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Encore Durability Results From BOND-003 Cohort C: Single-Arm Study of Intravesical Cretostimogene Grenadenorepvec for High-Risk BCG-Unresponsive Non-Muscle Invasive Bladder Cancer with Carcinoma In Situ

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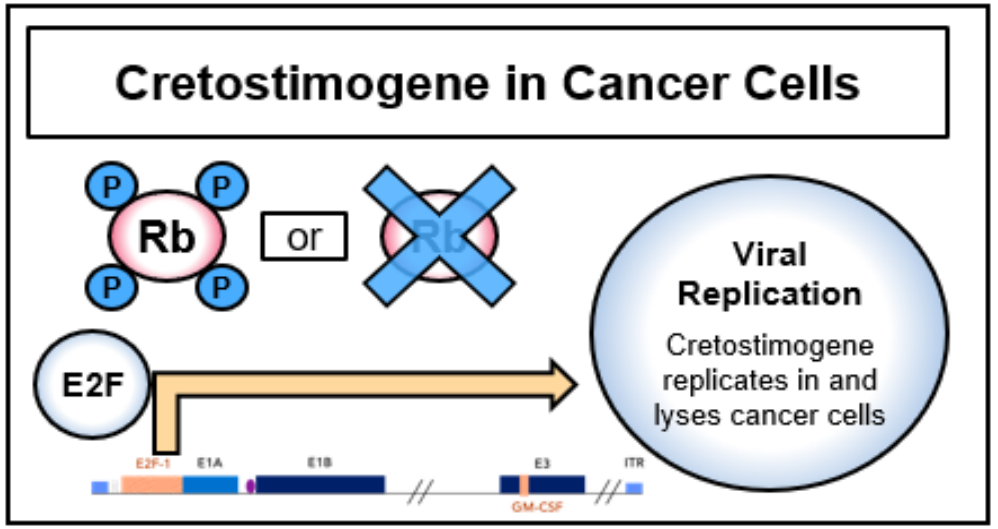
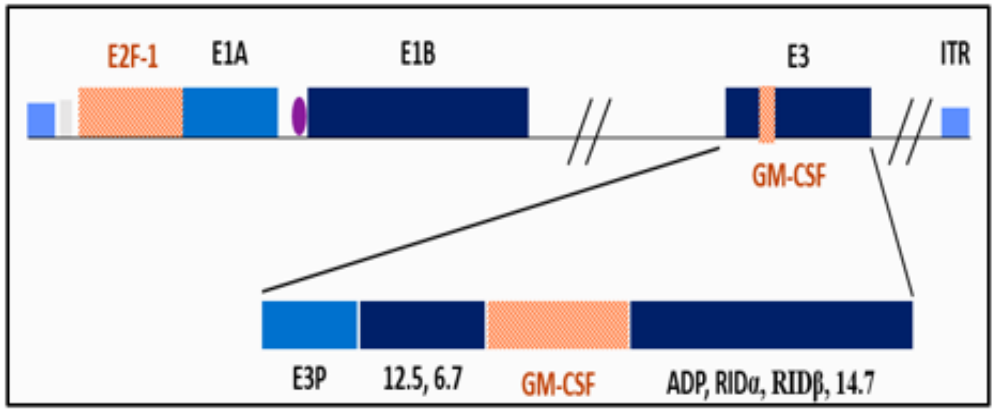
Disclosures

- Grants: NIH SBIR, DOD, AUA Care Foundation (mentor).
- Clinical trials: CG Oncology, Ferring Pharmaceuticals.
- Scientific Advisory Board: UroGen, CG Oncology, Pfizer.
- Co-Founder: OncoSTING LLC (www.OncoSTING.com).

