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A Phase 2 Multicenter, Open-Label Study Evaluating the Efficacy and Safety of Dabogratinib (TYRA-300) in Participants With FGFR3-Altered Low-Grade, Intermediate Risk Non-Muscle Invasive Bladder Cancer (SURF302)

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BACKGROUND

- Urothelial carcinoma of the bladder is among the 10 most common malignancies worldwide[1]; ~70% of cases are diagnosed as NMIBC, a disease with one of the highest patient burdens and one of the most expensive to treat[2]
- Although NMIBC generally has a favorable prognosis, it is associated with high recurrence rates and a substantial long-term clinical burden[2]
- IR NMIBC frequently recurs despite available intravesical therapies, highlighting the need for novel targeted treatment strategies[3]
- Activating *FGFR3* gene alterations are highly prevalent in IR NMIBC, occurring in up to 80% of cases, and represent key oncogenic drivers of urothelial tumorigenesis and recurrence[1,4,5]
- Currently available FGFR inhibitors lack FGFR3 isoform specificity and are associated with non-FGFR3 target toxicities resulting from inhibition of FGFR1/2/4, including nail disorders, stomatitis, hyperphosphatemia, central serous retinopathy, and other class-related adverse events[5,6]
  - Dabogratinib has been designed to be an oral and highly selective inhibitor of activating FGFR3, while minimizing off-target inhibition of FGFR1/2/4 (Table 1)[7]
  - Early clinical data demonstrate a favorable safety profile of dabogratinib at ≤60 mg, with predominantly low-grade TRAEs, no grade ≥3 events, no hyperphosphatemia, and no dose reductions or discontinuations[8]
  - Dabogratinib is being evaluated in patients with *FGFR3*-altered low-grade IR NMIBC in the phase 2 SURF302 study (NCT06995677)[9]

Table 1. In Vitro FGFR Isoform Selectivity of Dabogratinib IC_{50} (nM)

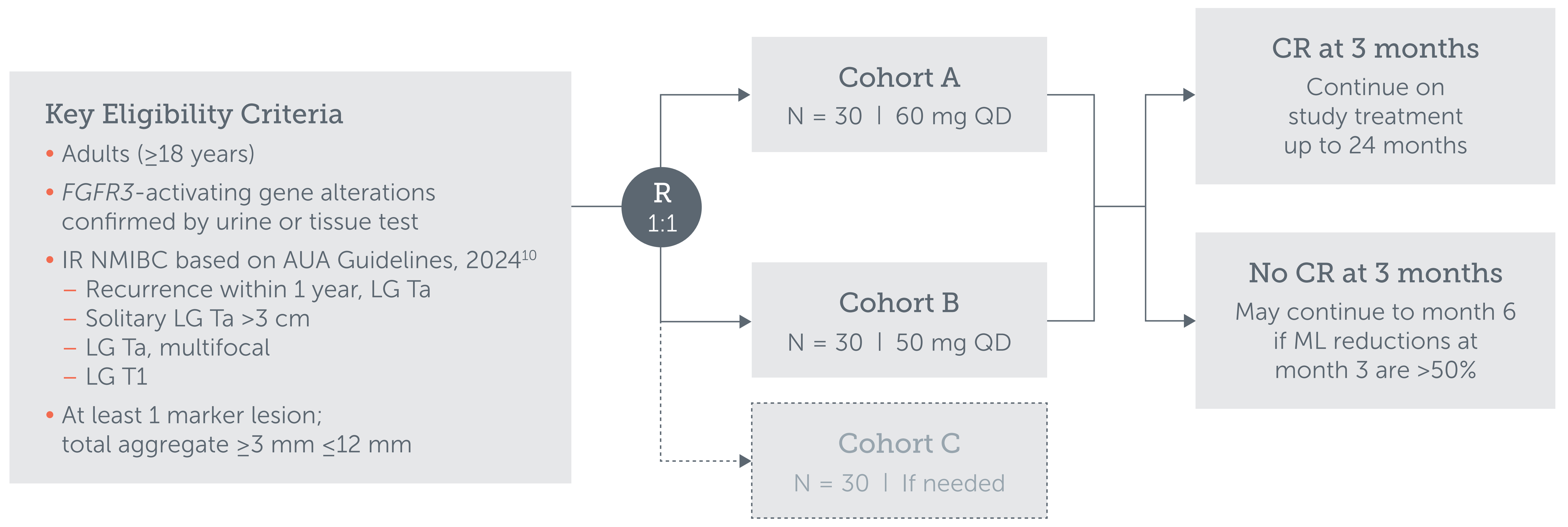
	FGFR3	FGFR1	FGFR2	FGFR4	FGFR1/ FGFR3
Dabogratinib	11	278	157	405	25
Erdafitinib	2.6	5.2	3.8	11	2

