

IP02-28 Translational Correlates Using Minimal Residual Disease to Assess Cretostimogene Grenadenorepvec: Analysis from the BOND-003 and CORE-001 Clinical Trials

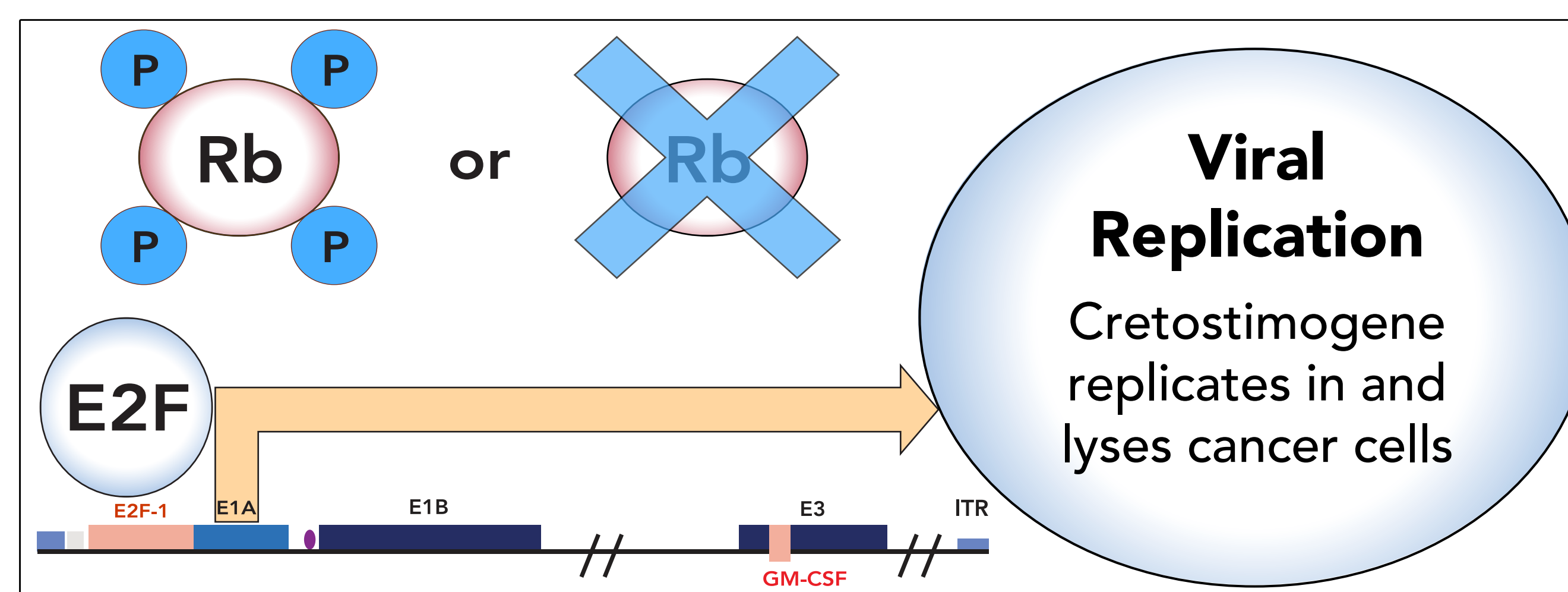
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BACKGROUND

- Cretostimogene grenadenorepvec is an oncolytic immunotherapy with a dual mechanism of action: it selectively replicates in and lyses cancer cells while amplifying the immune response against bladder tumors
- Evaluated as a monotherapy (BOND-003) and in combination (CORE-001) for high-risk, BCG-unresponsive NMIBC
- UroAmp measures minimal residual disease (MRD) using Genomic Disease Burden (GDB): ranks a sample's variant allele frequency (VAF) percentile relative to a reference training set