Cretostimogene Grenadenorepvec Selectively Targets Rb-E2F Pathway Altered Cancers

- **Conditionally replicating, highly immunogenic adenovirus**
  - Under regulation of the **human E2F-1 promoter**
    - Selective for RB-E2F pathway alterations
  - Encodes **GM-CSF transgene**
- **Oncolytic immunotherapy with dual MOA**
  - Viral replication results in tumor lysis
  - Stimulation of immune response





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

BOND-003 COHORT C | FDA Fast Track Designation | FDA Breakthrough Therapy Designation

HR BCG-Unresponsive NMIBC

Cretostimogene Grenadenorepvec
Single-Arm, Open-Label, IVE Administration

Primary Endpoint:
CR at Any Time

Population

- Enrollment complete (n=112)
- Pathologically confirmed High-Risk BCG-Unresponsive NMIBC with CIS +/- HG Ta/T1
- All HG Ta/T1 disease resected prior to treatment
- Mandatory biopsies at 12-month assessment2

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 2-3

Additional Endpoints

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

NCT04452591

CIS = Carcinoma in situ. 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

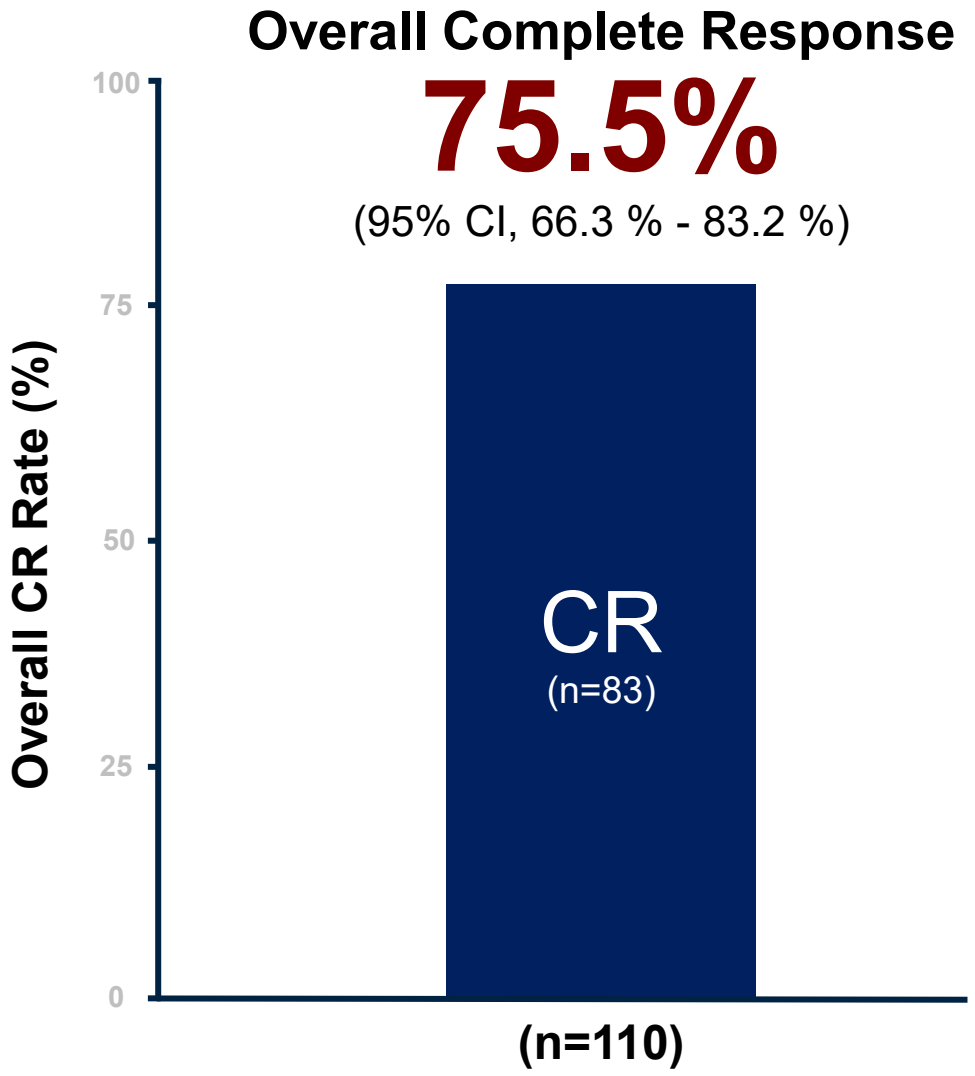
Patient Demographics & Baseline Characteristics

