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 23, 2023 and subsequent filings 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.

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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.
together with our patients, we strive to extend survival in some of the most aggressive forms of cancer
Tumor Treating Fields (TTFields) are electric fields that exert physical forces to kill cancer cells.

**GRAVITATIONAL FIELDS**
- Exert force on masses

**MAGNETIC FIELDS**
- Exert force on iron & other magnets

**ELECTRIC FIELDS**
- Exert force on charges & polarized molecules

- Uniform field
the cell membrane is a capacitor

TUNED ELECTRIC FIELDS DISRUPT PROTEINS DURING CELL DIVISION CAUSING CANCER CELL DEATH
TTFIELDS have multiple, distinct mechanisms of action

- Disruption of mitosis
- Interference of cell movement and migration
- Downregulation of DNA damage response
- Downstream enhancement of antitumor immunity

Mechanisms work together to selectively target and disrupt the progression of cancer cells, which can lead to their death.

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

Optune® wearable cancer therapy system

DELIVERS CONTINUOUS DOSE OF TUMOR TREATING FIELDS TO SOLID TUMORS

TWO PRIMARY COMPONENTS
electric field generator
and transducer arrays

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

---

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

**Median Overall Survival by Percent of Time on Optune**

- 90%-100% (n=43) for 22-24 hours/day: 25 months (P<0.05)
- 70%-90% (n=257) for 17-22 hours/day: 22 months (P<0.05)
- 60%-70% (n=46) for 14-17 hours/day: 20 months (P<0.05)
- 50%-60% (n=42) for 12-14 hours/day: 18 months (P<0.05)
- 0% (n=229) for TMZ alone: 16 months

**Annual Survival Rate of Highest Usage Patients**

- 86% for Optune + TMZ
- 65.3% for TMZ alone
- 54.7% for 90% usage (n=43) vs survival with TMZ alone

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% usage (n=43) vs survival with TMZ alone.
a comprehensive strategy for long-term growth

- drive commercial adoption in approved indications
- advance clinical trials to reach new patient populations
- deliver product innovation to increase dose and duration of therapy

Built upon a foundation of financial strength and a robust intellectual property portfolio
drive commercial adoption
an established commercial business in GBM

10
ACTIVE MARKETS

500M+
COVERED LIVES GLOBALLY

3,400+
ACTIVE PATIENTS ON THERAPY

$500M+
ANNUAL NET REVENUES

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comprehensive approach to drive penetration in established markets

**STRENGTHEN HCP RECOMMENDATION**
Educate HCPs on benefits of TTFields therapy

**INCREASE PATIENT DEMAND**
Arm patients to advocate for Optune®

**STREAMLINED ORGANIZATION**
Creation of U.S. CNS Cancers Franchise intended to renew focus on growth in GBM business
advance clinical trials
holistic strategy to expand TTFIELDS clinical footprint

- Investigate use in new indications
- Expand labels in approved indications
- Explore additive effects with standards of care
backbone therapy potential with clinical versatility across a range of solid tumors and concurrent therapies
phase 3 LUNAR study met primary endpoint
STATISTICALLY SIGNIFICANT AND CLINICALLY MEANINGFUL IMPROVEMENT IN OS

PRIMARY ENDPOINT

Overall survival
TTFIELDS + standard therapies (PD-(L)1 inhibitor or docetaxel) vs. standard therapies alone

SECONDARY ENDPOINTS

Overall survival
TTFIELDS + PD-(L)1 inhibitor vs. PD-(L)1 inhibitor alone

Overall survival
TTFIELDS + docetaxel vs. docetaxel alone

DATA TO BE PRESENTED AT ASCO, TUESDAY, JUNE 6TH AT 11:09am CT
planned commercial pathway to treating NSCLC patients

2023

• Announce topline results
• Present & publish full dataset
• Ongoing data generation & scientific publications

2024

REGULATORY PATHWAY

• Initiate pre-PMA discussions with FDA
• Submit PMA & CE mark applications
• Pursue regulatory approvals in additional jurisdictions

2025

COMMERCIAL LAUNCH

• Activate physician and patient education programs
• Treat on-protocol patients in U.S., Germany
• Establish commercial & national reimbursement

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enrollment complete and pivotal data anticipated in multiple phase 3 trials by year-end 2024

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

**DATA TO BE PRESENTED JUNE 6, 2023**
**DATA ANTICIPATED 2H 2023**
**TOP-LINE DATA ANTICIPATED Q1 2024**
**DATA ANTICIPATED 2H 2024**
late-stage pipeline offers significant, near-term market expansion opportunity

GLIOBLASTOMA

$500M+ annual net revenue (2022)

14x
CURRENT MARKET OPPORTUNITY

= 1,000 addressable cases diagnosed annually in the U.S. alone

LATE-STAGE PIPELINE

PANOVA-3
Pancreatic Cancer

METIS
Brain Metastasis

ENGOT-ov50/INNOVATE-3
Ovarian Cancer

LUNAR
Lung Cancer

Estimates included in 10-K, filed Feb 23, 2023. Estimate for the potential addressable population in the METIS trial reflects lower bound of range of patients diagnosed with brain metastases from non-small cell lung cancer annually in the US.
### Platform Technology Driving Robust Clinical Pipeline

