Overview of the ongoing clinical trials in Bladder Cancer

SAN RAFFAELE
UROLOGIC ONCOLOGY
RETREAT 25 NOVEMBRE 2022 MILANO
AULA SAN RAFFAELE
1st EDITION 2022

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Disclosures

Role	Sponsor
Consulting or Advisory role	Astellas, Janssen
Travel, Accommodation, Expenses	Gilead, IPSEN

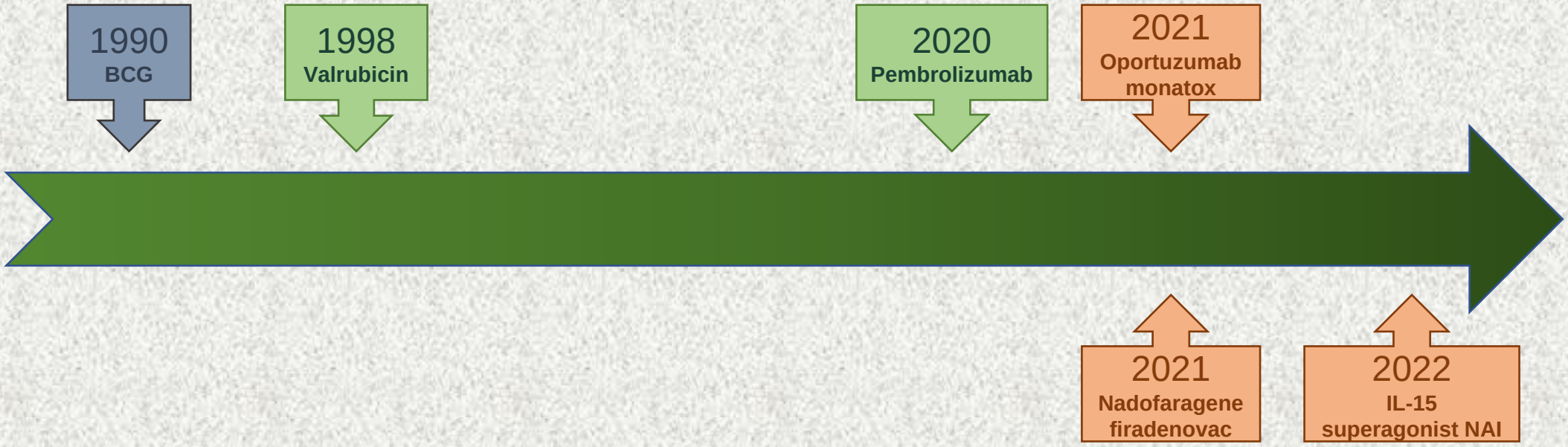
Agenda

- Non-muscle invasive Bladder Cancer (NMIBC)
- Muscle invasive Bladder Cancer (MIBC)
- Metastatic disease (1st or more advanced lines)

Agenda

- **Non-muscle invasive Bladder Cancer (NMIBC)**
- Muscle invasive Bladder Cancer (MIBC)
- Metastatic disease (1st or more advanced lines)

BCG-unresponsive NMIBC: the story so far..



FDA-approved

FDA-granted

NAI, nogapendekin alpha-inbakicept

BCG-unresponsive organ-sparing landscape in 2022

Author	Journal	Year	Intervention	Response	Timing of 1st eval.
McKiernan	JCO	2006	Docetaxel	56% CR, 11% PR, 33% NR	10 weeks
McKiernan	J Urol	2014	Nab-paclitaxel	35.7% CR	12 weeks
Skinner	J Urol	2013	Gemcitabine	47% CR	3 mo
Steinberg	J Urol	2000	Valrubicin (FDA-approved only)	21% CR 15% Ta residual	3 mo
Balar	Lancet Oncol	2021	Pembrolizumab (FDA-approved only)	40.2% CR (CIS)	3 mo
Black	JCO	2020	Atezolizumab	27% CR (CIS)	3 mo
Dickstein	GU-ASCO	2021	Oportuzumab monatox	40% (CIS) 71.1% (Ta/T1)	3 mo
Boorjian	Lancet Oncol	2020	Nadofaragene firadenovac	53.4% CR (CIS)	3 mo
Chang	(GU)-ASCO	2022	ALT-803 + BCG	71% (Cohort A – CIS) DFS 19.3 mo (Cohort B)	3 or 6 mo (Cohort A) 12-mo DFS (Cohort B)

KEYNOTE-676: A Phase 3, Randomized, Clinical Trial of Pembrolizumab in Combination with BCG in Participants with HR NMIBC that is either Persistent or Recurrent Following BCG Induction or that is Naïve to BCG Treatment (**COHORT A**)

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Eligibility criteria:

- Histologically confirmed NMIBC with predominant TCC histology
- T1, high-grade Ta and/or CIS
- Persistent or recurrent HR NMIBC after adequate BCG induction
- Prior cystoscopy/TURBT within 12 weeks prior randomization
- ECOG PS 0-2

Stratification:

- PD-L1 CPS expression
- NMIBC disease history (0-6-12-24 months)

Randomization 1:1

BCG + Pembrolizumab

BCG monotherapy

Primary endpoint:

- Complete response

ECOG PS, Eastern Cooperative Oncology Group performance status; NMIBC non muscle-invasive bladder cancer: HR high risk
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor
PFS, progression-free survival; Q21D, every 21 days.
EudraCT Number: 2018-001967-22

KEYNOTE-676: A Phase 3, Randomized, Clinical Trial of Pembrolizumab in Combination with BCG in Participants with HR NMIBC that is either Persistent or Recurrent Following BCG Induction or that is Naïve to BCG Treatment (**COHORT B**)

Eligibility criteria:

- Histologically confirmed HR NMIBC with predominant TCC histology
- T1, high-grade Ta and/or CIS
- No BCG treatment < 2 years before randomization
- Prior cystoscopy/TURBT within 12 weeks prior randomization
- ECOG PS 0-2

Stratification:

- PD-L1 CPS expression
- NMIBC stage (CIS, non CIS)

BCG reduced maintenance + Pembrolizumab 400 mg q6wks

BCG full maintenance + Pembrolizumab 400 mg q6wks

Randomization 1:1:1

BCG monotherapy

Primary endpoint:

- EFS

ECOG PS, Eastern Cooperative Oncology Group performance status; NMIBC non muscle-invasive bladder cancer: HR high risk
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor
PFS, progression-free survival; Q21D, every 21 days; EFS event-free survival
EudraCT Number: 2018-001967-22

SunRISe-1: Phase 2b Clinical Study Evaluating Efficacy and Safety of TAR-200 in Combination with Cetrelimab, TAR-200 Alone, or Cetrelimab Alone in HR NMIBC Unresponsive to Intravesical BCG who are Ineligible to Undergo Radical Cystectomy (RC)

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Eligibility criteria:

- Histologically confirmed HR NMIBC with predominant TCC histology
- CIS (with or without papillary disease)
- Unresponsive to BCG (after adequate BCG) AND not receiving RC
- ECOG PS 0-2

Stratification:

