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Extended follow-up shows accumulating benefit for patients treated with aglatimagene besadenovec (CAN-2409) + prodrug in combination with standard-of-care external beam radiation (EBRT) in men with localized prostate cancer: update from a randomized placebo-controlled phase 3 clinical trial

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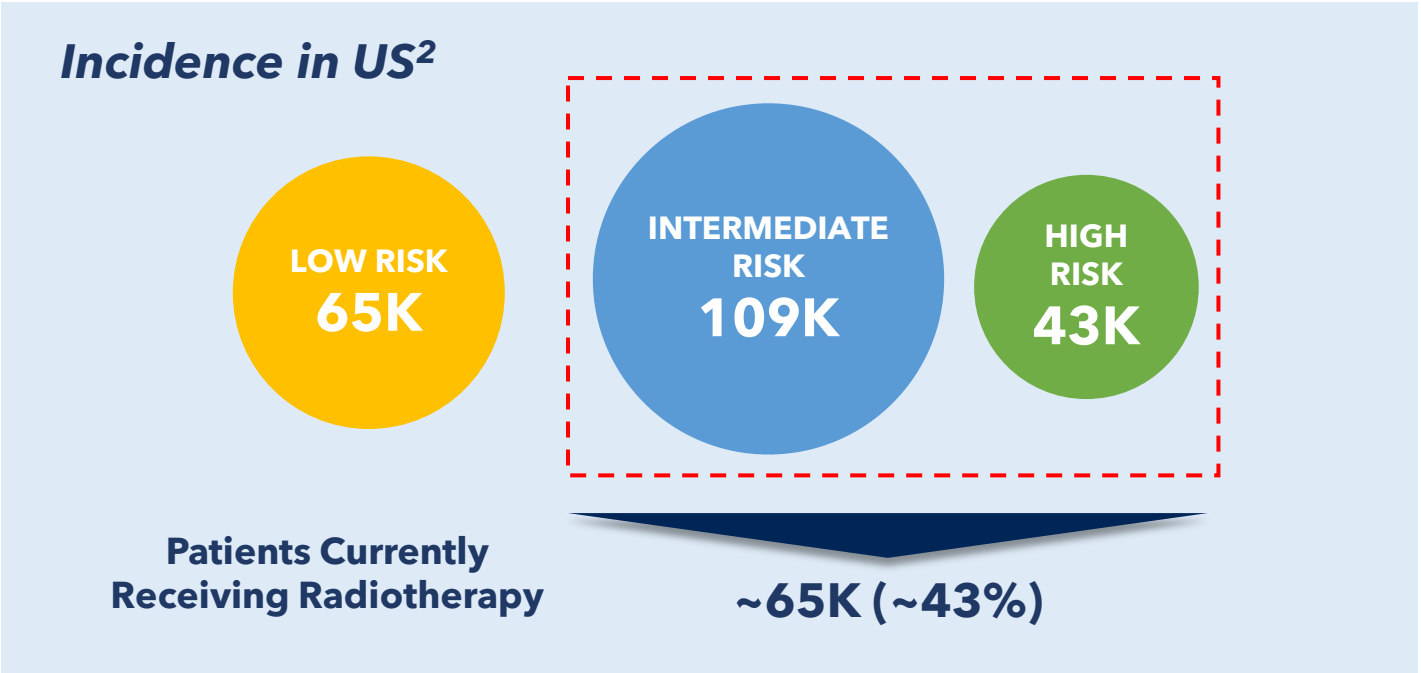
DATA CUTOFF: MAR 15, 2026

Disclosures

Dr. Garzotto has served as a clinical trial investigator for Astellas Pharma, Candel Therapeutics, Merck & Co., and Pfizer. He also served as a consultant to Candel Therapeutics

Unmet need in localized prostate cancer

Global concern: approximately 1.4 million new cases of prostate cancer in 2020[1]

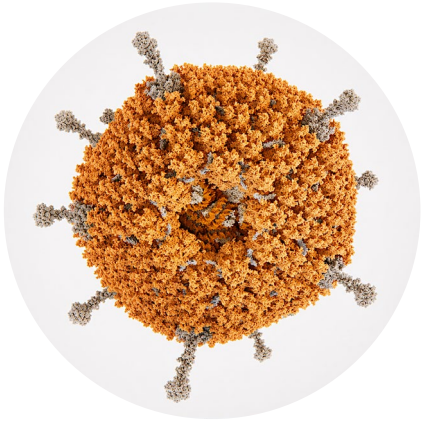


Ultimate goal of curative treatment is **prevention of cancer recurrence** while minimizing treatment related side effects and maintaining quality of life[3]

[1] WHO cancer fact sheet. February 3, 2022
[2] Siegel RL et al., CA Cancer J Clin. 2025 Jan: 75:10-45
[3] Eastham JA et al. J Urol. 2026;22:101097JU0000000000005060

Aglatimagene besadenovec + prodrug: Overview of mechanism of action

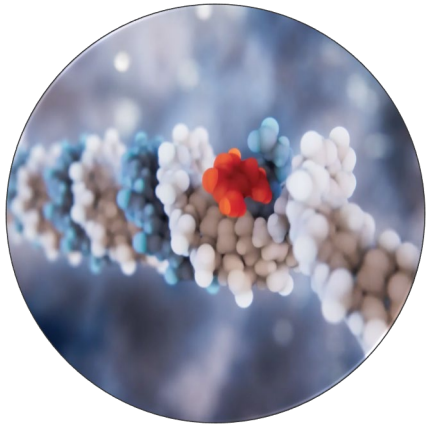
1 Intratumoral gene delivery



Aglatimagene is a replication-defective adenoviral vector delivering HSV-TK to tumor cells, minimizing systemic toxicity

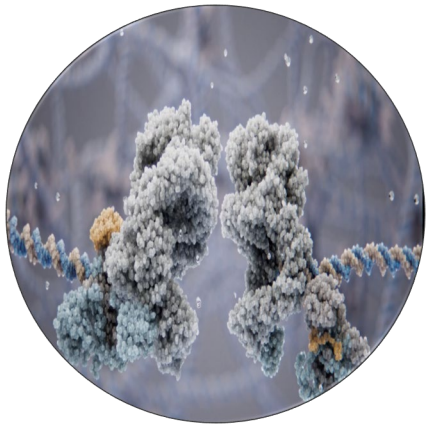
It is administered with an oral prodrug for local activation

