Novocure

September 2023

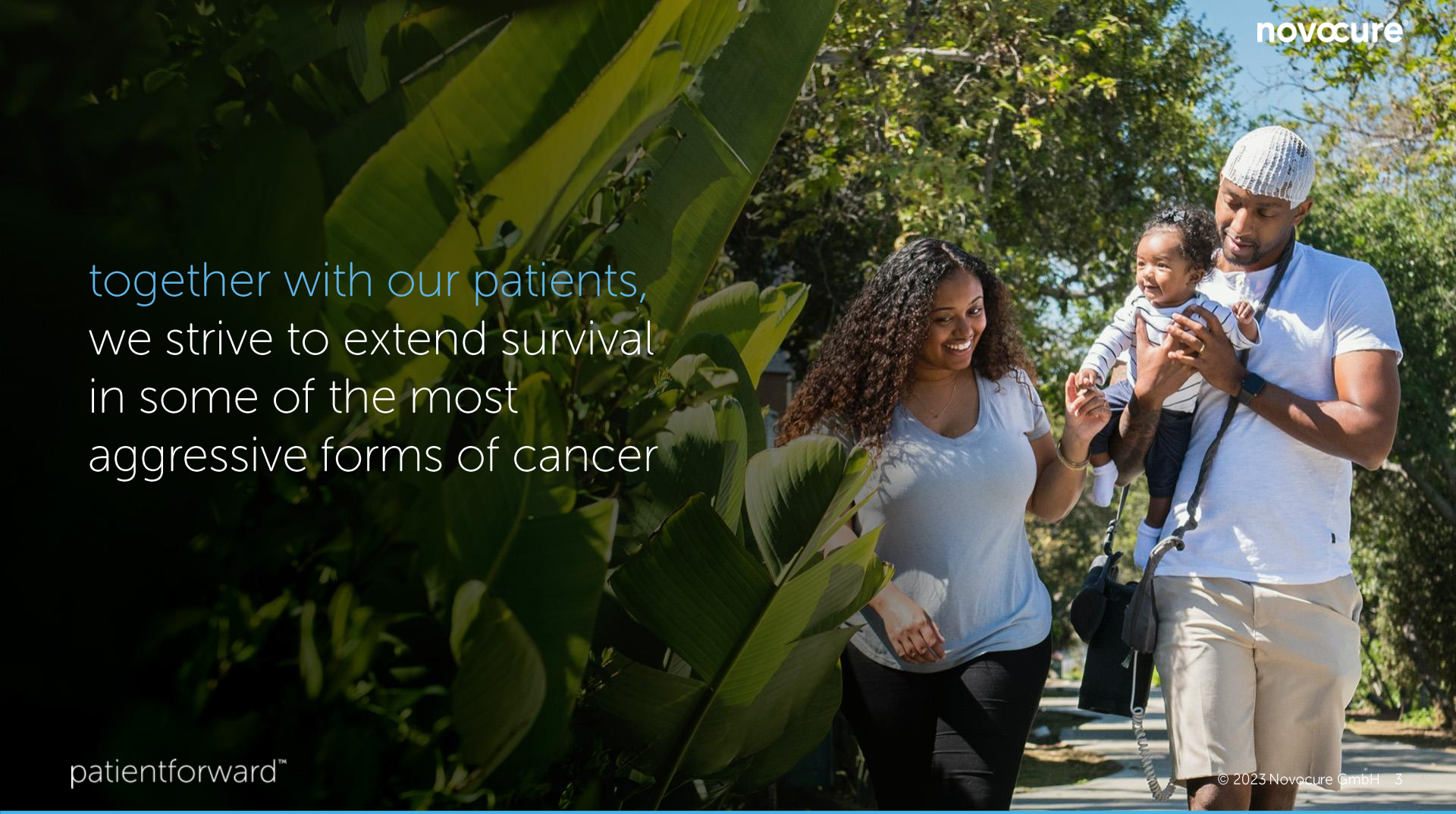
patientforward

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.

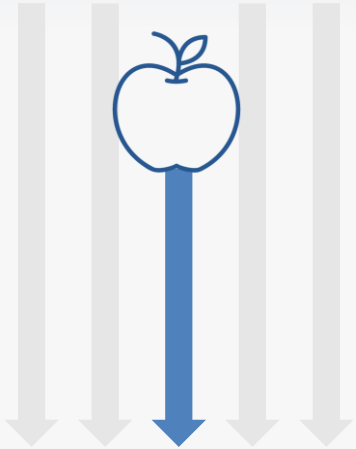
The statements contained in this presentation are made as at the date of this presentation, unless some other time is specified in relation to them, and service of this presentation shall not give rise to any implication that there has been no change in the facts set out in this presentation since such 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.

