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Updated Clinical & Translational Results: BOND-003 Cohort C- A Phase 3, Single-Arm Study of Intravesical Cretostimogene Grenadenorepvec for High-Risk BCG-Unresponsive Non-Muscle Invasive Bladder Cancer with Carcinoma In Situ

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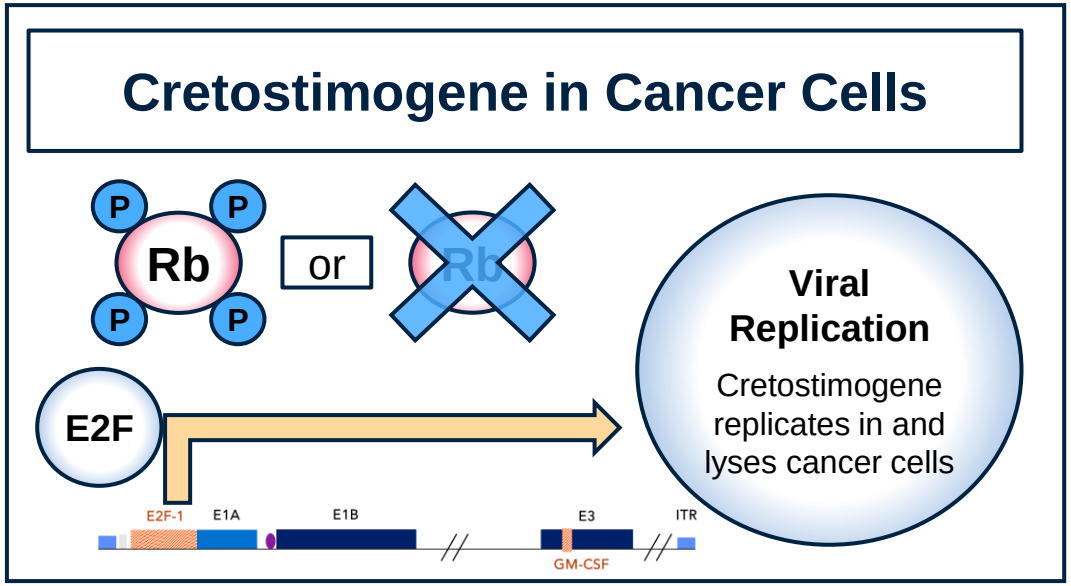
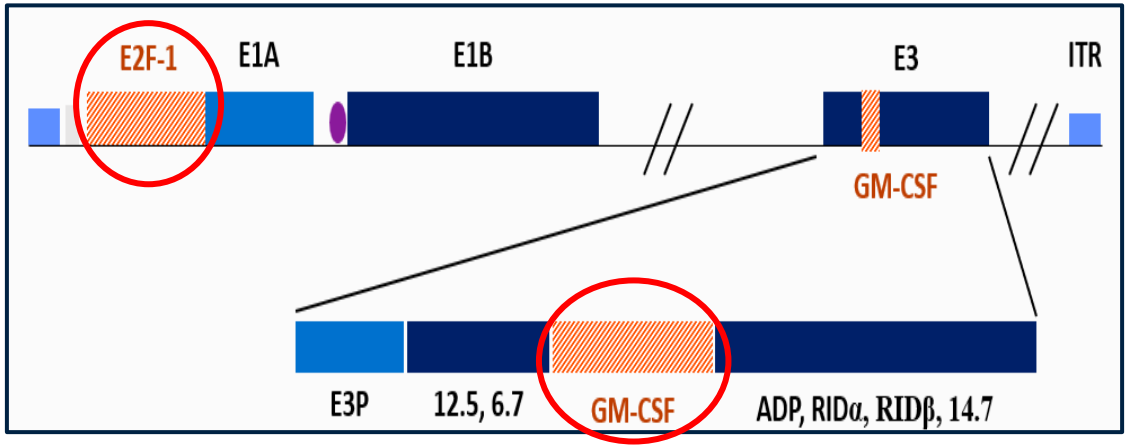
Disclosures

- CG Oncology- Clinical Investigator & Scientific Advisory Board

What is Cretostimogene Grenadenorepvec?

