

Estimating the Lifetime Survival and QALYs of Tumor-Treating Fields in Combination With Temozolomide for Glioblastoma Using a Korean Population

Fernando Nino de Rivera Guzman, MSc¹, Junmin Park, MBA², Bruce Wang, PhD¹

¹Novocure, Portsmouth, NH, USA ²Novocure, Tokyo, Japan

RWD90

Background

- Glioblastoma (GBM) is an aggressive brain cancer with poor prognosis despite standard treatment.¹
- Standard of care includes surgery, radiotherapy, and maintenance temozolomide (TMZ) chemotherapy.¹
- Tumor-Treating Fields (TTFields) are a non-invasive therapy delivering low-intensity alternating electric fields that disrupt cancer cell division and inhibit tumor growth.¹
- The EF-14 trial demonstrated that TTFields + TMZ significantly improved progression-free survival (PFS) and overall survival (OS) compared to TMZ alone.¹
- Prior lifetime analyses in international settings showed TTFields + TMZ increased survival by 1.25 life-years (LYs) and 0.96 quality-adjusted life years (QALYs).²
- No previous lifetime survival and QALY estimation specific to the Korean GBM population has been reported

Objective

Estimate **lifetime survival** (LYs) and **quality-adjusted life expectancy** (QALYs) of TTFields + TMZ versus TMZ alone in **Korean patients** with newly diagnosed GBM

Methods

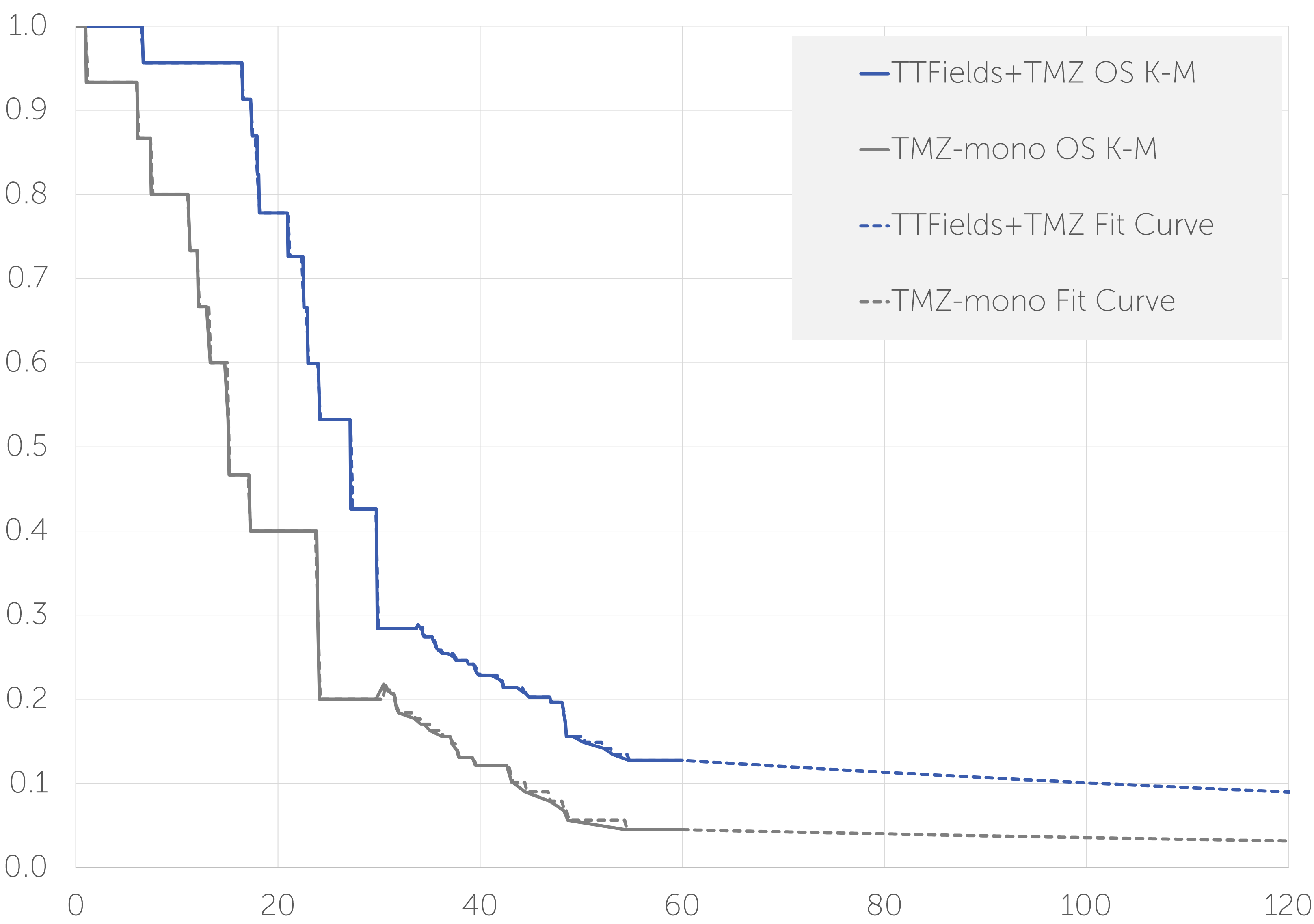
- **Model type:** Partitioned survival model with 3 health states³: Progression-Free Survival (PFS), Progressive Disease (PD) and Death
- **Time horizon:** 40 years (lifetime).
- **Survival modeling:** Three-phase approach²: **Years 1–5:** Kaplan–Meier data from the South Korean EF-14 subgroup (2.8 years follow-up for TTFields + TMZ; 2.5 years for TMZ) supplemented with EF-14 overall data. **Years 5–15:** Conditional survival approach based on epidemiologic GBM data. **Years 15–40:** Background mortality from Korean life tables.
- **Utilities:** Literature-based estimates for PFS and PD health states³