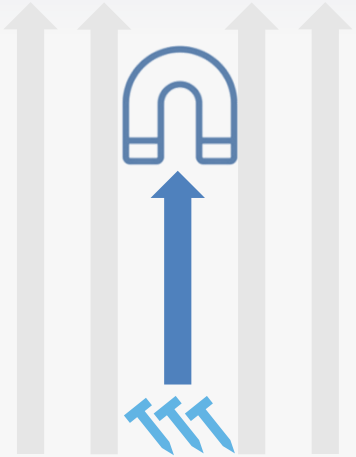


Tumor Treating Fields (TTFields) are electric fields that exert physical forces to kill cancer cells

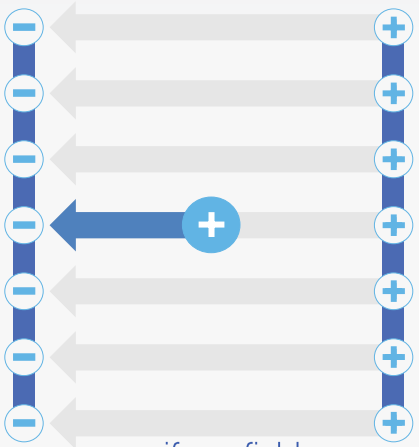
GRAVITATIONAL FIELDS
exert force on masses



MAGNETIC FIELDS
exert force on iron & other magnets



ELECTRIC FIELDS
exert force on charges & polarized molecules



uniform field

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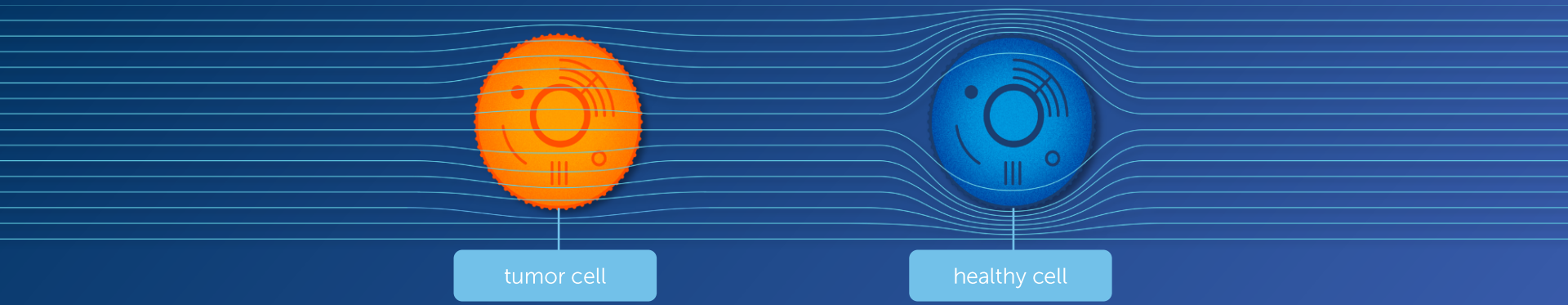
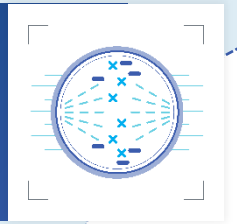
the cell membrane is a capacitor

TUNED ELECTRIC FIELDS DISRUPT PROTEINS DURING CELL DIVISION CAUSING CANCER CELL DEATH

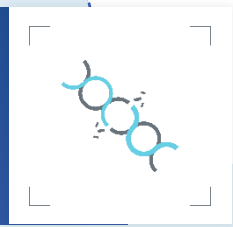


TTFields have multiple, distinct mechanisms of action

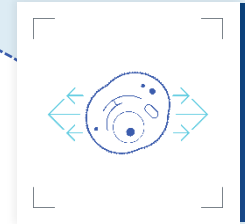
disruption of mitosis



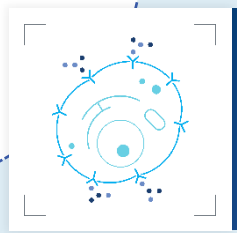
downregulation of DNA damage response



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



interference of cell movement and migration



downstream enhancement of antitumor immunity

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Rominiyi O, et al. *Tumour treating fields therapy for glioblastoma: current advances and future directions.* Br J Cancer. 2020 Nov 4.

