

# Integrating Cretostimogene Grenadenorepvec in Urology Practices: Clinical and Practical Nursing Considerations from the BOND-003 Study



Meredith E. Donahue, APRN;<sup>1\*</sup> Ashley Burns, RN;<sup>2</sup> Debra Cohen, RN;<sup>3</sup> Mark D. Tyson, MD, MPH;<sup>4</sup> Edward M. Uchio, MD;<sup>5</sup> Jong-Kil Nam, MD;<sup>6</sup> Shreyas S. Joshi, MD;<sup>7</sup> Trinity J. Bivalacqua, MD, PhD;<sup>8</sup> Gary Steinberg, MD;<sup>9</sup> Hiroshi Kitamura, MD;<sup>10</sup> Ben Tran, MBBS<sup>11</sup> and Roger Li, MD<sup>12</sup>

<sup>1</sup> Vanderbilt University, Nashville, Tennessee <sup>2</sup> Carolina Urologic Research Center, Myrtle Beach, South Carolina <sup>3</sup> Spokane Urology, Spokane, Washington <sup>4</sup> Mayo Clinic, Phoenix, Arizona <sup>5</sup> University of California Irvine, Irvine, California

<sup>6</sup> Busan National University Yangsan Hospital, Yangsan, Korea <sup>7</sup> Emory University School of Medicine, Atlanta, Georgia <sup>8</sup> University of Pennsylvania, Philadelphia, Pennsylvania <sup>9</sup> Rush University Medical Center, Chicago, Illinois <sup>10</sup> University of Toyama, Toyama, Japan

<sup>11</sup> Peter MacCallum Cancer Center, Melbourne, Australia <sup>12</sup> H. Lee Moffitt Cancer Center, Tampa, Florida

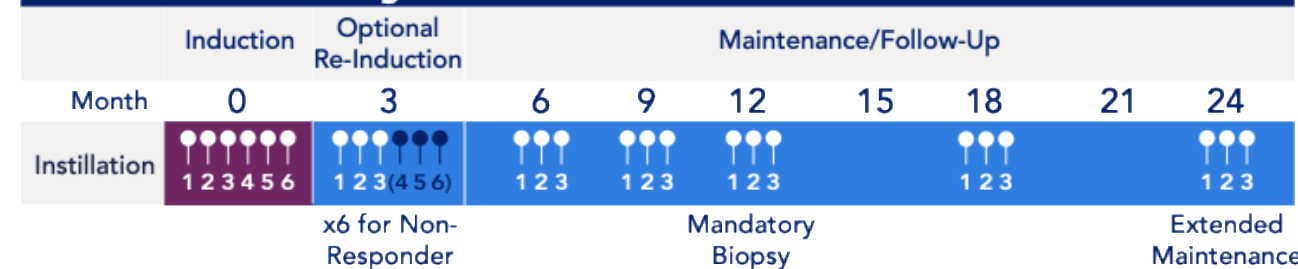
## BACKGROUND

- 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
- BOND-003 (NCT04452591) is a pivotal phase 3 trial designed to evaluate cretostimogene in patients with HR BCG-UR NMIBC
- We present practical considerations with the use of cretostimogene

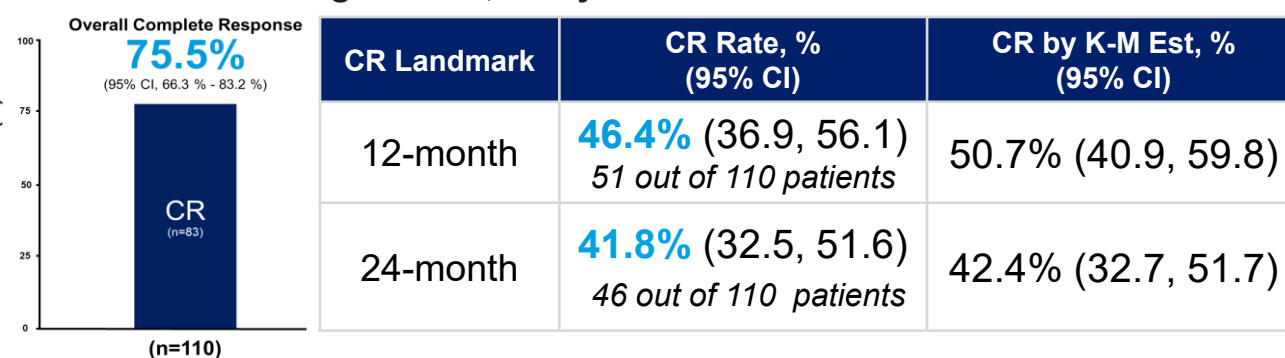
## BOND-003 STUDY DESIGN & RESULTS

- Enrolled 112 patients with HR BCG-UR NMIBC with CIS +/- Ta/T1
- Familiar intravesical treatment schedule
- Response assessments: cystoscopy ( $\pm$  biopsy) & cytology q3mo  $\times$  2yrs, then q6mo starting Yr 3; all responses centrally confirmed

### Study Administration Schedule



- CR rate at any time is 75.5% (83/110) (95% CI 66.3-83.2%)
- Median DOR is 27.9 months (95% CI 14.3-NE%) and is on-going
- At 24 months 97.3% were free from progression to  $\geq$ T2 disease and 84.5% avoided RC
- Most AEs were grade 1-2; 1-day median time to TRAE resolution

