Topline Results From BOND-003 Cohort P

A Multi-national, Single-arm Study of Intravesical Cretostimogene Grenadenorepvec for Treatment of High-Risk, **Papillary Only (HG Ta/T1)**, BCG-Unresponsive NMIBC

Vikram M. Narayan, MD, FACS
Associate Professor of Urology
Emory University School of Medicine
vikram.narayan@emory.edu

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Disclosures

I have the following financial relationships to report with ACCME defined ineligible companies.

Name of Company	Nature of Relationship	Current Status
Ferring	Consulting, Research	Ongoing
Merck	Research	Ongoing
Johnson and Johnson	Research	Ongoing
Valar Labs	Research	Ongoing
Photocure	Research	Ongoing
Pfizer	Research	Ongoing
CG Oncology	Research	Ongoing

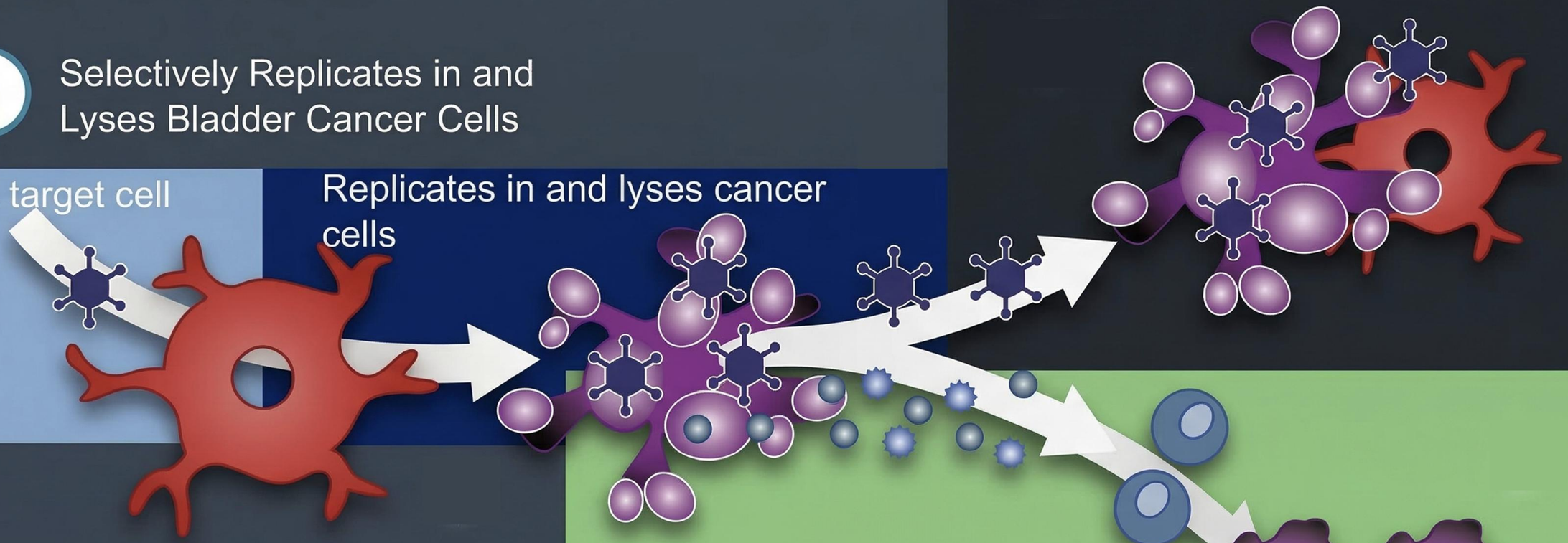
Oncolytic Immunotherapy: Cretostimogene Grenadenorepvec's Dual Mechanism of Action

1 Selectively Replicates in and Lyses Bladder Cancer Cells

Enters target cell

Replicates in and lyses cancer cells

Chain Reaction of Cancer Cell Death: Viral progeny spread to additional tumor cells



2 Simultaneously Amplifies Anti-tumor Immune Response

Innate to Adaptive Immune Switch: Cytokine and antigen release activates T & B-cells, inducing immunologic memory

Significant Unmet Need for BCG-UR Papillary (HG Ta/T1) NMIBC

- Current FDA approved agents for patients with HR BCG-UR NMIBC **with CIS +/- Ta/T1**[1]
- Patients commonly present with HG Ta/T1 NMIBC[2-3]
- **Benchmarks reported from recent meta-analysis for BCG-UR HG Ta/T1 NMIBC**[4]
  - 73% at 3 mo
  - 58% at 6 mo
  - 48% at 12 mo

