forward-looking statements

In addition to historical facts or statements of current condition, this presentation may contain forward-looking statements. Forward-looking statements provide Novocure’s current expectations or forecasts of future events. These may include statements regarding anticipated scientific progress on its research programs, clinical trial progress, development of potential products, interpretation of clinical results, prospects for regulatory approval, manufacturing development and capabilities, market prospects for its products, coverage, collections from third-party payers and other statements regarding matters that are not historical facts. You may identify some of these forward-looking statements by the use of words in the statements such as “anticipate,” “estimate,” “expect,” “project,” “intend,” “plan,” “believe” or other words and terms of similar meaning. Novocure’s performance and financial results could differ materially from those reflected in these forward-looking statements due to general financial, economic, environmental, regulatory and political conditions as well as issues arising from the COVID-19 pandemic and other more specific risks and uncertainties facing Novocure such as those set forth in its Annual Report on Form 10-K filed on February 24, 2022 with the U.S. Securities and Exchange Commission. Given these risks and uncertainties, any or all of these forward-looking statements may prove to be incorrect. Therefore, you should not rely on any such factors or forward-looking statements. Furthermore, Novocure does not intend to update publicly any forward-looking statement, except as required by law. Any forward-looking statements herein speak only as of the date hereof. The Private Securities Litigation Reform Act of 1995 permits this discussion.

The statements contained in this presentation are made as at the date of this presentation, unless some other time is specified in relation to them, and service of this presentation shall not give rise to any implication that there has been no change in the facts set out in this presentation since such date. Nothing contained in this presentation shall be deemed to be a forecast, projection or estimate of the future financial performance of Novocure, except where expressly stated.

As of the date of this presentation, Optune is FDA-approved for the treatment of adults with supratentorial glioblastoma, or GBM, and for the treatment of adults with malignant pleural mesothelioma (MPM) and its approval for other indications is not certain. Novocure can provide no assurances regarding market acceptance of Optune or Optune Lua or their successful commercialization, and can provide no assurances regarding the company’s results of operations or financial condition in the future. This presentation is for informational purposes only and may not be relied upon in connection with the purchase or sale of any security.
Tumor Treating Fields

a platform therapy targeting dividing cancer cells

INTERRUPT MITOTIC SPINDLE FORMATION

DISRUPT CANCER CELL DIVISION

INDUCE DEATH IN AFFECTED CANCER CELLS

Tumor Treating Fields are alternating electric fields tuned to specific frequencies to disrupt cancer cell division
Optune®: FDA approved for glioblastoma

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

4 LATE-STAGE PHASE 3 TRIALS

25,000+ PATIENTS TREATED GLOBALLY

$141M IN Q2 2022 GLOBAL NET REVENUES

global footprint COMMERCIAL BUSINESS IN 7 OF THE WORLD’S LEADING MARKETS

platform modality ANTI-MITOTIC EFFECT OBSERVED IN EVERY CANCER CELL LINE TESTED

>20 years of experience

approaching a critical inflection

patientforward
GBM business drives investments in innovation

**Net Revenues (USD in Millions)**
- Q2 2018: $61.5
- Q2 2019: $86.7
- Q2 2020: $115.9
- Q2 2021: $133.5
- Q2 2022: $140.9

**Operating Expenses (USD in Millions)**
- R&D: $83.8
- S&M: $117.2
- G&A: $133.5

**Key Figures**
- 3,454: Active Patients on Therapy
- 80%: Gross Margin
- $949: Cash as of June 30, 2022
a comprehensive strategy for long-term growth

- drive commercial adoption in approved indications
- advance clinical trials in new indications and combinations
- deliver product innovation to optimize TTFields therapy
drive commercial adoption
glioblastoma: malignant brain cancer WHO grade 4

15,000 cases diagnosed in the U.S. each year\(^1\)

65: median age of newly diagnosed GBM patient\(^2\)

Early detection is nearly impossible

49.1% of primary malignant brain tumors\(^2\)

14.6 to 16.7 months median overall survival\(^3\)

5-10% five-year survival rate for newly diagnosed GBM patients\(^3\)
Optune: proven to extend patient survival