- **Oncolytic immunotherapy with dual MOA**
  - Viral replication results in tumor lysis
  - Stimulation of immune response
- Conditionally replicating, highly immunogenic adenovirus
  - Under the regulation of **human E2F-1 promoter**
    - Selective for RB-E2F pathway alterations
  - Encodes **GM-CSF transgene**





CG Oncology proprietary illustration. Sachs, et al. *Urology* 2002
Burke, et al *J Urol* 2012

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Phase 3 Cretostimogene Monotherapy for High-Risk BCG-Unresponsive NMIBC with CIS

BOND-003 COHORT C | FDA Fast Track Designation | FDA Breakthrough Therapy Designation

HR BCG-Unresponsive NMIBC → **Cretostimogene Grenadenorepvec**
Single-Arm, Open-Label, IVE Administration → **Primary Endpoint: CR at Any Time**

Population

- **Enrollment complete (n=112)**
- Pathologically confirmed High-Risk BCG-Unresponsive NMIBC with CIS +/- HG Ta/T1
- All HG Ta/T1 disease resected prior to treatment
- Mandatory biopsies at 12-month assessment[1]

Study Design / Regimen

Induction Course:
Weekly x 6

Second Induction[2]:
Weekly x 6 for non-responders

Maintenance Course:
Weekly x 3 Q3M for Year 1
Weekly x 3 Q6M for Year 2-3

Additional Endpoints

- CR at 12-months
- DoR
- RFS
- PFS
- CFS
- Safety

NCT04452591

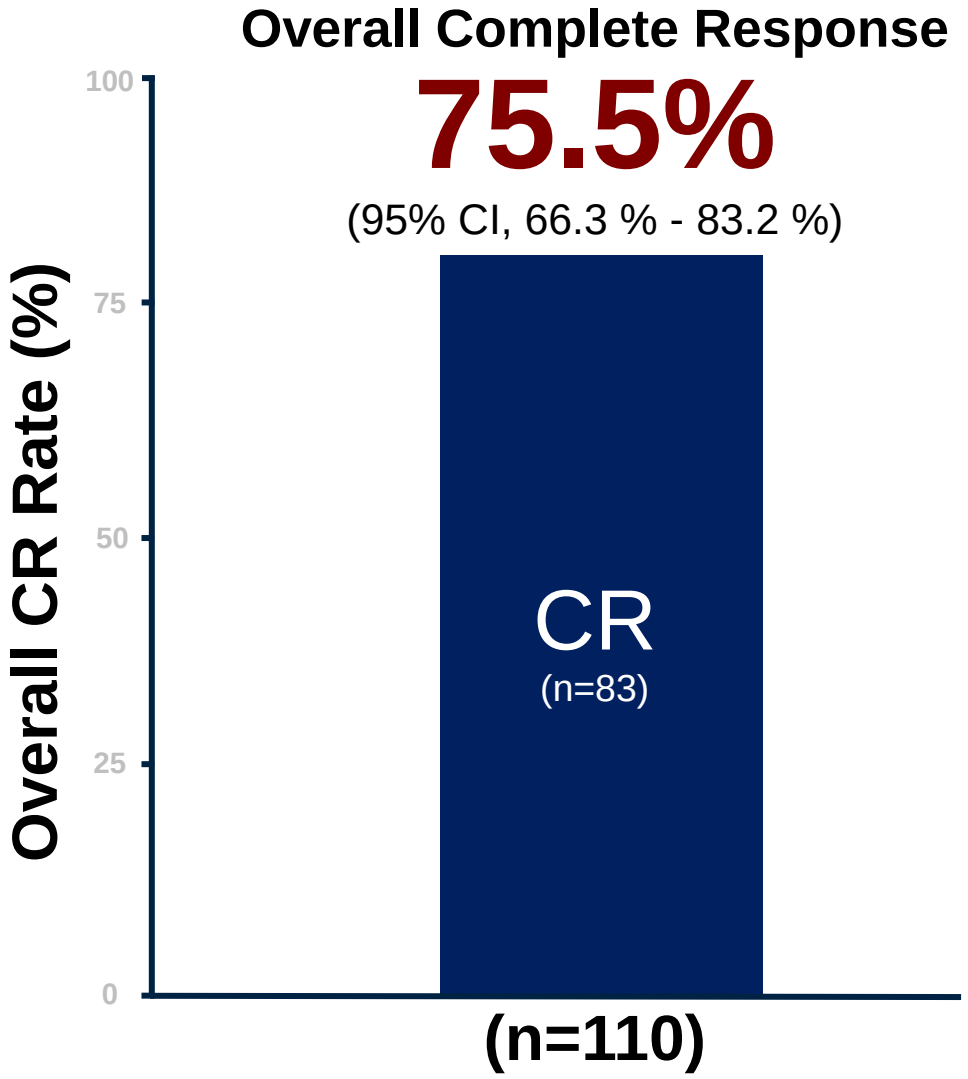
CIS = Carcinoma in situ. RFS = recurrence free survival. PFS = progression free survival.
Note: Patients undergo urine cytology and cystoscopy every 3 months for first 2 years, as well as mandatory bladder mapping at month 12.
[1] All patients required to undergo mandatory, systematic bladder mapping of 5 locations, biopsy of the prostatic urethra, and upper tract imaging to confirm CR
[2] Second induction course of weekly x 6 for non-responders at month 3.

