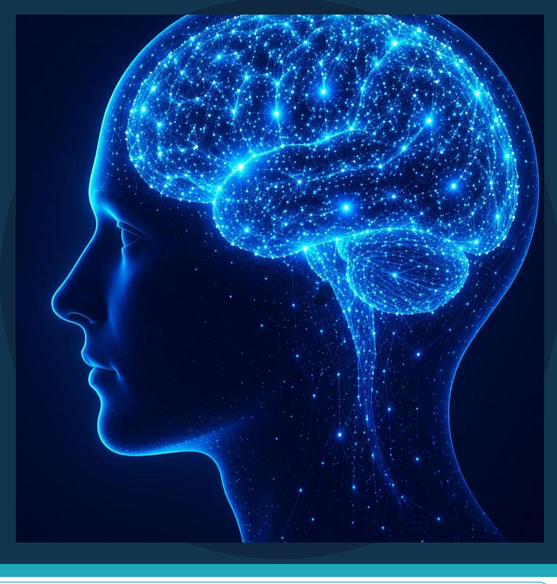
Role of Device Support Specialists in TTFields for Newly Diagnosed Glioblastoma: Real-World Implementation and Integrated Cross Perspectives of patients, Healthcare Professionals and Device Support Specialists (DSS)



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Messages

Acceptability
DSS facilitate integration of the device into patients' daily lives.

Support
DSS hold a key position between technical expertise and personalized follow-up of device use.

Value
Technical and human support is valued by patients and HCPs.

INTRODUCTION

TTFields
Integrated into the 1st-line standard of care for eligible GBM patients (French Neuro-oncology 2025 guidelines)

75% of the time, i.e. 18h/day
Recommended average daily device wear

Support
Technical support provided at the patient's home by technical specialists (Device Support Specialists, DSS) since March 2023

Role of DSS
Support at initiation and follow-up of treatment with TTFields, with training of patients and caregivers in device use

OBJECTIVE

To describe, in an integrated way, the implementation of the DSS service from the perspectives of patients, healthcare professionals (HCPs) and DSS.

METHODOLOGY

To describe the implementation of the technical support service, our study conducted and combined 3 different surveys (DSS, patients and HCPs):

[1] DSS survey (January 2026):
Online questionnaire (40 items, 3 sections: profile and characteristics, visit organization & operational activity, perceptions, practices & needs of DSS) completed by 96% of DSS in France, followed by 5 semi-structured interviews.

[2] Patient survey (international, Oct – Dec 2025):
Prospective, online, in patients with glioblastoma treated with TTFields, at 3 treatment phases: M1 (France n=30), M2 (n=30) and ≥M6 (n=17). Criteria assessed: overall satisfaction, service rating and recommendation (Net Promoter Score [NPS], index from –100 to +100).

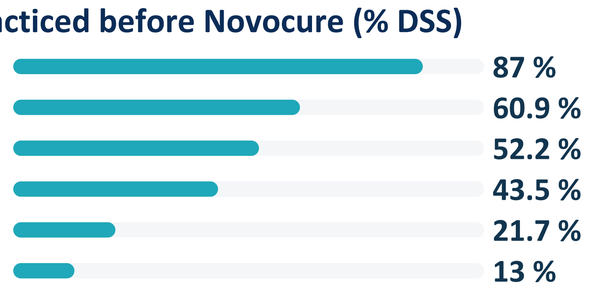
[3] Center survey (Feb.– Apr. 2026):
Online among physicians and nurses (~50 French centers invited, representing > 60% of the DSS team's activity; 34 responses collected from 22 centers).

Descriptive analyses on aggregated data. No statistical inference was performed.

WHO ARE THE DSS?