**EF-14 PHASE 3 PIVOTAL STUDY IN NEWLY DIAGNOSED GBM**

Overall survival (5-year survival analysis)

- **Optune + TMZ** (n=466)
- **TMZ alone** (n=229)

**Median OS from randomization (months)**
- **Optune + TMZ**: 20.9
- **TMZ alone**: 16.0

**Log-rank P-value**: <0.001

**HR (95% CI)**
- **Optune + TMZ**: 0.63 (0.53–0.76)

**Median OS from diagnosis (months)**
- **Optune + TMZ**: 24.5
- **TMZ alone**: 19.8

**NEARLY HALF of people using Optune + TMZ ALIVE AT 2 YEARS**

**BETTER survival at 5 YEARS**

- **Optune + TMZ**: 13%
- **TMZ alone**: 5%

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*Stupp R, et al. Cancer Res. 2017;77(suppl 13): American Association for Cancer Research. CI, confidence interval; GBM, glioblastoma; HR, hazard ratio; ITT, intent to treat; OS, overall survival; TMZ, temozolomide.*
Optune: greater exposure increased survival

86% of patients received a survival benefit from Optune because they used it >50% of the time.

29.3% vs 4.5% 5-year probability of survival with 90% compliance (n=43) vs survival with TMZ alone.

Median overall survival by percent of time on Optune:
- 90%-100% (n=43) 22-24 hours/day 25 months P<0.05
- 70%-90% (n=257) 17-22 hours/day 22 months P<0.05
- 60%-70% (n=46) 14-17 hours/day 20 months P<0.05
- 50%-60% (n=42) 12-14 hours/day 18 months P<0.05
- 0% (n=229) TMZ alone 16 months

Annual survival rate of highest compliance patients:
- Optune + TMZ: 86%, 65.3%, 54.7%, 30.7%, 29.3%, 29.3%, 29.3%
- TMZ alone: 45%
driving commercial growth in GBM

~35% COMMERCIAL PENETRATION IN NEWLY DIAGNOSED GBM

strengthen HCP recommendation

increase patient demand

enter new geographic markets
advance clinical trials
holistic strategy to expand TTFIELDS clinical footprint
### Platform Technology Driving Robust Clinical Pipeline

**Primary Brain Cancer Program**
- Recurrent glioblastoma:
  - EF-07: Completed
  - EF-11: Enrolling
  - EF-33: Completed

- Newly diagnosed glioblastoma:
  - EF-07: Completed
  - EF-14: Enrolled
  - TRIDENT: Enrolling

**Thoracic Cancer Program**
- Mesothelioma:
  - STELLAR: Completed

- Brain metastasis:
  - METIS: Completed
  - EF-15: Enrolled

- Non-small cell lung cancer:
  - LUNAR: Enrollment complete
  - KEYNOTE 836: Enrolled

**Abdominal Cancer Program**
- Pancreatic cancer:
  - PANova: Completed
  - PANova-3: Enrolling

- Ovarian cancer:
  - INNOVATE-2: Completed
  - INNOVATE-3: Enrollment complete

- Hepatocellular carcinoma:
  - HEPanova: Completed

- Gastric adenocarcinoma:
  - EF-31: Completed
multiple late-stage, randomized pivotal trials set to read out in near-term

<table>
<thead>
<tr>
<th>ENROLLMENT COMPLETE</th>
<th>ENROLLMENT COMPLETE</th>
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<tbody>
<tr>
<td><strong>LUNAR</strong> Lung Cancer</td>
<td><strong>ENGOT-ov50/INNOVATE-3</strong> Ovarian Cancer</td>
</tr>
<tr>
<td>• Evaluating TTFIELDS with immune checkpoint inhibitor/docetaxel</td>
<td>• Evaluating TTFIELDS with weekly paclitaxel</td>
</tr>
<tr>
<td>• 276 patients with 12 months follow-up</td>
<td>• 540 patients with 18 months follow-up</td>
</tr>
<tr>
<td>• Primary endpoint: overall survival</td>
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<th>ENROLLMENT COMPLETE</th>
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<tbody>
<tr>
<td><strong>METIS</strong> Brain Metastasis</td>
<td><strong>PANOVA-3</strong> Pancreatic Cancer</td>
</tr>
<tr>
<td>• Evaluating TTFIELDS after stereotactic radiosurgery</td>
<td>• Evaluating TTFIELDS with nab-paclitaxel + gemcitabine</td>
</tr>
<tr>
<td>• 270 patients with 12 months follow-up</td>
<td>• 556 patients with 18 months follow-up</td>
</tr>
<tr>
<td>• Primary endpoint: time to intracranial progression</td>
<td>• Primary endpoint: overall survival</td>
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<td>EARLY Q1 2023</td>
<td>2023</td>
<td>2023</td>
<td>2024</td>
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*patientforward*
substantial market expansion opportunity

