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BOND-003 | Cohort P | A Multinational, Single-Arm Study of Cretostimogene Grenadenorepvec for the Treatment of High-Risk, Papillary Only, BCG-Unresponsive NMIBC

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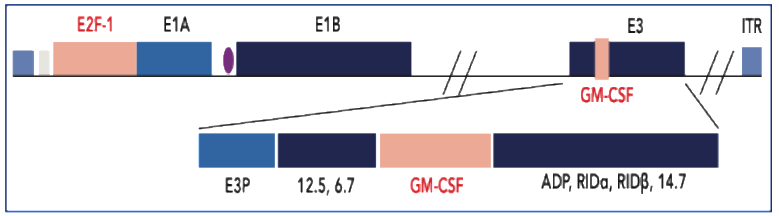
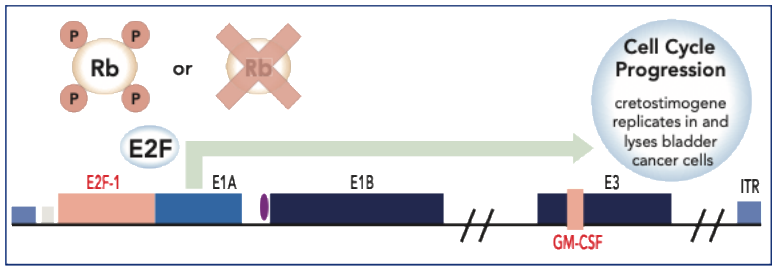
BACKGROUND

- 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% in High-Risk NMIBC previously treated with BCG[1-5]
- Favorable tolerability and safety profile with only grade 1-2 adverse events[1-5]
- Granted US FDA Fast Track and Breakthrough Therapy Designations in HR BCG-UR NMIBC CIS +/- HG Ta/T1





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

BOND-003 COHORT P

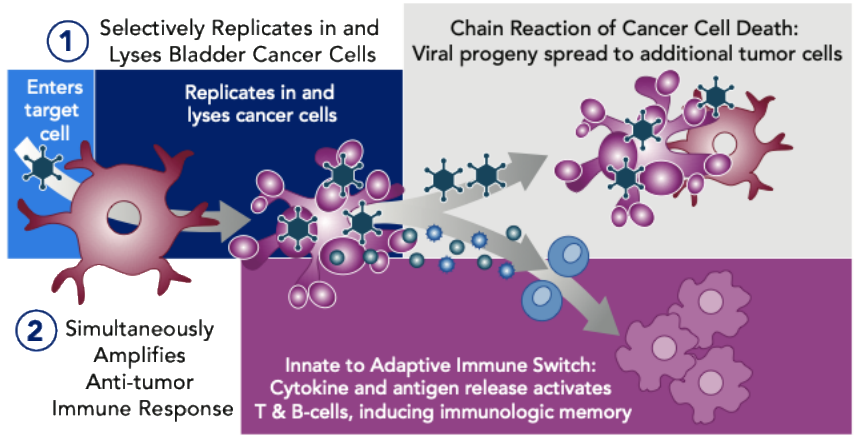
Actively Enrolling

Significant Unmet Need in BCG-UR Papillary NMIBC

35+ Sites Globally

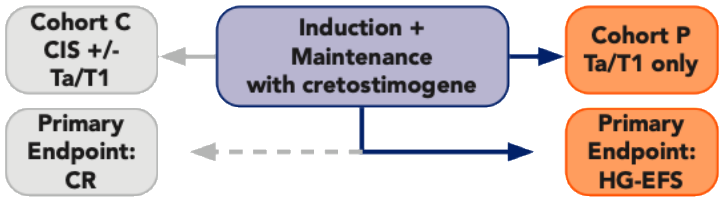
BCAN Bladder Cancer Advocacy Network

Oncolytic Immunotherapy: Cretostimogene Grenadenorepvec's Dual Mechanism of Action



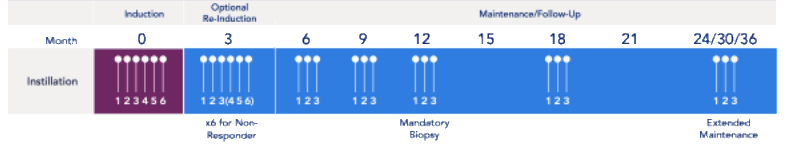
STUDY DESIGN

BOND-003: High-Risk BCG-Unresponsive NMIBC



- Enrolling patients with HG Ta/T1 without CIS
- BCG-Unresponsive defined as recurrent HG Ta/T1 **within 6 months** of last adequate BCG dose per FDA guidance
- HG T1 after single BCG induction course may be eligible

Study Administration Schedule



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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