Updates to the CORE-008 Trial Protocol: A Phase 2 Multi-Arm, Multi-Cohort Study to Evaluate Intravesical Cretostimogene Grenadenorepvec in Patients with High-risk Non-Muscle Invasive Bladder Cancer

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BACKGROUND

- High-Risk NMIBC challenges: considerable recurrence and progression risk; ongoing BCG shortage 1-2
- Cretostimogene grenadenorepvec is an oncolytic immunotherapy with a dual mechanism of action; it selectively 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 3-7
- Granted US FDA Fast Track and Breakthrough Therapy Designations in HR BCG-UR NMIBC CIS +/- Ta/T1

CORE-008 is evaluating creotostimogene 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

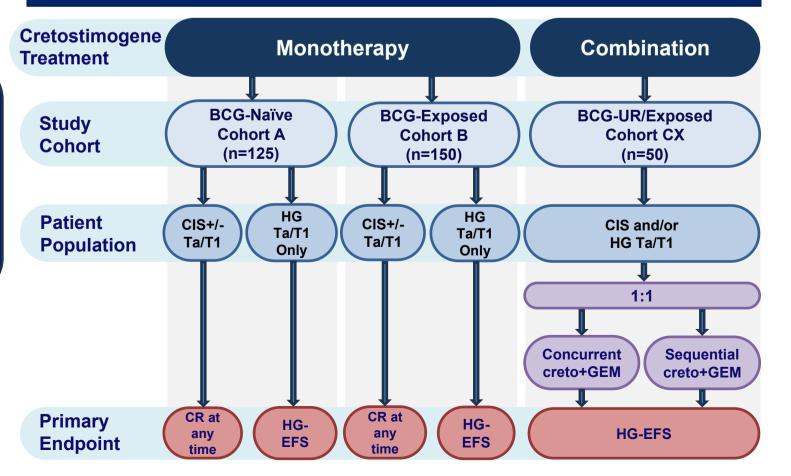
Abbreviations: CR = complete response; EFS = event-free survival NMIBC = non-muscle invasive bladder cancer; TRAE = treatment-related adverse event; UR = unresponsive

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

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Cohort B Planned with SUO-CTC Cohort CX Enrollment Complete



METHOD

- · CORE-008 is a phase 2, multi-arm, multi-cohort, openlabel 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

BCG-Naïve- no prior BCG, BCG >24 mo ago, or 1-2 doses within past 24 mo

BCG-Exposed- received prior BCG and recurred either immediately at the first evaluation or at a delayed timepoint, after adequate or inadequate BCG

BCG-Unresponsive- must receive adequate BCG and present with recurrence at specified timepoints

Key Secondary Endpoints

Duration of Response

All-Cause Event Free Survival

Bladder Cancer Specific Survival

Cystectomy-Free Survival

Progression-Free Survival

Safety