<table>
<thead>
<tr>
<th>CNS Program</th>
<th>TRIAL</th>
<th>TTFields Therapy +</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>APPROVED</th>
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<tr>
<td>newly diagnosed glioblastoma</td>
<td>EF-14</td>
<td>temozolomide</td>
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<td>TRIDENT</td>
<td>temozolomide + radiation</td>
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<td></td>
<td>KEYNOTE D58</td>
<td>temozolomide + pembrolizumab</td>
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<td></td>
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<td>paclitaxel</td>
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</tbody>
</table>

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deliver product innovation
product roadmap to prioritize dose and efficacy

field generator

arrays

software applications

next gen device
in development

new arrays
treating patients through limited market release

MAXPOINT™ planning software
in development

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optimized dose delivered can lead to increased efficacy
new lighter, thinner arrays deliver greater intensity

**EXISTING ARRAYS**
AP channel, 1,364 mAmps

**NEW ARRAYS**
AP channel, 1,685 mAmps

**LIMITED LAUNCH OF NEW ARRAYS NOW IN AUSTRIA AND SWEDEN**

Array performance data obtained from patients utilizing the new array as part of Novocure’s limited market release, initiated in Q4 2022.
together with our patients, we strive to extend survival in some of the most aggressive forms of cancer

9 GLOBAL OFFICES

1,300+ TEAM MEMBERS

our values

innovation focus

drive courage

trust empathy

patientforward™
therapy is frequency-tuned to target dividing cancer cells
ongoing trial designs
LUNAR phase 3 trial in non-small cell lung cancer

LUNAR PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

- **Progression on or after platinum-based therapy**
- **Screening and baseline evaluation**
- **Randomization 1:1**
  - TTFields + immune checkpoint inhibitor/docetaxel
  - Immune checkpoint inhibitor/docetaxel
- **CT q6w until progression**
- **Survival follow-up**
- **Three post-progression follow-up visits**

**STUDY DESIGN**
- 276 patients with 12 month minimum follow-up
- Enrollment complete (November 2021)
- Designed to detect hazard ratio of 0.75 (overall survival)
- Data to be presented at ASCO annual meeting – June 6, 2023

*1. clinicaltrials.gov, NCT02973789*
ongoing INNOVATE-3 phase 3 trial in ovarian cancer

INNOVATE-3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

- screening and baseline evaluation
- randomization (1:1)
- TTFIELDS + weekly paclitaxel
- weekly paclitaxel
- CT/MRI scan q8w until progression
- survival follow-up
- survival follow-up

STUDY DESIGN
- 540 patients with 18 month minimum follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (overall survival)
- Enrollment complete (October 2021)
- Data anticipated in 2H 2023

1. clinicaltrials.gov [NCT03940196]
ongoing METIS phase 3 trial in brain metastases

METIS PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

STUDY DESIGN
- 270 patients with 12 month minimum follow-up
- Primary endpoint: time to intracranial progression
- Designed to detect hazard ratio of 0.57 (time to intracranial progression)
- Enrollment complete (March 2023)
- Top-line data anticipated in Q1 2024

1. clinicaltrials.gov [NCT02831959]
ongoing PANOVA-3 phase 3 trial in pancreatic cancer

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

- **Screening and baseline evaluation**
- **Randomization 1:1**
- **TTFIELDS + nab-paclitaxel + gemcitabine**
- **nab-paclitaxel + gemcitabine**
- **CT q8w until progression**
- **Post-PD follow up visit**
- **Survival follow-up q4w**

**STUDY DESIGN**
- 556 patients with 18 month minimum follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (overall survival)
- Enrollment complete (February 2023)
- Data anticipated in 2024

---
\(^1\) clinicaltrials.gov [NCT03377491]
ongoing TRIDENT phase 3 trial in newly diagnosed GBM

TRIDENT PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹

screening and baseline evaluation → randomization 1:1 → TTFIELDS + RT + TMZ → RT + TMZ → TTFIELDS + maintenance TMZ → MRI q8w until progression → survival follow-up

STUDY DESIGN
• 950 patients with 24 month minimum follow-up
• Primary endpoint: overall survival
• Designed to detect a hazard ratio of 0.80 (overall survival)
• Anticipated timing of data TBD

¹ clinicaltrials.gov [NCT04471844]
ongoing KEYNOTE B36 phase 2 trial in non-small cell lung cancer

KEYNOTE B36 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 month minimum follow-up
- Primary endpoint: objective response rate
- Screening and enrollment ongoing
- Anticipated timing of data TBD

¹ clinicaltrials.gov [NCT04892472]
KEYNOTE D58 builds upon promising data from 2-THE-TOP phase 2 trial

**KEY TAKEAWAYS:**

- 2-THE-TOP\(^1\) patients displayed superior median PFS and median OS compared to matched control patients from EF-14
- KEYNOTE D58, a collaborative trial with MSD\(^2\), builds on this promising data and further explores TTFIELDS + immunotherapy
  - Phase 3 trial will be double-blind & placebo-controlled; will evaluate TTFIELDS together with pembrolizumab + TMZ in ndGBM

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\(^1\)https://clinicaltrials.gov/ct2/show/NCT03405793

\(^2\)MSD is a trademark of Merck & Co., Inc., Rahway, NJ, USA.
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.