Patient Demographics & Baseline Characteristics

Subjects in Safety Dataset	N=112	%
Gender		
Male	83	74.1
Female	29	25.9
Age (Years)		
Mean (SD)	72.9 (9.19)	
Median (Range)	74.0 (43-90)	
Age (Categories)		
< 65	19	17.0
≥ 65 and < 75	43	38.4
≥75	50	44.6
BCG History: Number of Prior Instillations		
Median (Range)	12 (7 – 66)	
High-Risk NMIBC T-Stage at Study Entry		
CIS with HG Ta/T1	22	19.6
CIS alone	90	80.4
ECOG Performance Status		
0- Fully Active	95	84.8
1- Restricted Physically	17	15.2

- Majority of patients are:
  - Male (74%)
  - White (62%)
  - > 65 years (83%)
- **Highly pre-treated population**
  - Prior intravesical chemotherapy
  - Systemic immunotherapy

Consistent and Compelling CR & Durability Data



CR Landmark	CR Rate, % (95% CI)	CR by K-M Est, % (95% CI)
12-month	**46%** (36.9, 56.1)[1] *51 out of 110 patients*	**50%** (39.6, 58.9)
24-month	***30 Confirmed CRs*** *that have reached 24-month timepoint and beyond*[2]	**41%** (30.4, 50.8)

Analysis based on both landmark CR rate assessed in clinical trial and CR by Kaplan-Meier estimate.

- 97.3% free from progression to MIBC at 12 months
- 90.0% Cystectomy-Free Survival at 12 months
- CR rate consistent across patient subgroups
- All complete responses are centrally confirmed[3]

Efficacy data cutoff as of 20JAN2025. Efficacy analysis centrally confirmed. All patients have active disease at baseline prior to enrollment. Received adequate BCG per FDA 2018 guidance.
[1] Based on centrally confirmed assessments as of 30SEPT2024 efficacy cutoff including two additional responders centrally confirmed past the data cutoff.
[2] Based on centrally confirmed responders who have reached 24-month evaluation timepoint, data is still accruing.
[3] A CR is defined as having a negative cystoscopy, a negative urine cytology, and a negative biopsy. In addition, all patients at 12-month timepoint undergo mandatory, systematic bladder mapping of 5 locations, biopsy of the prostatic urethra, and upper tract imaging to confirm CR and detect potential occult disease in the bladder.

Cretostimogene Demonstrates Sustained and Ongoing Duration of Response in HR BCG-UR NMIBC