2 Prodrug activation



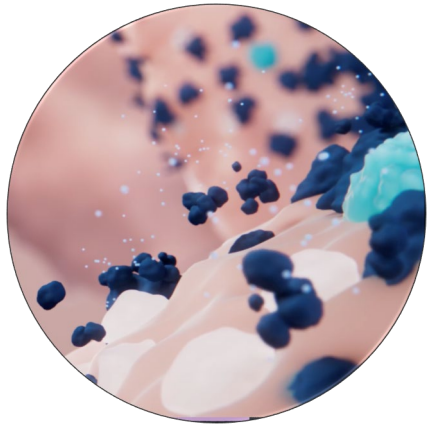
HSV-TK converts prodrug into cytotoxic metabolites that are incorporated into DNA in tumor cells undergoing proliferation or repair

3 Radiotherapy synergy



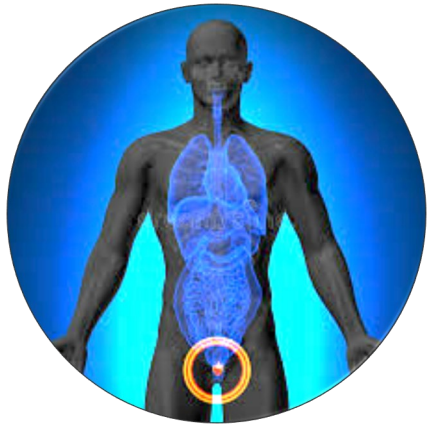
Radiation synergizes with aglatimagene through induction of DNA damage and activation of the tumor microenvironment (TME)

4 Anti-tumor immune priming



Tumor cell death releases antigens and danger signals, while viral particles promote activation of local and recruited immune cells

5 Local and systemic disease control

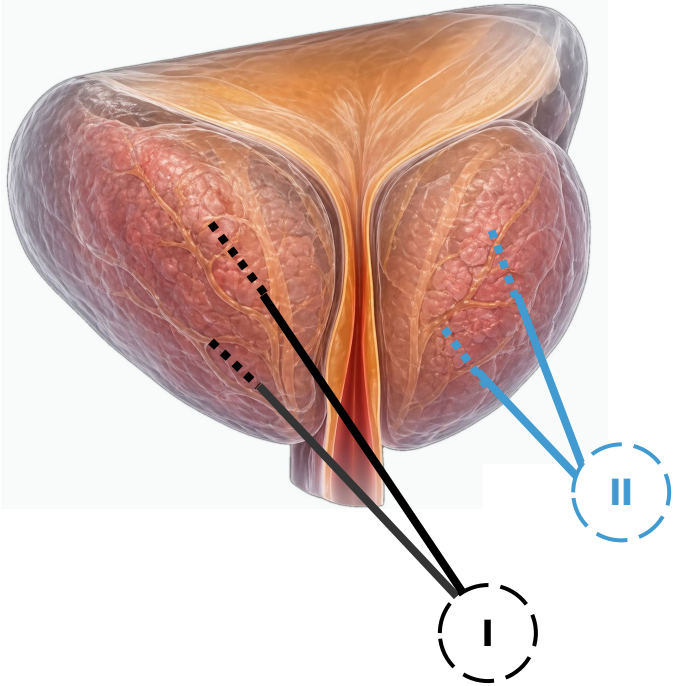


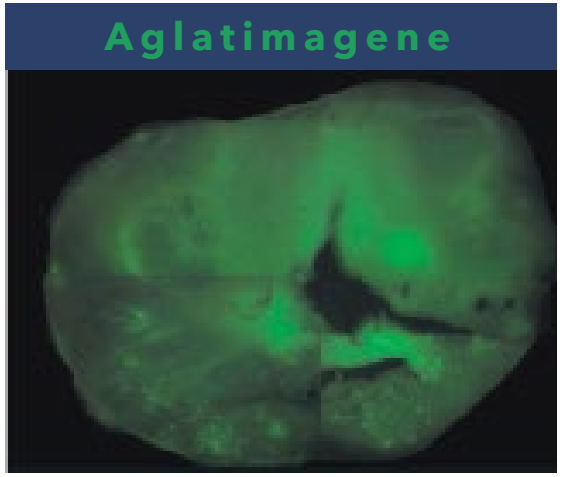
Tumor-specific T cells maintain local disease control and establish a new state of immunosurveillance

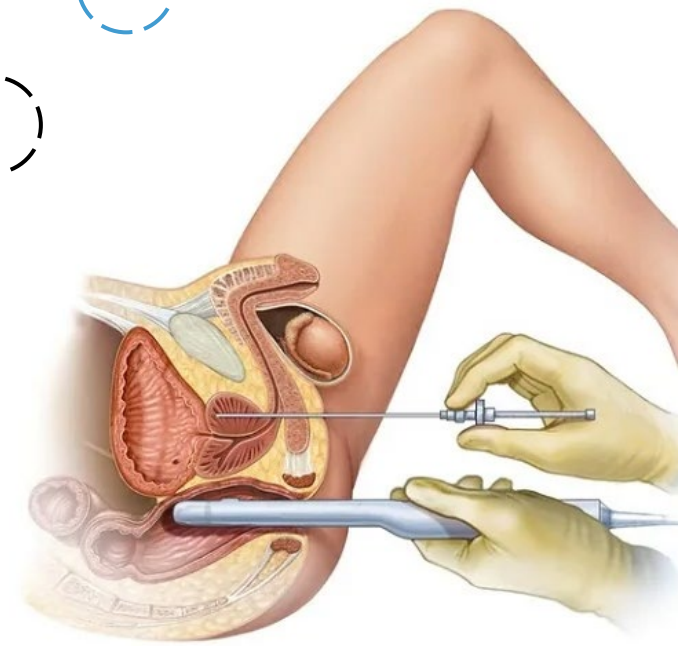
Aglatimagene plus prodrug combined with radiotherapy enhances immune priming, culminating in local disease control and a new state of immunosurveillance

Mark Garzotto, MD | AUA 2026, Washington DC.