Subjects in Safety Dataset	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 and < 75	43	38.4
≥75	50	44.6
BCG History: No. of Prior Instillations		
Median (Range)	12 (7 – 66)	
HR NMIBC T-Stage at Study Entry		
CIS with HG Ta/T1	22	19.6
CIS alone	90	80.4
Prior Therapy Other Than BCG, n (%)		
≥ 1 Prior Therapy	53	47.3
Serial Adjuvant Chemotherapy	34	30.4
Systemic Immunotherapy	7	6.3

- Majority of patients are:
  - Male (74%)
  - White (62%)
  - > 65 years (83%)
- 63.4% of patients in US
- Highly pre-treated population
  - Prior chemotherapy (41%)
  - Systemic Immunotherapy (6%)

Efficacy data cutoff as of 14MAR2025

Consistent and Compelling CR & 24-Month Durability Data



CR Landmark	CR Rate, % (95% CI)	CR by K-M Est, % (95% CI)
12-month	**46.4%** (36.9, 56.1) *51 out of 110 patients*	50.7% (40.9, 59.8)
24-month[1]	**41.8%** (32.5, 51.6) *46 out of 110 patients*	42.4% (32.7, 51.7)

- 97.3% free from progression to MIBC at Month 24
- 84.5% avoided radical cystectomy by Month 24
  - Among RCs, 82.4% (14/17) were T0 or NMIBC
- All Complete Responses are centrally confirmed[2]
  - Local: Central concordance: 96.3% of assessments

Efficacy data cutoff as of 14MAR2025. Efficacy analysis centrally confirmed. All patients have active disease at baseline prior to enrollment. Received adequate BCG per FDA 2018 guidance.
[1] 24-mo data updated based on 23JUN2025 data cutoff.
[2] 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.
Analysis based on both landmark CR rate assessed in clinical trial and CR by Kaplan-Meier estimate.

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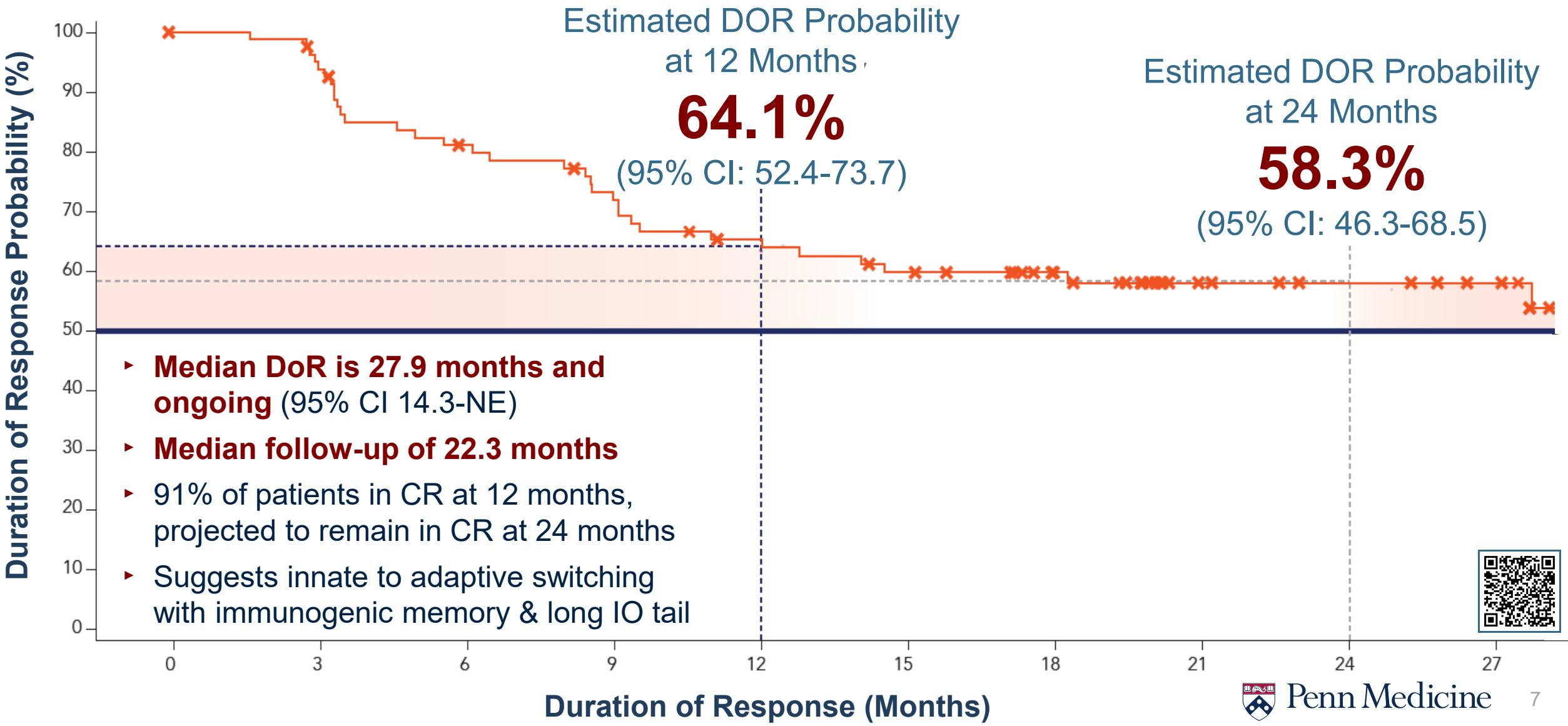
Cretostimogene Demonstrates Best in Class Duration of Response in HR BCG-UR NMIBC