Estimated DOR Probability at 12 Months

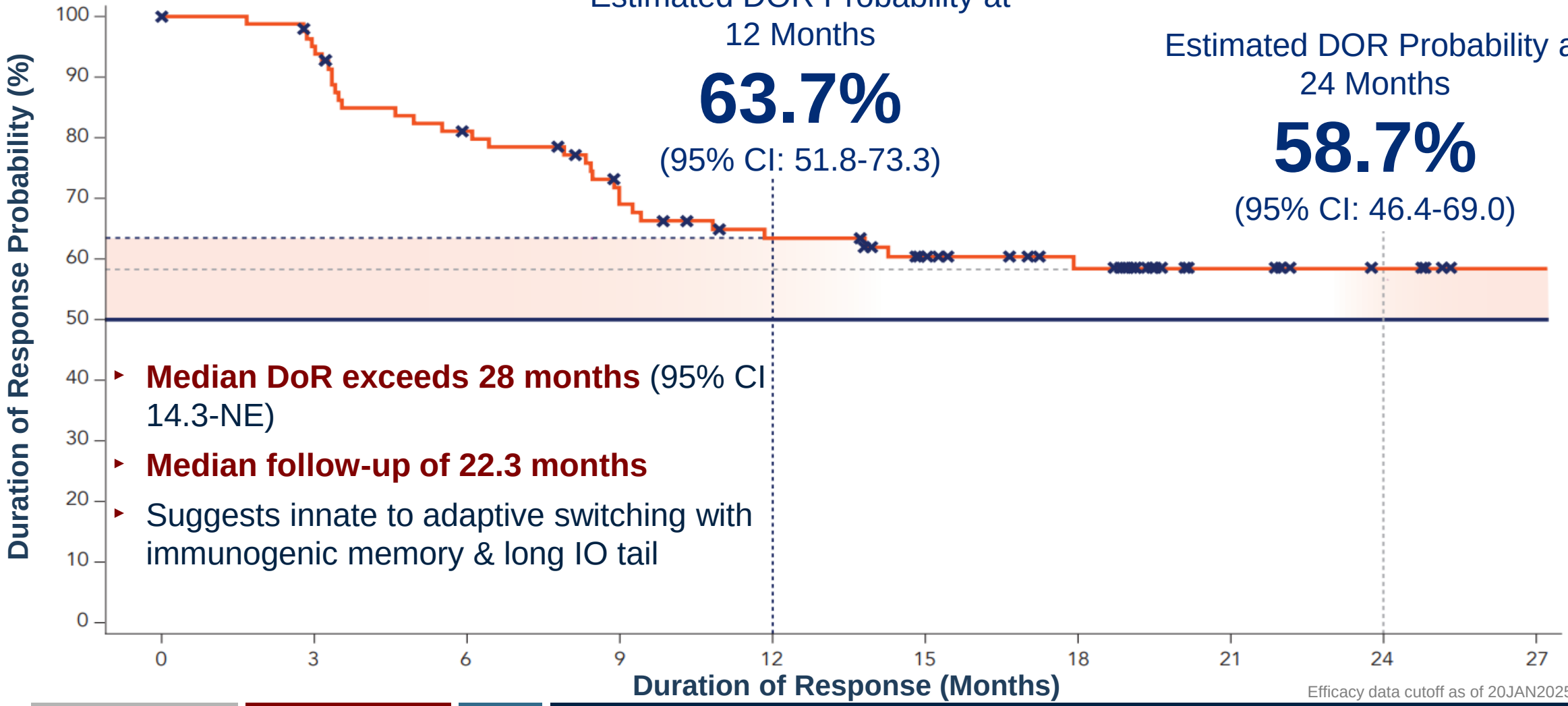
63.7%

(95% CI: 51.8-73.3)

Estimated DOR Probability at 24 Months

58.7%

(95% CI: 46.4-69.0)



- **Median DoR exceeds 28 months** (95% CI 14.3-NE)
- **Median follow-up of 22.3 months**
- Suggests innate to adaptive switching with immunogenic memory & long IO tail

Efficacy data cutoff as of 20JAN2025

Favorable & Well-Tolerated Safety Profile

Preferred Term (MedDRA v.26.1)	Cretostimogene (n=112)	
	Any Grade (%)	Grade ≥ 3
Patients with ≥ 1 TRAE	72 (64.3%)	0 (0)
Treatment-Related AE reported in > 10% patients		
Bladder Spasm	28 (25.0%)	0 (0)
Pollakiuria	23 (20.5%)	0 (0)
Urgency	22 (19.6%)	0 (0)
Dysuria	17 (15.2%)	0 (0)
Hematuria	15 (13.4%)	0 (0)