**ANNUAL NUMBER OF U.S. PATIENTS**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Annual Number</th>
</tr>
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<tbody>
<tr>
<td>GBM</td>
<td>~11,200</td>
</tr>
<tr>
<td>NSCLC</td>
<td>~46,000</td>
</tr>
<tr>
<td>Ovarian</td>
<td>16,000</td>
</tr>
<tr>
<td>Brain Metastases from NSCLC</td>
<td>38,000</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>43,000</td>
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<tr>
<td><strong>Total</strong></td>
<td>~155,000</td>
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</table>

**CURRENT PHASE 3 PIPELINE**

- 14x Current market opportunity in approved indications
- +4 Ongoing Phase 3 pivotal trials

**FUTURE POTENTIAL**

- +10 Additional cancer types with pre-clinical evidence
- +6 Phase 2 pilot trials underway

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GBM, glioblastoma; NSCLC, non-small cell lung cancer. 1. Estimates included in Novocure 10-K filed Feb 24, 2022. 2. Estimate reflects lower bound of range of patients diagnosed with brain metastases from NSCLC annually in the US.
encouraging response rate and durability signals in phase 2 gastric cancer trial

**EF-31 PHASE 2 PILOT TRIAL DESIGN**

- **screening and baseline evaluation (n=26)**
- **TTFields + XELOX (+trastuzumab for HER2+ pts) q3w**
- **CT/MRI scan q9w until progression**
- **survival follow-up q12w**

<table>
<thead>
<tr>
<th>TTFIELDS + chemotherapy</th>
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<tbody>
<tr>
<td><strong>OBJECTIVE RESPONSE RATE</strong></td>
</tr>
<tr>
<td><strong>MEDIAN PROGRESSION-FREE SURVIVAL</strong></td>
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<tr>
<td><strong>DURATION OF RESPONSE</strong></td>
</tr>
<tr>
<td><strong>ONE-YEAR SURVIVAL</strong></td>
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<table>
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<tr>
<th>SOC chemotherapy²</th>
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<tbody>
<tr>
<td><strong>41-45%</strong></td>
</tr>
<tr>
<td><strong>6.9mo</strong></td>
</tr>
<tr>
<td><strong>6.9mo</strong></td>
</tr>
<tr>
<td><strong>48%</strong></td>
</tr>
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1. clinicaltrials.gov [NCT03405793]; 2. CheckMate 649, clinicaltrials.gov [NCT-02872116], Lancet 2021

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ongoing research to identify optimal use
TTFields plus immunotherapy translating to clinical results

eliciting immunogenic cell death

Cell surface exposure of calreticulin

enhancing antitumor efficacy

In combination with anti-PD-1

emerging signs of clinical results

2-THE-TOP phase 2 interim clinical data

1. Voloshin T, et al. Cancer Immunology. Immunotherapy 2020. * p < 0.05; ** p < 0.01; *** p < 0.001


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KEYNOTE D58 builds upon promising data from pilot 2-THE-TOP study

**KEY TAKEAWAYS:**

- 2-THE-TOP\textsuperscript{1} patients displayed superior median PFS and median OS compared to matched control patients from EF-14
- KEYNOTE D58, a collaborative study with MSD\textsuperscript{2}, builds on this promising data and further explores TTFIELDS + immunotherapy
  - Pivotal study will be double-blind & placebo-controlled; will evaluate TTFIELDS together with pembrolizumab + TMZ in ndGBM

