

AUA  
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*Las Vegas*  
APR 26-29

COBRA: Assessment of  
 $^{64}\text{Cu}$ -SAR-bisPSMA and standard of care  
prostate-specific membrane antigen  
positron emission tomography in patients  
with biochemical recurrence of prostate  
cancer following definitive therapy

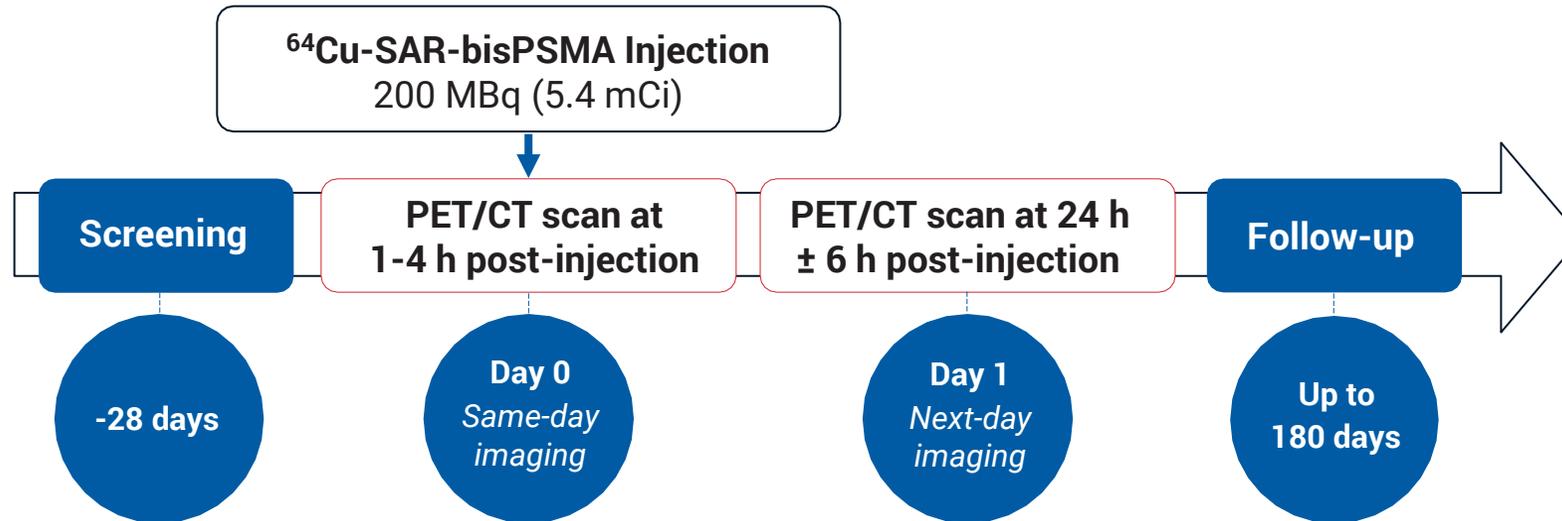
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# COBRA: $^{64}\text{Cu}$ -SAR-bisPSMA vs. follow-up SOC PSMA PET (subgroup analysis)

Phase I/II study assessing the safety and efficacy of  $^{64}\text{Cu}$ -SAR-bisPSMA in PC patients with BCR following definitive therapy and negative or equivocal SOC imaging



Fifty participants with BCR of PC underwent  $^{64}\text{Cu}$ -SAR-bisPSMA PET/CT on same-day imaging (1-4h post-dose) and next-day imaging (24 $\pm$ 6h post-dose) and were followed up for 180 days to validate the PET findings.

20 participants had follow-up SOC PSMA PET (13 with  $^{68}\text{Ga}$ -PSMA-11 and 7 with  $^{18}\text{F}$ -DCFPyL) a median of 73.5 days (range, 29-180) after the same-day  $^{64}\text{Cu}$ -SAR-bisPSMA scan

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## Subgroup population:

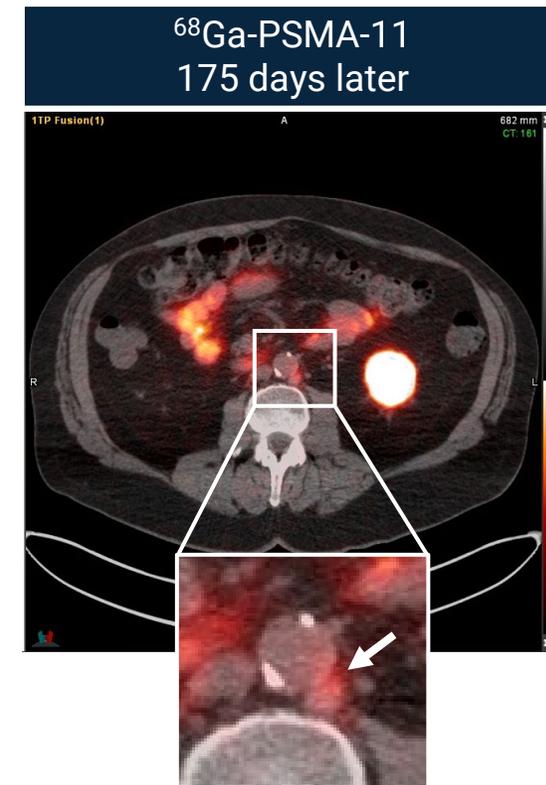
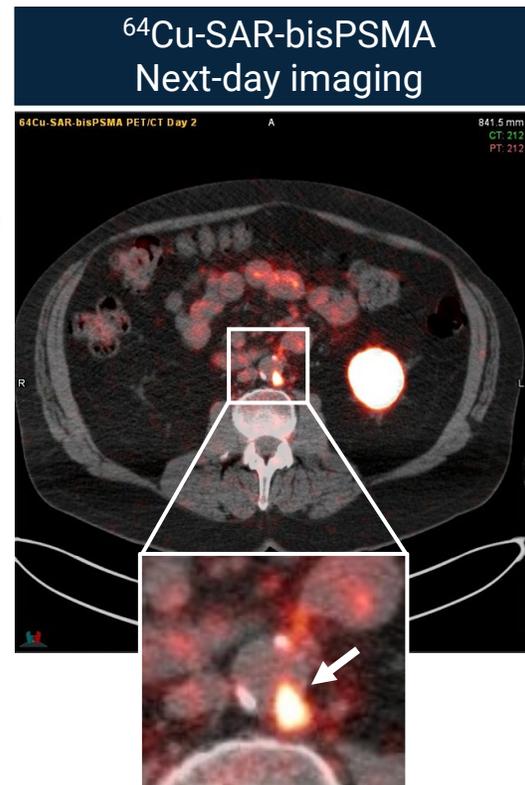
Higher detection rate by  $^{64}\text{Cu}$ -SAR-bisPSMA vs. follow-up SOC PSMA PET\*

- $^{64}\text{Cu}$ -SAR-bisPSMA same-day imaging: **70%** (n = 14)
- $^{64}\text{Cu}$ -SAR-bisPSMA next-day imaging: **90%** (n = 18)
- Follow-up SOC PSMA PET: **60%** (n = 12)

## Overall population:

- $^{64}\text{Cu}$ -SAR-bisPSMA imaging led to clinicians changing their intended treatment plan in **48% of patients**
- **14% of participants had lesions < 5 mm in size** detected on the next-day  $^{64}\text{Cu}$ -SAR-bisPSMA scan, showing high SUVmax (14.5) and TBR (88.3)

Potential for early, high rates of detection of recurrent PC and identification of small lesions by  $^{64}\text{Cu}$ -SAR-bisPSMA



Retroperitoneal lymph node detected by  $^{64}\text{Cu}$ -SAR-bisPSMA on next-day imaging (identified by all 3 central readers). Lymph node involvement was not identified on the  $^{68}\text{Ga}$ -PSMA-11 scan performed 175 days later. **Histopathology, performed on Day 190, confirmed the presence of prostate cancer in the extra-pelvic lymph node region in this patient.**

*PET/CT fusion. Images below full scans represent inset highlighted on full scans.*

\*Percentage (and number) of participants who had a positive scan confirmed by at least 1 reader (3 readers for  $^{64}\text{Cu}$ -SAR-bisPSMA, 2 independent readers for follow-up SOC PSMA PET). N = 20 participants  
SOC, standard of care; PSMA, prostate specific membrane antigen; PET, positron emission tomography; PC, prostate cancer; BCR, biochemical recurrence; SUVmax, maximum standardized uptake value; TBR, background ratio