DFS/HG-RFS	Pembrolizumab [5]	Nadofaragene [6,7]	N-803+BCG [8,9]	TAR-200 [10]
3 months, % (95% CI)	87.7 (80.7-92.3)	72.9 (58.2-84.7)	Not Reported	Not Reported
6 months, % (95% CI)	53.1 (44.1-61.2)	62.5 (47.4-76.0)	Not Reported	85.3 (71.6-92.7)
9 months, % (95% CI)	Not Reported	58.3 (43.2–72.4)	Not Reported	Not Reported
12 months, % (95% CI)	43.5 (34.9-51.9)	43.8 (29.5-58.8)	58.2 (46.6-68.2)	74.3 (59.2-84.6)
24 months, % (95% CI)	34.9 (26.4-43.4)	33.3 (20.4-48.4)	52.1 (40.3-62.7)	Not Reported

There remains a significant unmet need for clinically effective and well-tolerated bladder-sparing treatment options for the BCG-UR papillary-only NMIBC population

BCG- Bacillus Calmette Guerin; CIS +/- Ta/T1- Carcinoma in situ, with or without Ta/T1; NMIBC- Non-Muscle Invasive Bladder Cancer

1 Holzbeierlein J et al., AUA/SUO guideline: 2024 amendment. 2. Nielsen et al 2014. *Cancer*. 2014 3. Taylor J. Long Term Outcomes of Bladder Sparing Therapy Compared to Upfront Radical Cystectomy in BCG Unresponsive NMIBC in an International Cohort . Presented at: SUO 2023. 4.Rose KM, et al. *SIUJ*. 2022;3(5):333-339 5. Necchi A, et al. *Lancet Oncology*. 2024; 25(6):720-730. 6. Boorjian S, et al. *Lancet Oncology*. 2021; 22(1):107-117. 7. Narayan VM, et al. *J Urol*. 2024;212(1):74-86. 8. Chamie K, et al. *NEJM Evid*. 2023; 2(1):EVIDoa2200167. 9. Chang S, et al. *J Urol*. 2026;215(1):44-56. 10. Daneshmand S, et al. Presented at SUO 2025 Annual Meeting.

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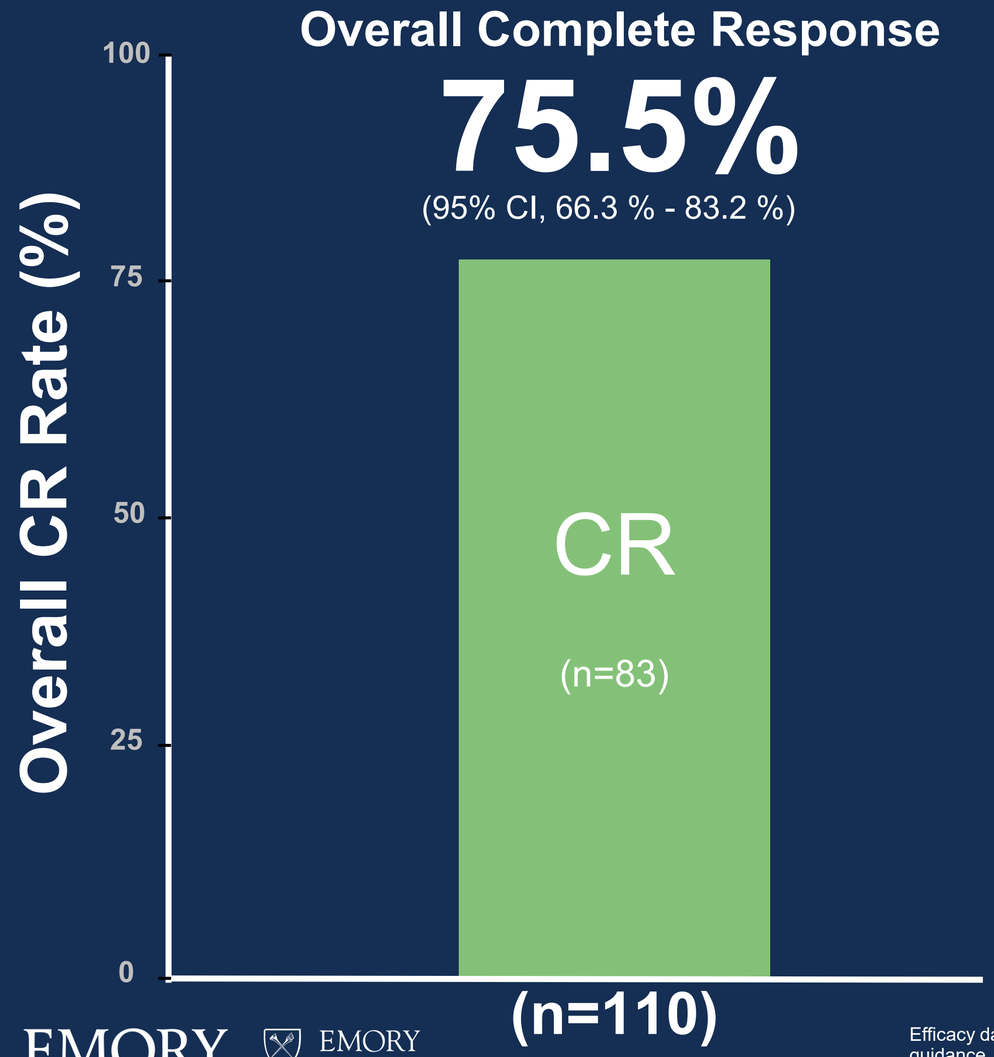
Consistent and Compelling CR & Durability Data



