

CRETOSTIMOGENE GRENADENOREPVEC

Mechanism, Clinical Development,
and Emerging Evidence in Non-
Muscle Invasive Bladder Cancer



Attacking Bladder Cancer
for a Better Tomorrow™

Rob Svatek, MD, MSCI
Bladder & Kidney Cancer Academy
September 25, 2026



For individual reference only. The information
accessed through this QR code is intended
solely for individual reference and should not be
altered, modified, or reproduced in any way.

Oncolytic Immunotherapy: Cretostimogene Grenadenorepvec's Dual Mechanism of Action

- 1 Selectively Replicates in and Lyses Bladder Cancer Cells

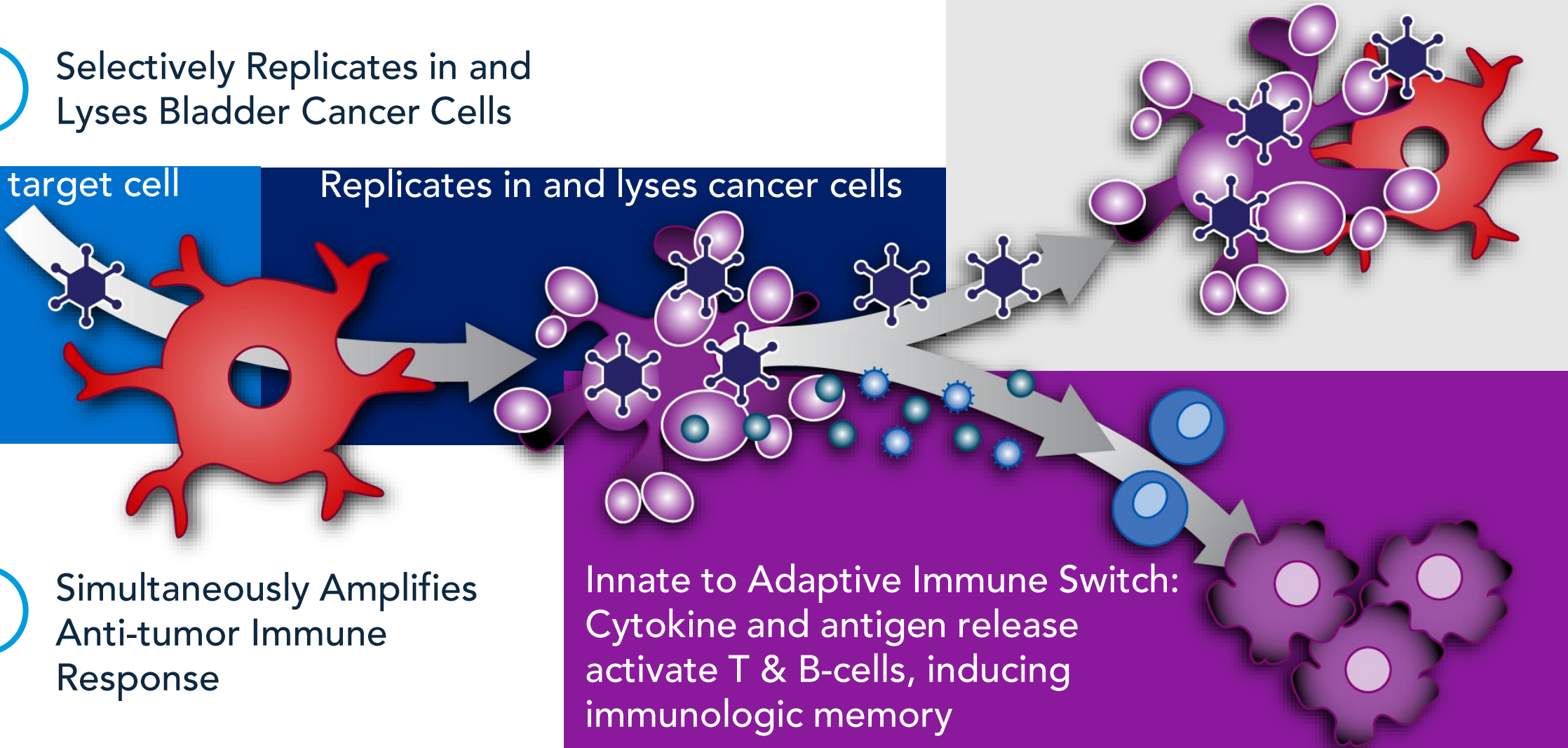
Enters target cell

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
activate T & B-cells, inducing
immunologic memory