- **Median DoR is 27.9 months and ongoing** (95% CI 14.3-NE)
- **Median follow-up of 22.3 months**
- 91% of patients in CR at 12 months, projected to remain in CR at 24 months
- Suggests innate to adaptive switching with immunogenic memory & long IO tail

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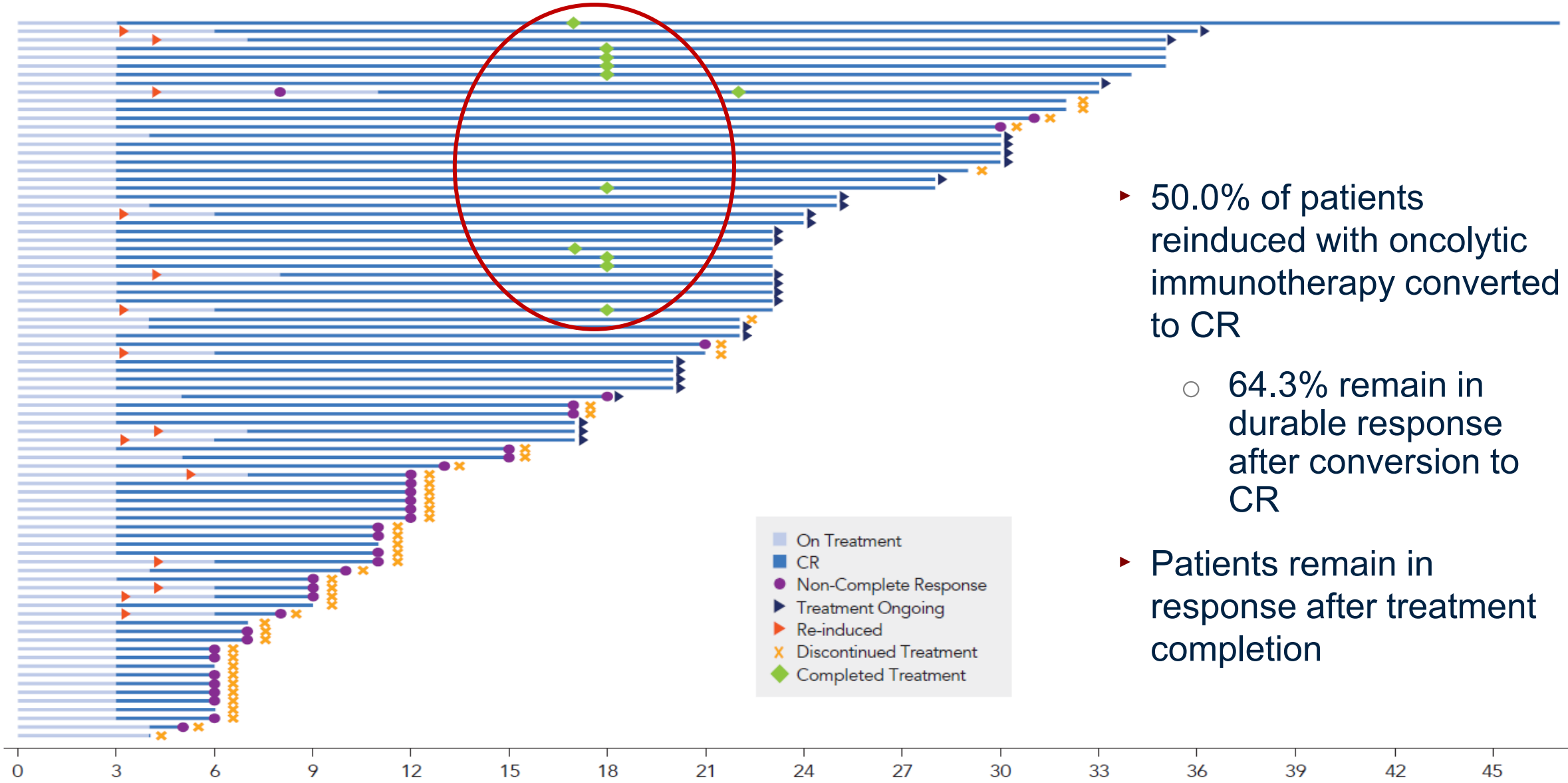
Sustained Responses Observed Over 45 Months