CR Landmark	CR Rate, % (95% CI)	CR by K-M Est, % (95% CI)
12-month	**46.4%** (36.8, 56.1) *51 out of 110 patients*	**50.7%** (40.9, 59.8)
24-month	**41.8%** (32.5, 51.6) *46 out of 110 patients*	**42.4%** (32.7, 51.7)

- 96.4% (106/110) were free from progression to ≥ T2 disease
- 83.6% (92/110) did not undergo RC post recurrence or progression
  - Among RCs, 83.3% (15/18) were T0 or NMIBC
- All Complete Responses are centrally confirmed*
  - Local:Central concordance: 97.1% of assessments

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Efficacy data cutoff as of 23JUN2025. Efficacy analysis centrally confirmed. All patients have active disease at baseline prior to enrollment. Received adequate BCG per FDA 2018 guidance.. *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.Analysis based on both landmark CR rate assessed in clinical trial and CR by Kaplan-Meier estimate.

BOND-003 Cohort P- Papillary Only (HG Ta/T1), BCG-UR, HR-NMIBC

Cohort C (N=112):

- Age ≥ 18 yo
- ECOG PS 0-2
- Pathologically confirmed BCG-UR HR-NMIBC with CIS +/- papillary disease

Primary Endpoint:

- CR at any time

Secondary Endpoints:

- Duration of Response
- CFS, RFS, PFS

Cohort P (N=56):

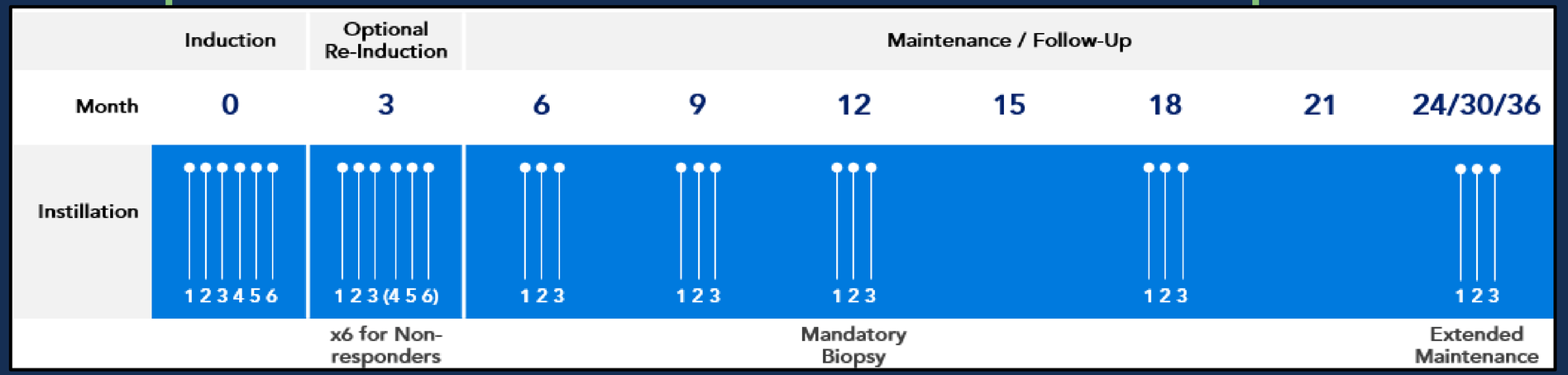
- Age ≥ 18 yo
- Pathologically confirmed HR BCG-UR NMIBC HG Ta/T1 (Without CIS)
- Completely resected prior to treatment