Aglatimagene besadenovec injection procedure







PROCEDURE STEPS

1 Patient Position

- **Position:** knee-chest (lateral) or lithotomy, as in standard TRUS-guided biopsy
- **Approach:** transrectal or transperineal – both acceptable
- **Setting:** in-office or ASC; local block or IV sedation typically sufficient

2 Aglatimagene Prep

- **Drug:** 2 mL drawn
- **Needle:** 20–22G 5" spinal

3 4-Quadrant Injection

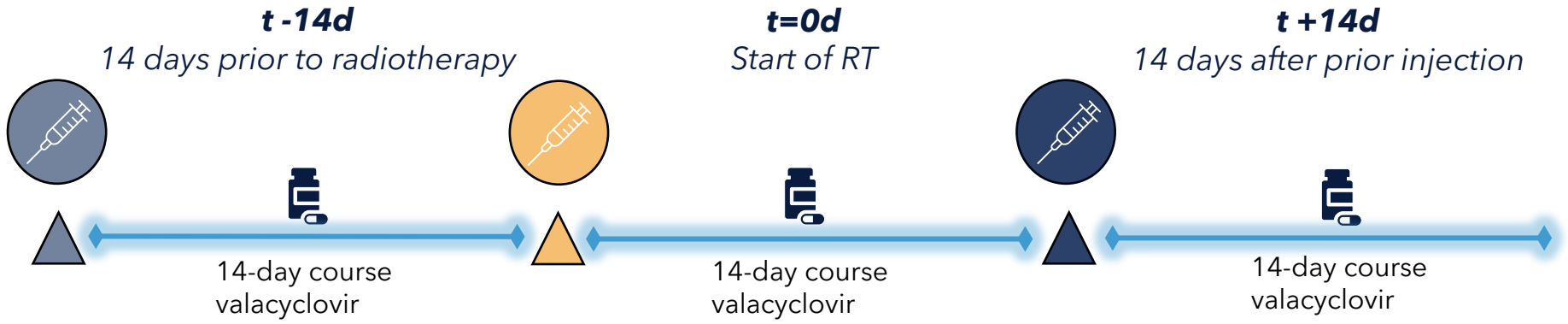
- **Injections:** 1 injection per quadrant
- **Volume:** 2 mL total (0.5 mL × 4 sites)
- **Pass 1 (Left):** basal (L) + apical (L)
- **Pass 2 (Right):** basal (R) + apical (R)

4 Valacyclovir (oral prodrug)

- **Start:** day 1 post-injection
- **Dose:** 2 g TID × 14 days (adjust for renal function)

ASC= ambulatory surgical centers

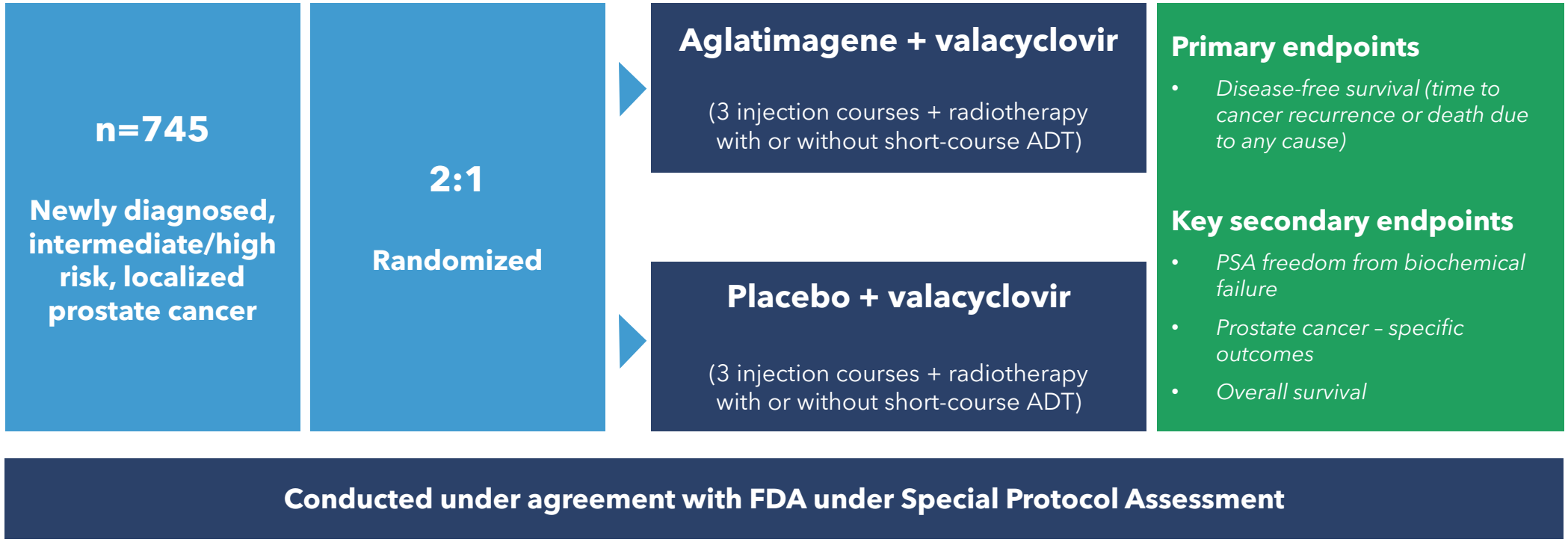
Injection and radiation sequencing schedule



INJECTION SCHEDULE	INJECTION #1 (t−14d)	INJECTION #2 (t=0)	INJECTION #3 (t+14d)
RT Modality	**RT Prep**	**RT Start**	**Ongoing RT**
Conventional EBRT / Mod Hypofractionated	Fiducial ± spacer	Day 1 of RT	Wk 3 of RT (mid-course)

Phase 3 clinical trial of aglatimagene in patients with newly diagnosed, intermediate- to high-risk, localized prostate cancer

NCT01436968



Randomization stratified by NCCN risk group and planned short-course (<6 months) of ADT (androgen deprivation therapy)

DeWeese TL et al. Lancet Oncol (In press)

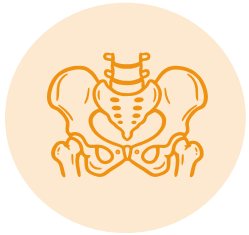
Disease-free survival in localized prostate cancer treated with curative intent

DFS: time from randomization to prostate cancer recurrence (biopsy, clinical, or radiographic evidence), metastasis, or death from any cause

Prostate cancer-specific DFS: time from randomization to prostate cancer recurrence, metastasis, or prostate cancer-specific death

