Interim Safety and Tolerability of TARA-002 in Patients with BCG-Naive and Unresponsive High-grade Non-muscle Invasive Bladder Cancer in ADVANCED-2

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PROTARA THERAPEUTICS

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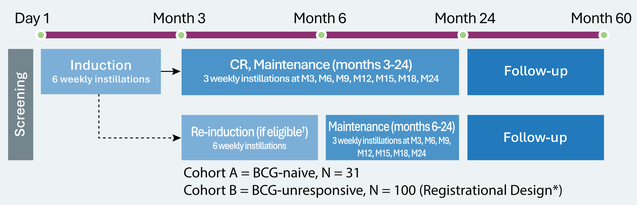
BACKGROUND

- There continues to be a significant unmet need for safe, effective, and bladder-sparing treatment options for patients with non-muscle invasive bladder cancer (NMIBC).
- TARA-002 is a TLR2/NOD2 agonist and novel immunopotentiator derived from inactivated *Streptococcus pyogenes* Su strain with a mechanism of action that includes the activation of innate and adaptive immune pathways within the bladder wall.
- TARA-002 requires no special handling or thawing and can be rapidly administered via catheter by a healthcare professional in a routine office-based setting.
- TARA-002 has shown evidence of safety and efficacy in patients with high-grade (HG) NMIBC who are BCG-naïve and BCG-unresponsive.

METHODS

- ADVANCED-2 (NCT05951179) is an ongoing Phase 2, open-label study to evaluate the safety and efficacy of intravesical TARA-002 in adults aged ≥ 18 years with HG NMIBC carcinoma in situ (CIS) ± Ta/T1.
- The ADVANCED-2 study includes 2 cohorts:
  - BCG-naïve (Cohort A)
  - BCG-unresponsive (Cohort B)
- Endpoints:
  - Primary: high-grade complete response (CR) at any time according to central pathology
  - Key secondary: duration of response (12 months)
- Safety is monitored throughout the study.
- The data cutoff date was January 28, 2026.

ADVANCED-2 STUDY SCHEMA



Abbreviations: BCG = Bacillus Calmette-Guérin; CIS = carcinoma in situ; CR = complete response; HGTa = high grade Ta tumor; T1 = carcinoma invading the lamina propria; Ta = non-invasive papillary carcinoma.
*Aligned with FDA 2024 BCG Unresponsive NMIBC: Developing Drugs and Biologics for Treatment Guidance for Industry.
†Eligible for re-induction: residual CIS and/or recurrence of HGTa.

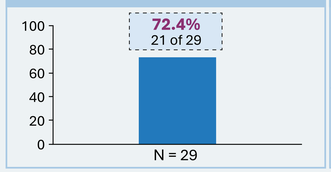
RESULTS

TARA-002 DEMONSTRATED A FAVORABLE SAFETY AND TOLERABILITY PROFILE WITH NO GRADE 3 OR GREATER TRAEs ACROSS BCG EXPOSURES

N = 74	Any Grade	Grade 1	Grade 2	Grade 3	Grade 4/5
TRAEs, n (%)	19 (26)	19 (26)	4 (5)	**0**	**0**
TRAEs ≥ 5%, n (%)					
Dysuria	10 (14)	10 (14)	**0**	**0**	**0**
Bladder spasm	7 (9)	4 (5)	3 (4)	**0**	**0**
Fatigue	5 (7)	4 (5)	1 (1)	**0**	**0**
Micturition urgency	4 (5)	4 (5)	**0**	**0**	**0**
SAEs, n (%)	11 (15)	**0**	3 (4)	10 (14)	1 (1)
Related SAEs, n (%)	**0**	**0**	**0**	**0**	**0**
TRAEs leading to Study Drug Withdrawal, n (%)	**0**	**0**	**0**	**0**	**0**

SAE = serious adverse event; TRAE = treatment related adverse event.
NOTE: A total of 74 participants were exposed to at least one dose of TARA-002; 43 were BCG-unresponsive and 31 were BCG-naïve.
Severity of adverse event is based on NCI-CTCAE Version 5.0 or later.