Primary Endpoint:

- HG-EFS

Secondary Endpoints:

- RFS, PFS, CFS, CSS



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Patient Demographics & Baseline Characteristics

Patients in Safety Dataset	N=56	%
Gender		
Male	44	78.6
Female	12	21.4
Age (Years)		
Mean (SD)	71.6 (9.3)	
Median (Range)	74.0 (45-87)	
Age (Categories)		
< 65	13	23.2
≥ 65 and < 75	18	32.1
≥75	25	44.6
ECOG PS		
ECOG PS 0	48	85.7
ECOG PS 1	8	14.3
HR NMIBC T-Stage at Study Entry		
HG Ta	33	58.9
HG T1	23	41.1
BCG History: No. of Prior Instillations		
Median (Range)	9.0 (5 – 21)	

- Majority of patients are:
  - Male (78.6%)
  - White (87.5%)
  - > 65 years (75%)
- 96.4% of patients in US
- **High-Risk population enrolled, with 41.1% HG T1 at baseline**

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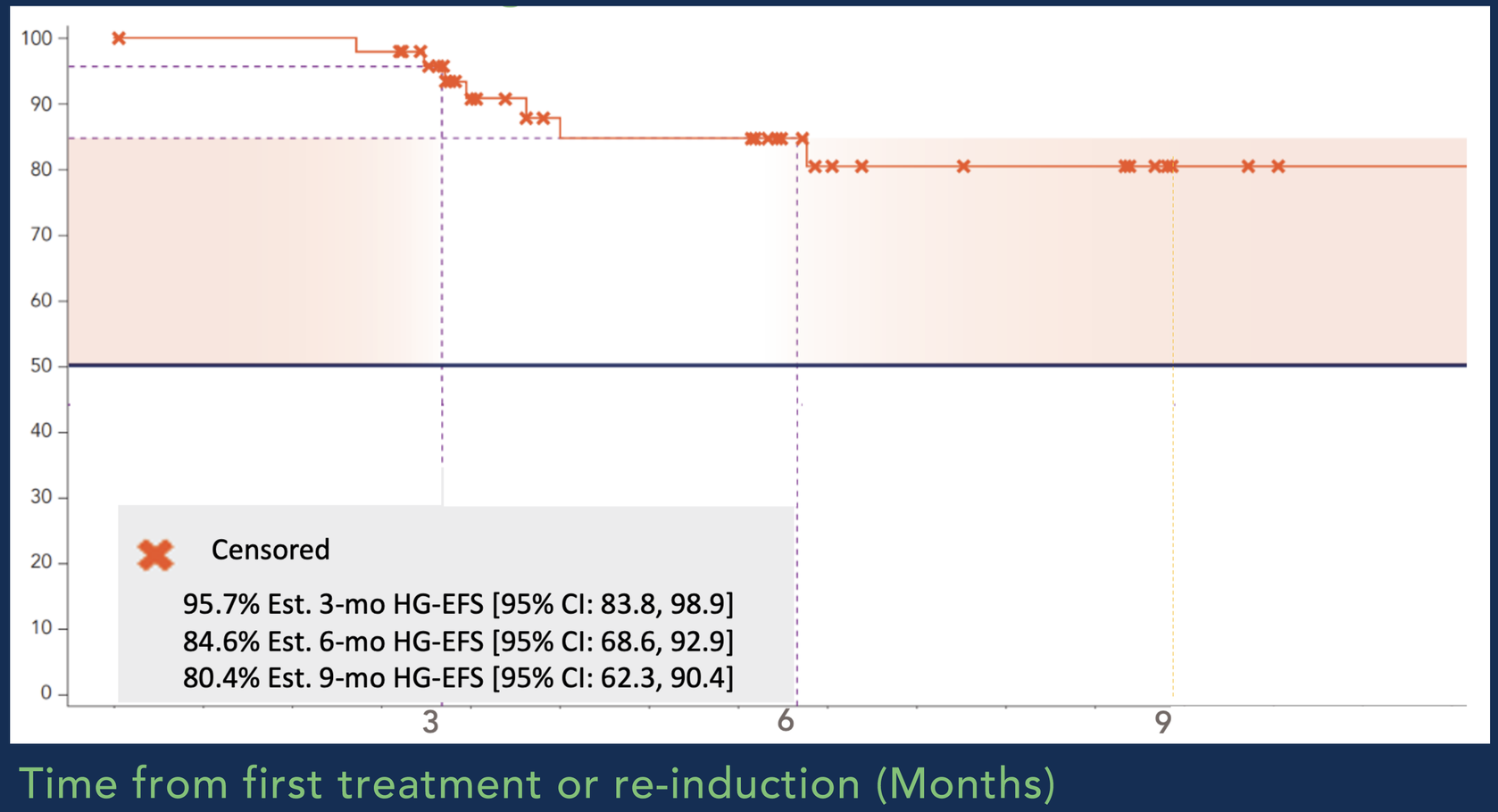
Topline Results: BOND-003 Cohort P HR, Papillary-Only (HG Ta/T1) BCG-Unresponsive NMIBC

