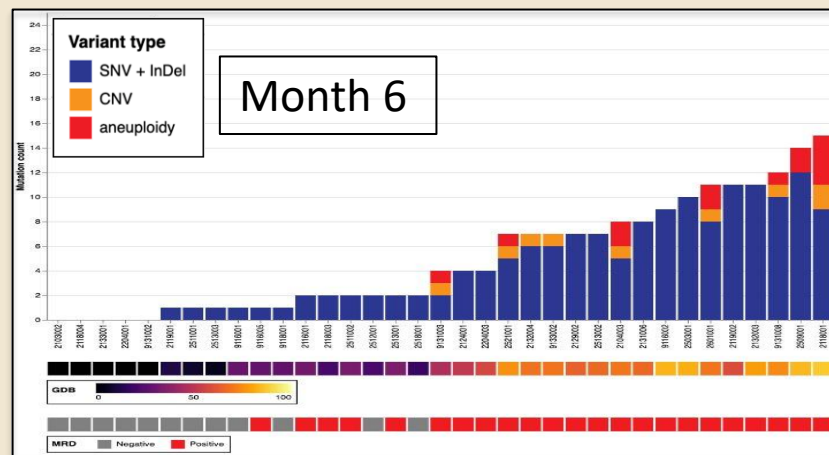
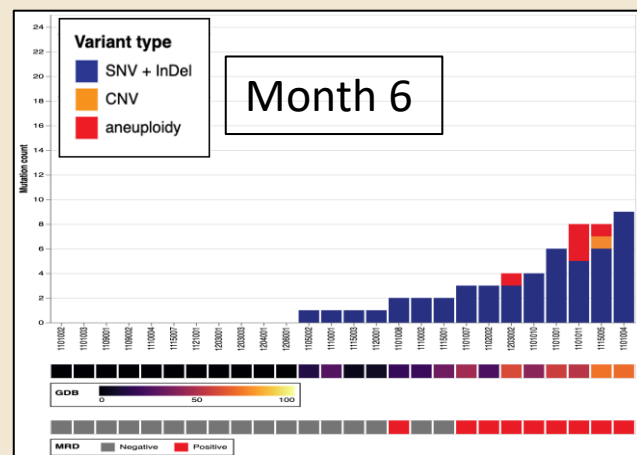
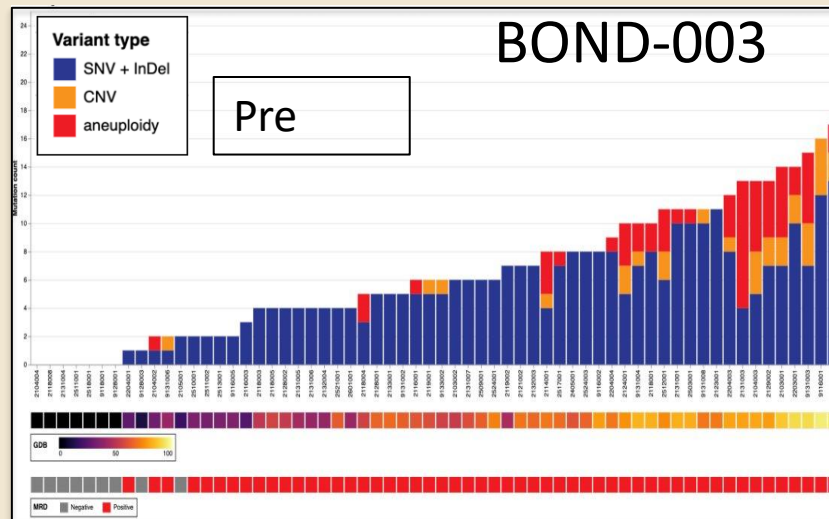
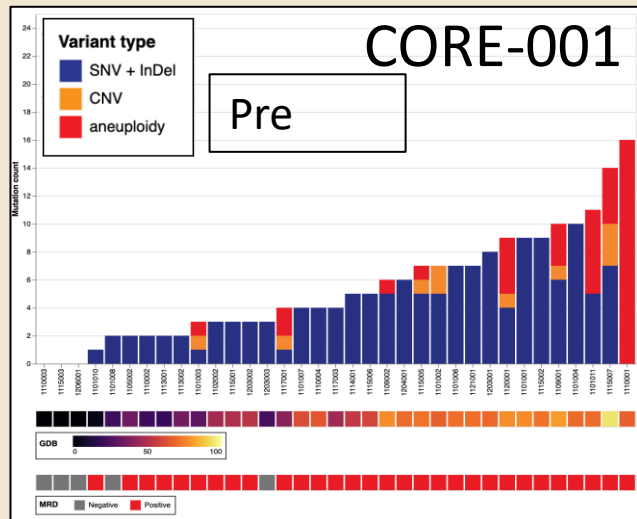
CR
(n=29)



Using the UroAmp platform to predict response to Cretostimogene

- UroAmp is Convergent Genomics's genetic platform which quantifies mutations and DNA alterations from urine tumor DNA (utDNA).
- Deep NGS of a 60-gene BLCA-specific panel, and low pass whole genome sequencing to identify aneuploidy and copy number variants.
- Quantifies minimal residual disease (MRD) by the genomic disease burden (GDB) which is a percentile ranking of the variant allele frequency (VAF) from a sample relative to its percentile ranking within the established training set.
- Each of our samples was ranked against that distribution to obtain the GDB percentile rank to characterize the tumor as MRD positive or negative.

Longitudinal reduction in aneuploidy: MRD prognostic



- High risk cohort.
- Dramatic loss of aneuploidy reduces risk of progression.
- VAF and MRD prognostic for recurrence.

Summary

- Cretostimogene monotherapy and in combination show promising activity in BCG-Unresponsive NMIBC.
- Urine tumor DNA profiling with the UroAmp platform enables quantitative assessment of the clinical and molecular response to Cretostimogene.
- UroAmp stratified patients treated with Cretostimogene as MRD positive or negative and was associated with durable 12 mo. RFS.
- The notable reduction in VAF in the 54% of patients who were salvaged by re-induction reinforces the value of re-induction.
- Longitudinal MRD assessment may be able to support the stratification of treatment escalation or de-escalation in future clinical trials.

Biomarker-driven study design