Optune® wearable cancer therapy system

DELIVERS CONTINUOUS DOSE OF TUMOR TREATING FIELDS TO SOLID TUMORS

TWO PRIMARY COMPONENTS

electric field generator and transducer arrays

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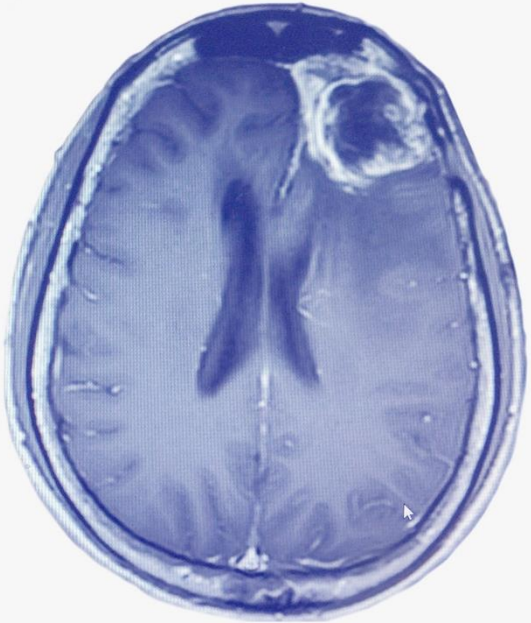
Optune is intended as a treatment for adult patients (22 years of age or older) with histologically-confirmed glioblastoma multiforme (GBM).

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]

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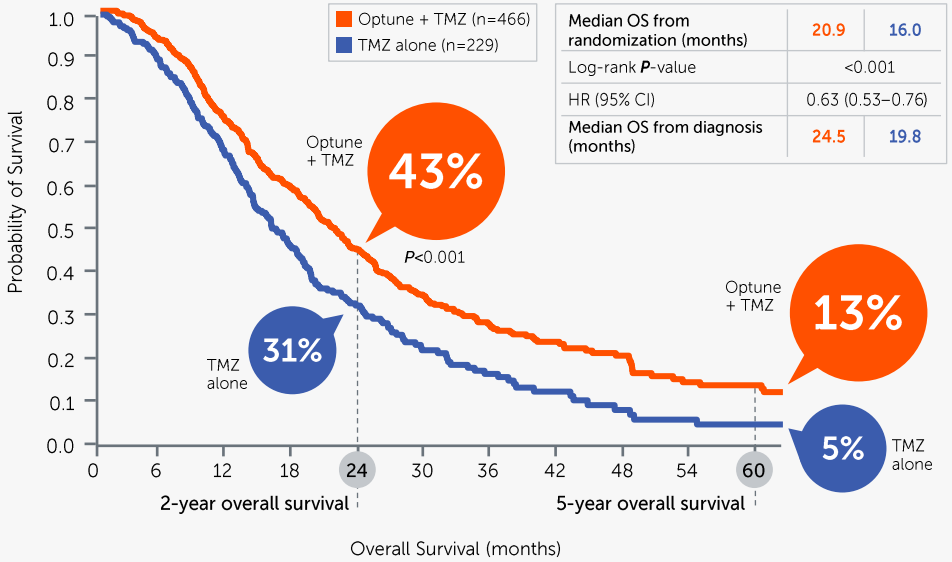
GBM, glioblastoma. 1. *Novocure 10-K*, filed Feb 23, 2023; 2. Ostrom et. al. CBTRUS Statistical Report: Primary Brain and Other Central Nervous System Tumors Diagnosed in the United States in 2014–2018, *Neuro-Oncology. 2021; 23*(Supplement_3): iii1–iii105, https://doi.org/10.1093/neuonc/noab200 3. Stupp R, et al. *JAMA. 2017 Dec 19;318(23):2306-2316. doi: 10.1001/jama.2017.18718.*

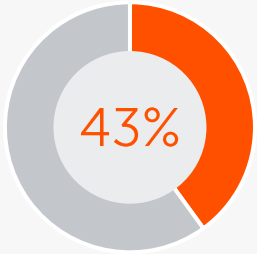
Optune: proven to extend patient survival

EF-14 PHASE 3 PIVOTAL STUDY IN NEWLY DIAGNOSED GBM

Overall survival (5-year survival analysis)