TARA-002 MONOTHERAPY DEMONSTRATES STRONG EFFICACY AND DURABILITY IN BCG-NAÏVE PARTICIPANTS

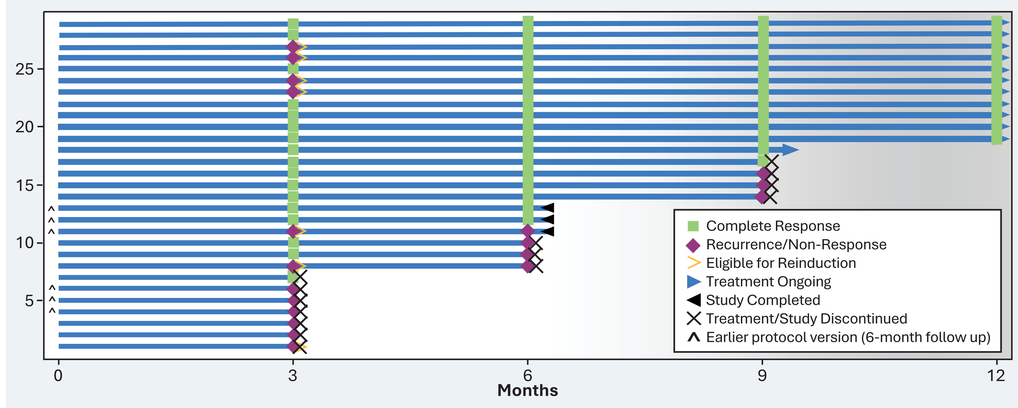


Landmark	High-grade CR rate (%)
Month 6	**66.7** (18 of 27)
Month 12	**57.9** (11 of 19)

Abbreviation: CR = complete response.
High-grade CR is based on central pathology.
Notes: Evaluable participants include those who had at least one dose of study drug before the response assessment time point and completed at least one response assessment; CR rates at each landmark time point include all participants who were either evaluable at that time point or had experienced disease progression or treatment failure prior to the scheduled visit.

- In this analysis, 74 participants (median age: 74.0; range; min: 45 years; max: 92 years) were enrolled and exposed to TARA-002 across two cohorts:
  - 31 BCG-naïve
  - 43 BCG-unresponsive
- In both cohorts, 26% (19 of 74) participants reported treatment-related adverse events (TRAEs): 26% (19 of 74) were Grade 1, 5% (4 of 74) were Grade 2; no reported Grade 3-5.

TARA-002 MONOTHERAPY DEMONSTRATES DURABLE RESPONSE AT 12 MONTHS IN BCG-NAÏVE PARTICIPANTS



^ Participants enrolled under an earlier protocol version with 6-month follow-up; therefore, they are not included in CR analyses from Month 9 onward.

- Commonly reported TRAEs (≥ 5 %) across both cohorts included dysuria (14%, 10 of 74), bladder spasm (9%, 7 of 74), fatigue (7%, 5 of 74), and micturition urgency (5%, 4 of 74).
  - TRAEs were mild and transient.
- In both cohorts, 15% (11 of 74) participants experienced serious adverse events (SAEs): 3 with Grade 2, 10 with Grade 3 and 1 with Grade 4/5.
- No participants experienced Grade ≥ 3 TRAEs, related SAEs, or TRAEs leading to withdrawal or death.
- Interim data showed promising CR rates and durable response in both BCG-naïve and BCG-unresponsive HG NMIBC patients treated with TARA-002.
  - In the BCG-naïve cohort, the rate of high-grade CR was 72.4% (21 of 29) at any time, 66.7% (18 of 27) at Month 6, and 57.9% (11 of 19) at Month 12.
  - Response data from the BCG-unresponsive cohort is presented in Poster F15.

FUTURE DIRECTIONS FOR RESEARCH

- TARA-002 monotherapy was well tolerated, thus demonstrating a favorable tolerability profile to date for the treatment of BCG-naïve and BCG-unresponsive HG NMIBC with CIS ±Ta/T1.
- In BCG-naïve and BCG-unresponsive HG NMIBC participants, TARA-002 demonstrated a high rate of complete response, with a substantial proportion maintaining a durable response
- TARA-002 has a promising safety and efficacy profile as a bladder-sparing treatment in HG NMIBC across BCG exposure status.

DISCLOSURES
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