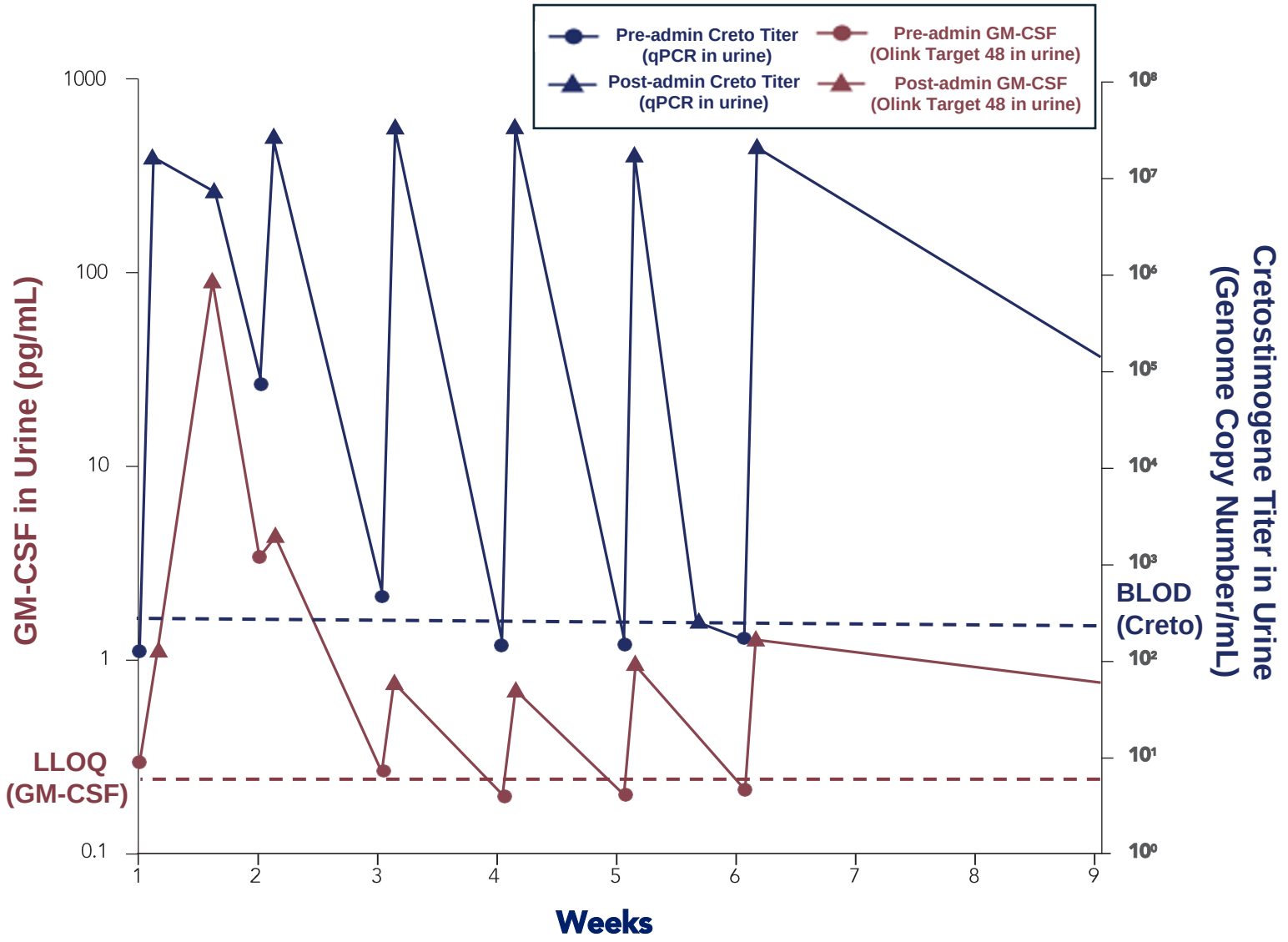
[1]Treatment-related SAEs were noninfective cystitis (Grade 2) and clot retention (Grade 2). Unrelated AE leading to treatment discontinuation was Hematuria (Grade 2).

- Most AEs were Grade 1-2
- **0% Grade ≥ 3 TRAEs or deaths**
- **1-day median time to TRAE resolution**
- **No treatment related discontinuations**
- 97.3% completed all protocol defined treatments
- 1.8% (n=2) had serious treatment-related AEs (Grade 2)[1]

