# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

**Roger Li[1] (Roger.Li@moffitt.org), Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]**

[1]Department of Genitourinary Oncology, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL; [2]Department of Urology, Seoul National University Hospital, Seoul National University College of Medicine, Seoul, South Korea; [3]Hospital Clínic de Barcelona, Barcelona, Spain; [4]University Hospital 12 de Octubre, Madrid, Spain; [5]Department of Urology, Northwestern University, Feinberg School of Medicine, Chicago, IL; [6]Janssen Research & Development, Spring House, PA



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

Click anywhere to view this interactive poster

https://www.congresshub.com/Oncology/GU2024/TAR-210/Li

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## KEY TAKEAWAY

A novel urine-based test for *FGFRalt* eligibility was successfully implemented into the first-in-human study evaluating TAR-210, a novel intravesical drug delivery system that provides sustained, local release of erdafitinib within the bladder, with 27% (7/26) of patients enrolled based on urine alone due to lack of tissue or no *FGFRalt* found in tissue

*FGFRalt*, *FGFR* alterations.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA



NAVIGATION

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## CONCLUSIONS

- Implementing a urine-based test expands the molecular testing methods to identify 7 (27%) additional patients that may respond to TAR-210
- The spectrum of genomic alt detected using the urine test was similar to that described in prior studies using tissue-based testing
- All patients in Cohort 3 who were enrolled by urine test showed clinical activity
- Data highlight that the complex genomic landscape in bladder cancer can be assessed from urine
- Data from this study support further clinical evaluation of the urine test



NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]



## INTRODUCTION

- Erdafitinib, an oral selective pan-FGFR tyrosine kinase inhibitor, is approved for locally advanced or metastatic urothelial carcinoma in adults with susceptible *FGFR3/2* alterations (alt) after progression on platinum-containing chemotherapy[1-5]
- TAR-210 is a novel intravesical drug delivery system designed to provide local, sustained release of erdafitinib within the bladder while limiting systemic toxicities[6]
  - TAR-210 shows promising clinical activity and is well tolerated in *FGFR*-altered non–muscle-invasive bladder cancer (NMIBC) in the first-in-human study (NCT05316155)[6] (Figure 1)
- To overcome tissue-based challenges in identifying *FGFRalt*, including insufficient sample, sample integrity, and sample extraction from a single tumor,[7] Janssen Research & Development partnered with Predicine to use a urine cell-free DNA diagnostic test (PredicineCARE™) to select patients for treatment with TAR-210
  - Validation of the urine test to detect *FGFRalt* was previously demonstrated using contemporaneous tissue and urine samples[8]
- Reported here are preliminary results of the urine test to detect *FGFRalt* to enable study enrollment, early efficacy data based on urine testing, and the characterization of the urine-defined genomic landscape

FGFR, fibroblast growth factor receptor.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## METHODS

- First-in-human study enrollment was based on detection of prespecified *FGFRalt* from either tumor tissue obtained from previous biopsies or urine samples obtained prior to enrollment (PredicineCARE™ next-generation sequencing test)

*FGFRalt*, *FGFR* alterations.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA



NAVIGATION

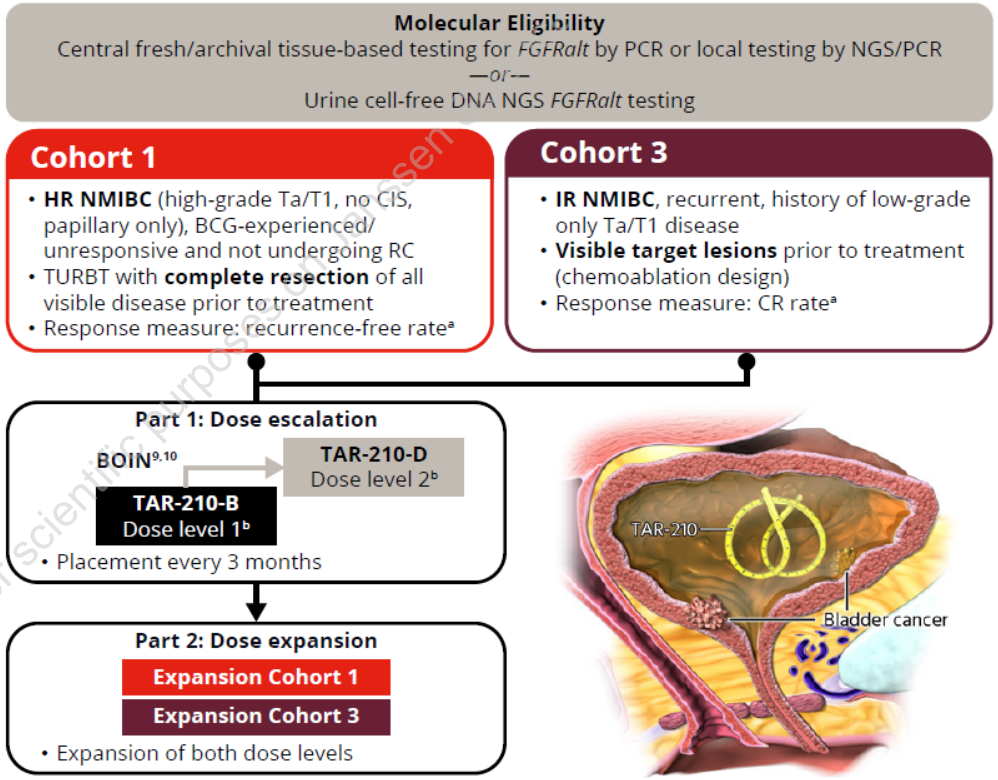
KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## METHODS

### FIGURE 1: First-in-human TAR-210 study design and depiction of TAR-210 in the bladder




[a]Response is assessed every 3 months with continued treatment for up to 1 year if recurrence-free (Cohort 1) or in CR (Cohort 3). [b]2 different erdafitinib release rates are being evaluated. BCG, bacillus Calmette-Guérin; BOIN, Bayesian optimization interval; CIS, carcinoma in situ; CR, complete response; DNA, deoxyribonucleic acid; HR, high risk; IR, intermediate risk; NGS, next-generation sequencing; PCR, polymerase chain reaction; PK, pharmacokinetics; RC, radical cystectomy; TURBT, transurethral resection of bladder tumor.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA



NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1
First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2
Molecular screening or eligibility by urine and tissue testing
TABLE 1
Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3
Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4
Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]



## RESULTS (1/6)

### Screening

- As of Jun 20, 2023, urine test performance was compared to the tissue test from all screened patients with NMIBC (N=178) (Figure 2)
- The proportions of samples that yielded evaluable results were 58% and 60% from urine and tissue, respectively
- *FGFRalt* detection rates in the subsets that yielded positive results were 42% from urine and 62% from tissue
- *FGFR3* S249C was the most frequent alt detected in both urine (61%) and tissue (48%) (Table 1)
- For 36% of urine samples in which *FGFRalt* were detected, there was no corresponding tissue result
- In all instances, the same *FGFRalt* were detected in both urine and tissue

NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX



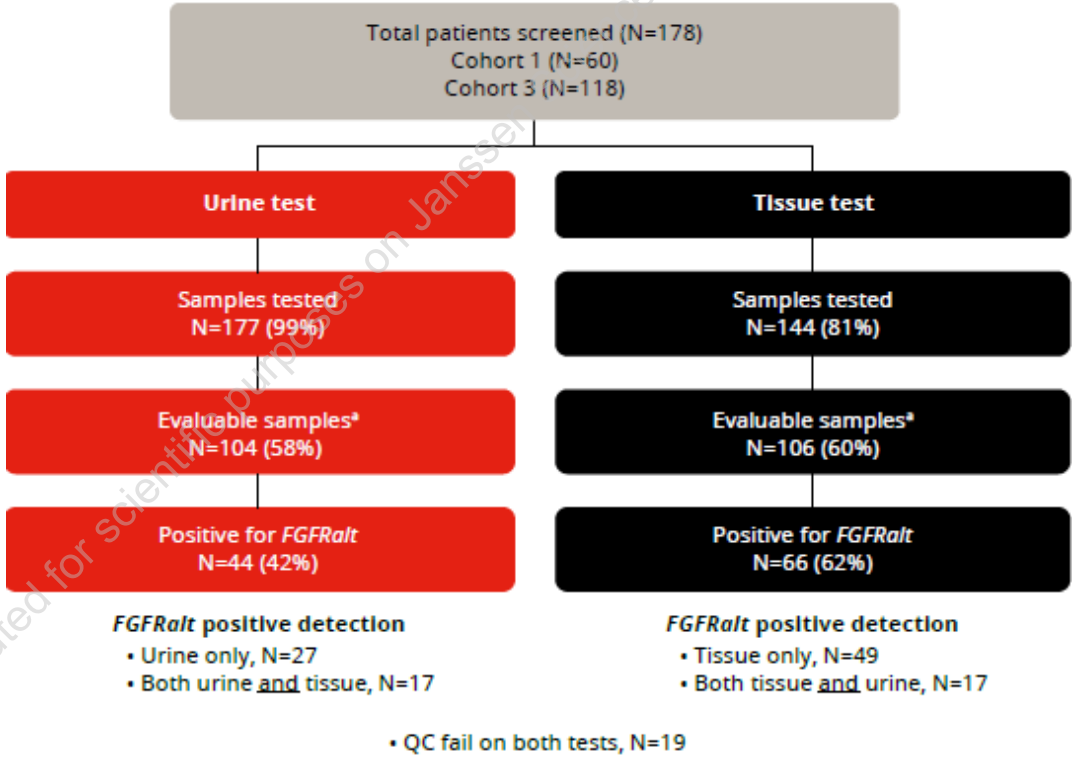
Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## RESULTS (2/6)

### FIGURE 2: Molecular screening or eligibility by urine and tissue testing




[a]Evaluable samples = total samples submitted – sample quality control failures, invalid, pending samples, and no results. *FGFRalt*, *FGFR* alterations.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA



NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## RESULTS (3/6)

### TABLE 1: Type and prevalence of *FGFRalt* identified by urine and tissue were similar

| *FGFRalt* type, n (%) | N=178 | |
|---|---|---|
| | Urine test | Tissue test |
| Specific *FGFR3* mutation | | |
| S249C | 27 (61) | 33 (48) |
| Y373C | 14 (32) | 25 (36) |
| R248C | 2 (5) | 6 (9) |
| G370C | 0 | 2 (3) |
| Specific gene fusions | | |
| *FGFR3:TACC3_V1* | 1 (2) | 3 (4) |

*FGFRalt*, *FGFR* alterations.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA



NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## RESULTS (4/6)

### Efficacy Based on Urine Testing

- Of the disease-evaluable patients with HR NMIBC (N=11) in Cohort 1 or IR NMIBC (N=15) in Cohort 3, 46% (5/11) and 20% (3/15), respectively, were enrolled based on both urine and tissue testing
- 18% (2/11) of disease-evaluable patients in Cohort 1 and 33% (5/15) in Cohort 3 were enrolled based on urine testing alone due to no sample/insufficient tumor tissue
- In Cohort 1, 82% of patients were recurrence-free at the first disease evaluation, and in Cohort 3, 87% achieved a complete response at the first disease evaluation (Figure 3)
  - All patients (Cohort 1, N=2, and Cohort 3, N=5) enrolled by "urine only" were recurrence free or achieved a complete response
- Urine-based testing reliably captured the spectrum of genomic alt that were similar to those observed in tissue-based genomic landscape assessments of bladder cancer[11] (Figure 4)

HR, high risk; IR, intermediate risk; NMIBC, non–muscle-invasive bladder cancer.





Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

NAVIGATION

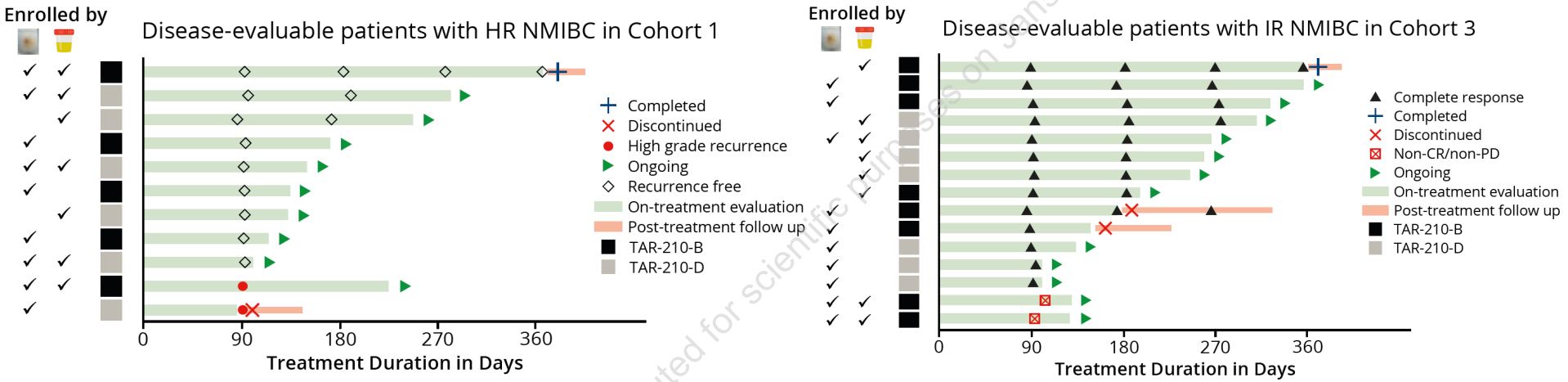
KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## RESULTS (5/6)

### FIGURE 3: Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210




CR, complete response; PD, progressive disease.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA



NAVIGATION

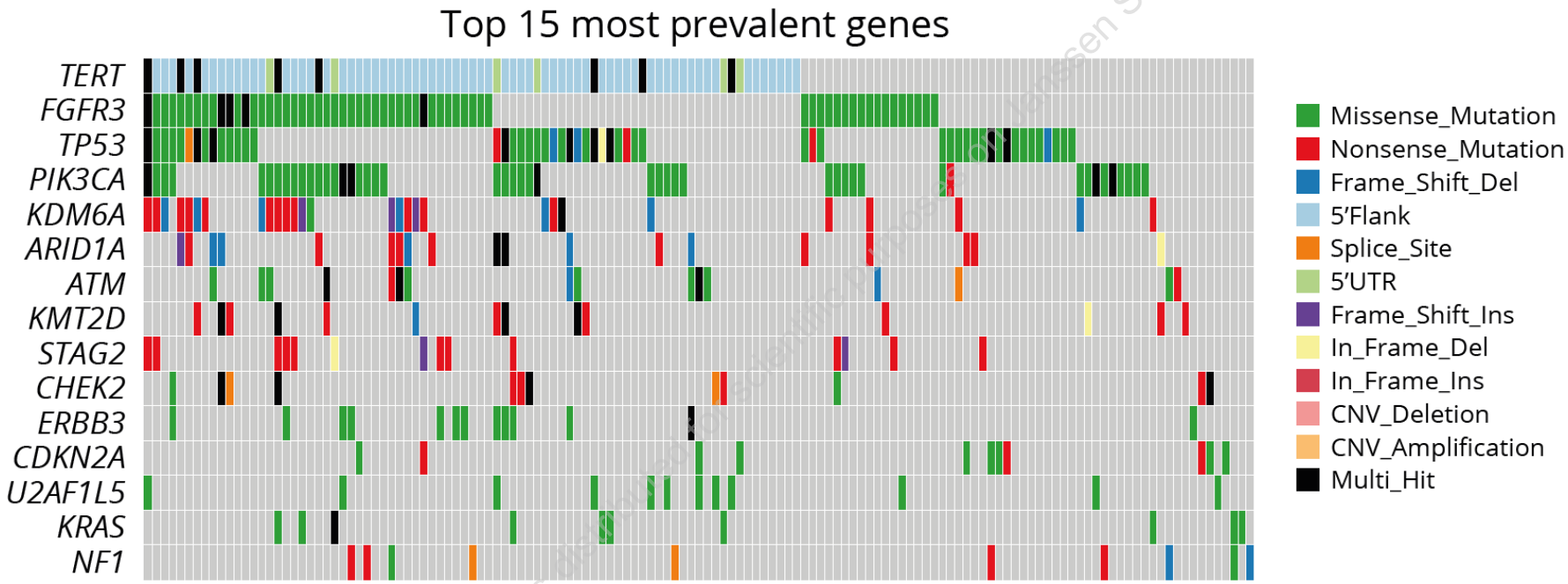
KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]

