

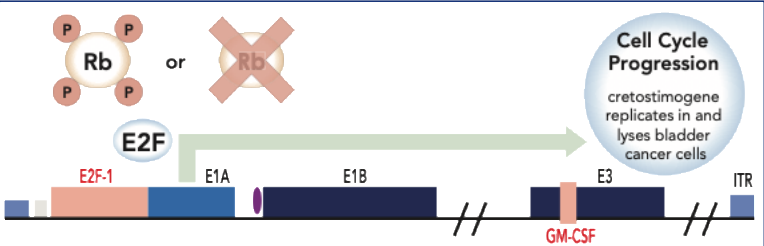
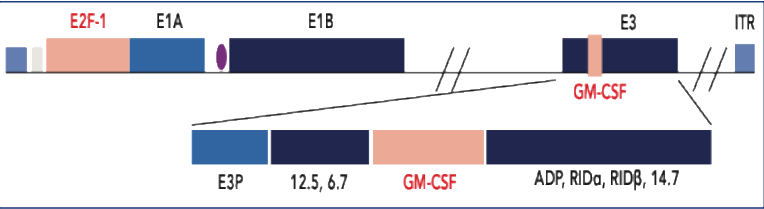
CORE-008: A Phase-2, Multi-Arm, Multi-Cohort, Open-Label Study of Cretostimogene Grenadenorepvec for the Treatment of High-Risk NMIBC

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BACKGROUND

- HR NMIBC challenges: considerable recurrence and progression risk; ongoing BCG shortage¹⁻²
- Cretostimogene grenadenorepvec is an oncolytic immunotherapy with a dual mechanism of action
- Selectively replicates in and lyses cancer cells while simultaneously amplifying the immune response against bladder tumors
- Cretostimogene demonstrates Complete Response rates of 46-85% with favorable safety and tolerability in High-Risk NMIBC previously treated with BCG³⁻⁷
- Granted US FDA Fast Track and breakthrough Therapy Designations in HR BCG-UR NMIBC CIS +/- HG Ta/T1



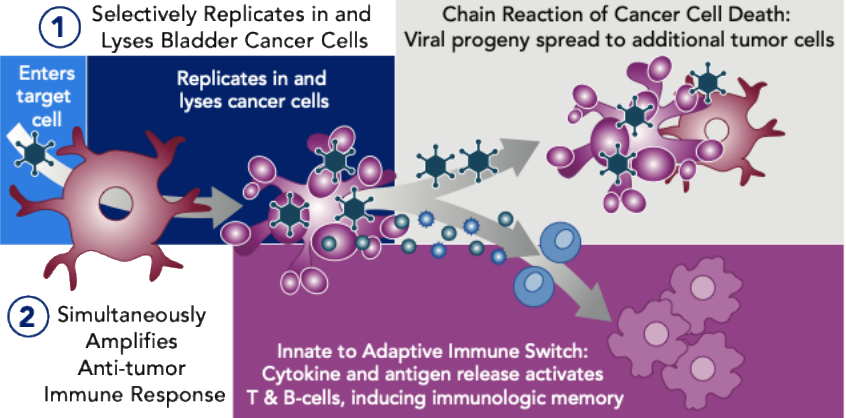
References: 1 NCCN Bladder Cancer Guidelines; 2024, 2 AUA NMIBC Guidelines; 2024, 3 Burke, *J Urol*; 2012, 4 Packiam, *Uro Onc*; 2018, 5 Li, AUA Meeting; 2022, 6 Tyson, SUO Meeting; 2023, 7 Tyson, AUA Meeting; 2024



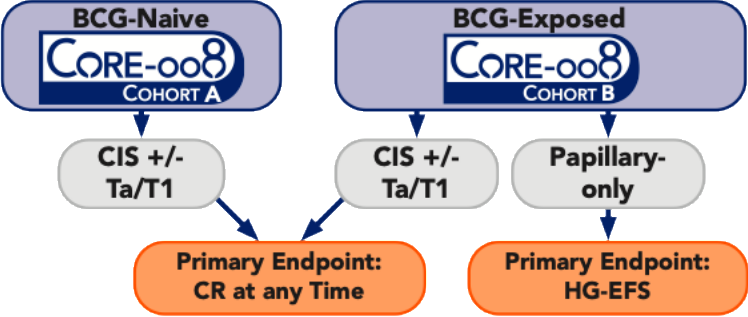
SUO-CTC Sponsored Trial in Progress Actively Enrolling



Oncolytic Immunotherapy: Cretostimogene Grenadenorepvec's Dual Mechanism of Action



STUDY DESIGN



- High-Risk eligibility per AUA guidelines
- Secondary endpoints: DoR, all-cause EFS, CFS, safety
- Robust patient reported outcomes and biomarkers

Study Administration Schedule												
	Induction			Maintenance/Follow-Up						Long-Term Follow-Up		
Month	0	3	6	9	12	15	18	21	24	30/36		
Instillation	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	(1 2 3)	
		x6 for Non-Responder			Biopsy, as indicated						Extended Maintenance	

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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