Safety data cutoff as of 20JAN2025

TRAE= Treatment-Related Adverse Events

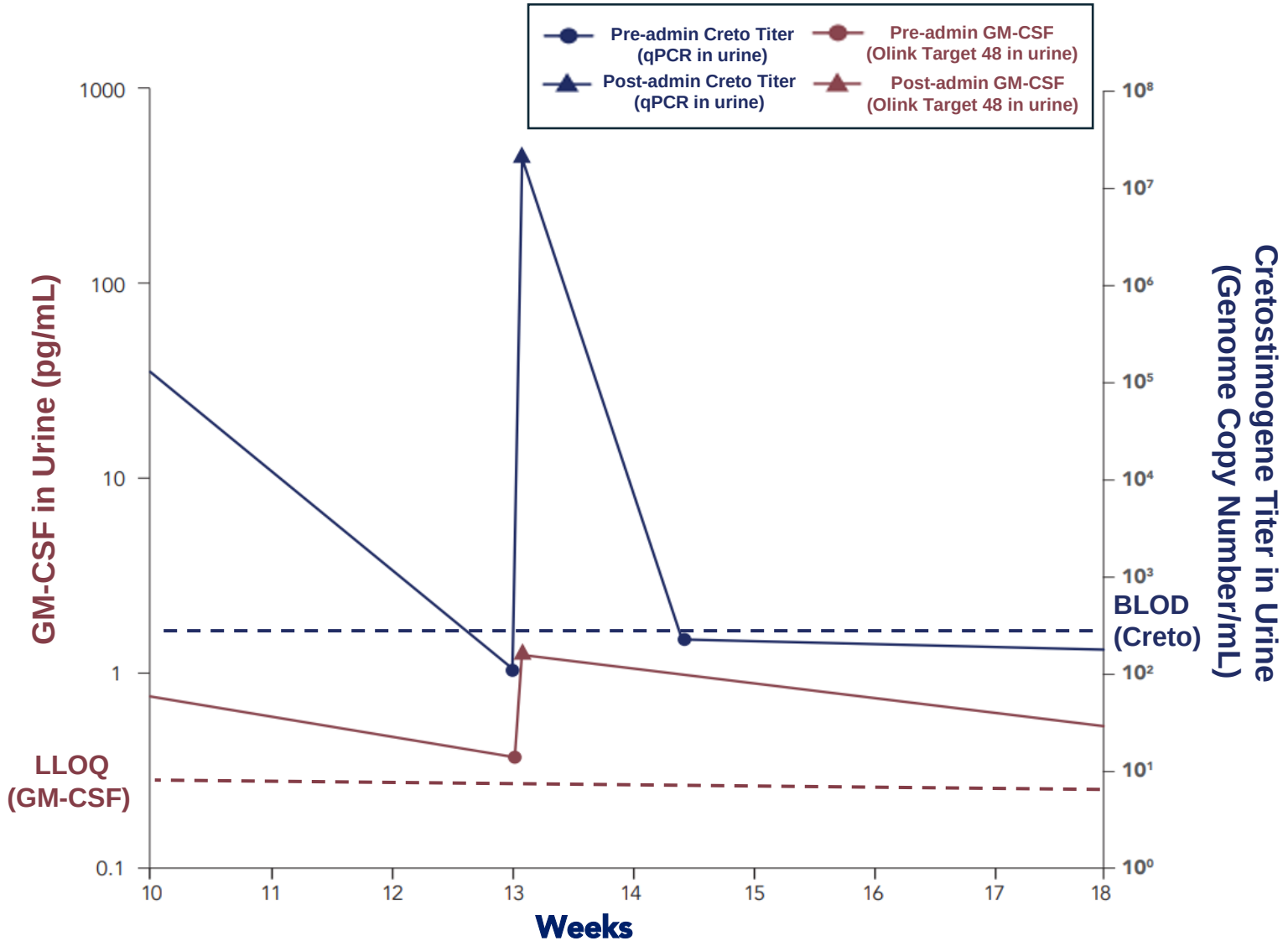
Viral Replication and Transgene Expression (Induction)



- Cretostimogene replication and GM-CSF expression are linked
- Levels peak immediately after instillation
- **Sustained local dosing**
- **Drop to BLOD within a week**
- **Effective payload delivery**
- Reinforces observations from V-0046/Phase 1

qPCR= quantitative polymerase chain reaction
BLOD (creto) = Below Limit of Detection (< 220 copies/mL); LLOQ (GM-CSF) = Lower Limit of Quantification (0.24 pg/mL)

