SunRISe-5: A Phase 3, Randomized, Open-Label Study of TAR-200 Compared With Intravesical Chemotherapy After Bacillus Calmette–Guérin in Recurrent High-Risk Non–Muscle-Invasive Bladder Cancer

Sima Porten¹, Sumeet Bhanvadia², Saltanat Najmi³, Hussein Sweiti⁴, John Maffeo⁵, Katharine Stromberg⁵, Benjamin Pradere⁶

¹University of California, San Francisco, CA, USA; ²Janssen Research & Development, Los Angeles, CA, USA; ³Janssen Research & Development, Raritan, NJ, USA; ⁴Janssen Research & Development, Spring House, PA, USA; ⁵Janssen Research & Development, Lexington, MA, USA; ⁶UROSUD, La Croix Du Sud Hospital, Quint-Fonsegrives, France

Presented by S Porten at the 119th AUA Annual Meeting; May 3-6, 2024; San Antonio, TX, USA

https://www.congresshub.com/Oncology/ AUA2024/TAR-200/Porten

The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.



Disclosures

 Dr Porten is an advisory board member for Photocure and Fergene; is a consultant for Photocure and Stryker and has received research funding from Oncuria and Photocure



Many Patients With HR NMIBC Recur or Progress After BCG Treatment

- More than 75% of newly diagnosed bladder cancers are non-muscle-invasive¹
 - Between 20% to 46% of patients with HR NMIBC experience disease recurrence after BCG treatment²⁻⁵
- Additional BCG is not effective in early recurrences (within 1 year) and is not recommended by guidelines⁶⁻⁸
- Standard of care for early BCG-unresponsive recurrence (within 1 year) of papillary-only HR NMIBC is RC^{7,8}
 - However, many patients either refuse or are ineligible for RC⁹
- Recently approved treatment options are limited for patients with CIS¹⁰⁻¹²

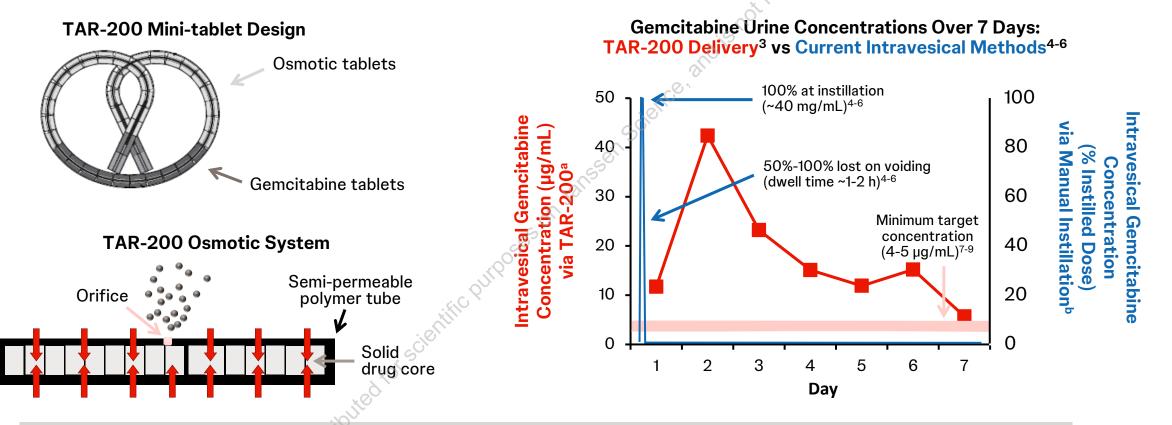
There is a high unmet need to develop **bladder-sparing, localized treatments** for **patients with papillary-only recurrent HR NMIBC**

BCG, bacillus Calmette–Guérin; CIS, carcinoma in situ; HR NMIBC, high-risk non–muscle-invasive bladder cancer; RC, radical cystectomy. 1. Lightfoot AJ, et al. *Scientific World J.* 2011;11:602-613. 2. Matulay JT, et al. *J Urol.* 2021;205:1612-1621. 3. Contieri R, et al. *Eur Urol Oncol.* 2023;6:590-596. 4. Grimm M-O, et al. *Eur Urol*/2020;78:690-698. 5. Oddens J, et al. *Eur Urol.* 2013;63:462-472. 6. Steinberg RL, et al. *Bladder Cancer.* 2016;2:215-224. 7. NCCN Clinical Practice Guidelines in Oncology. Bladder Cancer. Version 2. 2024. 8. EAU. Available at: https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Non-muscle-Invasive-Bladder-Cancer-2023_2023-03-10-101110_jued.pdf. 9. Musat MG et al. *Clinicoecon Outcomes Res.* 2022;14:35-48. 10. Balar AJ, et al. *Lancet Oncol.* 2021;22:919-930. 11. Black PC, et al. *Eur Urol.* 2023;84:536-544. 12. ADSTILADRIN® (nadofaragene firadenovec-vncg) [prescribing information]. Kastrup, Denmark: Ferring Pharmaceuticals; 2022.





