Phase 3 ENVISION Trial

A Phase 3, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of UGN-102 as Primary Chemoablative Therapy in Patients with Low Grade Intermediate Risk Non-Muscle-Invasive Bladder Cancer (LG-IR-NMIBC) (NCT05243550)

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Bladder Cancer[1-5]
Incidence and Mortality

6th most common cancer in the U.S.
- 10th most common cancer worldwide

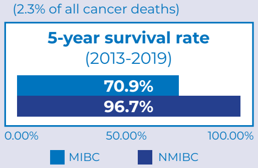
83,190 projected cases of **newly** diagnosed bladder cancer in **2024**

75% present with **NMIBC**

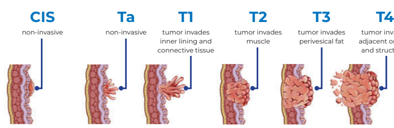
Male: Female ratio = 3:1
Average age at diagnosis: 70 years

Mortality

16,710 estimated deaths from bladder cancer in the U.S in 2023 (2.3% of all cancer deaths)



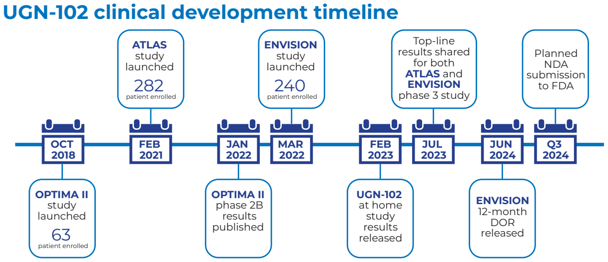
NMIBC Staging[6]



Low Grade
- ~70% of all bladder cancers
- High risk of recurrence
- Low risk of progression

Intermediate Risk
- LG Ta Tumors that are large (> 3cm), multifocal, or recurrent
- LG T1 Tumors
- SOC: Repeated Transurethral Resection of Bladder Tumor (TURBT)

UGN-102 clinical development timeline



Key studies in The UGN-102 Clinical Development Program[7-9]

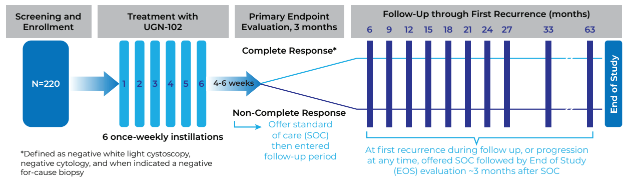
Study ID	Phase	Title	Received UGN-102	Total Enrollment
NCT03558503	2b	OPTIMA II: Primary Chemoablation of Low-Grade Intermediate Risk Non-Muscle-Invasive Bladder Cancer (LG-IR-NMIBC) Using UGN-102, a Mitomycin Containing Reverse Thermal Gel.	63	63
NCT04688931	3	ATLAS: A Randomized, Controlled, Open-label Study of the Efficacy, Durability, and Safety of UGN-102 With or Without TURBT in Patients with Low Grade Intermediate Risk Non-Muscle-Invasive Bladder Cancer (LG-IR-NMIBC)	142	282
NCT05243550	3	ENVISION: A Phase 3 Single-Arm Study of UGN-102 for Treatment of Low-Grade Intermediate Risk Non-Muscle-Invasive Bladder Cancer	240	240

* 142 received UGN-102, 140 received TURBT

PHASE 3 ENVISION TRIAL

- 240 patients with LG-IR-NMIBC across 56 sites in the United States and Europe
- Patients were included if they had:
  - **LG NMIBC (Ta)** histologically confirmed by cold cup biopsy at screening or within 8 weeks before screening AND
  - **History of LG NMIBC** requiring treatment with transurethral resection of bladder tumors (TURBT)

STUDY SCHEMA



*Defined as negative white light cystoscopy, negative cytology, and when indicated a negative for-cause biopsy