Results

- **Previous publication:** In the EF-14 overall population, TTFields plus standard care extended outcomes by +1.25 life-years and +0.96 QALYs compared with standard care alone (Guzauskas, 2018). These results provided a benchmark for assessing the value of TTFields.
- **South Korea–specific base case:** Restricting the analysis to patients from South Korea showed even greater benefit. The base case demonstrated +1.41 life-years and +1.09 QALYs, highlighting improved survival and quality-adjusted life expectancy in this setting.
- **Comparison:** Results in the Korean population are consistent with the EF-14 overall population, while suggesting stronger benefits locally. This underscores the importance of country-specific analyses to inform decision-making.

Variable	Base Case	Source
General Inputs		
Age	56	Stupp et al. 2017
Horizon	30	Stupp et al. 2017
Utility Inputs		
Utility: PFS	0.85	Garside et al. 2007
Utility: Progressed Disease	0.73	Garside et al. 2007

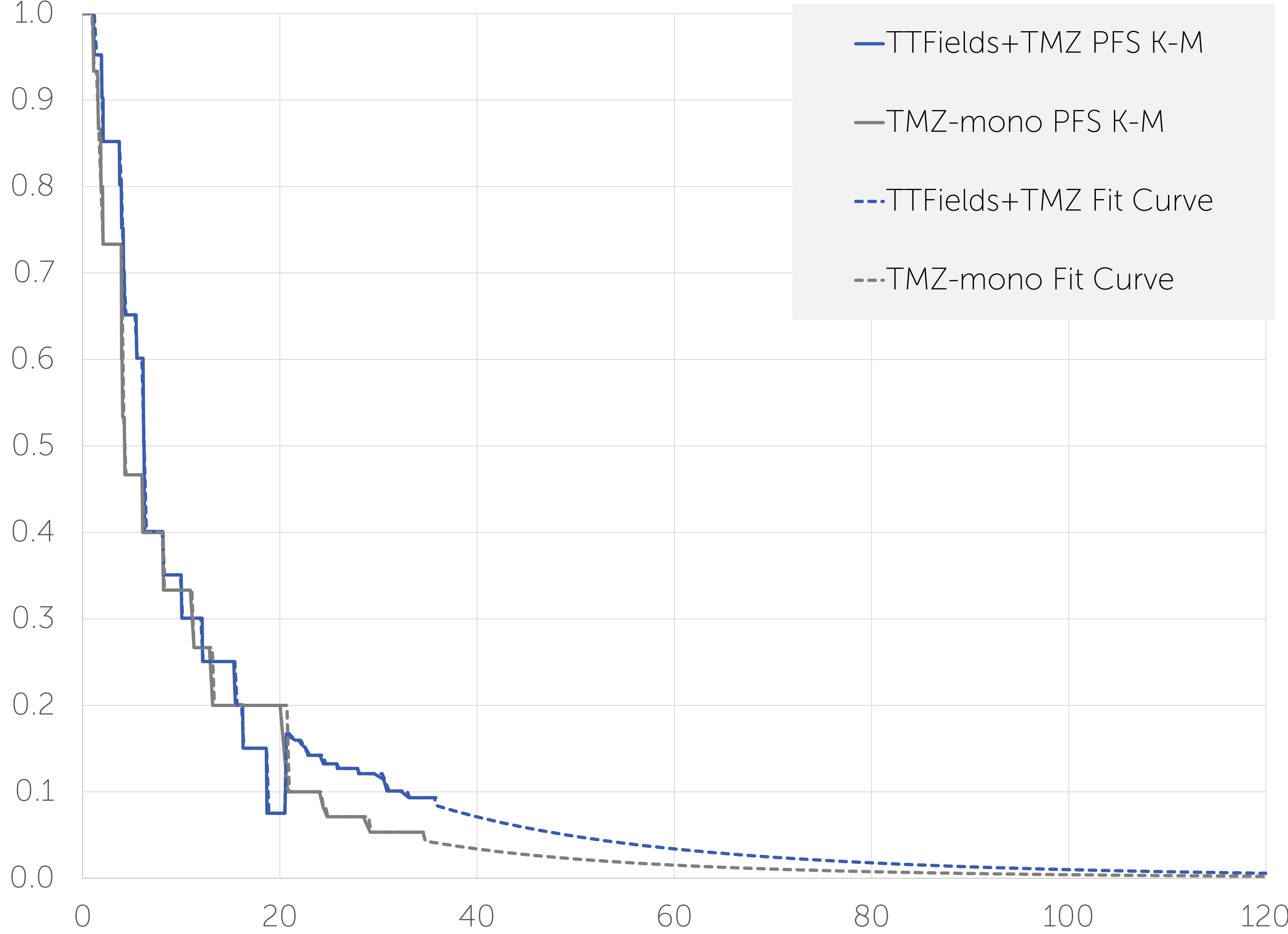
Table 1: Model inputs



Graph 1: Overall Survival

	Life Years	QALYs
TTFields + TMZ	3.55	2.72
TMZ Monotherapy	2.04	1.59
Δ	1.51	1.13

Table 2: Results



Graph 2: Progression-Free Survival

Conclusion

- TTFields + TMZ **substantially improves** both survival and quality-adjusted survival compared to TMZ alone in Korean GBM patients.
- Incremental gains of +1.51 LYs and +1.13 QALYs exceed previously reported global averages.
- Findings suggest that **certain populations may experience greater benefit** from TTFields, potentially due to patient characteristics, treatment patterns, or healthcare system factors.