DFS
Disease Free Survival

Local Failure
Tumor growth in prostate



Regional Failure
Spread within pelvis

Distant Metastases
Spread beyond pelvis

Death
All-cause mortality

Randomization → **First DFS Event**

Regulatory Validation

Endpoint included in the Special Protocol Assessment agreed with the FDA

Clinical Relevance

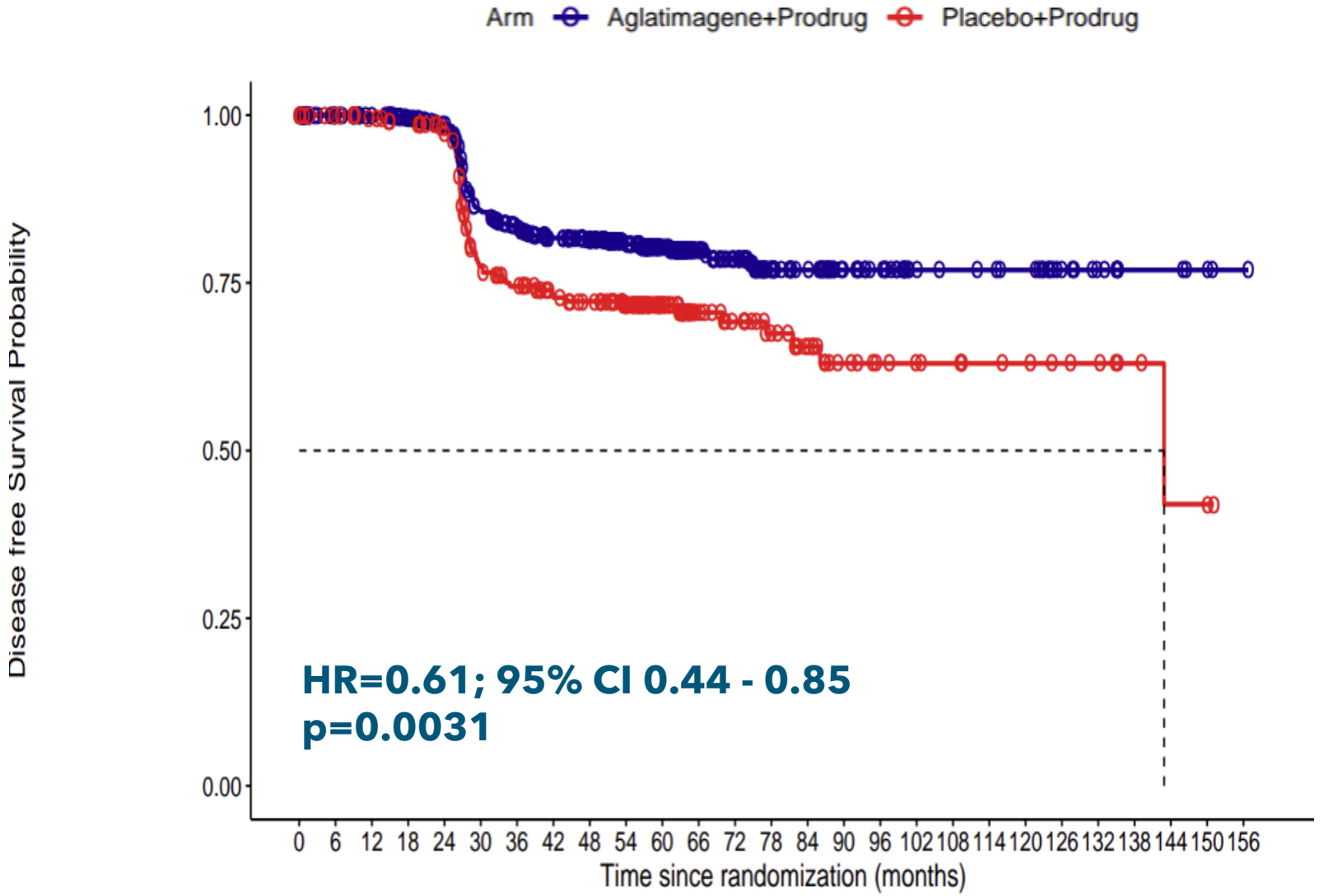
Extensive market research confirms clinical relevance with payers and key external experts

Demographic and baseline characteristics of randomized patients

ITT population (N=745)	Aglatimagene + prodrug (N=496)	Placebo + prodrug (N=249)	Total (N=745)
Median age (yrs)	69	68	69
Race, n (%)			
White/Caucasian	385 (77.6)	206 (82.7)	591 (79.3)
Black/African American	93 (18.8)	28 (11.2)	121 (16.2)
Asian	3 (0.6)	1 (0.4)	4 (0.5)
Native Hawaiian or Pacific Islander	0 (0)	2 (0.8)	2 (0.3)
American Indian or Alaskan Native	1 (0.2)	1 (0.4)	2 (0.3)
Not reported	14 (2.8)	11 (4.4)	25 (3.4)
Ethnicity, n (%)			
Hispanic or Latino	37 (7.5)	34 (13.7)	71 (9.5)
Not Hispanic or Latino	377 (76.0)	175 (70.3)	552 (74.1)
Not reported	82 (16.5)	40 (16.1)	122 (16.4)
NCCN risk group, n (%)			
Intermediate	422 (85.1)	213 (85.5)	635 (85.2)
High	74 (14.9)	36 (14.5)	110 (14.8)
PSA ng/ml			
Median	6.8	6.5	6.7
Range	1.0-52.9	0.8-63.3	0.8-63.3
Gleason score, n (%)			
<7	19 (3.8)	5 (2.0)	24 (3.2)
7	417 (84.1)	217 (87.1)	634 (85.1)
>7	60 (12.1)	27 (10.8)	87 (11.7)
ADT stratification, n (%)			
Planned ADT	244 (49.2)	122 (49.0)	366 (49.1)
No planned ADT	252 (50.8)	127 (51.0)	379 (50.9)

DeWeese TL et al. Lancet Oncol (In press)

Aglatimagene significantly improved prostate cancer-specific disease-free survival after extended follow-up (ITT, N = 745)



Aglatimagene + SoC resulted in **39% improvement in prostate cancer-specific DFS** compared to PBO + SoC

Only 2 deaths due to prostate cancer (1 each arm) after median follow-up of 58.0 mos (95% CI, 56.6 – 60.2)