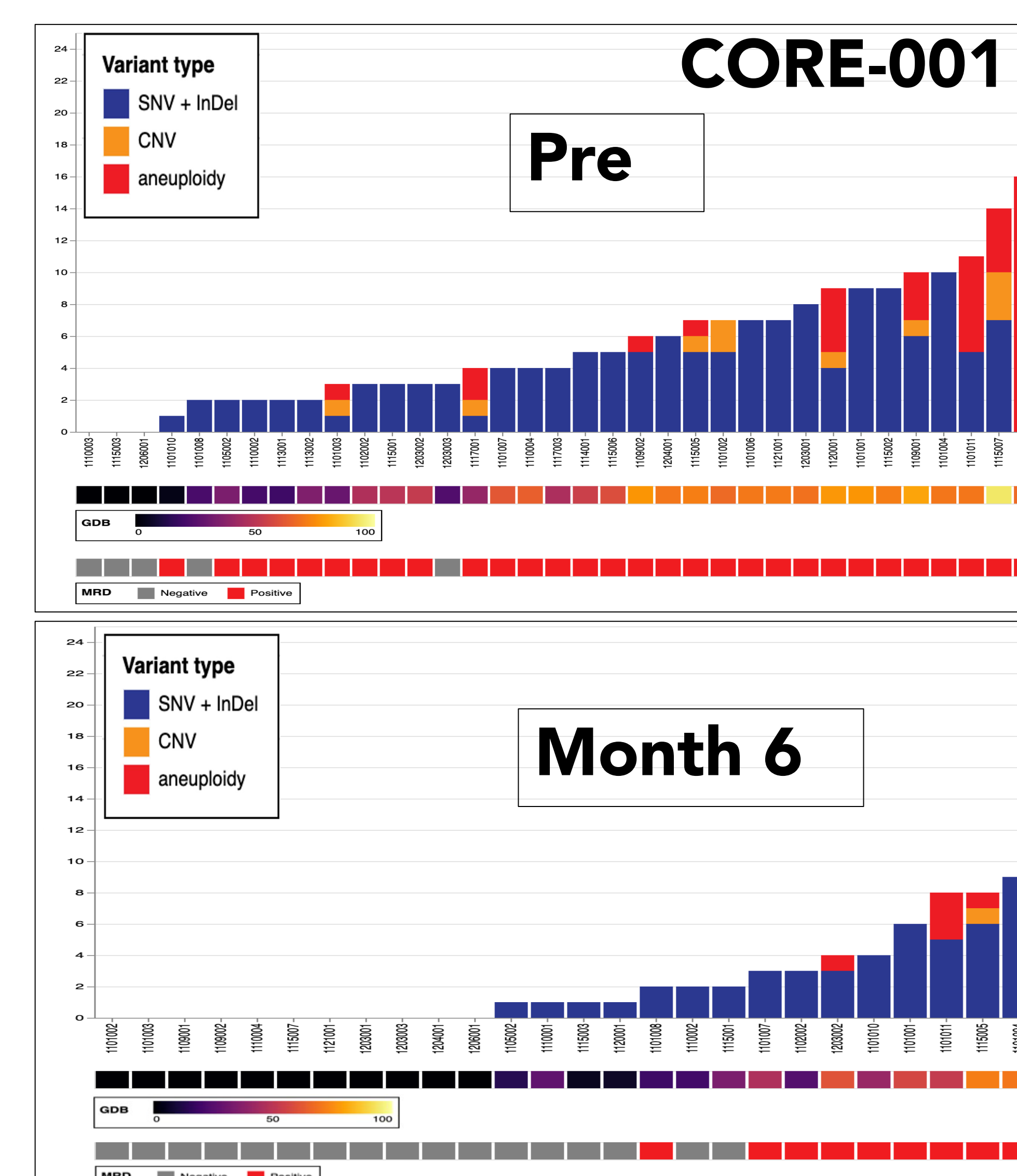
