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.

Selected 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.

Please visit Optune.com/IFU for Optune Instructions For Use (IFU) for complete information regarding the device’s indications, contraindications, warnings, and precautions.

To learn more about 5 years of evidence, visit Optune.com

Proven superior long-term survival with Optune® + TMZ vs TMZ alone with 5 years of clinical evidence¹-³-⁵

Median OS was significantly extended—by nearly 5 months (P<0.001)¹

Optune + TMZ has demonstrated consistent superiority vs TMZ alone in all analyses since the interim results were reported²

- Median OS: 20.5 months vs 15.6 months (P=0.004)
- Median PFS: 7.2 months vs 4.0 months (P<0.001)

Optune + TMZ also significantly improved PFS vs TMZ alone⁴

- Median: 6.7 months vs 4.0 months (P<0.001)

Optune + TMZ has proven superior long-term survival vs TMZ alone with 5 years of clinical evidence¹-³-⁵

Strengthened evidence of Optune + TMZ with 5 years of clinical evidence¹-³-⁵

- Median OS: 20.5 months vs 15.6 months (P=0.004)
- Median PFS: 7.2 months vs 4.0 months (P<0.001)

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

* Both interim and 5-year survival analyses are protocol prespecified. ⁴
Detail from Fig. 2 of the article “Early posttreatment assessment of MRI perfusion biomarkers can predict long-term response of lung cancer brain metastases to stereotactic radiosurgery” by Taunk et al; pp. 567-575.