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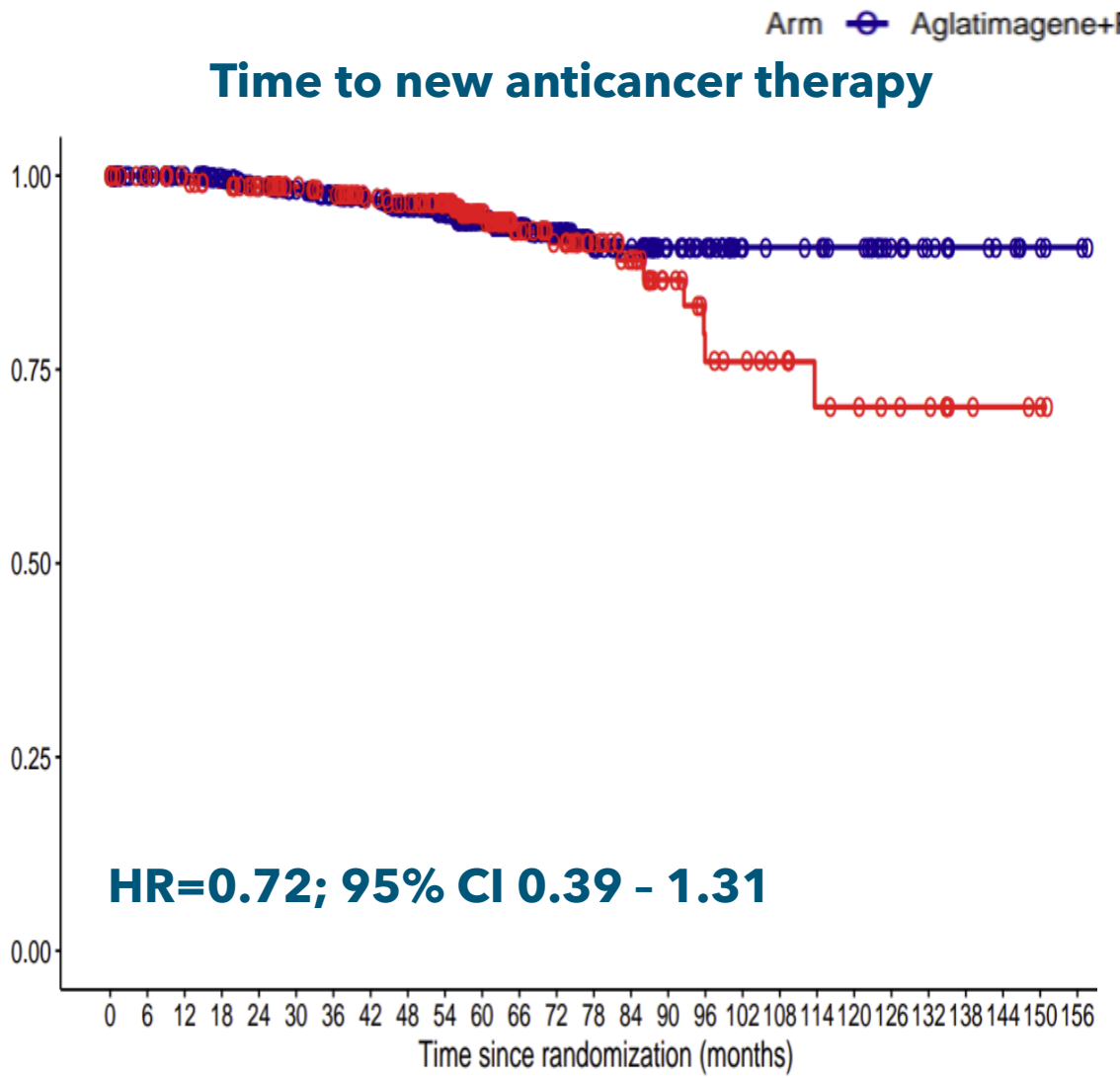
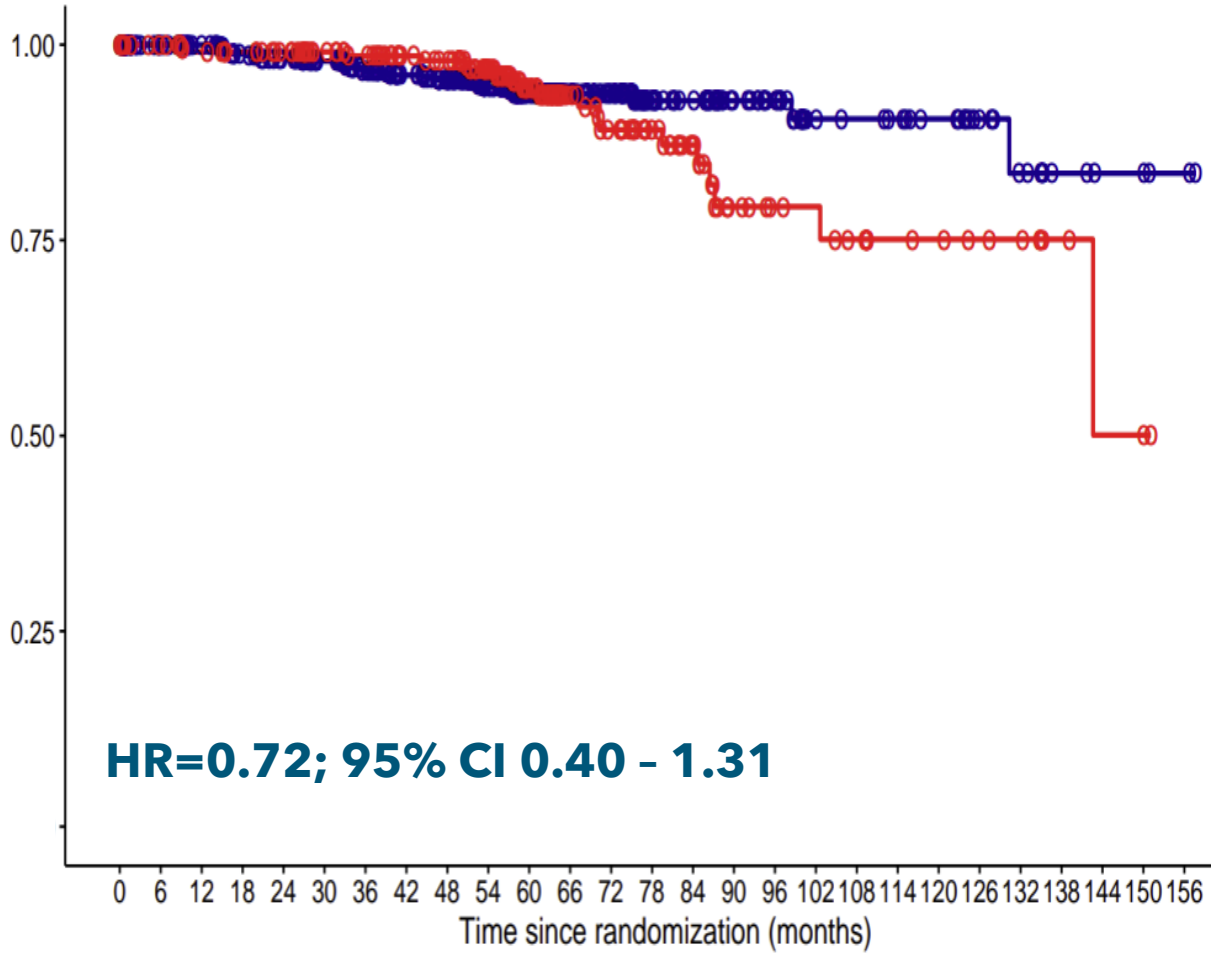