\textsuperscript{1}ndGBM, newly diagnosed glioblastoma; PFS, progression-free survival; OS, overall survival; TMZ, temozolomide; TTFIELDS, Tumor Treating Fields. 1 clinicaltrials.gov [NCT03405792]; 2. MSD is a tradename of Merck & Co., Inc., Rahway, NJ, USA.
deliver product innovation
product roadmap to prioritize efficacy and ease of use

**field generator**

**arrays**

**software applications**

- **next gen device**
  - in development

- **flex arrays**
  - limited market release upcoming
  - high-intensity head array
  - EF-33 trial underway

- **MAXPOINT™**
  - planning software
  - data generation program underway
greater intensity can lead to increased efficacy
increased intensity led to greater cell death in vitro

Cancer cells were treated with TTFIELDS for 72h at increasing field intensities

Data on file. Treatment frequencies were 200 kHz for glioma and ovarian cancer cells, and 150 kHz for lung, mesothelioma, gastric, and cervical cancer cells.
flex arrays designed for more efficient delivery

**ARRAY PERFORMANCE**
*Average Current (2-Channels)*

<table>
<thead>
<tr>
<th></th>
<th><strong>AVERAGE CURRENT</strong></th>
<th><strong>AVERAGE TEMPERATURE</strong></th>
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</thead>
<tbody>
<tr>
<td>flex array</td>
<td>1,988</td>
<td>36.9°C</td>
</tr>
<tr>
<td>current array</td>
<td>1,588</td>
<td>37.5°C</td>
</tr>
</tbody>
</table>

* 2,000 mAmps maximum output for Optune; ~1,300 mAmps is a normal output range for Optune patients
flex arrays increase coverage and dose

**CURRENT ARRAYS**
AP channel, 1,588 mAmps

**FLEX ARRAYS**
AP channel, 1,988 mAmps

Data on file: Simulation of electric field distribution in healthy brain model.
catalyst-rich through 2024

2021
- LUNAR phase 3 interim analysis
- LUNAR phase 3 enrollment complete
- INNOVATE phase 3 enrollment complete
- HEPANOVA-2 phase 2 data
- EF-31 gastric phase 2 enrollment complete

2022
- INNOVATE-3 phase 3 interim analysis
- EF-31 gastric phase 2 data
- METIS phase 3 enrollment complete
- EF-33 high intensity array phase 2 data
- Next Gen array limited EU market release

2023
- LUNAR phase 3 data
- INNOVATE-3 phase 3 data
- METIS phase 3 data
- PANOVA-3 phase 3 enrollment complete
- Next Gen array limited EU market release

2024
- PANOVA-3 phase 3 data
- PANOVA-3 phase 3 interim analysis

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together with our patients, we strive to extend survival in some of the most aggressive forms of cancer
Appendix
increasing acceptance for TTFields across the global oncology community

TUMOR TREATING FIELDS ECOSYSTEM

NOVOCURE RESEARCH & DEVELOPMENT
- Translational research
- Clinical development
- Product innovation

EXTERNAL FUNDING
- Research grants
- inovivo projects
- inovitro projects
- Investigator-sponsored trials

PATIENT SUPPORT NETWORK
- Patients and caregivers
- Optune® and Optune Lua™ prescribers
- Patient advocacy groups

patientforward

Our reach
- ISTs/inovivo/inovitro research
- Offices
- Clinical development

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therapy is frequency-tuned to target dividing cancer cells
ongoing LUNAR trial in non-small cell lung cancer

LUNAR PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

**ORIGINAL STUDY DESIGN**
- 534 patients with 18 months follow-up
- Anticipated data in 2023
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (+4 months in OS)

**ADJUSTED PROTOCOL**
- 276 patients with 12 months follow-up
- FDA approved recommended changes in May 2021
- Enrollment complete (November 2021)
- Data anticipated in 2023

---

1. clinicaltrials.gov/NCT02973789
ongoing INNOVATE-3 trial in ovarian cancer

INNOVATE-3 PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN\(^1\)