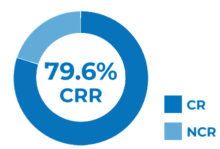
DEMOGRAPHICS AND BASELINE CHARACTERISTICS

Characteristic		UGN-102 (N = 240) / n (%)
Age	Median Age (Min, Max)	70.0 (30, 92)
Age (Years), n (%)	>= 65	162 (67.5)
Sex, n (%)	Male	147 (61.3)
	Female	93 (38.8)
Prior TURBT to Treat NMIBC, n (%)	Yes	232 (96.7)
	No	8 (3.3)
Previous LG NMIBC Episodes, n (%)	Yes	229 (95.4)
	No	11 (4.6)
Treatment Course, n (%)	6 instillations	228 (95.0)
	< 6 instillations	12 (5.0)

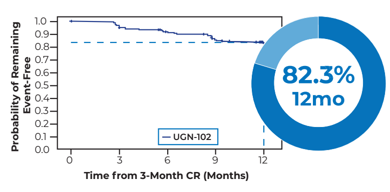
PRIMARY ENDPOINT: COMPLETE RESPONSE RATE AT 3 MONTHS

	UGN-102 (N = 240)	
	n (%)	CRR (95% CI)
Complete Response	191 (79.6)	79.6 (73.9, 84.5)
Non-Complete Response	49 (20.4)	
Residual Disease	35 (14.6)	
Progression to HG Disease	7 (2.9)	
Indeterminate	2 (0.8)	
Missing	5 (2.1)	

Complete Response Rate



SECONDARY ENDPOINT: KM ESTIMATE OF DURATION OF RESPONSE



	UGN-102 (N = 191)
Number (%) of Patients with Events	33 (17.3%)
Median (Months) Estimate:	NE (NE, NE)
KM Estimates at*	
12 months	82.3% (75.9, 87.1)
15 months	80.9% (73.9, 86.2)
18 months	80.9% (73.9, 86.2)
Median follow-up, months	13.8 (12.2–14.5)

ENVISION SUMMARY OF ADVERSE EVENTS

	UGN-102 (N=240) n (% incidence)
Any Adverse Events	140 (58.3)
Any Serious Adverse Events	30 (12.5)
Any TEAEs	137 (57.1)
Any Grade > 3 TEAEs	33 (13.8)
Any Treatment or Procedure Related TEAEs	97 (40.4)
Any Treatment Related TEAEs	81 (33.8)
Any Procedure Related TEAEs	64 (26.7)
Any TEAEs Leading to Treatment Discontinuation	7 (2.9)
Any TEAEs Leading to Study Discontinuation	6 (2.5)
Any Serious TEAEs	29 (12.1)
Any Treatment or Procedure Related Serious TEAEs	4 (1.7)
Any Treatment Related Serious TEAEs	2 (0.8)
Any Procedure Related Serious TEAEs	3 (1.3)
Any TEAEs Leading to Death	3 (1.3)
Any TEAEs of Special Interest	100 (41.7)

ENVISION TREAMENT-EMERGENT ADVERSE EVENTS[8]

	UGN-102 (N = 240) / n (%)					
	Mild	Moderate	Severe or Medically Significant	Life-threatening	Death	Total
Patients With Any TEAEs	57 (23.8)	47 (19.6)	27 (11.3)	3 (1.3)	3 (1.3)	137 (57.1)
Dysuria	44 (18.3)	9 (3.8)	1 (0.4)	0	0	54 (22.5)
Haematuria	15 (6.3)	5 (2.1)	0	0	0	20 (8.3)
Urinary tract infection	6 (2.5)	10 (4.2)	1 (0.4)	0	0	17 (7.1)
Pollakiuria	12 (5)	4 (1.7)	0	0	0	16 (6.7)
Fatigue	9 (3.8)	4 (1.7)	0	0	0	13 (5.4)

	UGN-102 (N = 240) / n (%)
Patients With Any Treatment Related Serious TEAEs (Both Resolved)	2 (0.8)
Urethral stenosis	1 (0.4)
Urinary retention	1 (0.4)

- In general TEAEs were mild to moderate and resolved or were resolving

COMPLETE RESPONSE RATE AT 3 MONTHS AMONG UGN-102 TRIALS

OPTIMA II (N=63)	ATLAS (N=142)	ENVISION (N=240)
65.1% (52.0, 76.7)	64.8% (56.3, 72.6)	79.6% (73.9, 84.5)