23	100 %	37 years	87 %
(respondents, 96%)	nurses	Mean age	> 5 years of diverse* clinical experience

Specialties *practiced before Novocure (% DSS)



RESULTS – DSS PERSPECTIVE

1. DSS SUPPORT[1]

J0 Home initiation → J1 Phone call → J3 Visit → J15 Visit → J30 Visit → M+ Monthly follow-up

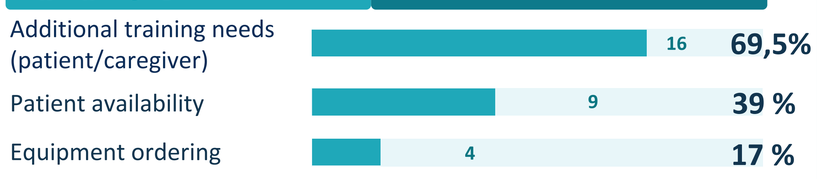
83%	95%	95%	87%
of DSS spend 2 to 3h on the initiation visit.	confident in communicating correct-use information.	consider the time spent on visits sufficient.	of DSS have monthly follow-up visits < 1h.

2. FACTORS, PROFILES AND FOLLOW-UP

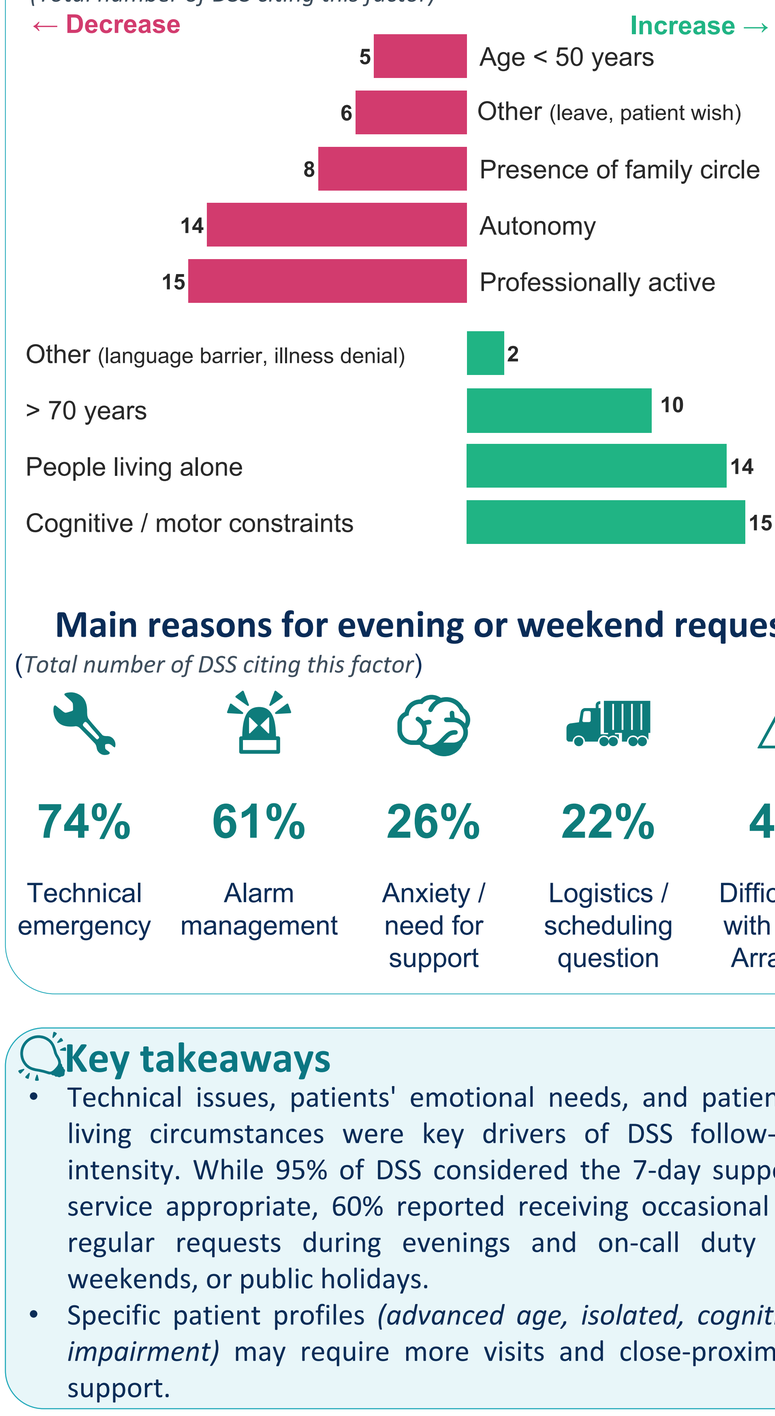
Follow-up is monthly, but its frequency and duration may vary depending on several factors and vary over the course of the year (for 70% of DSS): with peaks in summer (13/16) and decreases linked to family events, end-of-year holidays and leave (12/16). For DSS, **follow-up becomes more complex with patients who have low device usage** or **difficult life** circumstances (isolation, anxiety, relapse announcement).