- **Screening and baseline evaluation**
- **Randomization** 1:1
- **TTFields + weekly paclitaxel**
- **Weekly paclitaxel**
- **CT/MRI scan q8w until progression**
  - **Survival follow-up**

**STUDY DESIGN**
- 540 patients with 18 months follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (+4 mos. in OS)
- Enrollment complete (October 2021)
- Data anticipated in 2023

\(^1\) clinicaltrials.gov [NCT03940196]
ongoing METIS trial in brain metastases

METIS PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

screening and baseline evaluation → randomization

- stereotactic radiosurgery
- stereotactic radiosurgery
- Tumor Treating Fields
- supportive care
- MRI q2m until progression
- MRI q2m until progression

STUDY DESIGN
• 270 patients with 12 months follow-up
• Primary endpoint: time to intracranial progression
• Designed to detect hazard ratio of 0.57 (+6 mos. in time to progression)
• Data anticipated in 2023

1. clinicaltrials.gov [NCT02831959]

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ongoing PANOVA-3 trial in pancreatic cancer

PANOVA-3 PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

STUDY DESIGN
- 556 patients with 18 months follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (+5 mos. in OS)
- Last patient enrollment anticipated in 2023; data anticipated in 2024

1. clinicaltrials.gov [NCT03377491]
ongoing TRIDENT trial in newly diagnosed GBM

TRIDENT PHASE 4 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

STUDY DESIGN
- 950 patients with 24 month follow-up
- Primary endpoint: overall survival
- Designed to detect a hazard ratio of <0.80 (+5 mos. in OS)
- Anticipated timing of data TBD

1. clinicaltrials.gov [NCT04471844]
ongoing KEYNOTE B36 trial in non-small cell lung cancer

KEYNOTE B36 PHASE 2 PILOT TRIAL DESIGN¹

- Screening and baseline evaluation
- TTFIELDS (150 kHz) + pembrolizumab
- CT/MRI scan q9w until progression or 24 mo
- Post-progression follow-up
- Survival follow-up

STUDY DESIGN
- 66 patients with 18 months follow-up
- Primary endpoint: objective response rate
- Screening and enrollment ongoing
- Anticipated timing of data TBD

¹ clinicaltrials.gov (NCT04892472)
enrollment ongoing to test new high-intensity array concept in EF-33 clinical trial

PRECLINICAL RATIONALE

Field distribution in head (slice view) with standard 9-disc transducer array (left) and high-intensity 14-disc transducer array (right) with normalized SAR.

PHASE 2 PILOT TRIAL DESIGN TESTING SAFETY AND EFFICACY OF TTFIELDS DELIVERED THROUGH HIGH-INTENSITY ARRAYS IN RECURRENT GBM

- 25 patients with 6-months follow-up
- Designed to detect hazard ratio of 0.6 (+2 mos. in PFS)
- Data anticipated in 2022

Source: Novocure data on file

1.clinicaltrials.gov [NCT04492163]
growing evidence supports broad applicability in combination with certain other cancer therapies

**TUMOR TREATING FIELDS**

**WITH RADIATION THERAPY¹**

Tumor Treating Fields increased sensitivity to radiation therapy and inhibited DNA damage repair mechanisms in glioblastoma cells.

---

**WITH CERTAIN CHEMOTHERAPIES²**

In vitro dose-response effect of paclitaxel alone and in combination with Tumor Treating Fields in Lewis lung carcinoma cells.

---

**WITH CERTAIN IMMUNOTHERAPIES³**

Tumor Treating Fields in combination with anti-PD-1 were therapeutically effective in vivo in Lewis lung carcinoma cells.