DURATION OF RESPONSE AMONG UGN-102 TRIALS

OPTIMA II (N=41)	ATLAS (N=92)	ENVISION (N=191)
69.9% (51.8, 82.3)	79.6% (69.3, 86.8)	82.3% (75.9, 87.1)
9-month DOR KM estimate	12-month DOR KM estimate	12-month DOR KM estimate

SUMMARY

- ENVISION demonstrated a 79.6% complete response rate at 3 months, followed by an estimated duration of response of 82.3% at 12 months by Kaplan Meier Analysis
- Other secondary endpoints currently ongoing include DOR up to 63 months, durable complete response (DCR) rate, and disease-free survival (DFS)

Submission of a New Drug Application (NDA) to the U.S. Food and Drug Administration (FDA) are anticipated in Q3 2024.

UGN-102 is an investigational drug. The safety and efficacy of UGN-102 has not been established by the FDA.

Status and Inquiries
This study was initiated in 2Q2022. Clinical trial registry number: NCT05243550.

For inquiries about the trial, please email:
medinfo@urogen.com

Thanks to patients, their families, healthcare staff for their participation in this trial.

References

1. National Cancer Institute: SEER Cancer Stat Facts: Bladder Cancer. Bethesda, Md: National Cancer Institute. Available online. Last accessed August 16, 2023. **2.** American Cancer Society: Cancer Facts and Figures 2023. American Cancer Society, 2023. Available onlineExit Disclaimer. Last accessed August 16, 2023 **3.** Babjuk M, et al. European Association of urology guidelines on non-muscle-invasive bladder cancer (Ta, T1, and Carcinoma in Situ). Eur Urol. (2022) 81(1):75–94. **4.** Gontero P, et al. EAU Guidelines on Non-muscle invasive Bladder Cancer (Ta, T1, and Carcinoma in Situ) Limited Update March 2023. EAU Guidelines. Edn. presented at the EAU Annual Congress Milan 2023. ISBN 978-94-92671-19-6. **5.** Staging non-muscle invasive bladder cancer. Macmillan Cancer Support. https://www.macmillan.org.uk/cancer-information-and-support/bladder-cancer/staging-and-grading-of-bladder-cancer **6.** American Joint Committee on Cancer. AJCC Cancer Staging Manual. Urinary Bladder. 7th edn. New York, NY: Springer; 2010: 497-502. **7.** Chevli KK, Shore ND, Trainer A, Smith AB, Saltzstein D, Ehrlich Y, et al. Primary chemoablation of low-grade intermediate-risk nonmuscle-invasive bladder cancer using UGN-102, a mitomycin-containing reverse thermal gel (Optima II): A phase 2b, open-label, single-arm trial. J Urol. 2022;207(1):61-9 **8.** Prasad SM, Huang WC, Shore ND, Hu B, Bjurlin M, Brown G, et al. Treatment of low-grade intermediate-risk nonmuscle-invasive bladder cancer with UGN-102 ± transurethral resection of badder tumor compared to transurethral resection of bladder tumor monotherapy: A randomized, controlled, phase 3 trial (ATLAS). J Urol. 2023;210(4):619-29. **9.** Prasad S, Mladenov B, Shishkov D, Kates M, Huang W, Louie MJ, et al. Primary Chemoablation for Recurrent Low Grade Intermediate Risk (LG IR) NMIBC: The ENVISION Trial. Society of Urologic Oncology 24th Annual Meeting; November 28–December 1; Washington DC, USA, 2023 **10.** UroGen Data on File

OPTIMA II was a Phase 2B, single-arm, open-label study in patients with newly diagnosed and recurrent LG-IR-NMIBC.
ATLAS was a Phase 3, randomized, controlled trial of UGN-102 +/- TURBT vs TURBT alone in patients with newly diagnosed and recurrent LG-IR-NMIBC. ATLAS complete Response is based on treatment with UGN-102 alone.
ENVISION is a Phase 3, single-arm, open-label study in patients with recurrent LG-IR-NMIBC.

Disclosures
Dr. Mark Schoenberg is Chief Medical Officer at UroGen Pharma (Princeton, NJ) and acts as Chair, Urology and Professor, Urology at Montefiore Einstein (Bronx, NY).

Funding: UroGen Pharma

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