In engineered Ba/F3 cell assays, dabogratinib shows potent FGFR3 inhibition, with 25-fold selectivity over FGFR1 compared with 2-fold selectivity for erdafitinib. Half-maximal inhibitory concentration values are shown; lower values reflect stronger inhibition.

METHODS

- SURF302 (NCT06995677) is a phase 2, multicenter, open-label, randomized study to evaluate the safety and efficacy of oral dabogratinib QD in adults with *FGFR3*-altered, low grade IR NMIBC[9]
- Participants are assigned to one of 2 parallel dose cohorts:
  - Dose cohort A: dabogratinib 60 mg QD
  - Dose cohort B: dabogratinib 50 mg QD
- An optional third dose cohort may be opened if warranted based on emerging safety and/or efficacy data from cohorts A and B (Figure 1)

Figure 1. Study Design of SURF302



Schematic representation of the study design, illustrating patient randomization, study cohorts, and dabogratinib dosing assignments.

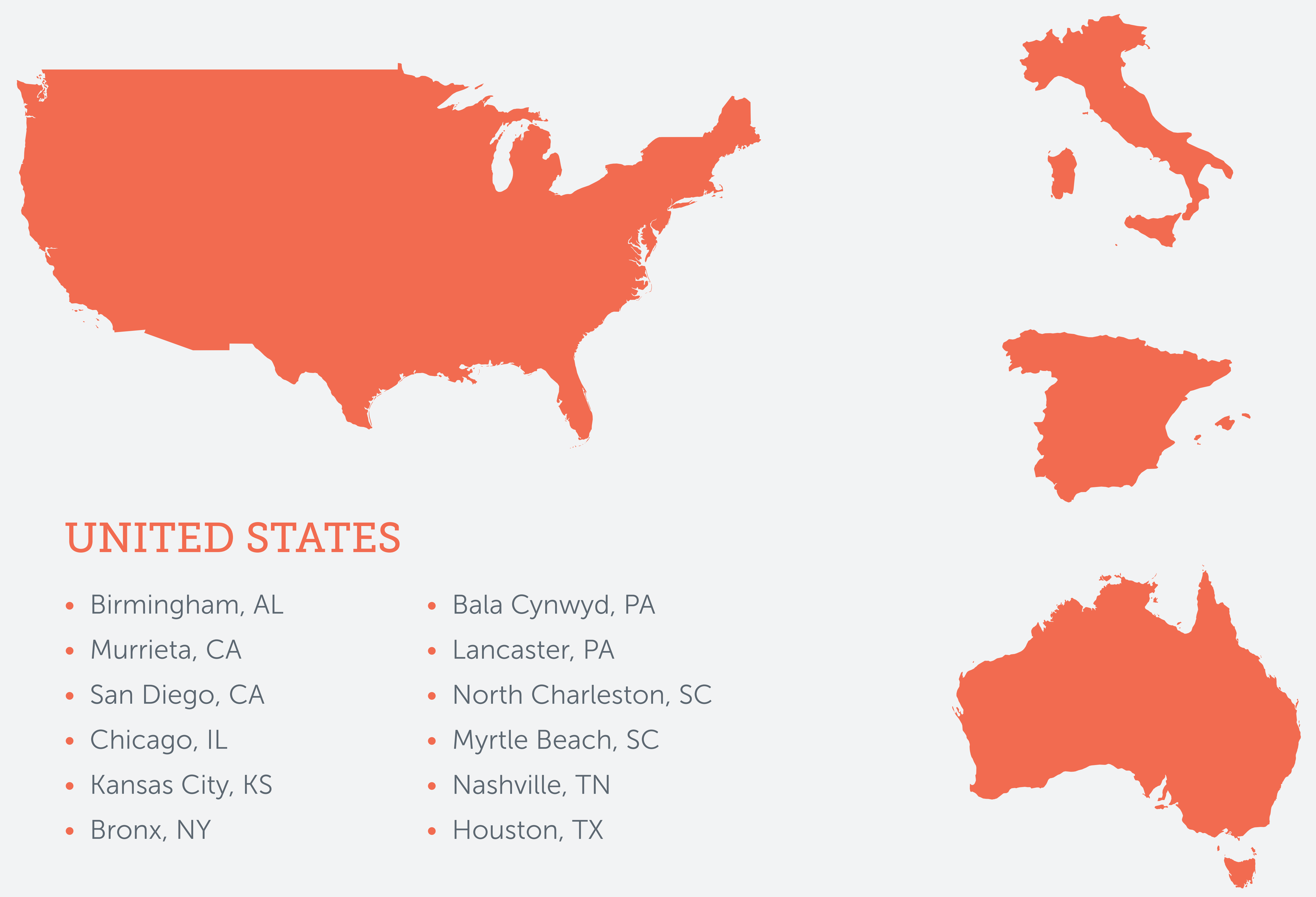
Participant Criteria[9]