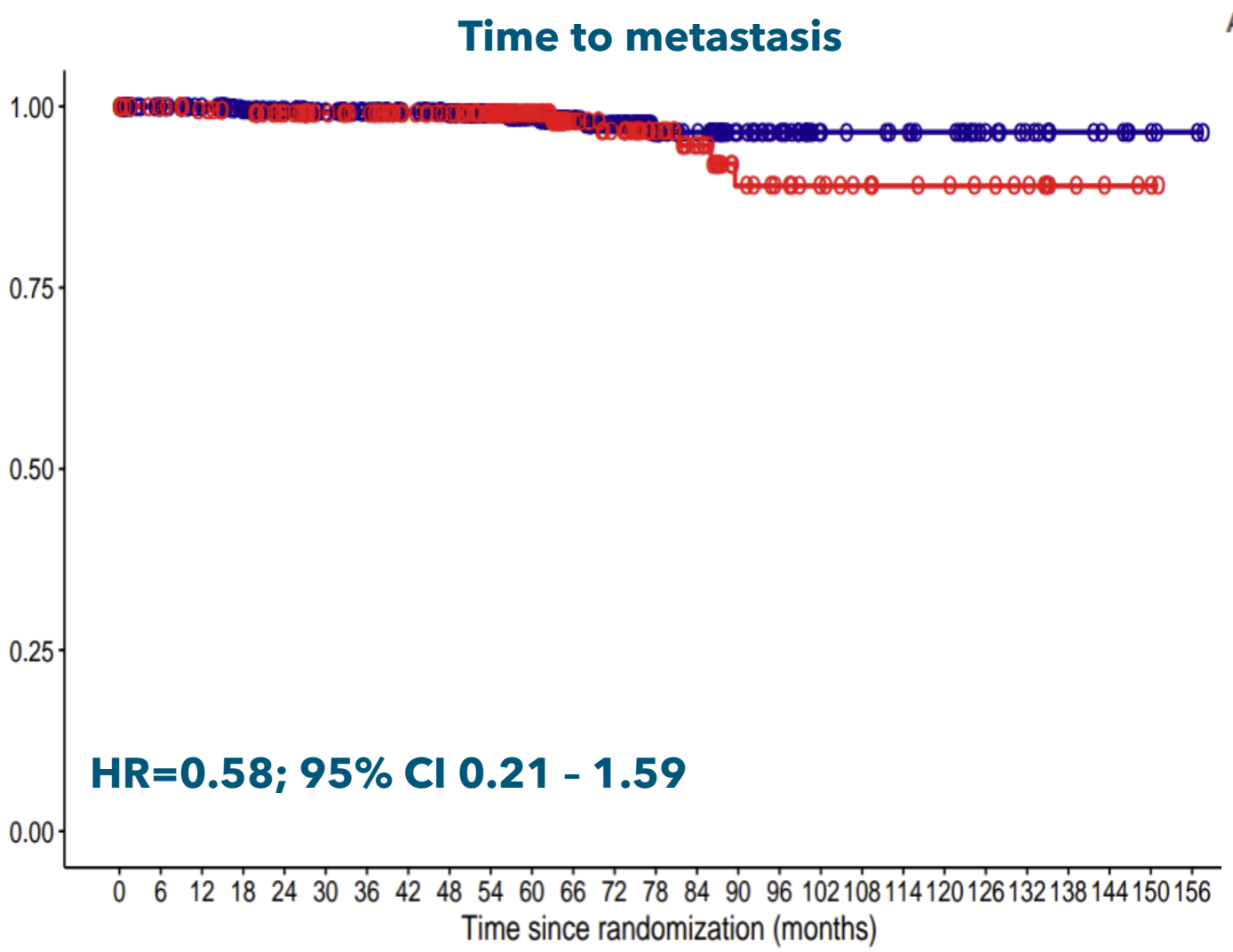
Longer time to salvage anticancer therapy and biochemical failure observed in aglatimagene arm (ITT, N=745)