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

Efficacy data cutoff as of 14MAR2025.

[1] Per 2018 FDA Guidance Document on BCG-Unresponsive NMIBC (page 6), sponsors should consider and discuss with the Agency 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.

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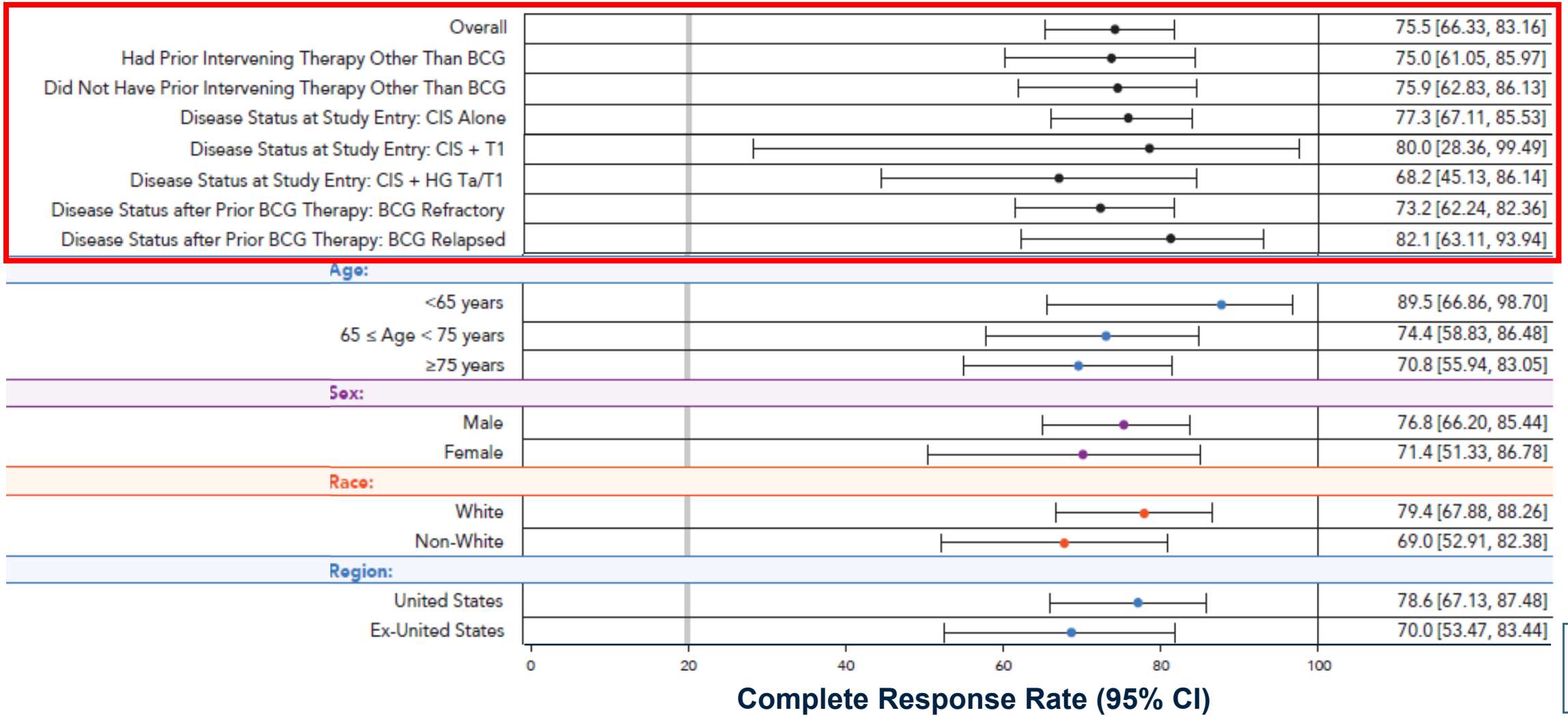
High CR Rate Consistent Across Patient Subgroups, Including Patients Treated with Prior Chemotherapy



