Optune is intended as a treatment for adult patients (22 years of age or older) with histologically-confirmed glioblastoma multiforme (GBM).

Optune with temozolomide is indicated for the treatment of adult patients with newly diagnosed, supratentorial glioblastoma following maximal debulking surgery, and completion of radiation therapy together with concomitant standard of care chemotherapy.

Selected safety information

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Please see the Important Safety Information for Optune on page 10 and the accompanying Optune Instructions For Use (IFU) for complete information regarding the device’s indications, contraindications, warnings, and precautions.
GBM is always present and continually proliferating³
- The continuous division, migration, and invasion of GBM has been difficult to control over time⁴,⁵

With a high risk of GBM recurrence, every appropriate treatment available should be used to combat this persistent threat
- For more than a decade, post-surgery radiation and chemotherapy have been the standard of care⁶

GBM: an aggressive disease that is challenging to control

GBM, glioblastoma.
**Optune®: a well-suited part of the treatment plan for newly diagnosed GBM**

**Optune provides continuous action against GBM progression**
- Optune delivers TTFields to selectively and continuously disrupt mitosis for as long as it is worn.

**Including Alternating Electric Field Therapy (Optune) as part of the treatment plan for newly diagnosed GBM gives patients every approved method to prevent progression**
- 5-year survival results published in *JAMA* support an update to the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Central Nervous System Cancers.

The updated NCCN Guidelines® now include alternating electric field therapy (Optune) in combination with temozolomide (TMZ) following maximal safe resection and standard brain radiation therapy with concurrent TMZ as Category 1 recommended treatment option for patients with newly diagnosed supratentorial glioblastoma (GBM) and good performance status.*

There is uniform NCCN consensus for this recommendation based on high-level evidence (Category 1).

*The NCCN defines good performance as Karnofsky Performance Score (KPS) ≥60. The trial for which the IFU is based used an eligibility criteria of KPS ≥70.

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To view the most recent and complete version of the guideline, go online to NCCN.org.

Please see the accompanying Optune IFU for complete information regarding the device’s indications, contraindications, warnings, and precautions.
In newly diagnosed GBM, Optune® + TMZ provided an unprecedented long-term survival benefit that increased with more time on Optune.

Survival with Optune + TMZ vs TMZ alone was significantly higher at the 2-year landmark analysis and remained higher at 5 years.

Optune + TMZ also significantly improved PFS vs TMZ alone
- Median PFS: 6.7 months vs 4.0 months (P<0.001)

GBM, glioblastoma; OS, overall survival; PFS, progression-free survival; TMZ, temozolomide.

Selected safety information
Do not use Optune in patients that are known to be sensitive to conductive hydrogels. In this case, skin contact with the gel used with Optune may commonly cause increased redness and itching, and rarely may even lead to severe allergic reactions such as shock and respiratory failure.
In newly diagnosed GBM, **Optune® + TMZ provided an unprecedented long-term survival benefit that increased with more time on Optune**

More time on Optune predicted increased significant survival benefit\(^{12}\)

<table>
<thead>
<tr>
<th>Percentage of Monthly Time on Optune</th>
<th>Median OS by percentage of monthly time on Optune*</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%-100% (n=43) 22-24 hours/day(^{†})</td>
<td>25 months (P&lt;0.05)</td>
</tr>
<tr>
<td>70%-90% (n=257) 17-22 hours/day(^{†})</td>
<td>22 months (P&lt;0.05)</td>
</tr>
<tr>
<td>60%-70% (n=46) 14-17 hours/day(^{†})</td>
<td>20 months (P&lt;0.05)</td>
</tr>
<tr>
<td>50%-60% (n=42) 12-14 hours/day(^{†})</td>
<td>18 months (P&lt;0.05)</td>
</tr>
<tr>
<td>0% (n=229) TMZ alone</td>
<td>16 months</td>
</tr>
</tbody>
</table>

*Based on amount of time Optune was turned on and providing therapy over the course of a month. This data reflects the average patient usage of Optune for the first 6 months of treatment (months 1-6).\(^{15}\)

\(^{†}\)Approximation, based on monthly usage.

\(^{‡}\)vs TMZ alone.