- Presence or absence of concomitant papillary disease

TAR-200 + cetrelimab
Cohort 1

TAR-200 alone
Cohort 2

Randomization 2:1:1

Cetrelimab alone
Cohort 3

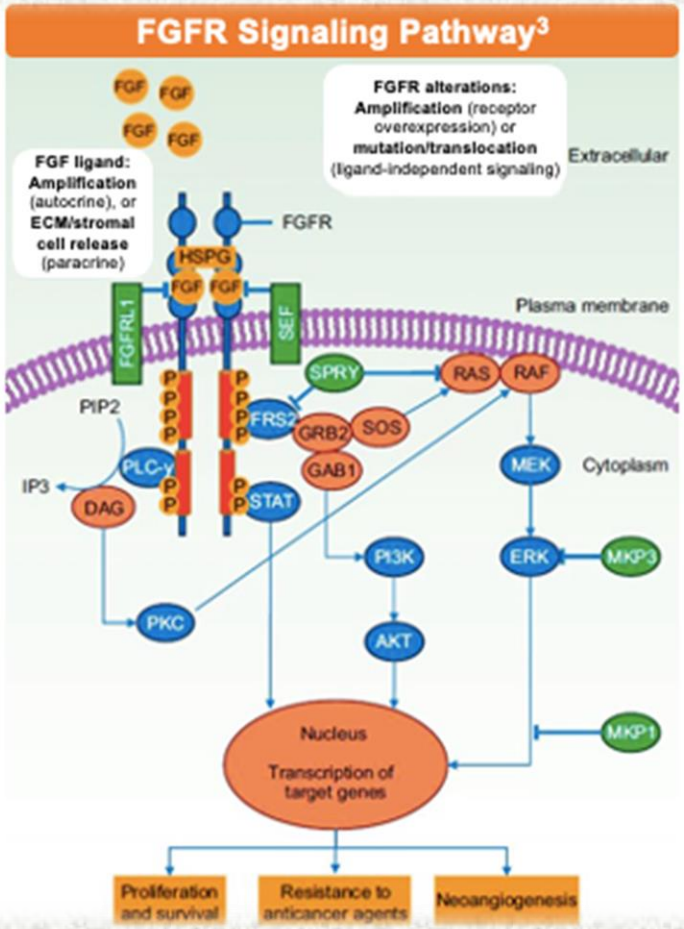
Primary endpoint:

- Complete response

TAR-200 dosing: Q3W (indwelling) for first 24 weeks; then Q12W through Year 2

ECOG PS, Eastern Cooperative Oncology Group performance status; NMIBC non muscle-invasive bladder cancer: HR high risk
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor
PFS, progression-free survival; Q21D, every 21 days; EFS event-free survival
EudraCT Number: 2020-002646-16

Rationale for targeting FGFR in UC[1,2]



- *FGFR* is altered in 15%-20% of advanced UC[4]
  - Mutated *FGFR3* is present in 37% of upper-tract UC[5]

Cancer Type	Frequency of *FGFR* Alterations[1]
Metastatic UC	15%-20%
NMIBC	40%-70%
Cholangiocarcinoma	14%-22%
NSCLC	4%
HCC (*FGF19* amp by FISH)	21%
Glioblastoma	23%
Breast cancer	3-5%
Ovarian cancer	7%
Head and neck cancer	9%-17%

1. https://tcga-data.nci.nih.gov/docs/publicantions/tcga 2. Knowles MA et al. *Nat Rev Cancer 2015.* 3. Touat M et al. *Clin Cancer Res. 2015.*
4. Rodriguez-Vida A et al. *J. Hematol Oncol. 2015.* 5. Li Q et al. *Curr Urol Rep. 2016*

THOR-2: Randomized Phase 2 Study of Erdafitinib vs Investigator Choice of Intravesical Chemotherapy in Subjects Who Received BCG and Recurred With HR NMIBC and FGFR Mutations or Fusions

Eligibility criteria:
- Histologically confirmed recurrent NMIBC
- Predefined FGFR2/3 mutation or fusion
- ECOG PS 0-1

COHORT 1:
- HG papillary (Ta or T1)
- BCG experienced or unresponsive

COHORT 2:
- CIS with or without papillary
- BCG unresponsive

COHORT 3:
- Intermediate-risk, low-grade (G1/2) papillary disease with Ta or T1
- No predefined BCG or intravesical chemo

Erdafitinib orally

Randomization 2:1

Investigator's choice
(intravesical gemcitabine/MMC)

Erdafitinib orally

Erdafitinib orally

Primary endpoint:
- RFS

Primary endpoint:
- CR at 6 months

Primary endpoint:
- CR at 3 months

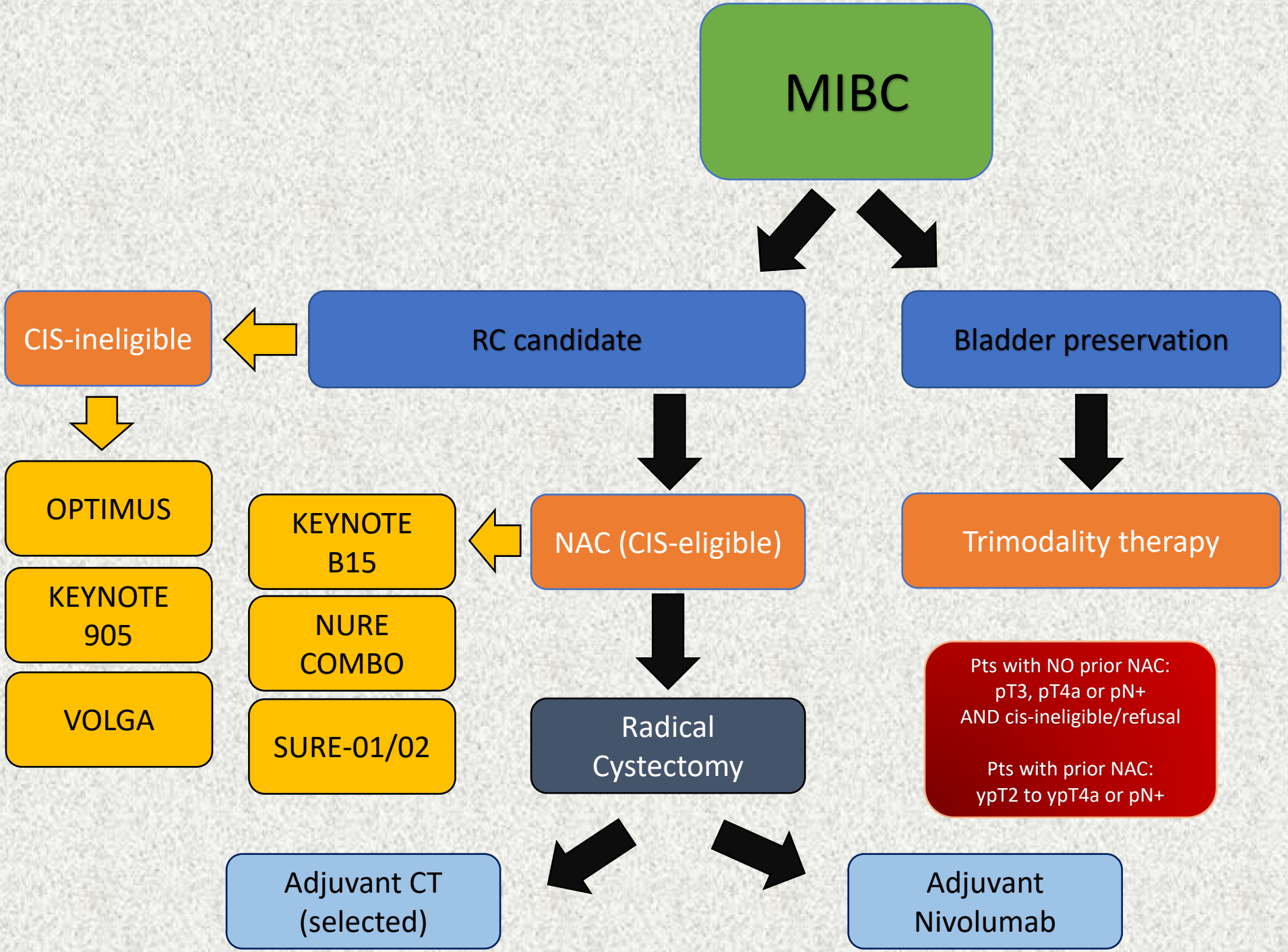
ECOG PS, Eastern Cooperative Oncology Group performance status; NMIBC non muscle-invasive bladder cancer: HR high risk
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor
PFS, progression-free survival; Q21D, every 21 days; RFS relapse-free survival; CR complete response
EudraCT Number: 2019-002449-39