Median OS from randomization (months)	20.9	16.0
Log-rank *P*-value	<0.001	
HR (95% CI)	0.63 (0.53–0.76)	
Median OS from diagnosis (months)	24.5	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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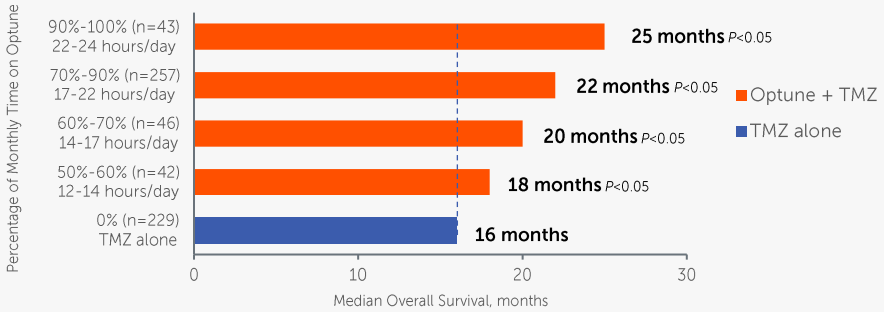
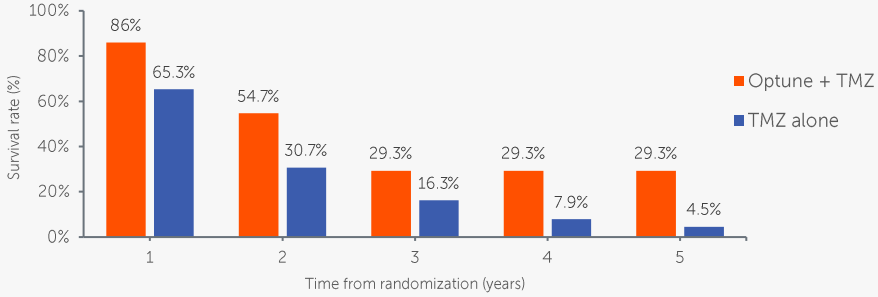
Stupp R, et al. *Cancer Res. 2017;77(suppl 13)*. American Association for Cancer Research. CI, confidence interval; GBM, glioblastoma; HR, hazard ratio; ITT, intent to treat; OS, overall survival; TMZ, temozolomide.

Optune: greater exposure increased survival

MEDIAN OVERALL SURVIVAL BY PERCENT OF TIME ON OPTUNE



ANNUAL SURVIVAL RATE OF HIGHEST USAGE PATIENTS



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

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Ram Z., Kim C.Y, Nicholas GA and Toms S on behalf of EF-14 investigators. *Compliance and treatment duration predict survival in a phase 3 EF-14 trial of Tumor Treating Fields with temozolomide in patients with newly diagnosed glioblastoma.* Presented at: 2017 Society for Neuro Oncology; November 16-19, 2017; San Francisco, CA. Oral presentation ACTR-27. TMZ: temozolomide; highest compliance defined as patients on Optune for >90% of day.

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

3,500+
ACTIVE PATIENTS ON THERAPY

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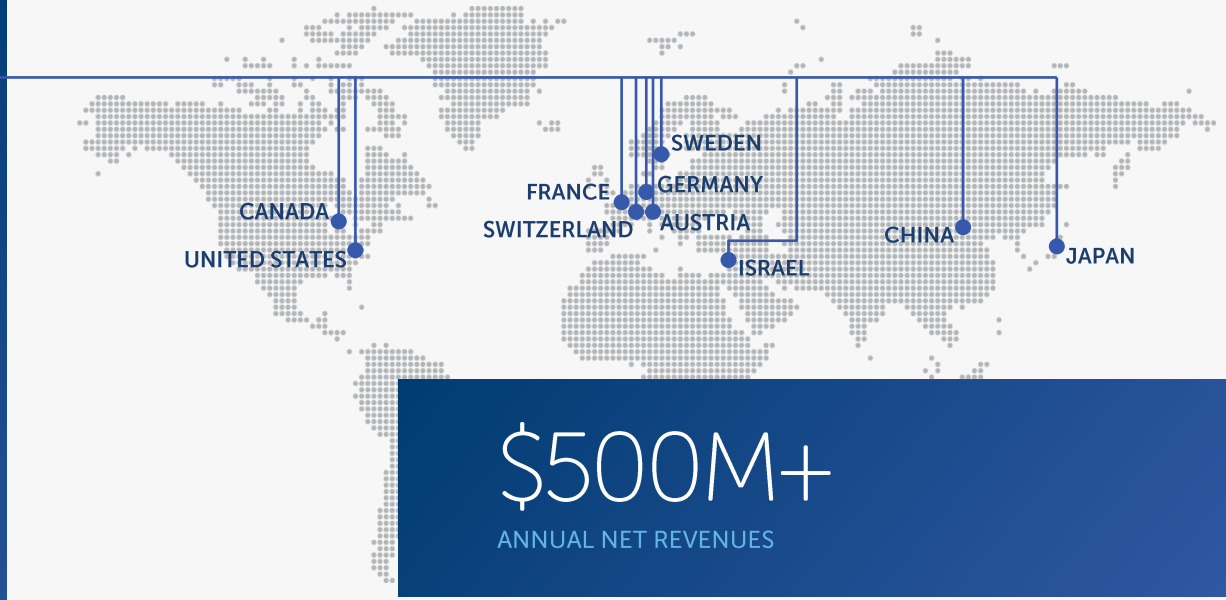