Cretostimogene Programs Across High-Risk & Intermediate Risk NMIBC Addresses Significant Unmet Need

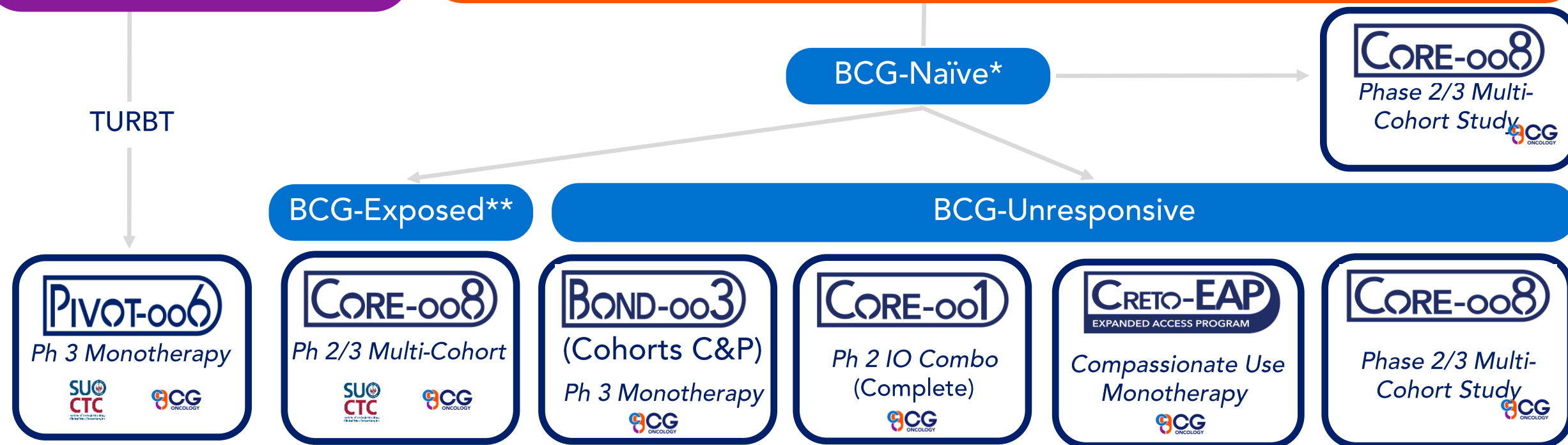
NMIBC

Intermediate-Risk

- LG Ta- multifocal OR solitary >3 cm OR recurrence < 12 mo
- HG Ta- solitary AND primary AND ≤ 3 cm
- LG T1

High-Risk

- CIS
- BCG unresponsive
- HG Ta: multifocal OR recurrent OR > 3 cm
- HG T1
- Variant histology (<50% for trial inclusion)