## RESULTS (6/6)

### FIGURE 4: Landscape of pathogenic somatic variants detected in urine from all evaluable samples








Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

NAVIGATION

KEY TAKEAWAY
CONCLUSIONS
INTRODUCTION
METHODS
FIGURE 1 First-in-human TAR-210 study design and depiction of TAR-210 in the bladder
RESULTS
FIGURE 2 Molecular screening or eligibility by urine and tissue testing
TABLE 1 Type and prevalence of *FGFRalt* identified by urine and tissue were similar
RESULTS (CONT)
FIGURE 3 Urine- and tissue-based testing identifies patients that experience clinical benefit from TAR-210
FIGURE 4 Landscape of pathogenic somatic variants detected in urine from all evaluable samples
APPENDIX

# Urine-Based Testing for Patient Selection and Genomic Characterization of Patients With *FGFR* Alteration-Positive Non–Muscle-Invasive Bladder Cancer Treated With TAR-210

Roger Li[1], Ja Hyeon Ku[2], Antoni Vilaseca Cabo[3], Felix Guerrero-Ramos[4], Joshua Meeks[5], Neil Beeharry[6], Michelle Quiroz[6], Jiarui Zhang[6], Denis Smirnov[6], Yashoda Rajpurohit[6], Bethany Brunton[6], Gabriela Martinez[6], Carrye Cost[6], Anna Kalota[6], Josh Lauring[6], Nicole L Stone[6], Shibu Thomas[6]



# APPENDIX

## REFERENCES:

1. BALVERSA® (erdafitinib) [package insert]. Horsham, PA: Janssen Products, LP; 2023. 2. Perera TPS, et al. *Mol Cancer Ther*. 2017;16:1010-1020. 3. Loriot Y, et al. *N Engl J Med*. 2019;381:338-348. 4. Siefker-Radtke AO, et al. *Lancet Oncol*. 2022;23:248-258. 5. Loriot Y, et al. *N Engl J Med*. 2023;389:1961-1971. 6. Vilaseca A, et al. *Ann Oncol*. 2023;34:S1343. 7. Li S, et al. *Nat Commun*. 2021;12:4172. 8. Kim I, et al. *J Clin Oncol*. 2023;41:6:565. 9. Liu S, Yuan Y. *J R Stat Soc*. 2015;64:507-523. 10. Yuan Y, et al. *Clin Cancer Res*. 2016;22:4291-4301. 11. Zhang R, et al. *J Urol*. 2021;206:873-884.

## DISCLOSURES:

Roger Li has served as a scientific advisor/consultant for BMS, Merck, Ferring, Fergene, Arquer Diagnostics, Urogen Pharma, and Lucenc; has served on the clinical trial protocol committee for CG Oncology; has received research support from Predicine, Veracyte, CG Oncology, and Valar Labs; and has received honoraria from SAI MedPartners and Solstice Health Communications.

## ACKNOWLEDGMENTS:

This study was funded by Janssen Research & Development. Erdafi tinib (JNJ-42756493) was discovered in collaboration with Astex Pharmaceuticals. The authors thank Shidong Jia, Il-Jin Kim, and Pan Du of Predicine, Inc. Medical writing assistance was provided by Nicolisha Narainpersad, PhD, of Parexel, and was funded by Janssen Global Services, LLC.



Presented by R Li at the 2024 ASCO Genitourinary Cancers Symposium; January 25-27, 2024; San Francisco, CA, USA

NAVIGATION