BOND-003 COHORT P

- Median follow-up was 6.0 months
- 8 patients were re-induced at 3 months
- Consistent and high HG-EFS
  - HG-Ta:
    - 92.8% (3 mo)
    - 75.9% (6 mo)
    - 75.9% (9 mo)
  - HG-T1:
    - 100% (3 mo)
    - 100% (6 mo)
    - 87.5% (9 mo)
- No patients underwent RC
- No progression to MIBC*

Kaplan-Meier Estimate for High Grade Event-Free Survival



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HR= High-Risk; HG-RFS= High-Grade Recurrence-Free Survival; NMIBC= Non-Muscle Invasive Bladder Cancer; RC= Radical Cystectomy ; 01SEP2025 data cut off. Censored patients include 5 patients pending efficacy assessments.; HG-EFS time from first study treatment (first re-induction dose) to high-grade recurrence, progression, death, or censoring. * 1 pt progressed to metastatic urothelial carcinoma despite clinical complete response in the bladder.

Consistent, Favorable and Well-Tolerated Safety Profile from BOND-003 Cohort P

Preferred Term (MedDRA v.26.1)	Cretostimogene (n=56)	
	Any Grade (%)	Grade ≥ 3
Patients with ≥ 1 TRAE	40 (71.4%)	0 (0)
Treatment-Related AE reported in > 10% patients		
Bladder Spasm	26 (46.4%)	0 (0)
Dysuria	22 (39.3%)	0 (0)
Pollakiuria	14 (25.0%)	0 (0)
Urgency	11 (19.6%)	0 (0)

- Most AEs were Grade 1-2
- **0% Grade ≥ 3 TRAEs, Serious TRAE, deaths**
- **No dose delays, missed doses due to TRAEs**
- **No treatment related discontinuations**
- 98.2% received all protocol defined treatments

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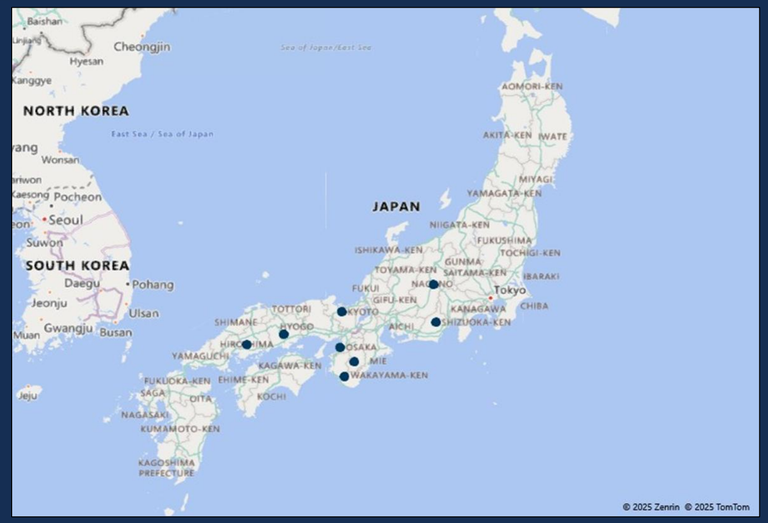
Safety data cutoff as of 01SEP2025

BOND-003 Cohort P - Conclusions



Topline results with cretostimogene in BOND-003 Cohort P consistently demonstrate

- Strong HG-EFS at 3, 6, and 9 mo
- Responses maintained across HGTa and higher-risk, HGT1, populations
- Well-tolerated safety profile

Longer-term treatment and follow up ongoing

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Thank You

BOND-003 COHORT P

BCAN 20 Years of Impact

All Bladder Cancer Patients and Their Families

The Study Coordinators and Nurses

Key Collaborators

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