DATA CUTOFF: MAR 15, 2026

Lower incidence of and increased time to metastasis observed in aglatimagene arm (ITT, N = 745)



Aglatimagene + SoC cohort experienced a lower rate of metastases

Agla 8/496 (1.6%),

PBO 7/249 (2.8%)

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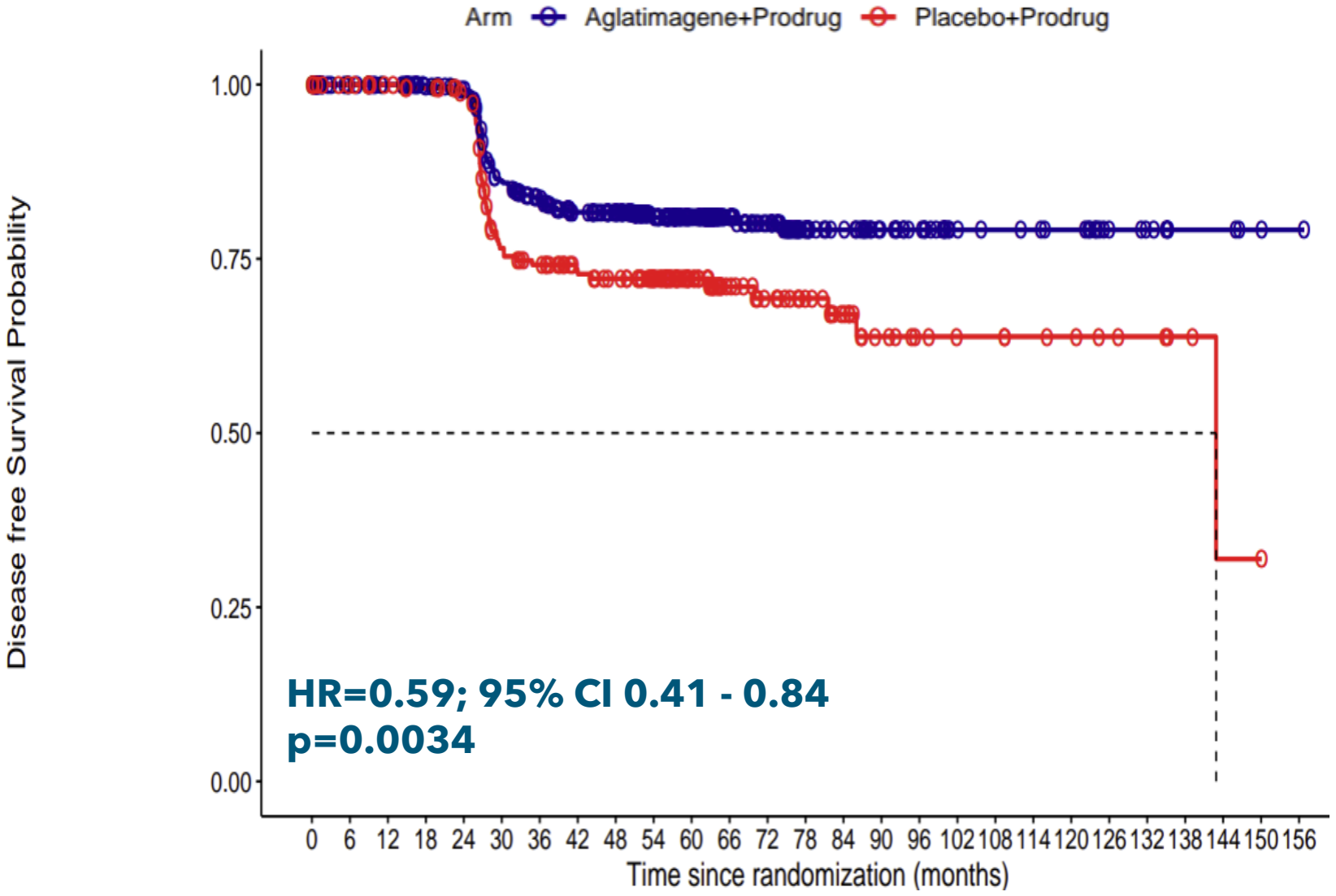
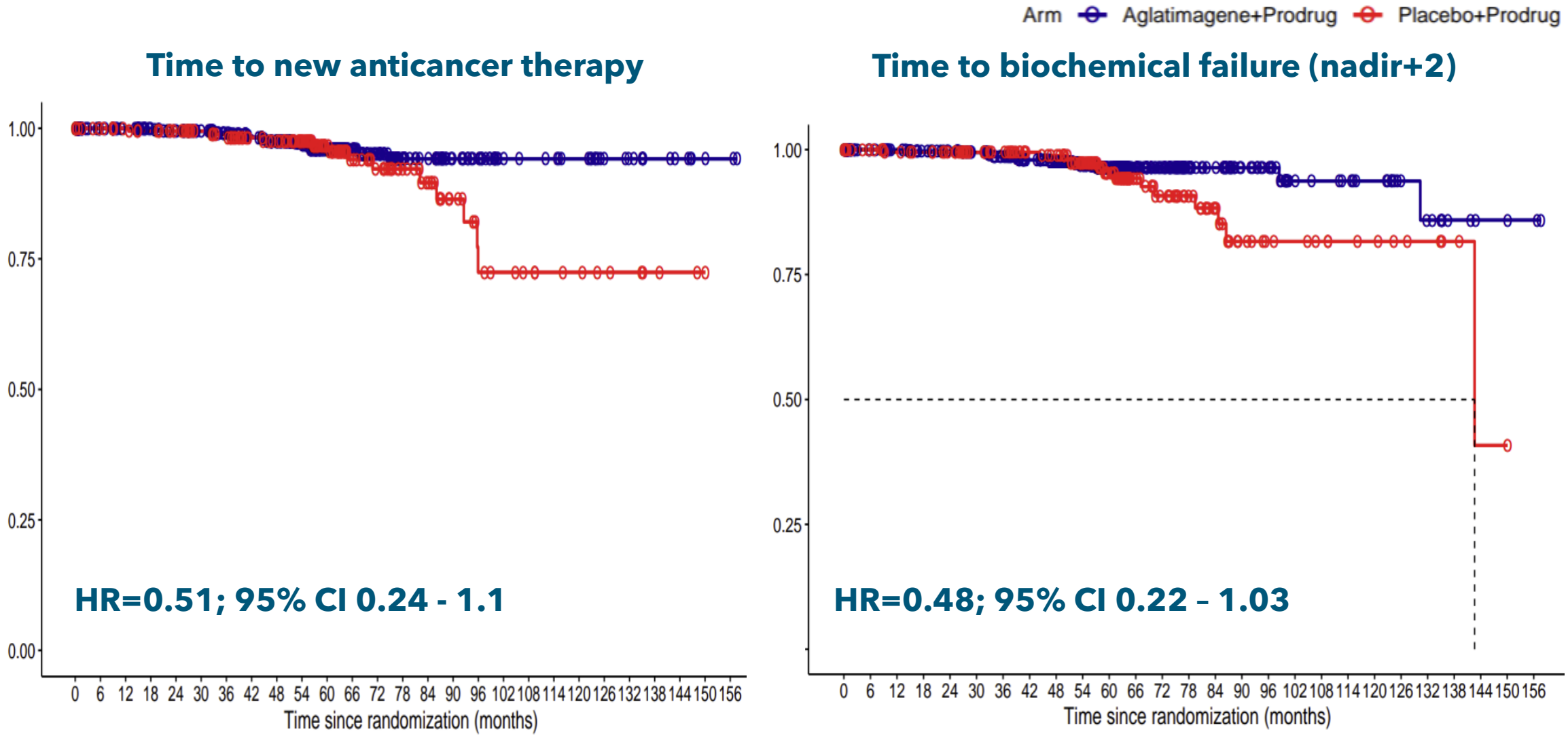
Aglatimagene significantly improved prostate cancer-specific disease-free survival in intermediate-risk prostate cancer (n = 635)



Aglatimagene + SoC resulted in **41% improvement in prostate cancer-specific DFS** compared to PBO + SoC