Agenda

- Non-muscle invasive Bladder Cancer (NMIBC)
- **Muscle invasive Bladder Cancer (MIBC)**
- Metastatic disease (1st or more advanced lines)

Muscle-invasive bladder cancer: background

- Neoadjuvant cisplatin-based CT is still the SOC in MIBC
- Adjuvant nivolumab improves DFS in HR MIBC
- Neoadjuvant IO approach is very active in MIBC
- Urgent need of new predictive biomarkers in MIBC


MIBC
RC candidate
CIS-ineligible
Bladder preservation
OPTIMUS
KEYNOTE 905
VOLGA
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NURE COMBO
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NAC (CIS-eligible)
Trimodality therapy
Radical Cystectomy
Pts with NO prior NAC:
pT3, pT4a or pN+
AND cis-ineligible/refusal
Pts with prior NAC:
ypT2 to ypT4a or pN+
Adjuvant CT (selected)
Adjuvant Nivolumab

Ongoing sponsored trials-1

OPTIMUS phase 2 trial

Stage II-IIIA MIBC
cT2-3bN0M0 UC of the bladder
Cisplatin ineligible or refusal

Stratified by:
PD-L1 CPS > 10%
and
PD-L1 CPS < 10%

RETIFANLIMAB monotherapy

Primary endpoint: *change from baseline in CD8+ lymphocytes within resected tumor*

RADICAL CYSTECTOMY

Observation

Survival data collected until 2-y post cystectomy

KEYNOTE-905 phase 3 trial

cT2-4aN0M0
or
cT1-4aN1M0
UC of the bladder
Cisplatin ineligible

Stratified by:
PD-L1 CPS
Stage disease
Region of treatment

1:1:1

Direct to cystectomy

Pembrolizumab x 3

Pembrolizumab + EV x 3

Primary endpoint: *pCR, EFS*

Observation

Pembrolizumab x 14

Pembrolizumab x 14 + EV x 6

Survival data collected until 2-y post cystectomy

CPS combined positive score; pCR pathologic complete response; UC urothelial carcinoma; EFS event-free survival; EV enfortumab vedotin

EudraCT Number: 2020-002244-23
2018-003809-26

Ongoing sponsored trials-2

KEYNOTE-B15 phase 3 trial

cT2-4aN0M0
or
cT1-4aN1M0
UC of the bladder
Cisplatin eligible

Stratified by:
PD-L1 CPS
Stage disease
Region of treatment

1:1

Pembrolizumab + EV x 4

Gemcitabine + Cisplatin x 4

Primary endpoint: *pCR, EFS*

RADICAL CYSTECTOMY

Pembrolizumab x 13 + EV x 5

Observation

Survival data collected until 3-y post cystectomy

VOLGA phase 3 trial

cT2-4aN0-1M0
UC of the bladder
Cisplatin ineligible

Stratified by:
PD-L1 CPS
Stage disease
Region of treatment

1:1:1

DURVA + TREME* + EV x 3

DURVA + EV x 3

No treatment

Primary endpoint: *pCR, EFS*

DURVA + TREME* x 9

DURVA x 9

No treatment

Survival data collected until 3-y post cystectomy

CPS combined positive score; pCR pathologic complete response; UC urothelial carcinoma; EV enfortumab vedotin
EFS event-free survival
*Tremelimumab (neoadjuvant C1,2 only; adjuvant C1 only)

EudraCT Number: 2020-003106-31
2020-005452-38

Ongoing academic trials: SURE-01 and SURE-02 studies

Open-label, single-arm, phase II studies

Sponsor: IRCCS Ospedale San Raffaele
EudraCT Number: 2020-004844-27

- Histologically-confirmed UC or UC+VH
- cT-stage 2-4
- cN-stage 0
- No previous CT
- Ineligibility/refusal of cis chemo
- Adequate organ function tests

- Combined Bladder MRI/PET
- t/a CT scan

4x3 weekly cycles of SG monotherapy

4x3 weekly cycles of SG+Pembro

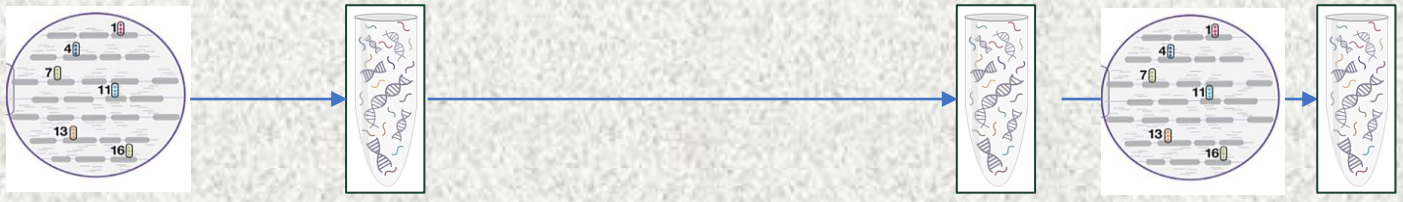
- Combined Bladder MRI/PET
- t/a CT scan

RADICAL CYSTECTOMY

Standard-of-care management

12-month adjuvant pembro

1y FUP

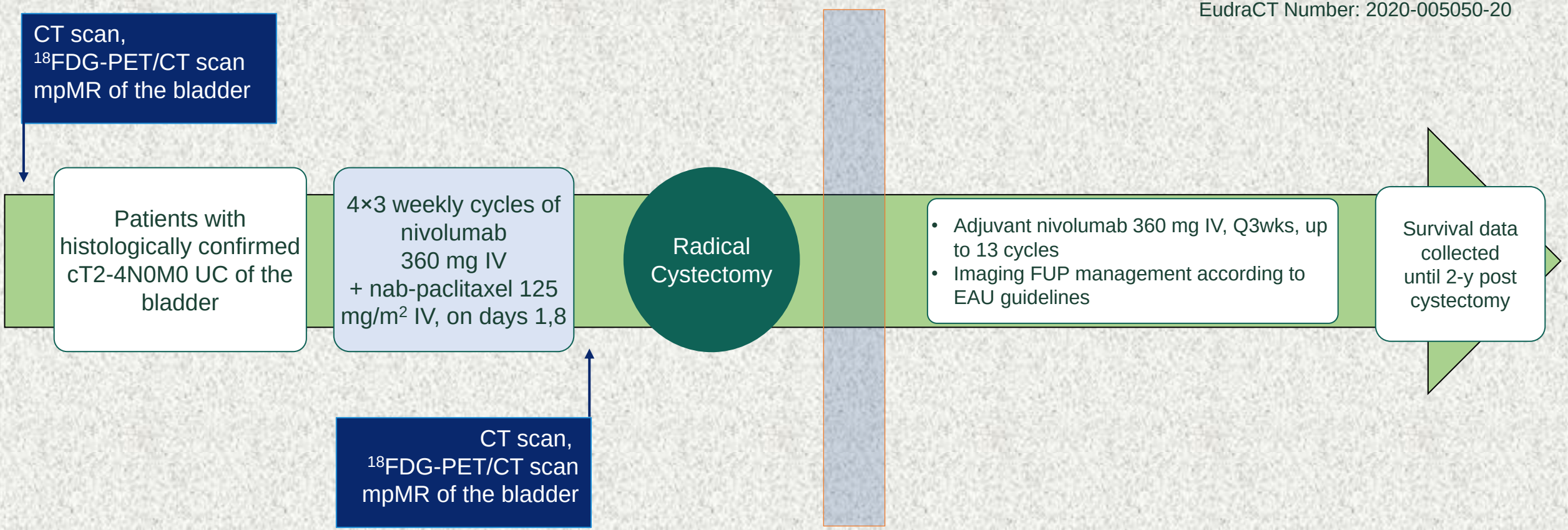


- ***Primary endpoint:*** *pathologic complete response*
- ***Secondary endpoints:*** *pathologic downstaging; EFS, OS, safety and tolerability*