Key Inclusion Criteria	Key Exclusion Criteria
• Adults ≥18 years of age • Histologically confirmed NMIBC, Ta low grade or T1 low grade • IR NMIBC, defined by AUA criteria 2024[10] (eg, recurrence within 1 year, LG Ta, solitary LG Ta >3 cm, LG Ta multifocal disease, LG T1) • ECOG PS 0-1 • Presence of residual visible marker lesion(s) following diagnostic biopsy/TURBT • Documented activating *FGFR3* mutation or fusion • No evidence of upper urinary tract or prostatic urethral disease • No prior BCG within 1 year and no intravesical chemotherapy within 8 weeks • Adequate bone marrow, hepatic, and renal function • Ability to swallow oral medication	• Serum phosphate > ULN at screening • Ocular conditions associated with increased risk of eye toxicity • Current evidence of central serous retinopathy or retinal pigmented epithelial detachment of any grade • History of uncontrolled cardiovascular disease • Current or prior muscle-invasive, lymph-node–positive, or metastatic bladder cancer • Tumor involvement of the upper tract or prostatic urethra • Prior treatment with an FGFRi • GI disorder that may affect administration/absorption of dabogratinib • Pregnant or breastfeeding females, or participants planning conception during study participation

Study Endpoints[9]

Primary Endpoint	Secondary Endpoints	Exploratory Endpoints
• Complete response rate at 3 months	• Duration of response • Time to recurrence • Recurrence-free survival at 12 and 24 months • Progression-free survival • Incidence and severity of adverse events	• Biomarker analyses, including molecular correlates of response • Longitudinal disease monitoring using clinical and molecular assessment

SURF302 SITE LIST



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- Nashville, TN
- Houston, TX

AUSTRALIA
- Melbourne

Site list reflects participating centers as of February 3, 2026; the study is planned for approximately 51 centers across North America, Australia, and Europe.

Abbreviations

AUA, American Urological Association; BCG, bacillus Calmette-Guérin; CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; FGFR, fibroblast growth factor receptor; FGFRi, fibroblast growth factor receptor inhibitor; GI, gastrointestinal; IR, intermediate-risk; ML, marker lesion(s); NMIBC, non–muscle-invasive bladder cancer; QD, once daily; R, randomization; TRAE, treatment-related adverse event; TURBT, transurethral resection of bladder tumor; ULN, upper limit of normal.

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