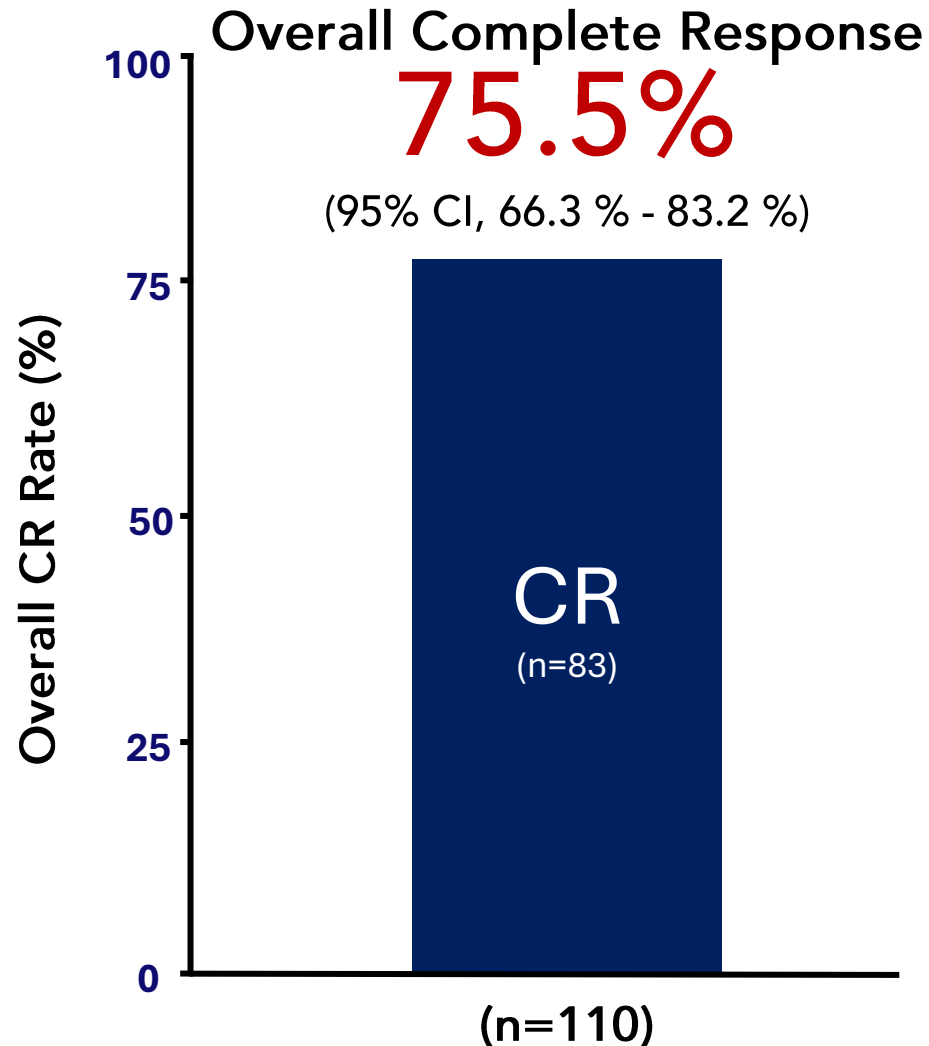


* BCG-naïve includes no prior treatment with BCG, no BCG within past 24 mo prior to current diagnosis, or maximum 1-2 doses of BCG within past 24 mo prior to current diagnosis

** BCG exposed includes BCG resistant and delayed relapse after adequate and inadequate BCG

± Diverse population of real-world patients with high-risk BCG-unresponsive NMIBC who may not be eligible for other clinical trials

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



THE LANCET Oncology
Tyson, M.D., et al, 2026

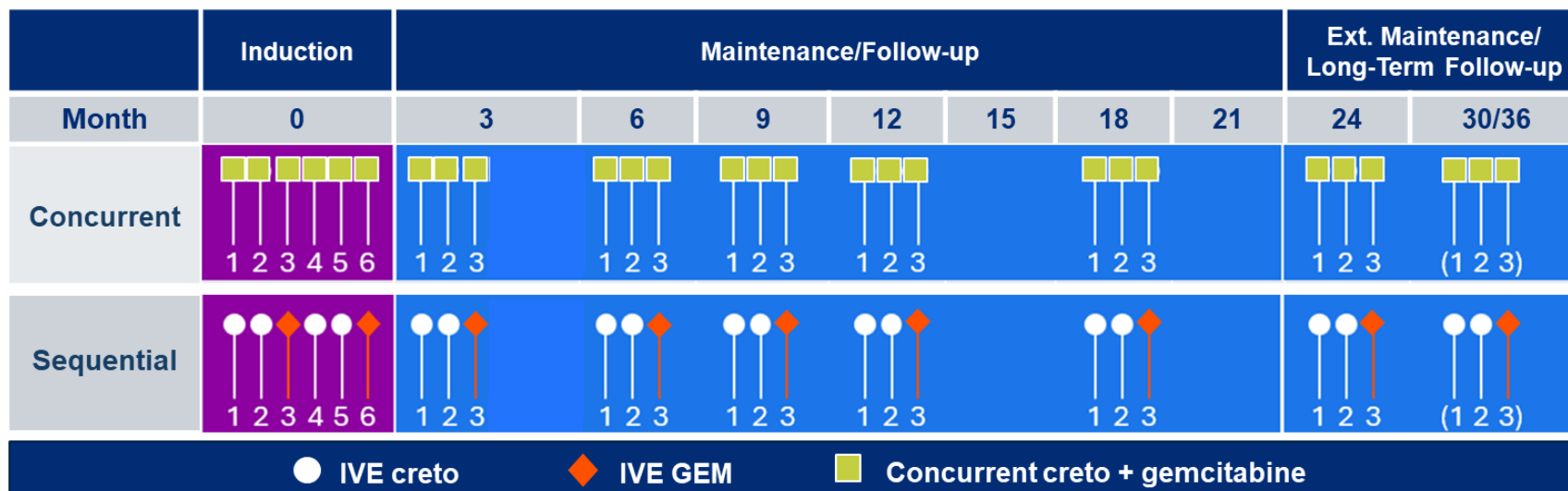


CR Landmark	CR Rate, % (95% CI)	K-M Est, % (95% CI)
12-month	46.4% (36.9, 56.1) <i>51 out of 110 patients</i>	50.7% (40.9, 59.8)
24-month ¹	41.8% (32.5, 51.6) <i>46 out of 110 patients</i>	42.4% (32.7, 51.7)