Ongoing academic trials: NURE-Combo

Open-label, single-arm, phase II study

Sponsor: IRCCS Ospedale San Raffaele
EudraCT Number: 2020-005050-20



CT: computed tomography
FDG-PET: fluorine-fluorodeoxyglucose positron emission tomography
mpMR: multiparametric Magnetic Resonance
UC: urothelial carcinoma

- ***Primary endpoint:*** *pathologic complete response*
- ***Secondary endpoints:*** *pathologic downstaging; EFS, OS, safety and tolerability*

Ongoing academic trials: NURE-Combo

First interim and safety analyses: characteristics, efficacy

Sponsor: IRCCS Ospedale San Raffaele
EudraCT Number: 2020-005050-20

Baseline characteristics	N = 13
Median Age (IQR)	63 (46-74)
Male (%)	12 (92.3)
Clinical T, n (%)	
-> T2N0	8 (61.5)
-> T3N0	5 (38.5)
Hydronephrosis, n (%)	1 (7.7)
Previous BCG, n (%)	2 (15.4)
Histology, n (%)	
-> Pure UC	6 (46.2)
-> UC + squamous	1 (7.7)
-> Plasmacytoid	2 (15.4)
-> Nested	2 (15.4)
-> Micropapillary	2 (15.4)
Cystectomy, n (%)	11 (84.6)
Time from end neoadj-RC (median days, IQR)	44.5 (24-78)

UC: urothelial carcinoma; RC radical cystectomy

Efficacy	N = 11
Pathological complete response, n (%)	3 (27.3)
Pathological downstaging to pT < 2, n (%)	8 (72.7) 3 ypT0; 3 ypTis; 2 ypT1
Treatment failure, n (%)	
-> ypT2-T4 ypN0	2 (18.2)
-> ypTany ypN+	1 (9)

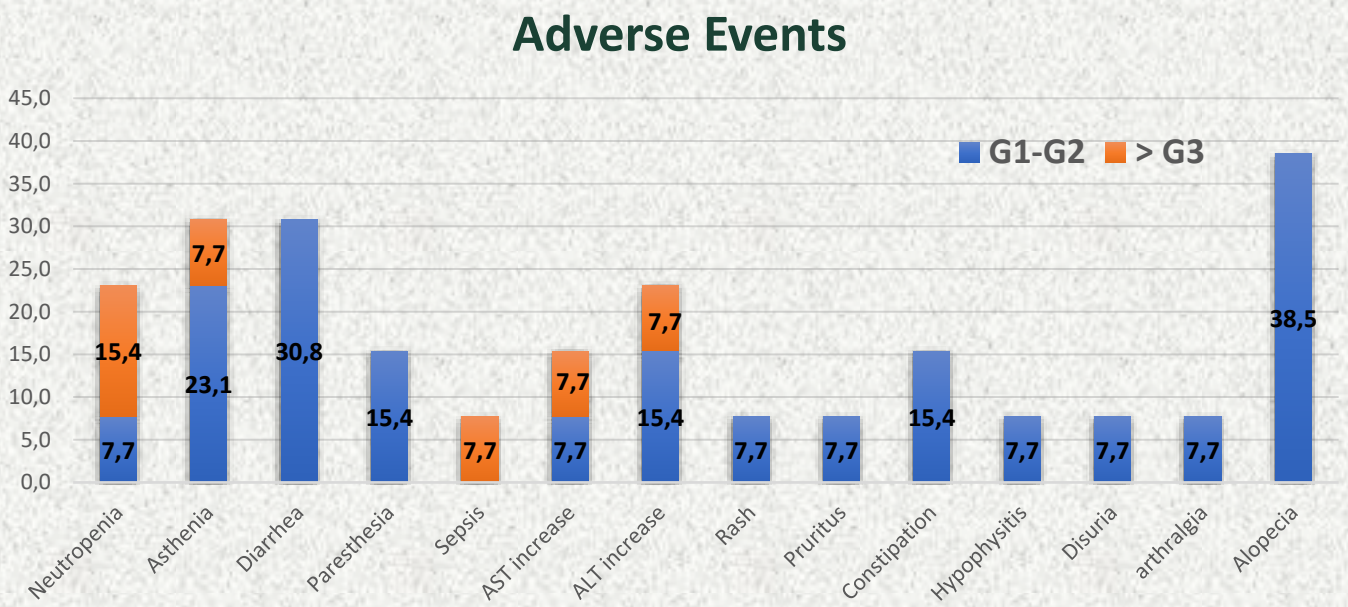
- ***Primary endpoint:*** *pathologic complete response*
- ***Secondary endpoints:*** *pathologic downstaging; EFS, OS, safety and tolerability*