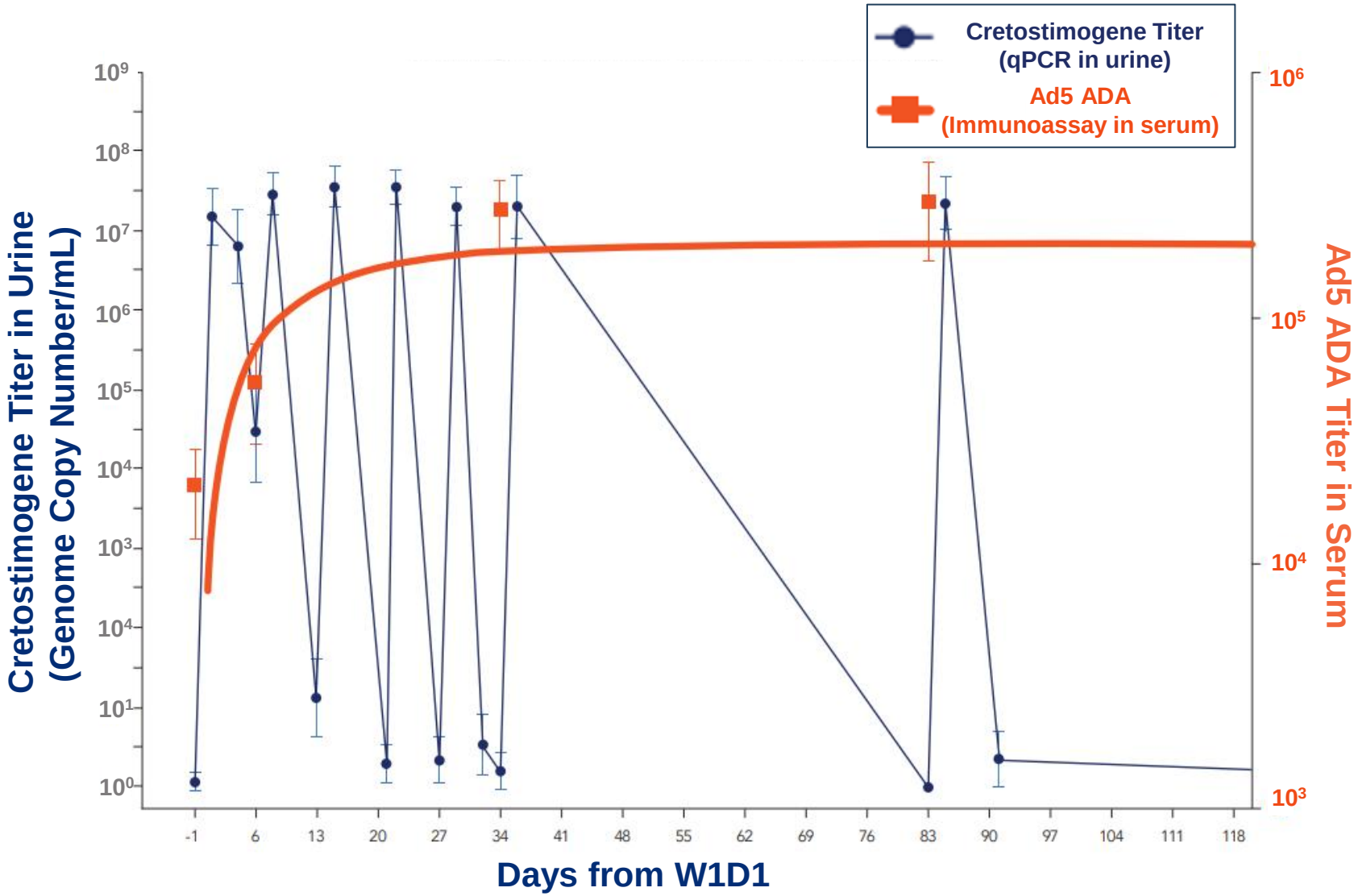
Viral Replication and Transgene Expression (Maintenance)



- Similar pharmacokinetic peak and trough pattern, that mirrors replication kinetics
- **Titers present through maintenance**
- Supports oncolytic immunotherapy MOA

MOA= mechanism of action, qPCR= quantitative polymerase chain reaction
BLOD (creto) = Below Limit of Detection (< 220 copies/mL); LLOQ (GM-CSF) = Lower Limit of Quantification (0.24 pg/mL)

