Safety and Tolerability of TAR-200 Monotherapy in Patients With Bacillus Calmette-Guérin-Unresponsive High-Risk Non–Muscle-Invasive Bladder Cancer in SunRISe-1

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Key Takeaway

The TAR-200 treatment experience is well tolerated in patients with BCG-unresponsive HR NMIBC, with favorable insertion rates, indwelling times, and safety profile

Conclusions

- TAR-200 insertion and 3-week indwelling period were well tolerated (98.8% insertion success rate and median indwelling duration of 22 days)
- The majority of TRAEs were grade 1-2 lower urinary tract symptoms, which resolved within 3 weeks (median time of 22 days)
- Only 5 of 71 patients who experienced TRAEs from TAR-200 discontinued treatment

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Poster

https://www.congresshub.com/Oncology/SUO2024/TAR-200/Daneshmand-Safety

Acknowledgments

We thank the patients who participated in the study, their families, and the investigators and clinical research staff from the study centers. Writing assistance was provided by Benjamin Ricca, PhD, of Parexel, and funded by Janssen Global Services, LLC. This study is sponsored by Janssen Research & Development, LLC, a Johnson & Johnson company.

Disclosures

Dr Daneshmand has received grants/research funding from Photocure; consulting/advisory fees from Ferring, Photocure, QED Therapeutics, Bristol Myers Squib, Johnson & Johnson, Protara, Urogen, Pfizer, CG Oncology, Vesica Health, Immunitybio, and Taris; honoraria/speaker fees from Aduro Biotech, Allergan (immediate family member), Bristol Myers Squibb, Ferring, Janssen, Johnson & Johnson, Olympus, Photocure, Pacific Edge, and QED Therapeutics; travel reimbursement from Photocure; and has stock/other ownership interests in Taris.

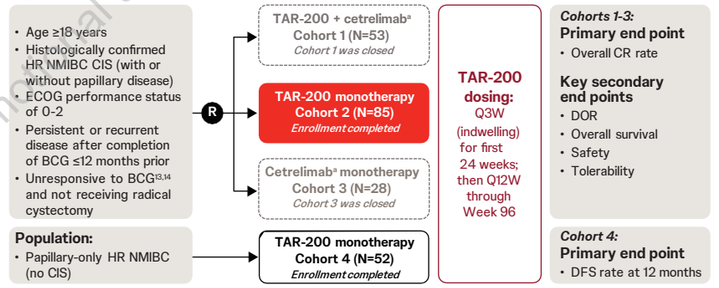
Introduction

- Treatment options that are safe, bladder preserving, and effective for patients with bacillus Calmette-Guérin (BCG)-unresponsive high-risk non–muscle-invasive bladder cancer (HR NMIBC) are limited[1-5]
- TAR-200 is a targeted releasing system designed to provide sustained intravesical delivery of gemcitabine in the bladder over many days[6-8]
- SunRISe-1 (NCT04640623) is an ongoing phase 2b study assessing the efficacy and safety of TAR-200 + cetrelimab (anti-PD1)[9,10] (Cohort 1), TAR-200 monotherapy (Cohort 2), or cetrelimab monotherapy (Cohort 3) in patients with BCG-unresponsive HR NMIBC ineligible for or refusing radical cystectomy
  - TAR-200 monotherapy is also being assessed in patients with papillary disease only (Cohort 4)
  - Preliminary results showed a promising complete response (CR) rate and durable responses in patients with BCG-unresponsive HR NMIBC treated with TAR-200[11,12]
- We report additional results on the safety and tolerability of TAR-200 monotherapy in Cohort 2

Methods

- Institutional review board approval and informed consent were obtained for this study
- Patients aged ≥18 years with histologically confirmed carcinoma in situ (CIS) ± papillary disease (high-grade Ta, any T1), an Eastern Cooperative Oncology Group performance status of 0-2, and persistent or recurrent HR NMIBC with last dose of BCG ≤12 months prior to CIS diagnosis were eligible for Cohorts 1-3 (Figure 1)
- TAR-200 was dosed every 3 weeks through Week 24, then every 12 weeks until Week 96
- The primary end point of the SunRISe-1 trial is CR rate at any time; secondary end points reported include duration of response, safety, and tolerability

Figure 1: SunRISe-1 study design



DFS, disease-free survival; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; Q3W, every 3 weeks; Q12W, every 12 weeks; R, randomization. [a]Cetrelimab dosing was Q3W through Week 78.