Ongoing academic trials: NURE-Combo

First interim and safety analyses: safety profile

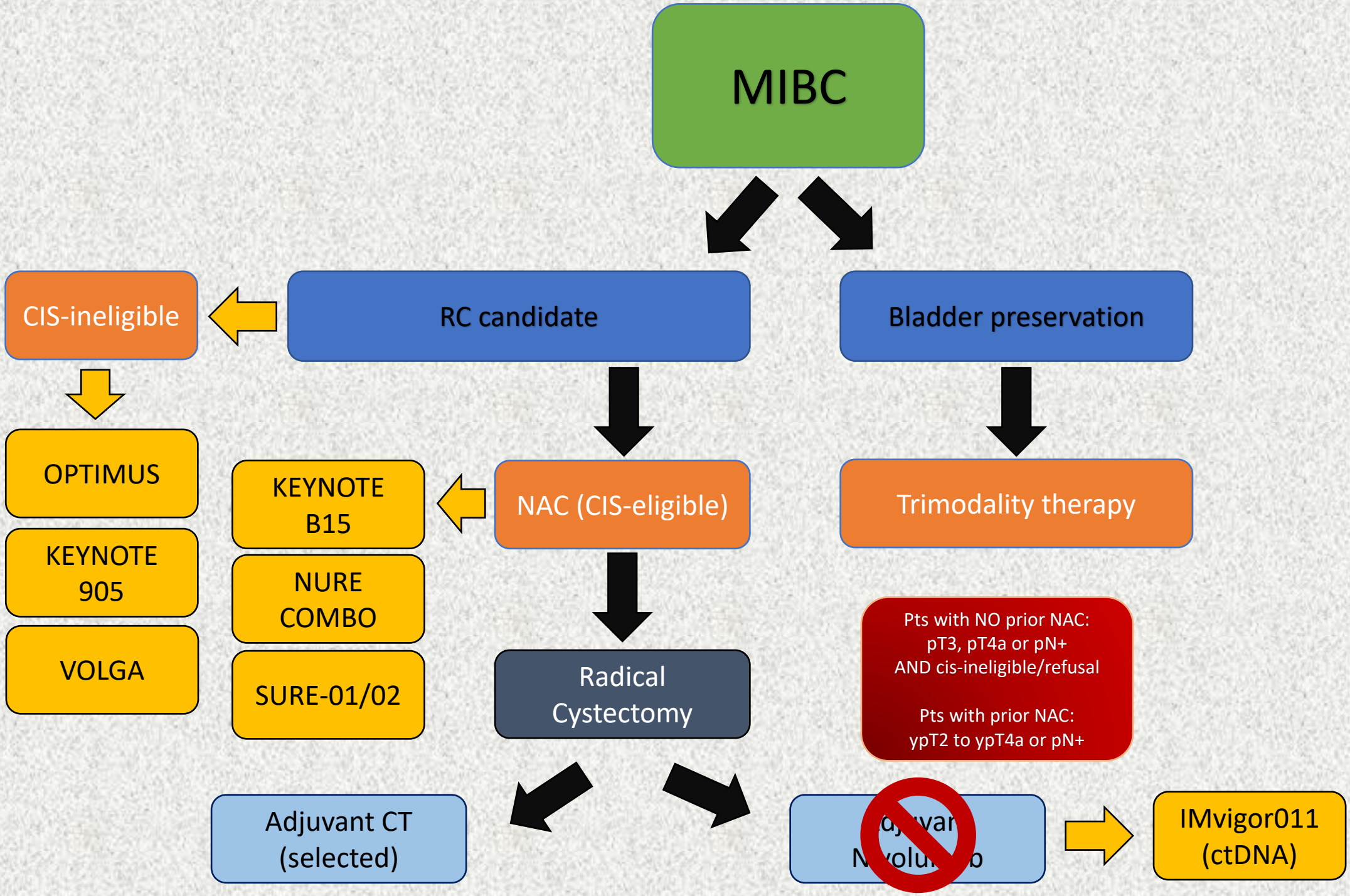
Sponsor: IRCCS Ospedale San Raffaele
EudraCT Number: 2020-005050-20

Safety	N=13
Radical cystectomy rate	13 (100)
Discontinued treatment, n (%)	3 (23)
• Nivolumab	2 (15)
• Nab-paclitaxel	1 (7)
Completed neoadjuvant treatment, n (%)	
• Nivolumab	13 (100)
• Nab-paclitaxel	12 (92)
AEs > = G3, n (%)	5 (38)
• Hematological	2 (15)
• Non Hematological	3 (23)
Dose reduction, n (%)	1 (7)
Serious Adverse Events, n (%)	2 (15)
Use of high-dose corticosteroids, n (%)	1 (7)
Death, n (%)	1 (7)



- **Nivolumab suspended** in two patients (**adjuvant phase only**), ALT/AST increase; UTI with sepsis
- **Nab-paclitaxel suspended** in one patient (**C4**), paresthesia and asthenia
- Hypophisitis: one case, grade 2, diagnosed after cystectomy. Rapid improvement after hormonal reposition
- **Dose reduction**: **nab-placlitaxel** in one patient
- **Death**: one patient died after cystectomy (**not related**), suspected arterial instestinal ischemia

UC: urothelial carcinoma; RC radical cystectomy
AEs, adverse events: UTI urinary tract infection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Trimodality therapy
Radical Cystectomy
Pts with NO prior NAC:
pT3, pT4a or pN+
AND cis-ineligible/refusal
Pts with prior NAC:
ypT2 to ypT4a or pN+
Adjuvant CT (selected)
IMvigor011 (ctDNA)

IMvigor011: phase 3, double-blind, randomized study of atezolizumab vs placebo as adjuvant therapy in pts with HR MIBC who are ctDNA positive following cystectomy

Eligibility criteria:

- High-risk* MIBC with no evidence of residual disease following cystectomy
- ECOG PS 0 or 1
- Tumor sample available for WES and PD-L1 status

*Pts with NO prior NAC:
pT3, pT4a or pN+
AND cis-ineligible/refusal

*Pts with prior NAC:
ypT2 to ypT4a or pN+

Serial ctDNA testing

ctDNA+

ctDNA-

Atezolizumab

Randomization 2:1

Placebo

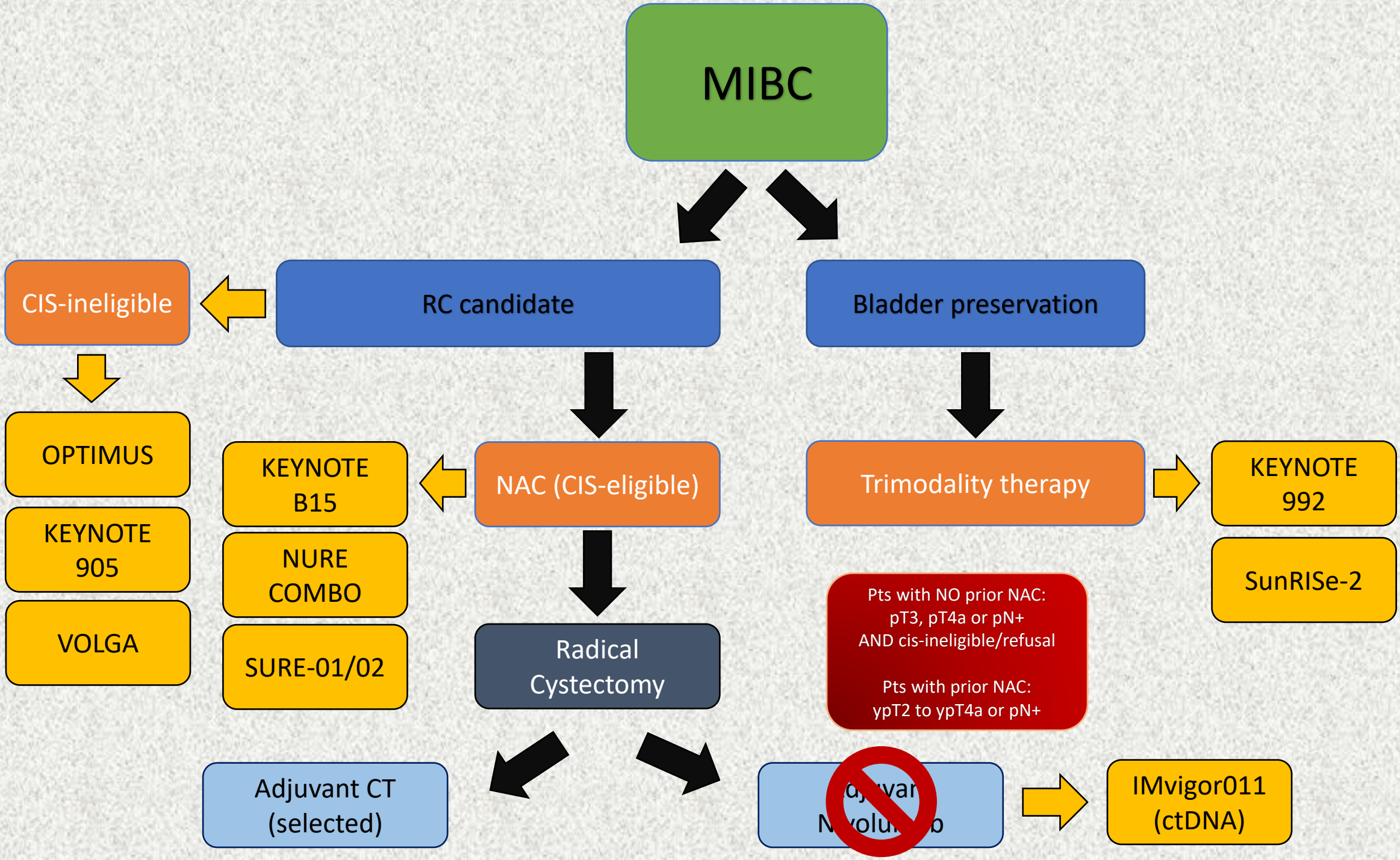
Primary endpoint:

- DFS

Secondary endpoints:

- OS, ctDNA clearance

ECOG PS, Eastern Cooperative Oncology Group performance status; MIBC muscle-invasive bladder cancer; LA/mUC, locally advanced/metastatic urothelial carcinoma; OS, overall survival; NAC, neoadjuvant chemotherapy
DFS, disease-free survival; ctDNA, circulating tumor DNA; WES, whole exome sequencing
EudraCT Number: 2020-004418-36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Pts with prior NAC:
ypT2 to ypT4a or pN+
Radical Cystectomy
Adjuvant CT (selected)
IMvigor011 (ctDNA)

Ongoing sponsored trials-3: bladder preservation

KEYNOTE-992 phase 3 trial

cT2-4aN0M0
UC of the bladder
electing bladder
preservation

Stratified by:
PD-L1 CPS
Stage disease
ECOG PS
Region of treatment

1:1

MAXIMAL TURBT

Pembrolizumab 400 mg q6wks + Concurrent CRT*

Placebo q6wks + Concurrent CRT*

Primary endpoint: *BI-EFS*

Cystoscopy, urine cytology, biopsy of tumour bed and imaging (after CRT)

Pembrolizumab 400 mg q6wks for 1 year

Placebo q6wks for 1 year

SunRISe-2 phase 3 trial

cT2-4aN0M0
UC of the bladder
electing bladder
preservation**

Stratified by:
Completeness of
TURBT
Stage disease

1:1

Cetrelimab + TAR200 (indwelling) q3wks

CRT*

Primary endpoint: *BI-EFS*

Assessments until proven MIBC, nodal or distant metastases

CPS combined positive score; BI-EFS, bladder-intact event-free survival
* CRT, cisplatin 35 mg/m^2 q1wk (x 6 wks) or gemcitabine 27 mg/m^2 q2wks (x 6 wks) + radiotherapy – investigator's choice
** within 3 months from diagnostic TURBT

EudraCT Number: 2019-004023-20
2020-005452-38

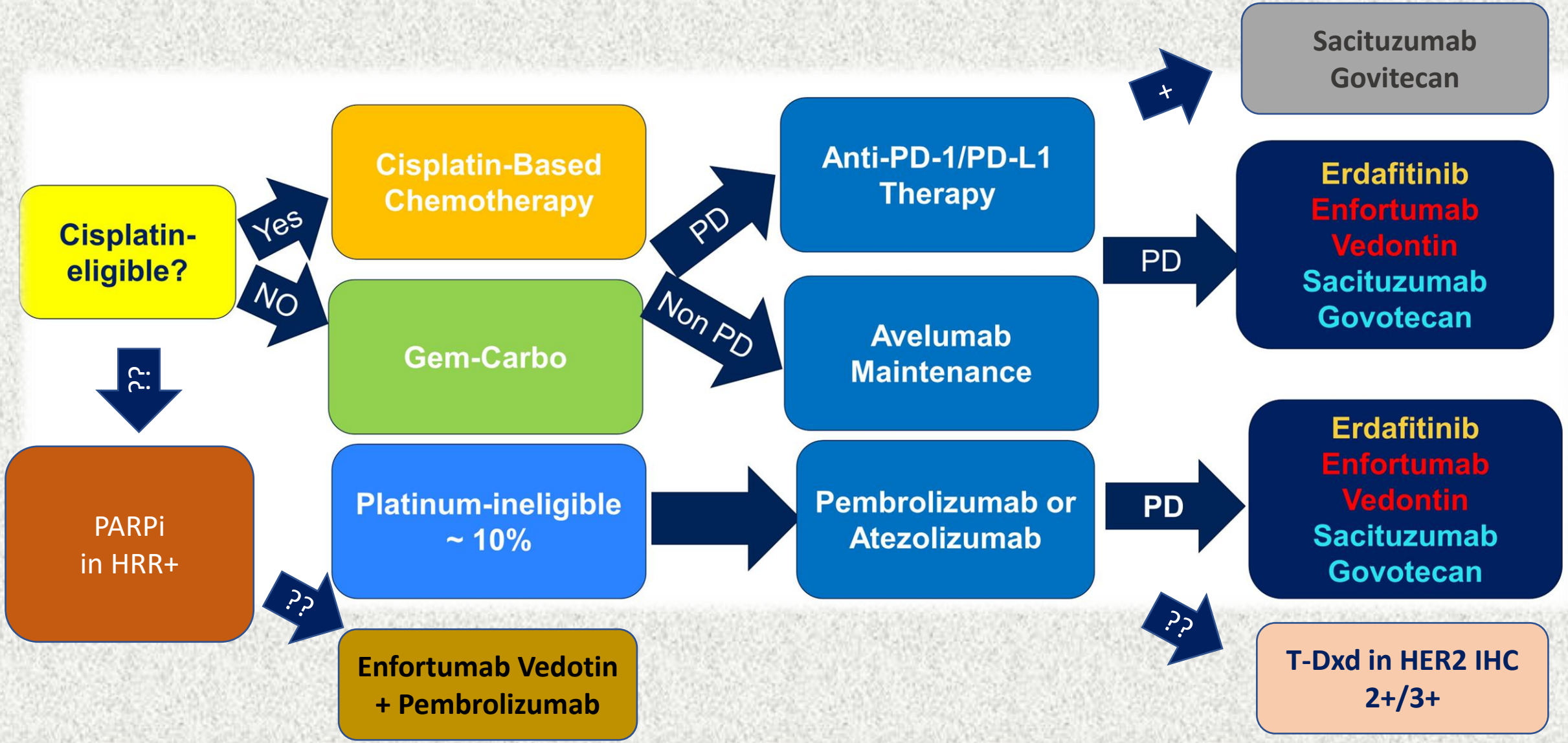
Agenda

- Non-muscle invasive Bladder Cancer (NMIBC)
- Muscle invasive Bladder Cancer (MIBC)
- **Metastatic disease (1st or more advanced lines)**

Backbone of first-line treatments

- Gemcitabine-cisplatin (GC): median OS 14 months, ORR 49%
- ddMVAC: median OS 15 months, ORR 70%
- Gemcitabine-carboplatin: recent trials show median OS 13 months, ORR 43%
- Avelumab maintenance in responders is the new SOC, median OS 23.8 months (ITT) and 30.9 months (PD-L1+)
- Only a minority of pts receive second-line treatments
- An unmet need to improve survival with first-line treatments

Current treatment paradigm (after ASCO/ESMO 2022)



EV-302: An open-label, randomized, controlled phase 3 study of enfortumab vedotin in combination with pembrolizumab versus chemotherapy alone in previously untreated LA/mUC

- N=860

Eligibility criteria:

- Locally advanced unresectable or mUC
- ECOG PS 0 or 1
- Upper/lower tract tumours
- Mixed histologic types are allowed of UC predominant
- Chemo- and CPI- naïve patients

OR

- Cisplatin-based chemo in (neo)adjuvant setting if progression more than 12 months