- Supports the integration of TTFields into GBM management in Korea to improve both longevity and quality of life.

References

1. Stupp, R., Taillibert, S., Kanner, A., Read, W., Steinberg, D., Lhermitte, B., Toms, S., Idhah, A., Ahluwalia, M. S., Fink, K., Di Meco, F., Lieberman, F., Zhu, J. J., Stragiolotto, G., Tran, D., Brem, S., Hottinger, A., Kirson, E. D., Lavy-Shahaf, G., Weinberg, U., ... Ram, Z. (2017). Effect of Tumor-Treating Fields Plus Maintenance Temozolomide vs Maintenance Temozolomide Alone on Survival in Patients With Glioblastoma: A Randomized Clinical Trial. JAMA, 318(23), 2306–2316. <https://doi.org/10.1001/jama.2017.18718>

2. Guzauskas, G. F., Salzman, M., & Wang, B. C. (2018). Estimated lifetime survival benefit of tumor treating fields and temozolomide for newly diagnosed glioblastoma patients. CNS oncology, 7(3), CNS23. <https://doi.org/10.2217/cns-2018-0010>

3. Guzauskas, G. F., Pollom, E. L., Stieber, V. W., Wang, B. C., M., & Garrison, L. P., Jr (2019). Tumor treating fields and maintenance temozolomide for newly-diagnosed glioblastoma: a cost-effectiveness study. Journal of medical economics, 22(10), 1006–1013. <https://doi.org/10.1080/13696998.2019.1614933>

4. Garside R, Pitt M, Anderson R, Rogers G, Dyer M, Mealing S, Somerville M, Price A, Stein K. The effectiveness and cost-effectiveness of carmustine implants and temozolomide for the treatment of newly diagnosed high-grade glioma: a systematic review and economic evaluation. Health Technol Assess. 2007 Nov;11(45):iii-iv, ix-221. doi: 10.3310/hta11450. PMID: 17999840.