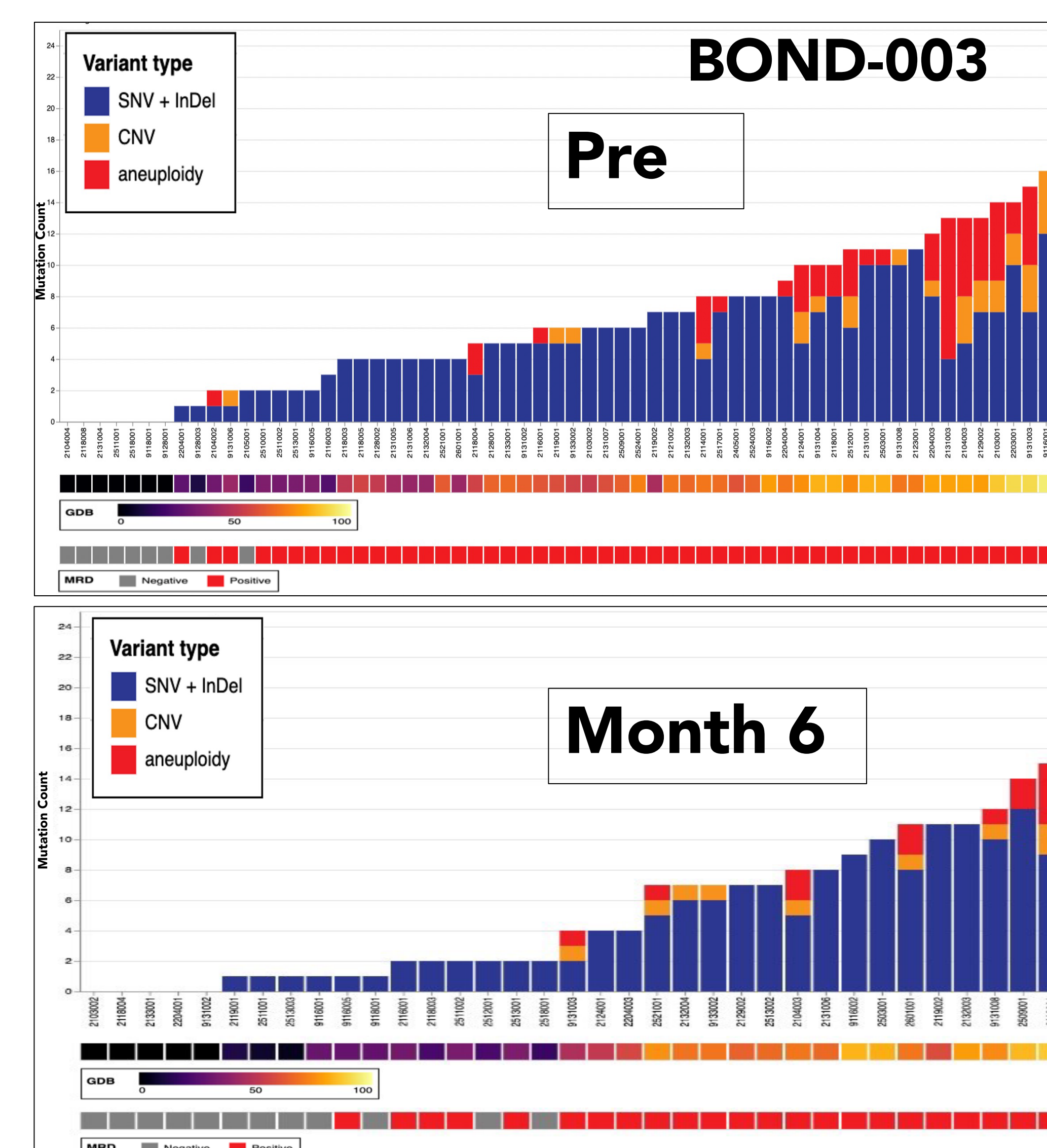
METHODS