Randomization 1:1

ARM A

Enfortumab Vedotin
(1.25 mg/kg D1 & D8)
+
Pembrolizumab
(200 mg D1)

ARM B

Gemcitabine
(D1 & D8)
+
Cisplatin/Carboplatin
(D1)

Primary endpoint:

- PFS & OS

Secondary endpoints:

- ORR, DOR, DCR, QoL and safety

ECOG PS, Eastern Cooperative Oncology Group performance status;
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor
PFS, progression-free survival; Q21D, every 21 days.
EudraCT Number: 2019-004542-15

TROPiCS-04: A Randomized Open-Label Phase 3 Study of Sacituzumab Govitecan Versus Treatment of Physician's Choice in Subjects with LA/mUC

- N=600

Eligibility criteria:

- Locally advanced unresectable or mUC
- ECOG PS 0 or 1
- Upper/lower tract tumors
- Mixed histologic types are allowed of UC predominant
- Progression after PLT-based **AND** CPI therapy

OR

- Cisplatin only in (neo)adjuvant setting if progression within 12 months and subsequent CPI in mUC setting

Randomization 1:1

Sacituzumab Govitecan 10 mg/kg D1 & D8 of 21-D cycle

Docetaxel 75 mg/m^2
OR
Paclitaxel 175 mg/m^2
OR
Vinflunine 320 mg/m^2
On D1 of 21-D cycle

Primary endpoint:

- OS

Secondary endpoints:

- PFS, ORR, QoL and safety

ECOG PS, Eastern Cooperative Oncology Group performance status;
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor
PFS, progression-free survival; Q21D, every 21 days.
EudraCT Number: 2020-002964-29

THOR: Phase III, open-label study of erdafitinib in previously treated patients with LA/mUC harbouring selected FGFR aberrations

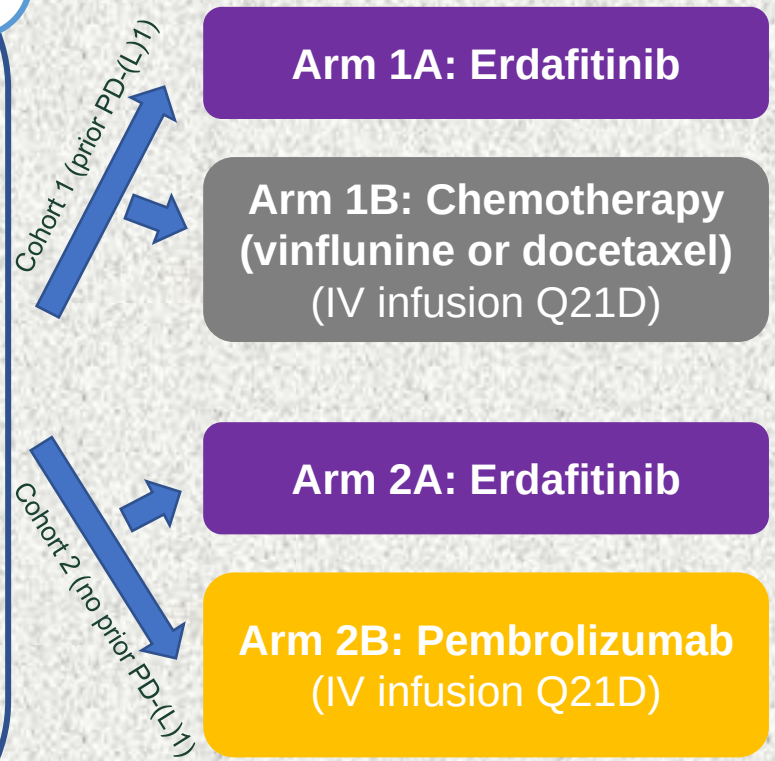
- N=631 (est. 2023)

Eligibility criteria:

- Unresectable LA/mUC with selected FGFR aberrations
- ECOG PS 0 or 1
- **Cohort 1:** Prior treatment with a PD-(L)1 inhibitor as monotherapy or combination therapy; ≤2 lines of prior systemic treatment
- **Cohort 2:** No prior treatment with a PD-(L)1 inhibitor; only one line of prior systemic treatment

Exclusion criteria:

- Prior FGFR inhibitor treatment



Primary endpoint:

- OS

Secondary endpoints:

- PFS, ORR, QoL and safety

ECOG PS, Eastern Cooperative Oncology Group performance status; EV, enfortumab vedotin; FGFR, fibroblast growth factor; IV, intravenous; LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; PD-(L)1, programmed cell death (ligand) 1; PFS, progression-free survival; Q21D, every 21 days.

NCT03390504. Available at: https://clinicaltrials.gov/ct2/show/NCT03390504. Last accessed: May 2021.

Industry partnership in Early Drug Development

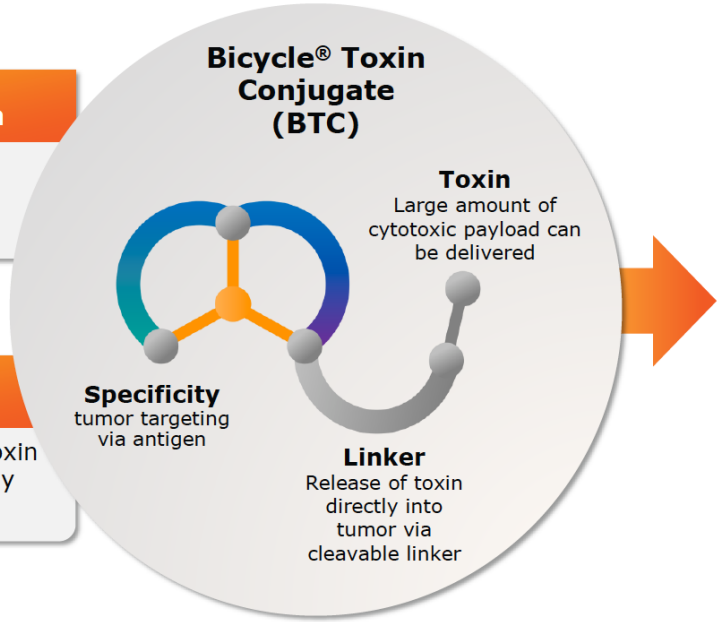
BTCs – preclinical data promises higher potency and specificity with fewer side effects

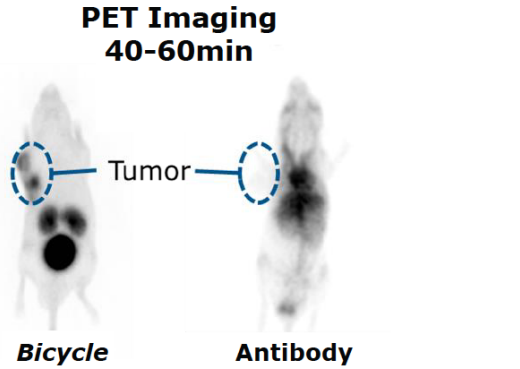
MWt of 1.5-2kDa

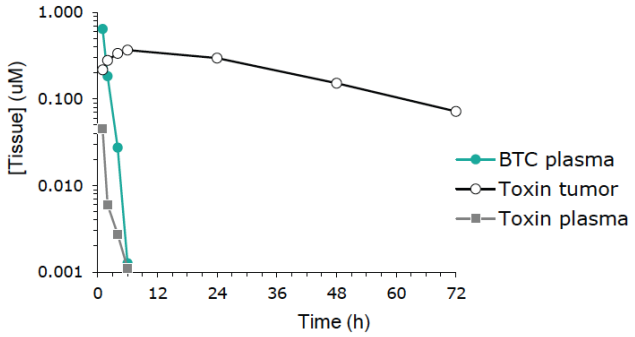
50-100x smaller than antibodies

High selectivity

Allows more potent toxin to be delivered directly to tumor







Phase I/II BT8009-100 (NCT04561362) trial open at San Raffaele

BT8009-100: phase 1/2 study of safety, pharmacokinects and preliminary clinical activity of BT8009 in patients with Nectin-4 expressing advanced malignancies

