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Enrollment Characteristics of Underrepresented Patients in Clinical Trials Using Cretostimogene Grenadenorepvec for High-Risk BCG-Unresponsive Non-Muscle Invasive Bladder Cancer

Yair Lotan, MD;[1*] Sarah P. Psutka, MD, MSc;[2] Sima P. Porten, MD, MPH;[3] Kristen R. Scarpato, MD, MPH;[4] Mary E. Westerman MD;[5] and Anne K. Schukman, MD[6]

[1]University of Texas Southwestern Medical Center, Dallas, Texas [2] University of Washington, Seattle, Washington [3] University of California, San Francisco, California [4] Vanderbilt University Medical Center, Nashville, Tennessee
[5] University of North Carolina, Raleigh, North Carolina [6] Norris Comprehensive Cancer Center, University of South California, Los Angeles, California

BACKGROUND

- Bladder cancer is a common malignancy in the U.S., with an estimated 85,000 new cases in 2025 [1]
- Widespread disparities currently exist in bladder cancer treatment and outcomes by race and ethnicity, leading to higher cancer-specific mortality [2-3]
- Women tend to be diagnosed later and have higher cancer-specific mortality when compared with men [3]
- NIH Revitalization Act passed in 1993 to improve participation and reporting of minority populations in clinical trials, yet treatment disparities persist [2,4]
- Bladder cancer trials have low rates of enrollment of underrepresented populations [2,4]

A retrospective review was conducted to evaluate the baseline demographics of patients enrolled in BOND-003 and CORE-001 BCG-UR NMIBC trials evaluating cretostimogene

Abbreviations: BCG = Bacillus Calmette-Guerin; NMIBC = non-muscle invasive bladder cancer; UR = unresponsive; HR = high-risk

References: **1** American Cancer Society, 2025; **2** Fletcher, *Urol Oncol*, 2022 **3** Weiner. *Urol Oncol*, 2018 **4** Javier, *Urol Oncol*, 2022

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BOND-003 CORE-001

BCG-UR NMIBC Trials Lack Diversity

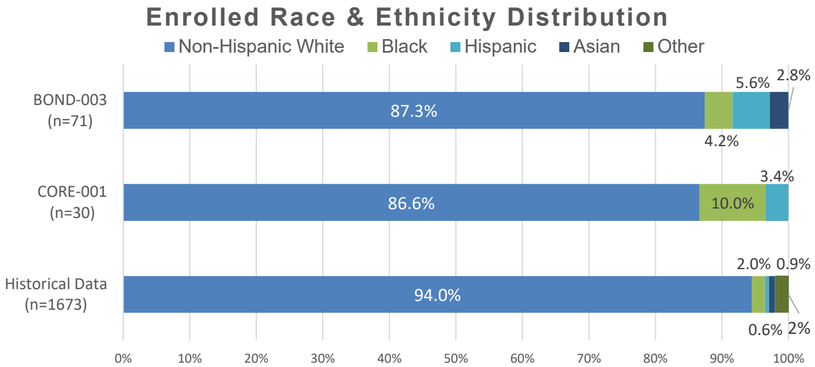
CG Oncology BCG-UR Trials Enrolled Inclusive population

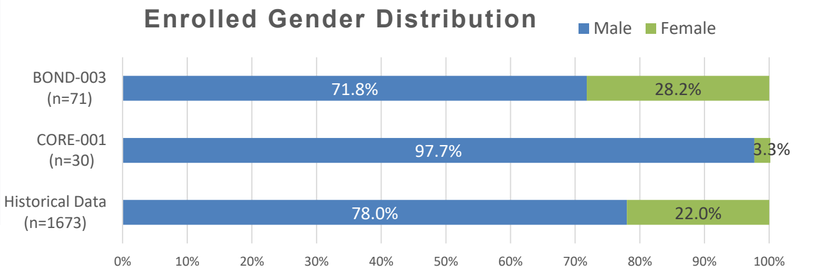
Data Informs Ongoing Diversity Plan

METHODS

- Retrospective analysis of HR BCG-UR NMIBC patients enrolled from BOND-003 (n=71) and CORE-001 (n=30) across U.S. based sites
- Racial, ethnicity, and gender distribution from each study was assessed
- Demographics were compared to published historical data across 27 BCG-UR NMIBC trials (n=1673) from 1998-2021

RESULTS





CONCLUSION

- Enrollment characteristics across two cretostimogene studies with HR BCG-UR NMIBC demonstrate a generalizable racial, ethnic, and gender distribution
- There is an ongoing need to improve access for underrepresented patient populations in clinical trials
- Initiatives such as formal diversity plans and expanded access programs may help bridge this gap to increasing representation in treatment healthcare outcomes

Contact Information: Yair Lotan, MD; Yair.Lotan@UTSouthwestern.edu