- Patients who received at least one dose of cretostimogene and had MRD testing were included
 - BOND-003 (n=64); CORE-001 (n=35)
- Molecular response was based on change in MRD during treatment
- Correlations between MRD and clinical response were assessed

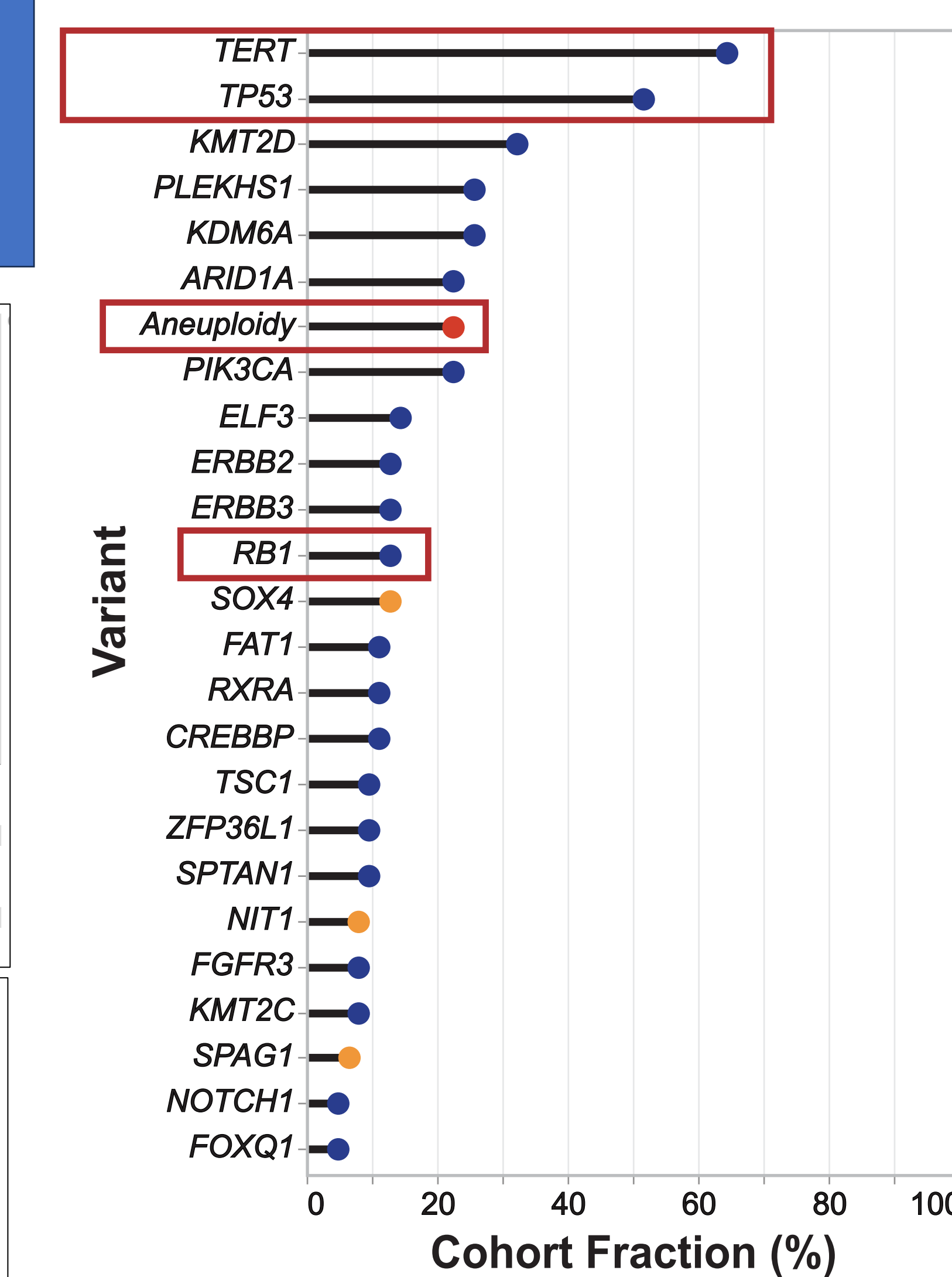
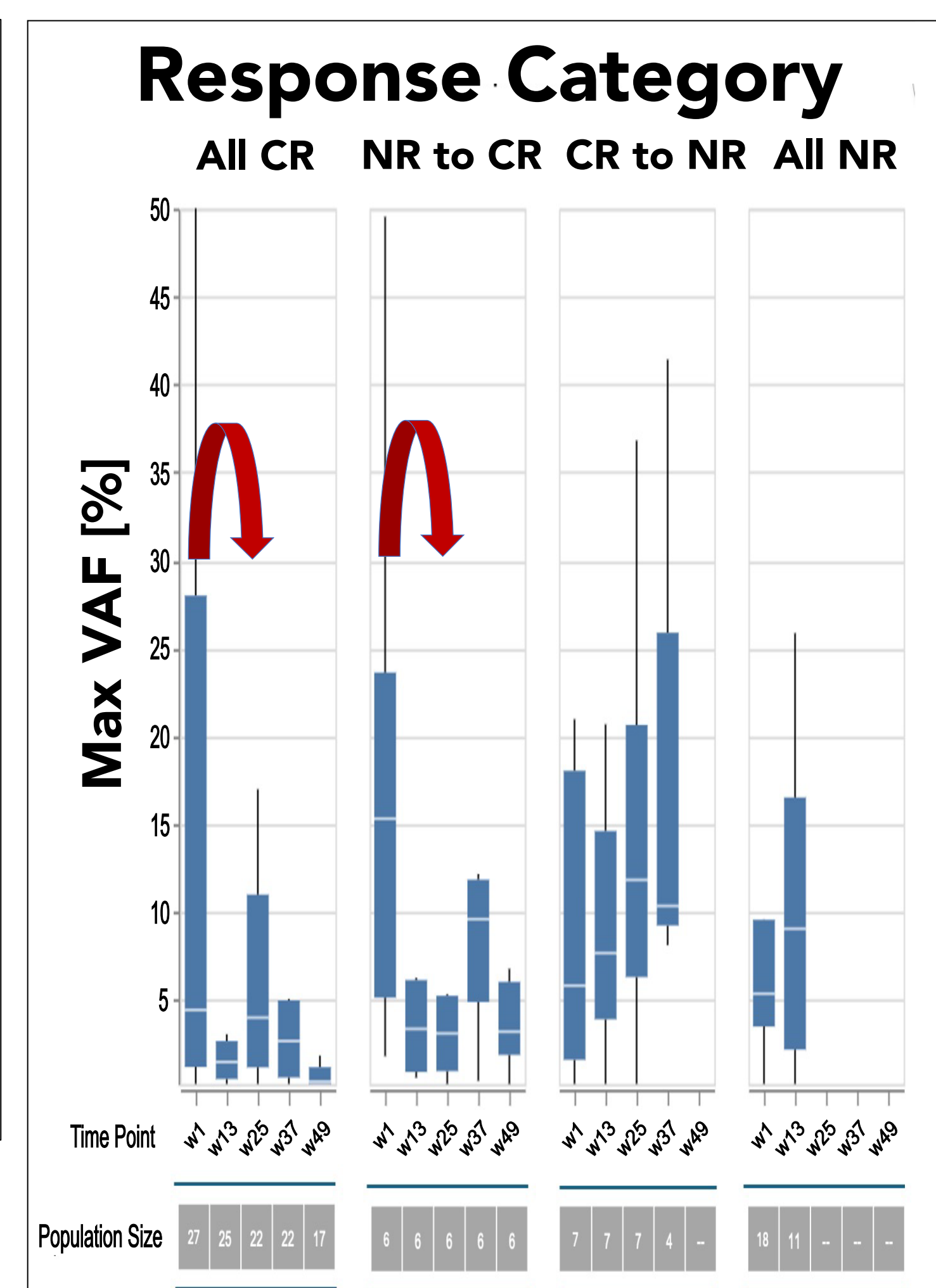