SAN RAFFAELE UROLOGIC ONCOLOGY RETREAT 25 NOVEMBRE 2022 MILANO AULA SAN RAFFAELE 1st EDITION 2022

Eligibility criteria:

PART A (escalation cohorts)

- Locally advanced unresectable or mUC
- Pancreatic, breast, NSCLC, gastric, H&N or ovarian positive for Nectin-4 expression
- ECOG PS 0 or 1
- Recurred after or refractory after prior therapies

PART B (expansion cohorts)

PART C (renal insufficiency cohorts)

- GFR (by C-G): 40-50 mL/min
- GFR (by C-G): 30-40 mL/min

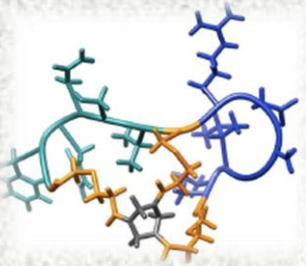
PART A1
monotherapy escalation

PART A2
nivolumab combination escalation

PART B1
RP2D expansion

PART B2
RP2D expansion

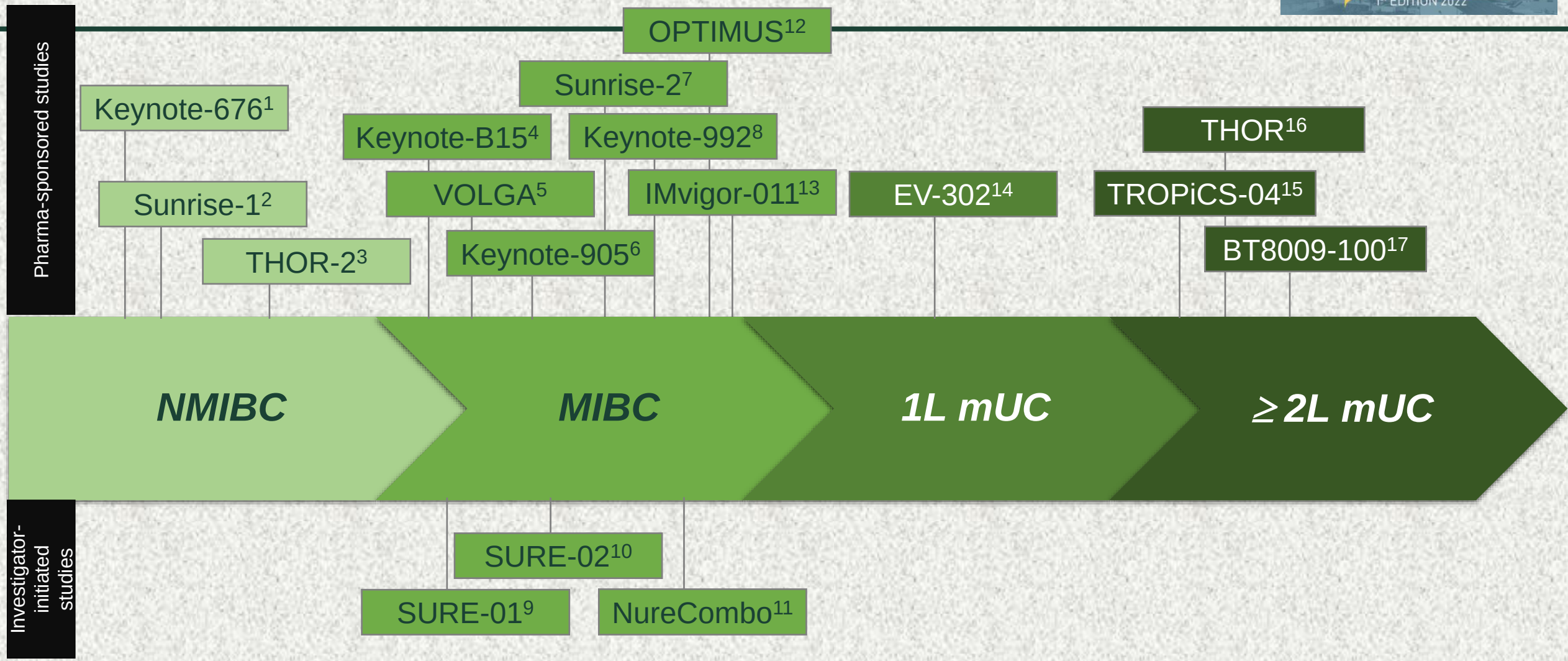
PART C
RP2D expansion



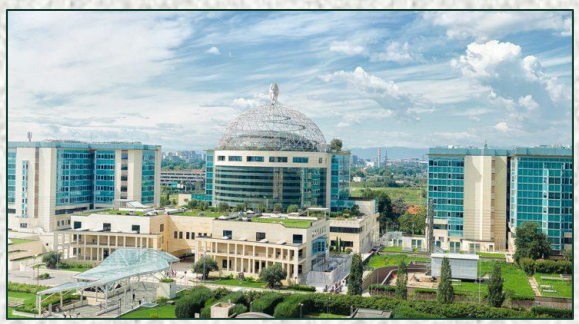
Primary endpoint:
- RP2D, safety (PART A, C)
- PFS, OS, ORR, CBR (PART B)

ECOG PS, Eastern Cooperative Oncology Group performance status; NSCLC non small cell lung cancer; H&N head and neck
LA/mUC, locally advanced/metastatic urothelial carcinoma; ORR, overall response rate; OS, overall survival; QoL, quality of life; CPI checkpoint inhibitor; C-G Cockcroft-Gault equation
PFS, progression-free survival; Q21D, every 21 days; RP2D recommended phase 2 dose; CBR clinical benefit rate
NCT04561362

Currently enrolling Phase 1-2-3 trials in UC landscape (as of Nov 25th, 2022)



1. Pembrolizumab + BCG vs BCG (NCT03711032); 2. TAR200+cetrelimab vs TAR200 vs Cetrelimab (NCT04640623); 3. Erdafitinib vs Investigator-choice intravesical chemotherapy instillation (NCT04172675); 4. EV+pembrolizumab vs chemo (NCT04700124); 5. Durva+Treme+EV vs Durva+EV vs RC (NCT04960709); 6. EV+ Pembro vs Pembro vs RC (NCT03924895); 7. TAR200 + cetrelimab vs chemoRT (NCT04658862); 8. Pembro+chemoRT vs chemoRT (NCT04241185); 9. sacituzumab govitecan + RC (NCT05226117); 10. sacituzumab govitecan + pembro + RC (NCT05535218); 11. Nivolumab+Nab-paclitaxel + RC (NCT04876313); 12. retifanlimab + RC (NCT04586244); 13. Atezolizumab post-RC in ctDNA+ (NCT04660344); 14. EV+Pembro vs chemotherapy (NCT04223856); 15. sacituzumab govitecan vs investigator-choice chemotherapy (NCT04527991); 16. erdafitinib vs investigator-choice chemotherapy in FGFR3-selected patients (NCT03390504); 17. BT8009 monotherapy (NCT04561362);



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