TAR-200 Is a Novel Targeted Releasing System Designed for Sustained Gemcitabine in the Bladder^{1,2}



Interim data from SunRISe-1 (NCT04640623) support further investigation of **TAR-200 monotherapy** in patients **with BCG-unresponsive HR NMIBC**¹⁰

^aEstimated clinical concentrations based on miniature pig pharmacokinetics.³

^bPatients received instilled doses of 500-2000 mg in 50-100 mL⁴ 2000 mg in 50 mL,⁵ or 2000 mg in 50-100 mL.⁶

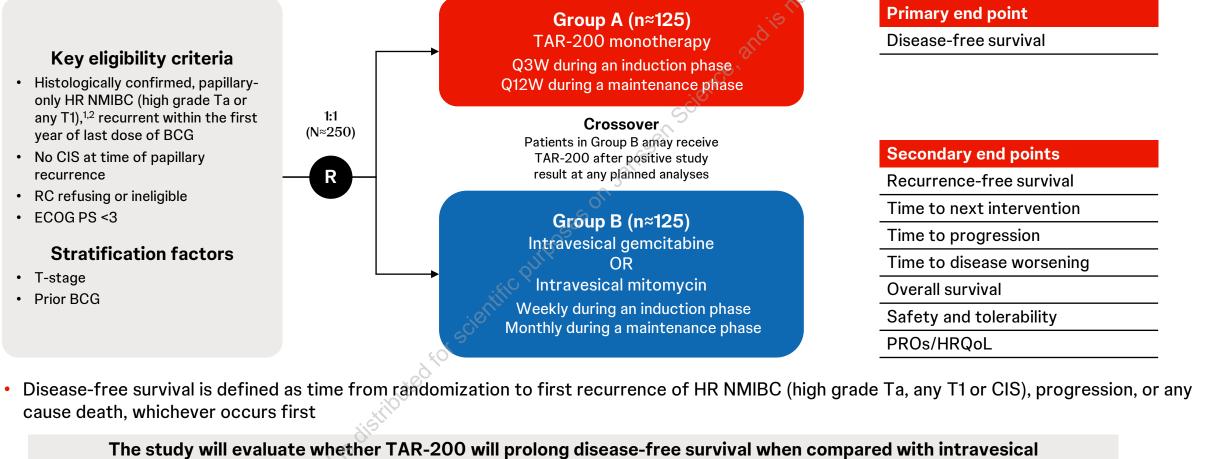
1. Tyson MD, et al. J Urol. 2023:209:890-900. 2. Daneshmand S, et al. Urol Oncol. 2022;40:344.e1-344.e9. 3. Janssen internal data. 4. Laufer M, et al. J Clin Oncol. 2003;21:697-703.

5. Mattioli F, et al. *Anticancer Res.* 2005;25:2493-2496. 6. Gontero P, et al. *BJU Int.* 2010;106:1652-1656. 7. Cattel L, et al. *Ann Oncol.* 2006;17:v142-v147. 8. Abbruzzese JL, et al. *J Clin Oncol.* 1991;9:491-498. 9. Grunewald R, et al. *Cancer Res.* 1990;50:6823-6826. 10. Jacob J, et al. Presented at AUA 2024; Abstract Number: 24-7214.



Presented by S Porten at the 119th AUA Annual Meeting; May 3-6, 2024; San Antonio, TX, USA

SunRISe-5 (NCT06211764) Is an Open-Label, Multicenter Phase 3 Study



chemotherapy in patients with papillary-only HR NMIBC recurrent after BCG therapy who refuse or are unfit for RC

ECOG PS, Eastern Cooperative Oncology Group performance status; PRO, patient-reported outcome; HRQoL, health-related quality of life; Q3W, every 3 weeks; Q12W, every 12 weeks. 1. NCCN Clinical Practice Guidelines in Oncology. Bladder Cancer. Version 1. 2024. 2. EAU Guidelines. Edn. presented at the EAU Annual Congress Milan 2023. ISBN 978-94-92671-19-6.

Target Patient Population for SunRISe-5

Patients enrolled in the study include those with recurrence of papillary-only HR NMIBC (HG Ta or any T1, no CIS) within 1 year after at least 5 of 6 doses of BCG (adequate induction)

Definition of Minimum Prior BCG Therapy in the SunRISe-5 Target Population

	Minimum BCG therapy	Timing of recurrence
BCG-unresponsive ¹	Adequate Induction (5 of 6 doses) AND either 2 of 3 doses of Maintenance OR 2 of 6 doses of second Induction	HG T1 disease at first disease assessment after Induction OR HG Ta/any T1 disease within 6 months
BCG-experienced <i>Does not meet BCG-unresponsive definition</i>	Received Adequate Induction (5 of 6 doses) with or without Maintenance therapy	Recurred with HG Ta/any T1 disease within 12 months



1. US Food and Drug Administration. "BCG-unresponsive nonmuscle invasive bladder cancer: developing drugs and biologics for treatment guidance for industry." Center for Drug Evaluation and Research (2018).

Presented by S Porten at the 119th AUA Annual Meeting; May 3-6, 2024; San Antonio, TX, USA

SunRISe-5 Is Currently Open and Enrolling Patients

- Site activations and patient screenings have launched as of April 18, 2024
- SunRISe-5 is currently recruiting in Argentina, Brazil, China, France, Germany, Italy, Japan, Mexico, Poland, Romania, South Korea, Spain, the United Kingdom, and the United States

Enrollment is planned at 128 sites across 14 countries



Acknowledgments

https://www.congresshub.com/Oncology/ AUA2024/TAR-200/Porten

The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.

Ongoing studies of TAR-200:

SunRISe-1

BCG-unresponsive HR NMIBC (cohorts 1-3: CIS; cohort 4: papillary only) NCT04640623

SunRISe-2 RC-ineligible/-refusing MIBC NCT04658862

SunRISe-3 BCG-naive HR NMIBC NCT05714202

SunRISe-4 Neoadjuvant MIBC NCT04919512

SunRISe-5

Papillary-only, BCG-exposed, RC-ineligible/refusing, recurrent HR NMIBC NCT06211764 *Presented here*



• We thank the patients who are participating in the study, their families, and the investigators and clinical research staff from the study centers

motional

- Writing assistance was provided by Flint Stevenson-Jones, PhD and Jennifer Venzie, PhD, of Parexel
- This study is sponsored by Janssen Research & Development, LLC, a Johnson & Johnson company