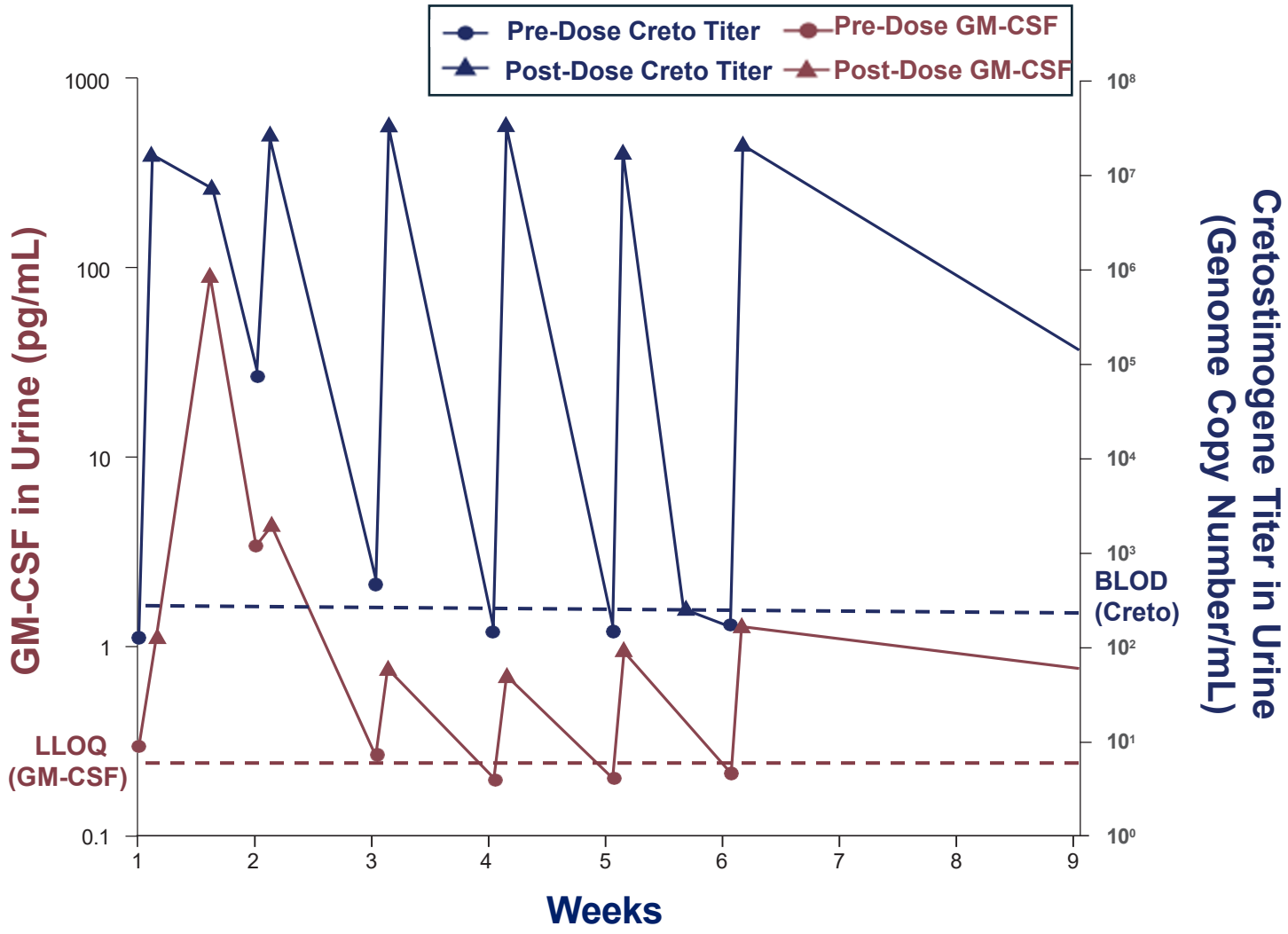
Favorable and Well-Tolerated Safety Profile