- Monthly usage was a predictor of survival benefit, independent of other prognostic factors such as KPS, age, or MGMT methylation status\(^{12}\)

86% of patients received a survival benefit from Optune because they used it more than half the time (n=388/450)\(^{12}\)

Please see the accompanying Optune IFU for complete information regarding the device’s indications, contraindications, warnings, and precautions.
In newly diagnosed GBM,

**Patients treated with Optune® + TMZ maintained QoL over time and across predefined daily-functioning domains**

Both HCPs and patients reported stable QoL evaluation scores up to 1 year of Optune use$^{2,14,*,*}$

- HCP-reported KPS and patient-reported Global Health Status were
  - Maintained from baseline through 12 months of follow-up
  - Comparable with the TMZ alone arm

*HCP-reported data collected per Karnofsky Performance Score (KPS) assessment at baseline and then repeated monthly. Patient functional status via KPS (at multiple time points) measured patient independence in activities of daily living.

$^{1}$Patient-reported data collected per EORTC QLQ-C30 at baseline and Months 3, 6, 9, and 12. This 30-question survey covered 5 daily-functioning domains (Physical, Role, Social, Emotional, and Cognitive).

- In the pivotal study, patients were treated with the first model of Optune, which was twice as large in size and weight (6 lb) than the currently available device (2.7 lb)

EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer core quality of life questionnaire; GBM, glioblastoma; HCPs, healthcare professionals; HRQoL, health-related quality of life; QoL, quality of life; TMZ, temozolomide.

**Selected safety information**

Optune can only be prescribed by a healthcare provider that has completed the required certification training provided by Novocure® (the device manufacturer).
In newly diagnosed GBM, Patients treated with Optune® + TMZ maintained QoL over time and across predefined daily-functioning domains

Physical, Role, Social, Emotional, and Cognitive Functioning for patients treated with Optune + TMZ all remained stable and comparable with the TMZ alone arm

<table>
<thead>
<tr>
<th>Functioning domain</th>
<th>Sample questions from the EORTC QLQ-C30 core questionnaire15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?</td>
</tr>
<tr>
<td>Role</td>
<td>Were you limited in doing either your work or other daily activities?</td>
</tr>
<tr>
<td>Social</td>
<td>Has your physical condition or medical treatment interfered with your social activities?</td>
</tr>
<tr>
<td>Emotional</td>
<td>Did you feel tense?</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Have you had difficulty remembering things?</td>
</tr>
</tbody>
</table>

“Incorporating Optune into my day-to-day life has been very manageable. ... After the brief adjustment period, it’s easy to do most things.”

-JB, Optune user

EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer core quality of life questionnaire; GBM, glioblastoma; QoL, quality of life; TMZ, temozolomide.

Please see the accompanying Optune IFU for complete information regarding the device’s indications, contraindications, warnings, and precautions.
In newly diagnosed GBM, **Optune® was safely combined with TMZ**

No late-emerging serious AEs were seen in the 5-year follow-up\(^1,9\)

<table>
<thead>
<tr>
<th>Incidence of grade 3/4 AEs occurring in ≥5% of patients during 5 years of follow-up</th>
<th>Optune + TMZ (n=456) %</th>
<th>TMZ alone (n=216) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1 AE</td>
<td>48</td>
<td>44</td>
</tr>
<tr>
<td>Blood and lymphatic system disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Asthenia, fatigue, and gait disturbance</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Infections</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Injury, poisoning, and procedural complications (falls and medical device site reaction)</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Metabolism and nutrition disorders (anorexia, dehydration, and hyperglycemia)</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Respiratory, thoracic, and mediastinal disorders (pulmonary embolism, dyspnea, and aspiration pneumonia)</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

AEs, adverse events; GBM, glioblastoma; TMZ, temozolomide.
In newly diagnosed GBM, **Optune®** was safely combined with TMZ

**No significant increase in serious AEs compared with TMZ alone**

- The most common (≥10%) AEs involving Optune in combination with TMZ were thrombocytopenia, nausea, constipation, vomiting, fatigue, medical device site reaction, headache, convulsions, and depression.

- A slightly higher incidence of grade 1/2 AEs was seen in some of the systems in the Optune + TMZ arm of the study. This is most likely a reflection of the longer duration of TMZ treatment in these patients.

- The rate of grade 1/2 medical device site reaction was 52% for Optune + TMZ compared with 0% for TMZ alone.

