Trial in Progress: PIVOT-006 – A Phase 3, Randomized Study of Adjuvant Intravesical Cretostimogene Grenadenorepvec Versus Surveillance for the Treatment of Intermediate-Risk Non-Muscle Invasive Bladder Cancer



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BACKGROUND

- IR-NMIBC patients represent 30% of NMIBC population ¹
- In Intermediate-Risk NMIBC, guidelines recommend intravesical therapy or surveillance, yet recurrence rates remain high at 30-60% ²⁻³
- With real-world data suggesting lack of adjuvant chemotherapy use, surveillance is the most appropriate real-world comparator ⁴
- 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
- Granted US FDA Fast Track and Breakthrough Therapy Designations in HR BCG-UR NMIBC CIS +/- Ta/T1

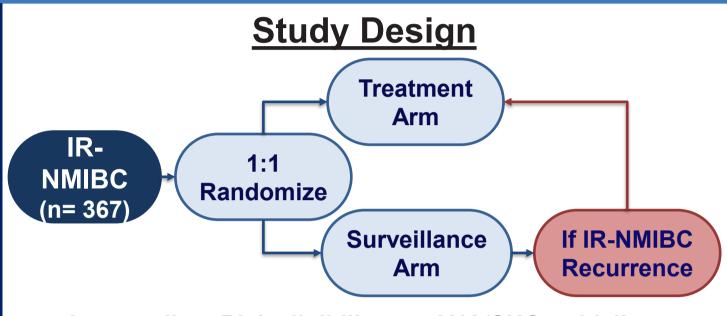
PIVOT-006 is a multi-center, randomized Phase 3 study to assess the efficacy and safety of adjuvant cretostimogene versus surveillance in patients with IR NMIBC

Abbreviations: BCG = Bacillus Calmette-Guerin; IR = intermediate-risk; NMIBC = non-muscle

References: 1 SEER; 2019, 2 NCCN Bladder Cancer Guidelines; 2025 3 AUA/SUO NMIBC Guidelines: 2024 4 Mari, Ural Oncol: 2020

Guidelines; 2024, 4 Mori, Urol Oncol; 2020

PIVOT-000 Adjuvant IR-NMIBC **Randomized Controlled Trial Enrollment Completed** 90+ North American Sites Oncolytic Immunotherapy: Cretostimogene Grenadenorepvec's **Dual Mechanism of Action** Selectively Replicates in and Chain Reaction of Cancer Cell Death: Lyses Bladder Cancer Cells Viral progeny spread to additional tumor cells target Innate to Adaptive Immune Switch: Anti-tumor Cytokine and antigen release activates Immune Response T & B-cells, inducing immunologic memory



- Intermediate-Risk eligibility per AUA/SUO guidelines
- Patients may be offered cretostimogene treatment, if Intermediate-Risk recurrence in surveillance arm
- Primary endpoint is Recurrence-Free Survival
- Stratification by perioperative chemotherapy & tumor grade
- Robust patient reported outcomes and biomarkers
- Response assessments include cystoscopy, biopsy as indicated & cytology every 3 months for first 2 years and every 6 months starting Year 3



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