Preferred Term (MedDRA v.26.1)	Cretostimogene (n=112)	
	Any Grade (%)	Grade ≥ 3
Patients with ≥ 1 TRAE	71 (63.4%)	0 (0)
Treatment-Related AE reported in > 10% patients		
Bladder Spasm	28 (25.0%)	0 (0)
Pollakiuria	24 (21.4%)	0 (0)
Urgency	23 (20.5%)	0 (0)
Dysuria	18 (16.1%)	0 (0)
Hematuria	15 (13.4%)	0 (0)

[1]Treatment-related SAEs were noninfective cystitis (Grade 2) and clot retention (Grade 2). Unrelated AE leading to treatment discontinuation was Hematuria (Grade 2).

- Most AEs were Grade 1-2
- **0% Grade ≥ 3 TRAEs or deaths**
- **Median time to TRAE resolution: 1 day**
- **No treatment related discontinuations**
- 1.8% (n=2) had serious treatment-related AEs (Grade 2)1
- 97.3% received all protocol defined treatments

Viral Replication and Transgene Expression



- Cretostimogene replication and GM-CSF expression are linked
- **Urine levels peak immediately after instillation and are locally sustained for 4-5 days**
- Effective payload delivery
- **BLOD in serum at all timepoints**
- **Stable antibody response correlates with positive clinical outcomes**
- Reinforces observations from V-0046/Phase 1

BLOD (creto) = Below Limit of Detection (< 220 copies/mL) by qPCR; LLOQ (GM-CSF) = Lower Limit of Quantification (0.24 pg/mL) by Olink Target 48

Key Takeaways

- Highly effective and very well-tolerated regimen
- Best in class durability and tolerability
- Robust and stable anti-tumor response
- Heavily pre-treated BCG-UR CIS containing cohort
- Scalable within existing clinic workflow; administered by MAs & RNs
- Future and ongoing clinical trials are evaluating cretostimogene monotherapy, and rational combinations, as a backbone therapy for NMIBC

