Phase 3, Multicenter, Randomized SunRISe-2 Study Evaluating the Efficacy of TAR-200 in Combination With Cetrelimab Versus Concurrent Chemoradiotherapy in Participants With Muscle-Invasive Urothelial Carcinoma of the Bladder

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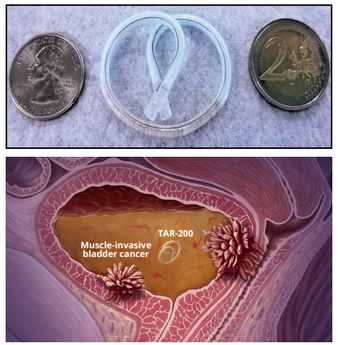
INTRODUCTION

- Patients with muscle-invasive bladder cancer (MIBC) often have poor prognosis and are at high risk of death; standard treatment is neoadjuvant platinum-based chemotherapy (for cisplatin eligible patients), followed by radical cystectomy (RC), which is associated with high treatment burden.[1-3]
- The combination of TAR-200 and cetrelimab is being studied to determine whether it can improve patient outcomes.
- TAR-200 is a novel intravesical drug delivery system (Figure 1) enabling sustained release of gemcitabine into the bladder, increasing dwell time and local drug dose.
- Treatment with TAR-200 has demonstrated early clinical benefit, with favorable tolerability, in patients with MIBC.[4]
- Cetrelimab (JNJ-63723283) is an investigational immunoglobulin G4 antibody that targets the programmed cell death protein-1 (PD-1) receptor, blocking signaling from both programmed death ligand-1 and -2 (PD-L1 and PD-L2).

FIGURE 1: TAR-200 allows continuous local delivery of gemcitabine to tumors within the bladder

TAR-200 delivery system



OBJECTIVE

- SunRISe-2 (NCT04658862) is a prospective, multicenter, open-label, randomized phase 3 study evaluating the efficacy and safety of intravesical TAR-200 plus systemic cetrelimab versus chemoradiotherapy in patients with MIBC who are ineligible for or refuse RC.

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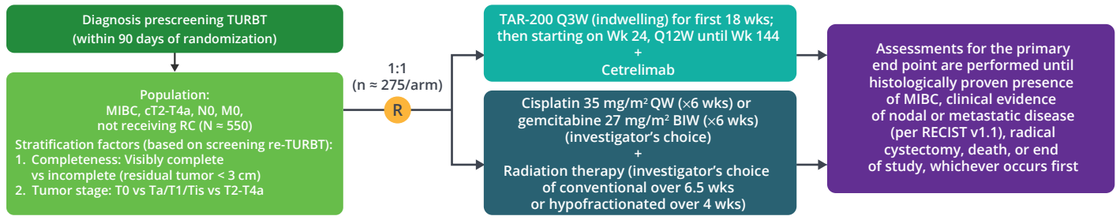
METHODS

FIGURE 2: SunRISe-2 study design



BIW, twice weekly; QW, every week; Q3W, every 3 weeks; Q12W, every 12 weeks; R, randomization; RECIST, Response Evaluation Criteria In Solid Tumors; TURBT, transurethral resection of bladder tumor.

TABLE 1: Study end points

Primary end point	
Bladder-intact event-free survival (BI-EFS)	Defined as time from randomization to first BI-EFS event, including histologically proven MIBC, clinical evidence of nodal or metastatic disease (per RECIST 1.1), RC, or death
Secondary end points	
Metastasis-free survival, or time from randomization to first radiologic/histologic evidence of metastatic disease per RECIST 1.1 or death	
Overall survival, or time from randomization to death	
Overall response (complete response + partial response) rate based on biopsy at Week 18	
Safety and tolerability	

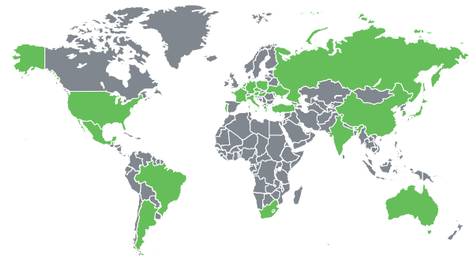
TABLE 2: Key inclusion and exclusion criteria

Key inclusion criteria	Key exclusion criteria
Age ≥ 18 years with histologically proven, cT2-T4a, N0, M0 urothelial carcinoma of the bladder (< 20% variant histologic subtype) initially diagnosed within 90 days of randomization date	Urothelial carcinoma outside the urinary bladder or ≥ 20% variant histology or any other active malignancies
Refusing or ineligible for RC	Diffuse carcinoma in situ
Eastern Cooperative Oncology Group performance status 0, 1, or 2	
Normal thyroid function and adequate bone marrow, liver, and renal function (creatinine clearance > 40 mL/min)	

Disease assessments

- Primary disease assessment (TURBT, axial imaging, and cystoscopy) at Week 18.
- Subsequent assessments (axial imaging and cystoscopy) at Week 24 and every 12 weeks thereafter through study Year 2, then every 24 weeks through study Year 5.
- Patients with local disease recurrence or progression only (with no N+ or M+ disease) will continue imaging assessments per specified time points.
- Subsequent TURBTs as clinically indicated.

FIGURE 3: SunRISe-2 study is enrolling at ≈272 sites worldwide



- The SunRISe-2 study started on December 7, 2020, and is expected to reach primary completion on December 30, 2026.
- This study is not restricted to PD-1 or PD-L1-positive patients.

KEY TAKEAWAY

- Intravesical TAR-200 combined with systemic cetrelimab will be compared with standard chemoradiotherapy and represents an innovative treatment approach.
- Study results will provide efficacy and safety data for intravesical TAR-200 plus systemic cetrelimab in the treatment of MIBC for patients who are ineligible for or refusing RC.
- The SunRISe-2 study opened for enrollment in December 2020; participants are being enrolled at ≈272 study locations worldwide, with 93 patients randomized as of July 18, 2022.

REGISTRATION

This ongoing study is registered at Clinicaltrials.gov: NCT04640623

CONTACT INFORMATION

For more information on qualification and enrollment in SunRISe-2, please contact Kirk A. Keegan, MD, Study Responsible Physician, KKeeganI@ITS.JNJ.com

REFERENCES:

1. Chang SS, et al. *J Urol*. 2017;198:552-559. 2. NCCN Guidelines: Bladder Cancer v3.2021. 3. Tyson MD, Barocas DA. *Urol Clin North Am*. 2018;45:249-256. 4. Grimberg DC, et al. *Eur Urol Focus*. 2020;6:620-622.

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DISCLOSURE

Dr. Williams has served as a consultant or advisor for TARIS BioMedical, Photocure, and UroToday; he has received travel expenses from Janssen; and he has a personal financial relationship with Janssen as an advisory board member.

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