- Grade 3/4 AEs were well balanced between arms. None of the systemic grade 3/4 AEs were considered related to Optune by any of the investigators.

- Mild-to-moderate skin irritation, the most common device-related side effect with Optune, was easily manageable, reversible, and did not result in treatment discontinuation.

AEs, adverse events; GBM, glioblastoma; TMZ, temozolomide.

Please see the accompanying Optune IFU for complete information regarding the device’s indications, contraindications, warnings, and precautions.
Important Safety Information

Indications For Use
Optune® is intended as a treatment for adult patients (22 years of age or older) with histologically-confirmed glioblastoma multiforme (GBM). Optune with temozolomide is indicated for the treatment of adult patients with newly diagnosed, supratentorial glioblastoma following maximal debulking surgery, and completion of radiation therapy together with concomitant standard of care chemotherapy.

Important Safety Information

Contraindications
Do not use Optune in patients with an active implanted medical device, a skull defect (such as, missing bone with no replacement), or bullet fragments. Use of Optune together with implanted electronic devices has not been tested and may theoretically lead to malfunctioning of the implanted device. Use of Optune together with skull defects or bullet fragments has not been tested and may possibly lead to tissue damage or render Optune ineffective.

Do not use Optune in patients that are known to be sensitive to conductive hydrogels. In this case, skin contact with the gel used with Optune may cause increased redness and itching, and rarely may even lead to severe allergic reactions such as shock and respiratory failure.

Warnings and Precautions
Optune can only be prescribed by a healthcare provider that has completed the required certification training provided by Novocure® (the device manufacturer).

Do not prescribe Optune for patients that are pregnant, you think might be pregnant or are trying to get pregnant, as the safety and effectiveness of Optune in these populations have not been established.

The most common (≥10%) adverse events involving Optune in combination with temozolomide were thrombocytopenia, nausea, constipation, vomiting, fatigue, medical device site reaction, headache, convulsions, and depression.

Use of Optune in patients with an inactive implanted medical device in the brain has not been studied for safety and effectiveness, and use of Optune in these patients could lead to tissue damage or lower the chance of Optune being effective.

If the patient has an underlying serious skin condition on the scalp, evaluate whether this may prevent or temporarily interfere with Optune treatment.

References:
Partnering with your patients and your practice at every step of the journey

nCompass™: an award-winning support program with comprehensive services for your patients using Optune®

Reimbursement assistance
- Supports your patients and your practice through the reimbursement process, starting with an investigation of benefits
- Out-of-pocket cost for treatment will be determined based on the patient’s household income and insurance plan. Novocure® is committed to identifying resources and programs to minimize the cost of Optune for patients who are uninsured, underinsured, or have a household income of <$150,000*

Customized support based on patient or caregiver needs, including
- In-person device education
- Resources and tips for using Optune
- Technical support via phone
- Reordering supplies

Contact nCompass for all your patients’ Optune support needs

Call us any time of day: 1-855-281-9301 (toll-free)
Or email us: support@novocure.com

Novocure is NOT permitted to provide medical advice to patients. All patients with medical questions will be referred back to their healthcare provider.

*Specific eligibility criteria apply.

Please see the accompanying Optune IFU for complete information regarding the device’s indications, contraindications, warnings, and precautions.
For your next patient with newly diagnosed GBM,

PUT GBM ON PAUSE. PUT LIFE ON PLAY.

Optune® + TMZ has been proven to provide long-term quality survival\textsuperscript{1,2}

Unprecedented long-term survival significantly increased with more time on Optune\textsuperscript{1,12}:
- OS was significantly higher at the 2-year landmark analysis and remained higher at 5 years
  - Median OS was significantly extended with Optune—by nearly 5 months (P<0.001)

Patients treated with Optune + TMZ maintained QoL over time and across predefined daily-functioning domains\textsuperscript{2,14}:
- Both HCPs and patients reported stable QoL evaluation scores up to 1 year of Optune use, as defined inside

Optune + TMZ have been safely combined for 5 years\textsuperscript{1,9}:
- No significant increase in serious AEs compared with TMZ alone
- The most common side effect was mild-to-moderate skin irritation

\textbf{Selected safety information}

The most common (≥10%) adverse events involving Optune in combination with temozolomide were thrombocytopenia, nausea, constipation, vomiting, fatigue, medical device site reaction, headache, convulsions, and depression.

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