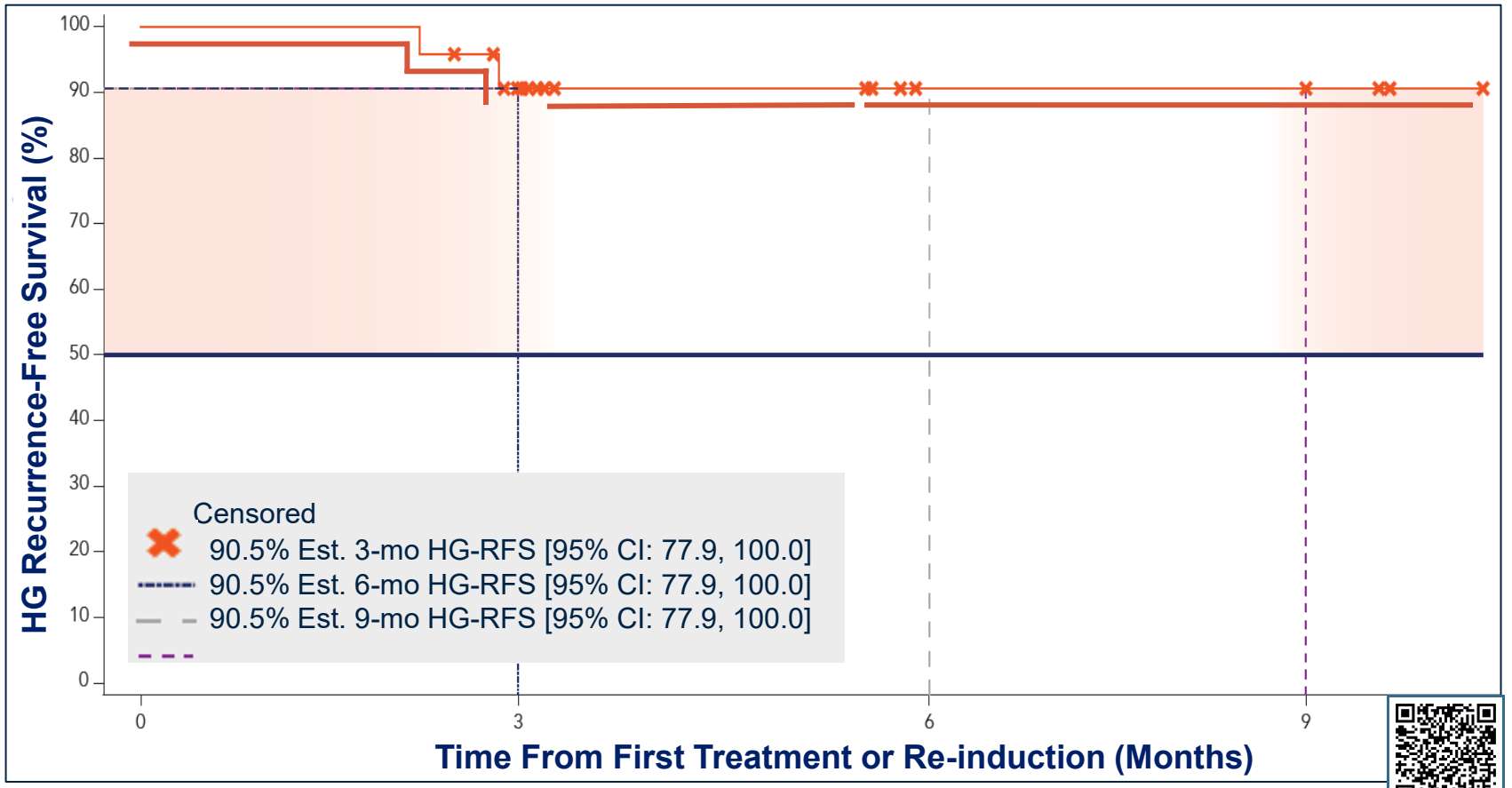
BCAN 20 Years of Impact

CG ONCOLOGY Attacking Bladder Cancer for a Better Tomorrow™

First Results: BOND-003 Cohort P HR NMIBC BCG-Unresponsive HG Ta/T1

- Data from first 24 treated patients
- Strong early responses with **90.5% HG-RFS** (95% CI: 77.9-100%) at 3 and 9 Months
- Very **well-tolerated** regimen
- **No SAEs** related to cretostimogene
- No discontinuations related to cretostimogene
- **Topline results expected 2H2025**

Kaplan-Meier Estimate for High Grade Recurrence-Free Survival



Censored patients include those pending efficacy assessments.

BOND-003 COHORT C

BCAN 20 Years of Impact

Thank You

All Bladder Cancer Patients and Their Families

Key Investigators, Study Coordinators, Nurses

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