Factors that may influence visit duration
(Total number of DSS citing this factor, %)

96 % Emotional state | **74 %** Technical needs



Factors that may influence visit frequency
(Total number of DSS citing this factor)



Main reasons for evening or weekend requests
(*Total number of DSS citing this factor*)

74%	61%	26%	22%	4%
Technical emergency	Alarm management	Anxiety / need for support	Logistics / scheduling question	Difficulty with the Arrays

Key takeaways

- Technical issues, patients' emotional needs, and patients' living circumstances were key drivers of DSS follow-up intensity. While 95% of DSS considered the 7-day support service appropriate, 60% reported receiving occasional or regular requests during evenings and on-call duty on weekends, or public holidays.
- Specific patient profiles *(advanced age, isolated, cognitive impairment)* may require more visits and close-proximity support.

RESULTS – PATIENT & HCP PERSPECTIVE

3. PATIENT SATISFACTION[2]

Month 1	Month 2	≥ Month 6
78 %	62 %	83 %
Very satisfied (n=30)	Very satisfied (n=30)	Very satisfied (n=17)

▲ Promoters Score 9 – 10	● Passives Score 7 – 8	▼ Detractors Score 0 – 6

Between M1 and ≥M6, NPS +26 → +36 with 45 – 55% promoters*

NPS · Satisfaction indicator *· % Promoters – % Detractors · scale from –100 to +100 · * > 45 to 55% of patients willing to recommend the service*

WHAT PATIENTS APPRECIATE MOST ABOUT DSS[1]

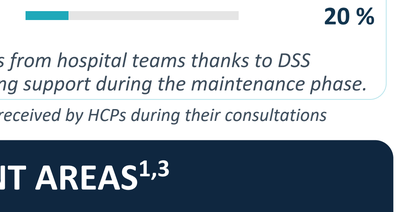
1 · Availability | 2 · Empathy | 3 · Teaching | 4 · Listening

> ***Active listening, paraphrasing and our technical expertise facilitate use of the treatment on a daily basis.***
> *DSS verbatim (interview synthesis) based on their patient feedback*

4. SERVICE EVALUATION BY HCPs**[3]

38,2 %	61,8 %
Excellent	Very good

DSS qualities as seen by HCPs (n=34)**



23 % *report a reduction in unplanned requests from hospital teams thanks to DSS reassuring them about the device and providing support during the maintenance phase.*

***Evaluation based on patient and caregiver feedback received by HCPs during their consultations*

SERVICE IMPROVEMENT AREAS[1,3]

HCPs · *expressed expectations*	DSS · *identified training needs*
▶ DSS / hospital coordination	▶ Technical
▶ More information sharing	▶ Communication in emotional situations
▶ More proactivity and prevention (skin toxicity, alarms)	▶ Caregiver support
▶ Strengthened training of paramedical teams by DSS	▶ Management of therapy end or discontinuation

DISCUSSION / CONCLUSION

This study, based on cross feedback from DSS as well as direct patient perceptions and indirect perceptions via healthcare professionals, highlights the contribution of DSS to the implementation of treatment with TTFields. Through their device expertise and their support of patients and caregivers in its home use, DSS facilitate treatment adoption and its integration into daily life.

The results also suggest that coordination between DSS and centers, as well as appropriate information sharing around device use, may help strengthen the organization and efficiency of the support service offered to patients treated with TTFields.

Limitations : Self-reported data, absence of clinical criteria, possible response and selection biases, despite the consistency of results across sources.

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