$500M+
ANNUAL NET REVENUES

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

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novocure®

advance clinical trials

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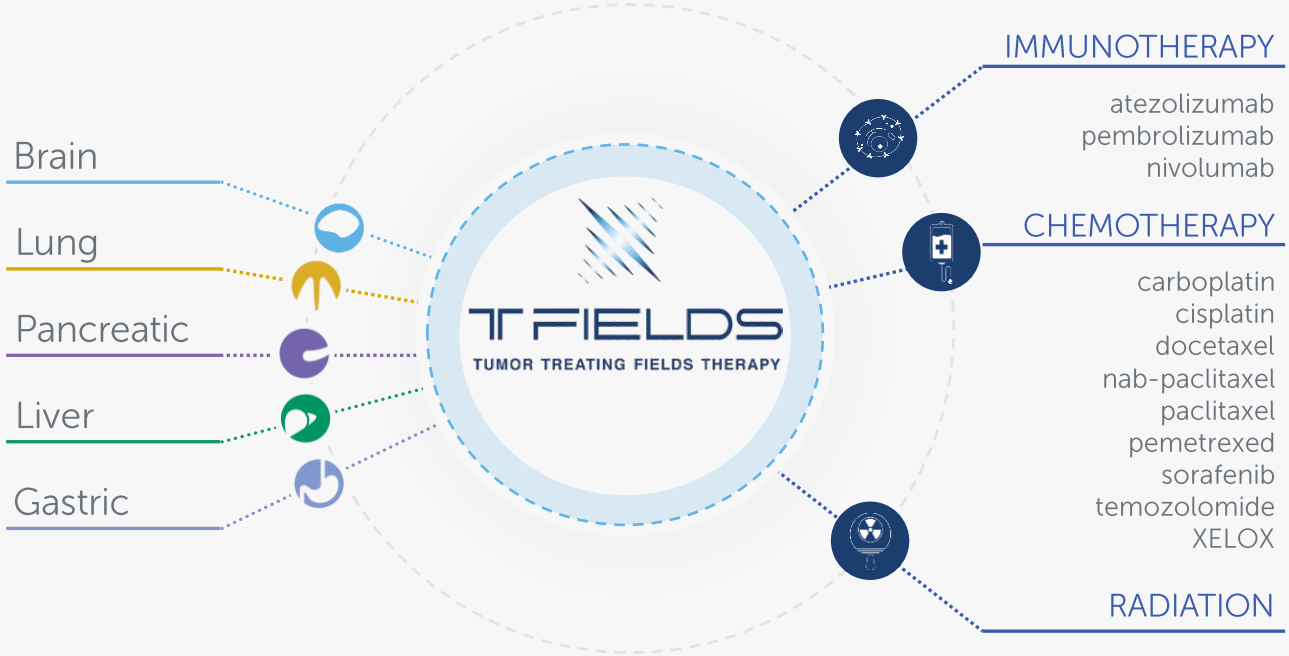
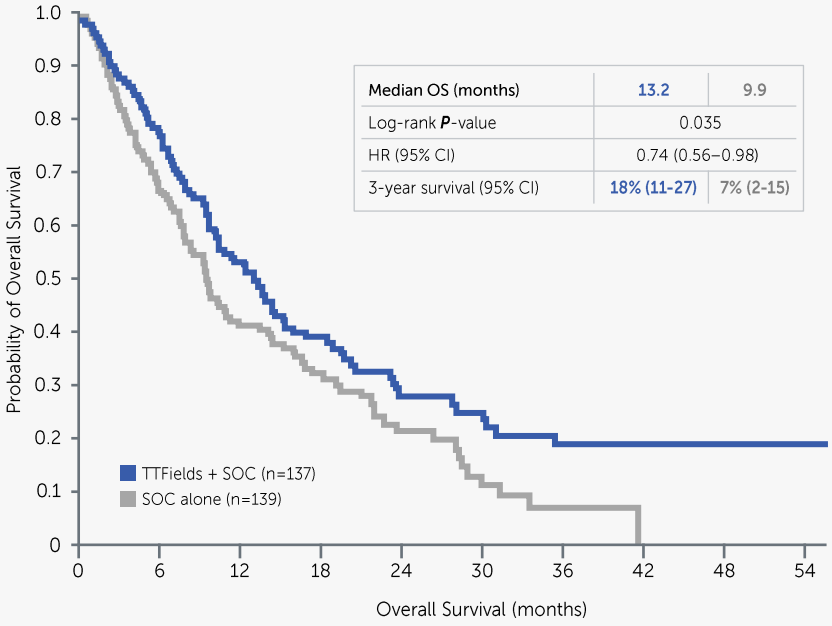
holistic strategy to expand TTFields clinical footprint