Results

Patients

- As of May 13, 2024, 85 patients with CIS (median age, 71 years; range, 40-88; concomitant papillary disease, 32.9%) received TAR-200 monotherapy (Table 1)

Efficacy

- The centrally assessed overall CR rate was 83.5% (Figure 2)[12]

Insertion and Indwelling

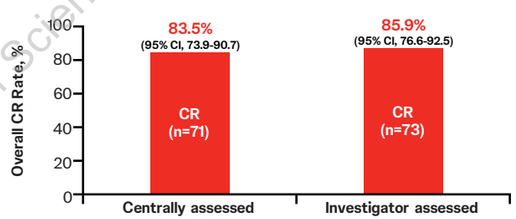
- The TAR-200 insertion success rate was 98.8%, and the median indwelling duration was 22 days (range, 5-26)

Table 1: Patient characteristics

Characteristics	N=85
Age, years, median (range)	71 (40-88)
Sex, male, n (%)	68 (80.0)
Race, n (%)	
White	62 (72.9)
Asian	8 (9.4)
Black or African American	2 (2.4)
Not reported/unknown	13 (15.3)
Nicotine use, n (%)	
Current	8 (9.4)
Former	49 (57.6)
Never	28 (32.9)
ECOG performance status 0, n (%)	78 (91.8)
Tumor stage, n (%)	
CIS only	57 (67.1)
CIS + papillary disease	28 (32.9)
Total doses of prior BCG, n, median (range)	12 (7-42)
Time from last BCG to CIS diagnosis, months, median (range)	3.4 (0-22)[a]
Reason for not receiving radical cystectomy, n (%)	
Declined	82 (96.5)
Ineligible	3 (3.5)

[a]1 patient had 22.4 months from last BCG dose to CIS diagnosis (protocol deviation); all other patients had ≤12 months from last BCG dose to CIS diagnosis (per protocol).

Figure 2: Overall CR rate[a] in patients with HR NMIBC CIS treated with TAR-200[12]



CI, confidence interval.
[a]Overall CR rate is based on CR at any time. Response is based on centrally reviewed urine cytology, local cystoscopy, and central biopsy (if available). CRs do not have to be confirmed. A CR is defined as having a negative cystoscopy and negative (including atypical) centrally read urine cytology, or positive cystoscopy with biopsy-proven benign or low-grade NMIBC and negative (including atypical) centrally read cytology at any time point.

Treatment-Related Adverse Events (TRAEs)

- 71 of 85 patients (83.5%) reported TRAEs (Table 2)
  - The majority of TRAEs were grade 1 to 2 lower urinary tract symptoms
  - The most common TRAEs (≥10%) were pollakiuria (38.8%), dysuria (35.3%), urinary tract infection (20.0%), micturition urgency (17.6%), and hematuria (14.1%)
  - The median duration of all TRAEs that had recovered/resolved was 22 days (IQR, 8-112)
- 8 patients (9.4%) had grade 3 to 4 TRAEs (Table 3)
- 5 patients (5.9%) had serious TRAEs
- No treatment-related deaths occurred

Discontinuations Due to TRAEs

- 5 of 85 patients treated with TAR-200 (6%) had TRAEs that led to treatment discontinuation
- TRAEs leading to discontinuation included:
  - Noninfective cystitis (n=3; 1 patient with grade 1 and 2 with grade 2), within 0.3 to 3.3 months of starting treatment
  - Pollakiuria (n=1, grade 2), 1.7 months after starting treatment
  - Urinary retention (n=1, grade 2), 4.8 months after starting treatment

Table 2: TRAEs of any grade in patients with HR NMIBC CIS receiving TAR-200 monotherapy

Patients with events, n (%)	N=85[a]
≥1 TRAEs of any grade	71 (83.5)
Most frequent TRAEs of any grade by preferred term[b]	
Pollakiuria	33 (38.8)
Dysuria	30 (35.3)
Urinary tract infection	17 (20.0)
Micturition urgency	15 (17.6)
Hematuria	12 (14.1)
Noninfective cystitis	7 (8.2)
Urinary tract pain	7 (8.2)
Bladder pain	5 (5.9)
Bladder spasm	5 (5.9)

[a]Safety data are shown for all patients who received at least 1 dose of study drug in the full analysis set of Cohort 2 (N=85).
[b]TRAEs of any grade by preferred term are listed if they were reported in ≥5% of patients in Cohort 2.

Table 3: TRAEs of grade ≥3 in patients with HR NMIBC CIS receiving TAR-200 monotherapy

Patients with events, n (%)	N=85[a]
≥1 TRAEs of grade ≥3	8 (9.4)
Most frequent TRAEs of grade ≥3[b]	
Urinary tract pain	3 (3.5)
Bladder pain	1 (1.2)
Dysuria	1 (1.2)
Renal impairment	1 (1.2)
Urinary retention	1 (1.2)
Urinary tract infection	1 (1.2)
Urosepsis	1 (1.2)

[a]Safety data are shown for all patients who received at least 1 dose of study drug in the full analysis set of Cohort 2 (N=85).
[b]TRAEs of grade ≥3 by preferred term are listed if they were reported in ≥1 patient in Cohort 2.

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Presented by S Daneshmand at the 25th Annual Meeting of the Society of Urologic Oncology; December 4-6, 2024; Dallas, TX, USA