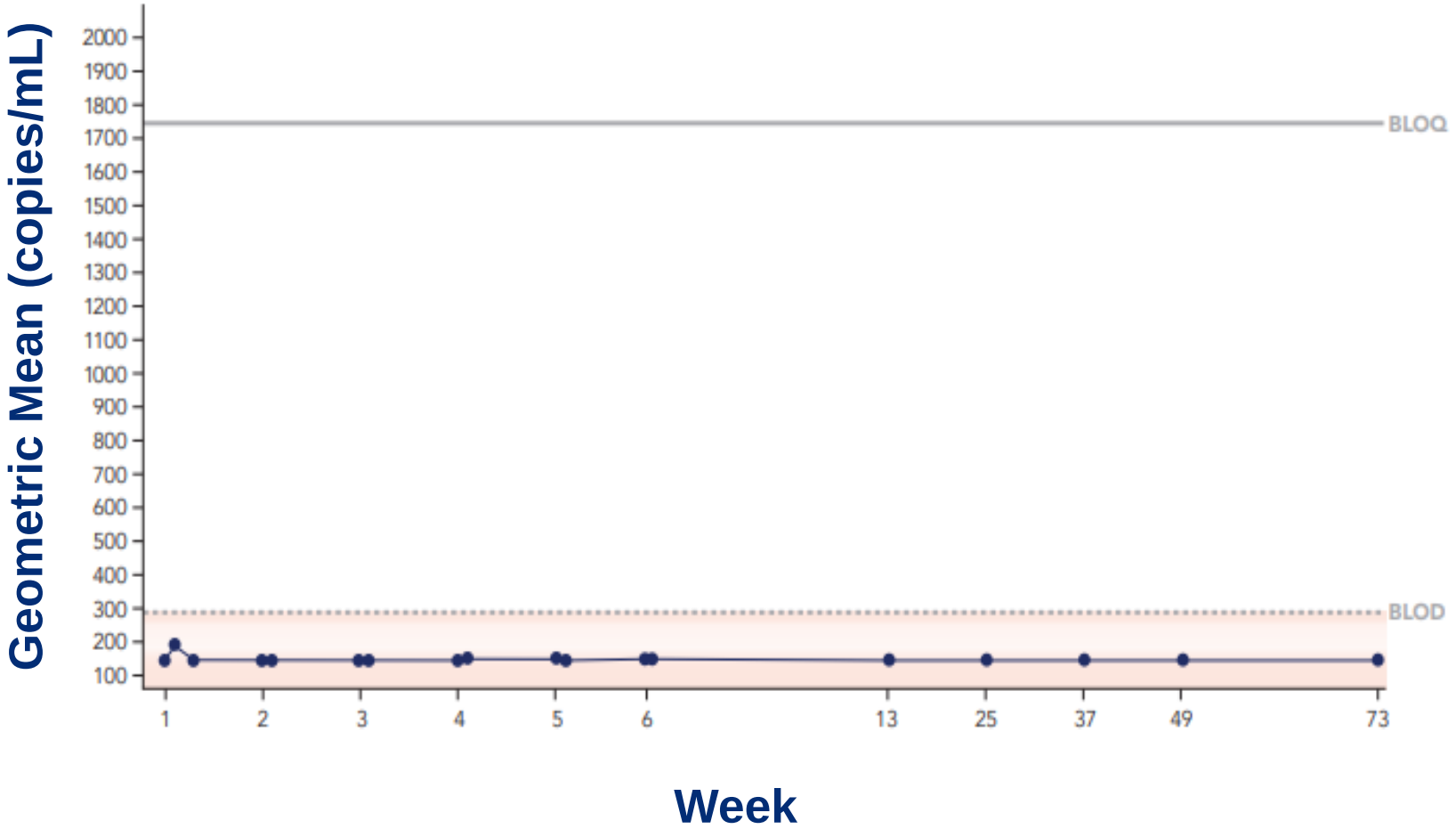
Robust and Stable Immune Activity



- Pre-existing Ad5 antibodies
- Immune priming
- **Stable antibody and anti-tumor response over time**
- **Antibody response correlates with clinical outcomes**
- Intravesical delivery reduces ADA neutralization, preserving therapeutic efficacy

AD5= Human Adenovirus 5; ADA= Anti-Drug Antibodies; qPCR= Quantitative polymerase chain reaction

No Systemic Shedding



- **No systemic exposure**
- Creto levels remain below the limit of detection
- Concentrated within the bladder, even with repeat dosing

BLOD = Below Limit of Detection (< 290 copies/mL); BLOQ= Below Limit of Quantification (< 1741 copies/mL)

Key Takeaways

- Oncolytic immunotherapy with dual MOA
- Highly effective, very well tolerated regimen
- Translational analyses validate sustained local activity, dose, treatment schedule, and legacy data
- No post-cretostimogene close contact precautions
- **Final BOND-003 Cohort C results to be presented at AUA**

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Thank You

All Bladder Cancer Patients and Their Families

Key Investigators, Study Coordinators, Nurses