

**BACKGROUND**

- **High-Risk NMIBC challenges:** considerable recurrence and progression risk; ongoing BCG shortage <sup>1-2</sup>
- Cretostimogene grenadenorepvec is a tumor-selective oncolytic immunotherapy with a dual mechanism of action; it replicates in and lyses cancer cells while simultaneously amplifying the immune response against bladder tumors
- BOND-003 evaluating cretostimogene in BCG-UR NMIBC with CIS population showed a 75% CR and median DoR of 27.9 months, with 0% ≥ Grade 3 TRAEs—consistent with previous findings <sup>3-7</sup>
- Granted US FDA Fast Track and Breakthrough Therapy Designations in HR BCG-UR NMIBC CIS +/- Ta/T1

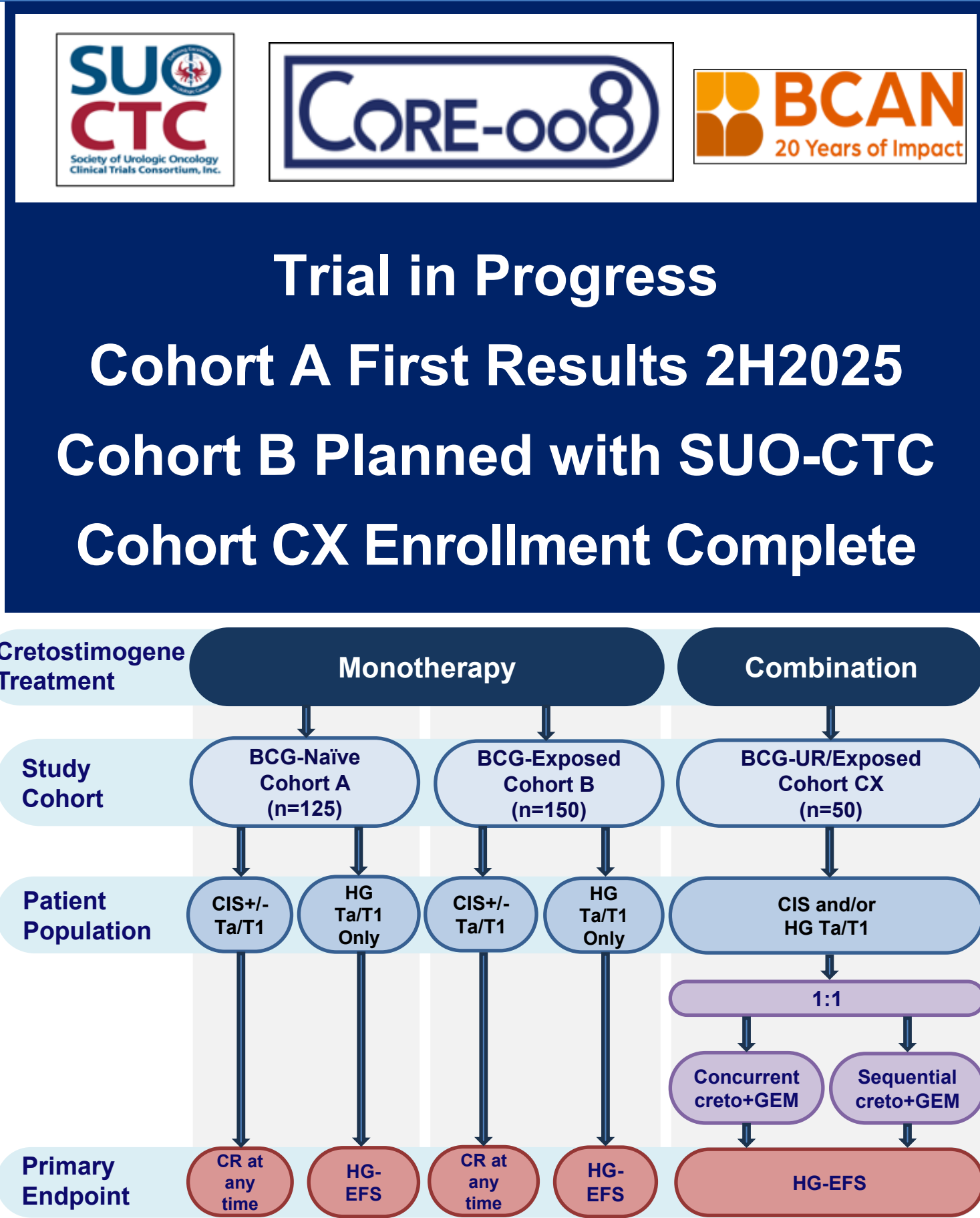
**CORE-008 is evaluating cretostimogene as a monotherapy, and in rational combinations, in a broad High-Risk NMIBC population:**

- Cohort A: BCG-Naïve NMIBC
- Cohort B: BCG-Exposed NMIBC
- Cohort CX: Combination with intravesical gemcitabine in BCG-UR & BCG-Exposed NMIBC

**Abbreviations:** CR = complete response; EFS = event-free survival NMIBC = non-muscle invasive bladder cancer; TRAE = treatment-related adverse event; UR = unresponsive

**References:** 1 NCCN Bladder Cancer Guidelines; 2025 2 AUA/SUO NMIBC Guidelines; 2024 3 Burke, J Urol; 2012, 4 Packiam, Urol Oncol; 2018, 5 Li, AUA Meeting; 2022, 6 Li, Nat Med; 2024, 7 Tyson, AUA Meeting, 2025

**Acknowledgements:** Andy Darilek, MD; Jee-Hyun Kim, PhD; John McAdory; Kara Sabourin; Kristen Scholz, DHSc; Kyle Rice; Michael Lambert; Pradhya Gunjotikar; Rebecca Tregunna, MD, MBA; Shelja Patel, PharmD and Vijay Kasturi, MD



**METHODS**

- CORE-008 is a phase 2, multi-arm, multi-cohort, open-label trial to evaluate the safety and efficacy of Cretostimogene in patients with high-risk NMIBC
- High-Risk eligibility per AUA/SUO guideline criteria
- Primary endpoint for CIS is CR at any time and HG-EFS for papillary-only
- Response Assessments include cystoscopy, biopsy as indicated & cytology every 3 months for first 2 years and every 6 months starting Year 3

Study Population	Key Secondary Endpoints
<b>BCG-Naïve-</b> no prior BCG, BCG >24 mo ago, or 1-2 doses within past 24 mo	<b>Duration of Response</b>
<b>BCG-Exposed-</b> received prior BCG and recurred either immediately at the first evaluation or at a delayed timepoint, after adequate or inadequate BCG	<b>All-Cause Event Free Survival</b>
<b>BCG-Unresponsive-</b> must receive adequate BCG and present with recurrence at specified timepoints	<b>Bladder Cancer Specific Survival</b>
	<b>Cystectomy-Free Survival</b>
	<b>Progression-Free Survival</b>
	<b>Safety</b>

	Induction	Maintenance/Follow-up										Ext. Maintenance/Long Term Follow-up
Month	0	3	6	9	12	15	18	21	24	30/36		
Cohort A, B, CX (Concurrent)	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	
Cohort CX (Sequential)	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	●●●●●●	

**Legend**  
● IVE cretostimogene  
● IVE gemcitabine

**Contact Information:** Colin P. Dinney, MD; [Cdinney@mdanderson.org](mailto:Cdinney@mdanderson.org)