- 97.3% free from progression to MIBC at Month 24
- 84.5% avoided radical cystectomy by Month 24
 - Among RCs, 82.4% (14/17) were T0 or NMIBC
- All Complete Responses are centrally confirmed²
 - Local: Central concordance: 96.3% of assessments
- No grade 3 or higher TRAEs, deaths, discontinuations

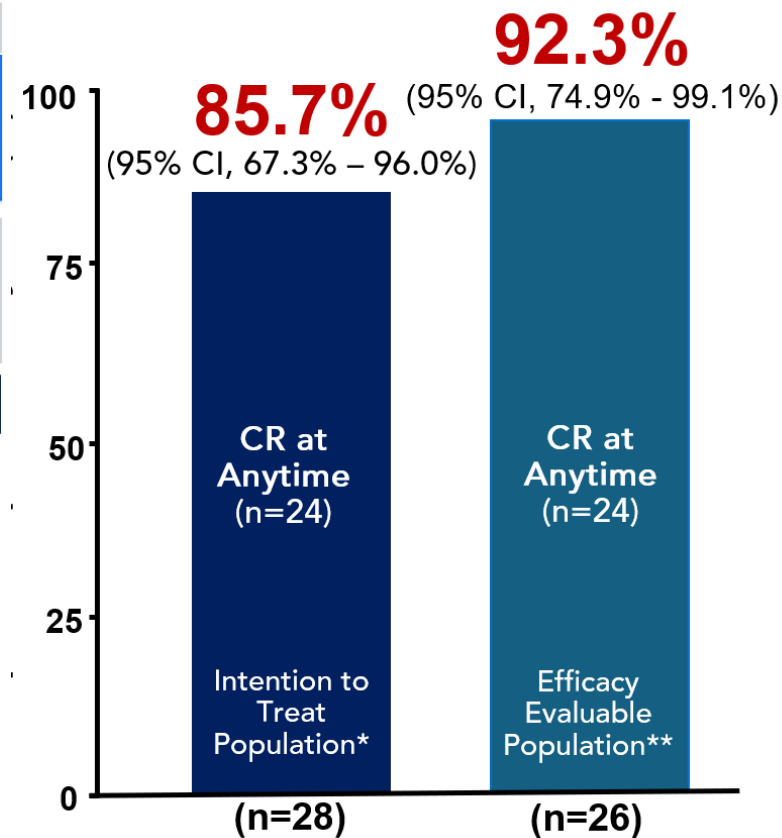
Efficacy data cutoff as of 14MAR2025. Efficacy analysis centrally confirmed. All patients have active disease at baseline prior to enrollment. Received adequate BCG per FDA 2018 guidance; ¹ 24-mo data based on 23JUN2025 data cutoff. ² A CR is defined as having a negative cystoscopy, a negative urine 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. Analysis based on both landmark CR rate assessed in clinical trial and CR by Kaplan-Meier estimate.

Phase 2, Cretostimogene Combination Therapy for BCG-Exposed or BCG-Unresponsive NMIBC



- Includes BCG-Exposed and BCG-Unresponsive patients
- High CR rates were achieved in both concurrent and sequential arms, with overlapping confidence intervals
- No treatment-related progression to MIBC or mUC
- No grade 3 or higher TRAEs, SAEs, or deaths

Complete Response at Any Time (%)



Summary & Conclusions

- Cretostimogene is an oncolytic immunotherapy with a dual MOA, demonstrating clinical efficacy and safety across BCG-unresponsive and BCG-exposed high-risk NMIBC populations
- **BOND-003 Cohort C** demonstrated a 75.5% CR rate at any time, with 97.3% of patients free from progression to MIBC, and no Grade 3+ TRAEs, deaths, or discontinuations
- **CORE-008 Cohort CX** showed high CR rates at any time (85.7% ITT, 92.3% efficacy-evaluable) with comparable outcomes across concurrent and sequential dosing arms; no treatment-related progression to MIBC and no Grade 3+ TRAEs, SAEs, or deaths
- Cretostimogene demonstrates consistent efficacy and safety both as monotherapy (BOND-003) and in rational combination (CORE-008 Cohort CX creto + gem), supporting its potential as a versatile backbone therapy across the NMIBC treatment continuum