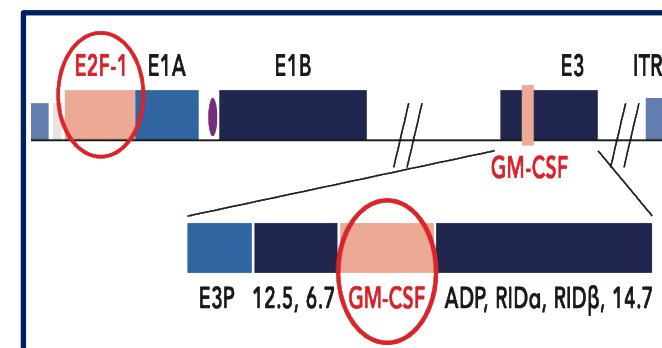
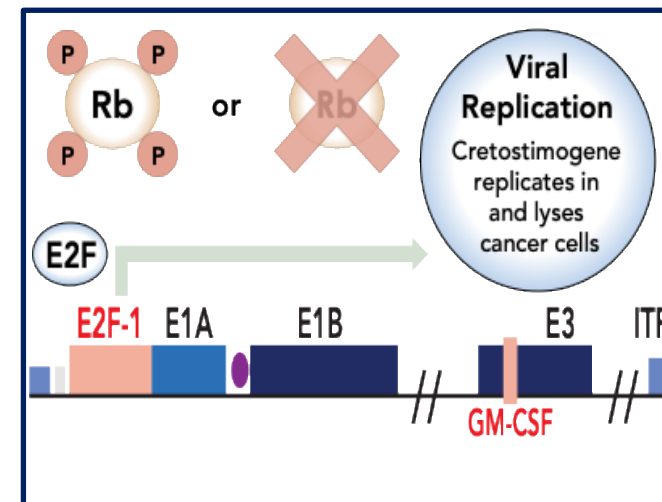


Preferred Term (MedDRA v.26.1)	Cretostimogene (n=112)	
	Any Grade (%)	Grade $\geq$ 3
Patients with $\geq$ 1 TRAE	71 (63.4%)	0 (0)
Treatment-Related AE reported in >20% patients		
Bladder Spasm	28 (25%)	0 (0)
Pollakiuria	24 (21.4%)	0 (0)
Urgency	23 (20.5%)	0 (0)



- Cretostimogene is an effective, well-tolerated intravesical therapy that integrates safely and efficiently into urology workflow
- Cretostimogene is currently under investigation for Intermediate- and high-risk NMIBC
- Nurses and APPs play a vital role integrating novel bladder cancer therapies and enhancing patient experience

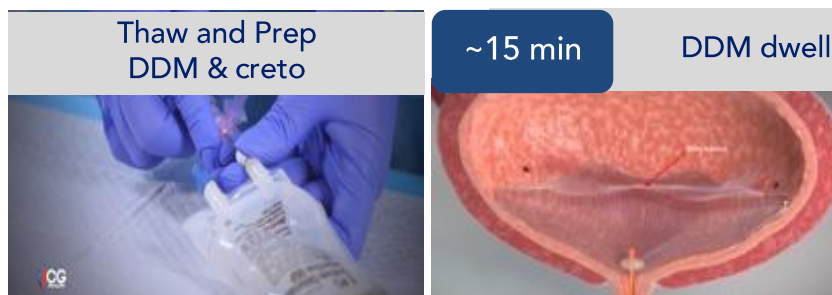
### Cretostimogene in cancer cells



Nurse, Medical Assistant\*, Nurse Practitioner, Physician Assistant, Urologist

### Preparation & Administration

May be completed in a standard clinic room



\* Subject to state laws and institutional policies

## KEY NURSING CONSIDERATIONS

### Pre-Instillation Planning

- Review patient history (difficult catheterizations, UTI, etc)
- Gather necessary supplies
- Ensure bladder is emptied prior to instillation
- No Pretreatment or ancillary medications are required per protocol

### Preparation & Handling

- Ensure DDM (excipient) and creto are completely thawed before use
- Follow universal biosafety protocols- cretostimogene is BSL-2 like BCG
- Use appropriate protective equipment (e.g., gloves, gown, eye protection) during preparation and administration

### Administration

- Convenient in-office instillation with familiar treatment schedule
- Aligned with joint AUA/SUNA policy & position statement on IVE therapy
- Administered with foley (indwelling with balloon)
- Administration allows patient throughput and comfort

### Follow-Up & Patient Education

- Provide instructions and resources for post treatment care
- Close contact with loved ones is acceptable if patient is free from cold- or flu-like symptoms
- Counsel on the importance of open communication with the care team regarding potential side effects
- Reinforce importance of ongoing NMIBC surveillance and adherence to the treatment plan

**Abbreviations:** BSL= Bio Safety Level 2; CIS = carcinoma in situ; CR = complete response; DOR = duration of response; IVE= Intravesical; K-M = Kaplan-Meier; NMIBC = non-muscle invasive bladder cancer; TRAE= Treatment-related adverse event; UR = unresponsive

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