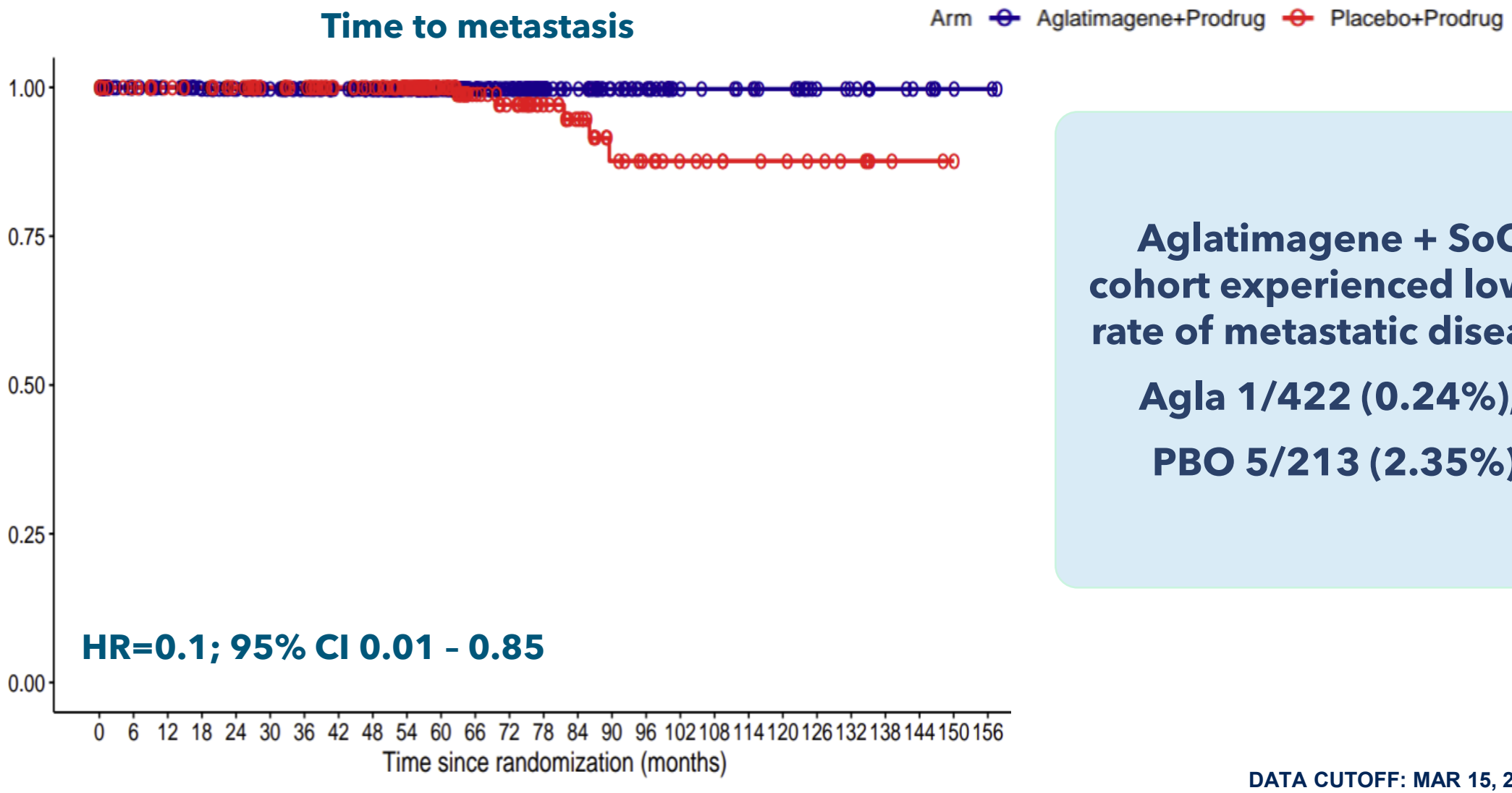
DATA CUTOFF: MAR 15, 2026

Longer time to salvage anticancer therapy and biochemical failure observed in aglatimagene arm in intermediate-risk prostate cancer (n = 635)



DATA CUTOFF: MAR 15, 2026

Lower incidence of and increased time to metastases observed in aglatimagene arm in intermediate-risk prostate cancer (n = 635)



Aglatimagene + SoC cohort experienced lower rate of metastatic disease

Agla 1/422 (0.24%),

PBO 5/213 (2.35%)

DATA CUTOFF: MAR 15, 2026

Aglatimagene in combination with SoC radiation +/- ADT was generally well tolerated

0
Grade ≥4 TRAEs
No serious treatment-related events

5.8% vs 7.3%
SAE incidence
Aglatimagene + SOC vs placebo + SOC

5.4% vs 6.0%
Discontinuation due to AEs
Aglatimagene + SOC vs placebo + SOC

Treatment related AEs >5% in either arm

- **Chills, fever and flu-like symptoms** commonly mild to moderate and self-limited
  - **>90% of fever, flu-like symptoms, chills and fatigue resolved within 24–72 hrs**
- **Most TRAEs were grade 1–2**
  - **Grade 3** TRAEs in <5% of patients
  - **No grade ≥4 TRAEs reported**
- **Treatment-related SAEs comparable to placebo**
  - 1.7% (aglatimagene + SOC) vs 2.2% (placebo + SOC)

Preferred term	Aglatimagene +prodrug (N=479)	Placebo+ prodrug (N=232)	Total (N=711)
Chills	160 (33.4)	20 (8.6)	180 (25.3)
Influenza-like illness	146 (30.5)	32 (13.8)	178 (25.0)
Fever	120 (25.1)	9 (3.9)	129 (18.1)
Fatigue	87 (18.2)	35 (15.1)	122 (17.2)
Urinary frequency	58 (12.1)	34 (14.7)	92 (12.9)
Nausea	53 (11.1)	19 (8.2)	72 (10.1)
Headache	45 (9.4)	12 (5.2)	57 (8.0)
Diarrhea	30 (6.3)	18 (7.8)	48 (6.8)
Malaise	28 (5.8)	5 (2.2)	33 (4.6)
Vomiting	26 (5.4)	3 (1.3)	29 (4.1)
Urinary urgency	19 (4.0)	16 (6.9)	35 (4.9)
Urinary tract pain	18 (3.8)	14 (6.0)	32 (4.5)

Accumulating clinical benefit for patients treated with aglatimagene in combination with EBRT after extended follow-up

- Previously presented primary endpoint demonstrated **statistically significant improvement in DFS as well as increased pathological complete response** in 2-year biopsies[1], known to be predictive of subsequent biochemical failure and metastasis after 10+ years of follow-up[2]
- Consistent with these earlier findings, extended follow up demonstrated **delayed biochemical failure, metastatic disease, and salvage anticancer therapy** in the aglatimagene arm versus placebo
- Clinical outcome associated with **acceptable tolerability profile to date** (low discontinuation and SAE rates)
- If approved, aglatimagene could offer a **new treatment option that may extend the time men live free from prostate cancer recurrence**

[1] DeWeese TL et al. Lancet Oncol (In press)
[2] Singh S et al. Prostate Cancer Prostatic Dis 2021;24:612-622