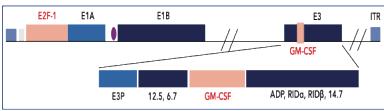
# PIVOT-006: A Phase-3, Randomized Study of Cretostimogene Grenadenorepvec Versus Surveillance for the Treatment of Intermediate-Risk NMIBC

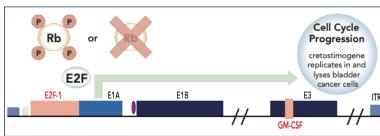
Robert S. Svatek, MD, MSCI,<sup>1</sup> Trinity J. Bivalacqua, MD, PhD,<sup>2</sup> Neal D. Shore, MD,<sup>3</sup> Gautam Jayram, MD,<sup>4</sup> David Y. Josephson, MD<sup>5</sup>, and Siamak Daneshmand, MD<sup>6</sup>

<sup>1</sup> University of Texas Health San Antonio, San Antonio, Texas, <sup>2</sup> University of Pennsylvania, Philadelphia, Pennsylvania, <sup>3</sup> Carolina Urologic Research Center, Myrtle Beach, South Carolina, <sup>4</sup> Urology Associates, PC, Nashville, Tennessee, <sup>5</sup> Tower Urology, Los Angeles, California, <sup>6</sup> University of Southern California/Norris Comprehensive Cancer Center, Los Angeles, California

### **BACKGROUND**

- 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 BCG <sup>1-5</sup>
- In Intermediate-Risk NMIBC, guidelines recommend intravesical therapy or surveillance, yet recurrence rates remain high at 30-60% <sup>6,7</sup>

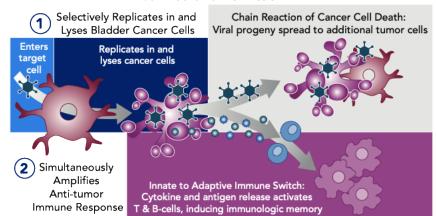




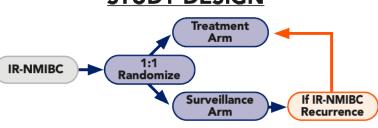
References: 1 Burke, J Urol; 2012, 2 Packiam, Uro Onc; 2018, 3 Li, AUA Meeting; 2022, 4 Tyson, SUO Meeting; 2023, 5 Tyson, AUA Meeting, 2024; 6 NCCN Bladder Cancer Guidelines; 2024, 7 Messing, JAMA; 2018



## Oncolytic Immunotherapy: Cretostimogene Grenadenorepvec's Dual Mechanism of Action



#### STUDY DESIGN



- Intermediate-Risk eligibility per AUA guidelines
- Recurrence in surveillance arm with option for cretostimogene treatment
- Primary endpoint Recurrence-Free Survival
- Stratification by perioperative chemotherapy & tumor grade
- Robust patient reported outcomes and biomarkers

# Study Administration Schedule Induction Maintenance/Follow-Up Month 0 3 6 9 12 15 18 21 24 Instillation Instillation

# Response Assessments include cystoscopy, biopsy as indicated & cytology every 3 months for first 2 years and every 6 months starting Year 3

Acknowledgements: Shelly Basye, MD, Jee-Hyun Kim, PhD, John McAdory, Kara Sabourin, Kristen Scholz, DHSc, Kyle Rice, Maira Ansari, Michael Lambert, Pat Keegan, MD, MPH, Pradnya Gunjotikar, Rebecca Tregunna, MD, MBA, Shelja Patel, PharmD, Andy Darilek, MD, and Vijay Kasturi, MD

#### Contact Information:

Robert Svatek, MD, PIVOT-006 Global PI; svatek@uthscsa.edu