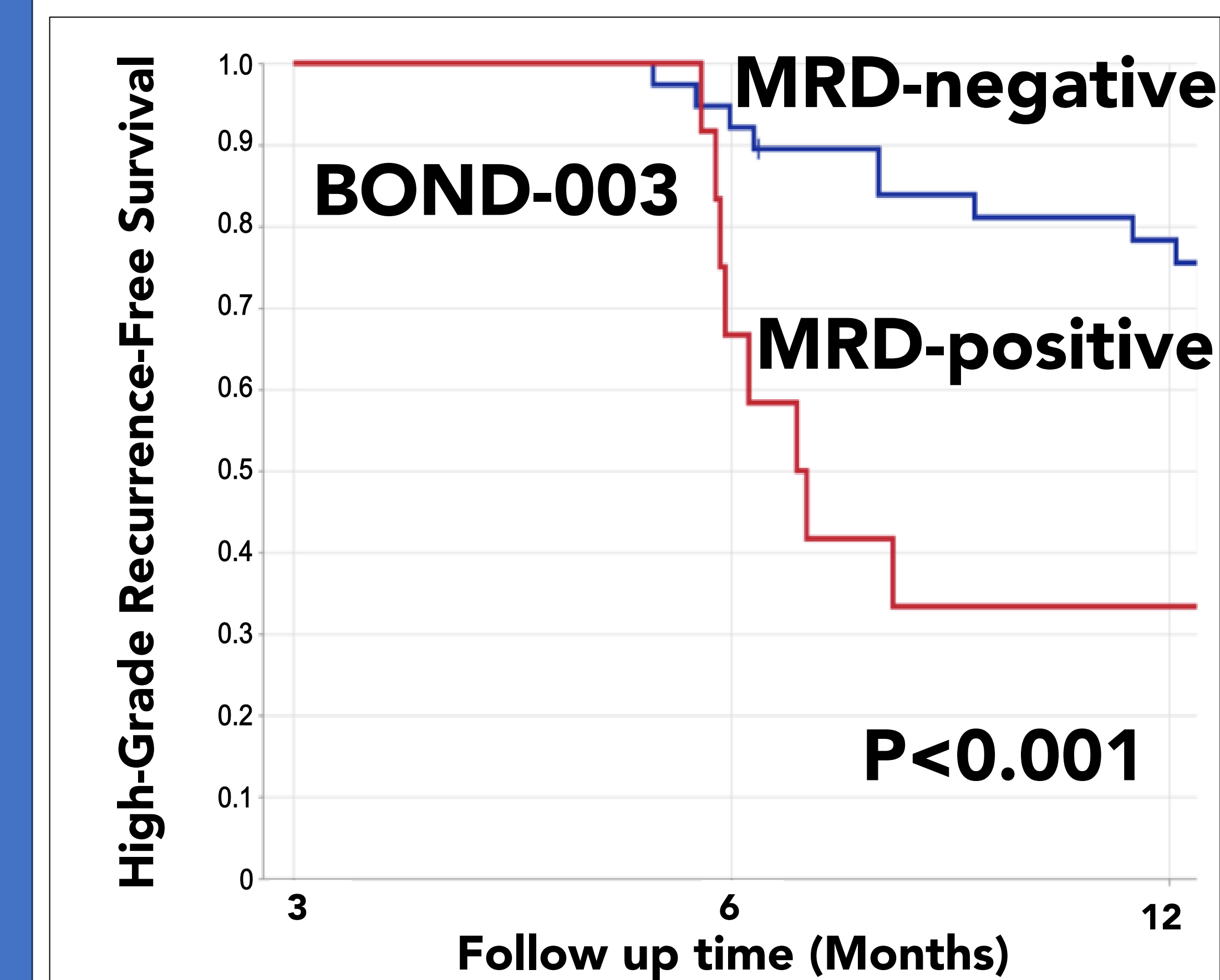
BOND-003
COHORT C

CORE-001

- Cretostimogene is a highly effective and well-tolerated treatment regimen
- Patients stratified as MRD positive or negative, highly correlated with durable 12 mo. RFS
- Longitudinal MRD may inform future innovative clinical trial designs to prioritize mono- and combination-therapy



RESULTS



- Higher-risk cohort vs. other BCG-UR series
 - MRD-positive (85.7%)
- Dramatic loss of aneuploidy reduces risk of progression
- VAF and MRD prognostic for recurrence
- Notable reduction in VAF in re-induced patients

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