---

¹. *p < 0.05, **p < 0.001, Kim, E.H., et al. Oncotarget 2016 Sep 20; 7(38): 62267–62279.
³. ***p < 0.001 vs. control + isotype group, Voloshin T. et al. Cancer Res 2017;77(13 Suppl) 3665.
efficacy suggested in phase 2 pilot studies

NON-SMALL CELL LUNG CANCER
PHASE 2 PILOT STUDY

13.8 months median overall survival vs. 8.3 months in pemetrexed-alone historical control*

PANCREATIC CANCER
PHASE 2 PILOT STUDY

median overall survival not reached vs. 8.5 mos. in nab-paclitaxel + gemcitabine historical control*

OVARIAN CANCER
PHASE 2 PILOT STUDY

median overall survival not reached vs. 13.2 mos. in paclitaxel-alone historical control*

---


TTFields can elicit immunogenic cell death through induction of various forms of stress in vitro

Triggers apoptosis followed by extracellular release of HMGB1

May mediate cell surface exposure of calreticulin

Induces autophagy dependent reduction in intracellular ATP levels

---

HMGB1: high mobility group protein B1
ATP: adenosine triphosphate

1. * p < 0.05; ** p < 0.001; *** p < 0.001. Voloshin T, et al. Cancer Immunology. Immunotherapy. 2020;69:1191-1204
*in vivo* data suggest TTFields together with anti-PD-1 therapy resulted in increased tumor control

Voloshin T. et al., Cancer Immunology, Immunotherapy, 2020; 69: 1195-1204
Optune Lua™ and Optune® indications for use and important safety information

INDICATIONS

• 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.
• For the treatment of recurrent GBM, Optune is indicated following histologically- or radiologically-confirmed recurrence in the supratentorial region of the brain after receiving chemotherapy. The device is intended to be used as a monotherapy, and is intended as an alternative to standard medical therapy for GBM after surgical and radiation options have been exhausted.
• Optune Lua is indicated for the treatment of adult patients with unresectable, locally advanced or metastatic, malignant pleural mesothelioma (MPM) to be used concurrently with pemetrexed and platinum-based chemotherapy.

CONTRAINDICATIONS

• Do not use Optune in patients with GBM with an implanted medical device, a skull defect (such as, missing bone with no replacement), or bullet fragments. 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 Lua in patients with MPM with implantable electronic medical devices, such as pacemakers or implantable automatic defibrillators, etc.
• Use of Optune for GBM or Optune Lua for MPM together with implanted electronic devices has not been tested and may lead to malfunctioning of the implanted device.
• Do not use Optune for GBM or the Optune Lua for MPM in patients known to be sensitive to conductive hydrogels. Skin contact with the gel used with Optune or Optune Lua may commonly cause increased redness and itching, and may rarely lead to severe allergic reactions such as shock and respiratory failure.
Optune Lua™ and Optune® indications for use and important safety information

WARNINGS AND PRECAUTIONS

- Optune and Optune Lua can only be prescribed by a healthcare provider that has completed the required certification training provided by Novocure®.
- The most common (≥10%) adverse events involving Optune in combination with chemotherapy in patients with GBM were thrombocytopenia, nausea, constipation, vomiting, fatigue, convulsions, and depression.
- The most common (≥10%) adverse events related to Optune treatment alone in patients with GBM were medical device site reaction and headache. Other less common adverse reactions were malaise, muscle twitching, and falls related to carrying the device.
- The most common (≥10%) adverse events involving Optune Lua in combination with chemotherapy in patients with MPM were anemia, constipation, nausea, asthenia, chest pain, fatigue, device skin reaction, pruritus, and cough.
- Other potential adverse effects associated with the use of Optune Lua include: treatment related skin toxicity, allergic reaction to the plaster or to the gel, electrode overheating leading to pain and/or local skin burns, infections at sites of electrode contact with the skin, local warmth and tingling sensation beneath the electrodes, muscle twitching, medical site reaction and skin breakdown/skin ulcer.
- If the patient has an underlying serious skin condition on the treated area, evaluate whether this may prevent or temporarily interfere with Optune or Optune Lua treatment.
- Do not prescribe Optune or Optune Lua for patients that are pregnant, you think might be pregnant or are trying to get pregnant, as the safety and effectiveness of Optune and Optune Lua in these populations have not been established.
- Please go to Optune.com to see the Optune Instructions For Use (IFU) for complete information regarding the device’s indications, contraindications, warnings, and precautions.
- Please go to OptuneLua.com to see the Optune Lua IFU for complete information regarding the device’s indications, contraindications, warnings, and precautions.