backbone therapy potential with clinical versatility across a range of solid tumors and concurrent therapies



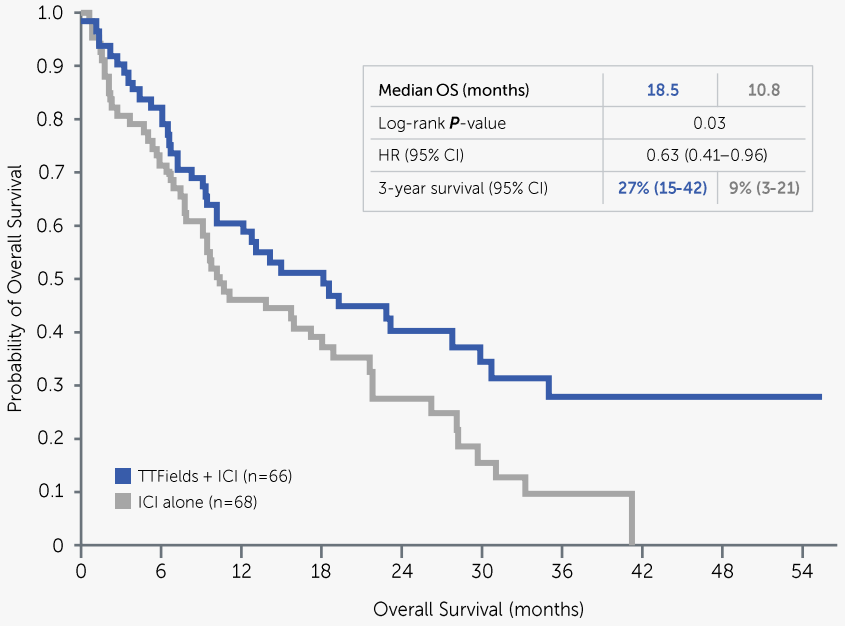
phase 3 LUNAR trial met primary overall survival endpoint

Overall survival (ITT population)



Median OS (months)	13.2	9.9
Log-rank *P*-value	0.035	
HR (95% CI)	0.74 (0.56–0.98)	
3-year survival (95% CI)	18% (11-27)	7% (2-15)

Overall survival (ICI-treated patients)



Median OS (months)	18.5	10.8
Log-rank *P*-value	0.03	
HR (95% CI)	0.63 (0.41–0.96)	
3-year survival (95% CI)	27% (15-42)	9% (3-21)

CI, confidence interval; HR, hazard ratio; ICI, immune checkpoint inhibitor; ITT, intent-to-treat; OS, overall survival; SOC, standard of care; TTFields, Tumor Treating Fields.

planned commercial pathway to treat NSCLC patients

CLINICAL DATA

- ✓ **Announced topline results**
- ✓ **Presented full dataset**
- ✓ **Submitted full dataset for publication**
- Ongoing data generation & scientific publications

REGULATORY PATHWAY

- ✓ **Initiate pre-PMA discussions with FDA**
- ✓ **Submit CE Mark application**
- Submit PMA application
- Pursue regulatory approvals in additional jurisdictions

COMMERCIAL LAUNCH

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

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FDA, U.S. Food and Drug Administration; NSCLC, non-small cell lung cancer; PMA, Premarket Approval

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

LUNAR Lung Cancer	METIS Brain Metastasis	PANOVA-3 Pancreatic Cancer
TRIAL COMPLETE MET PRIMARY ENDPOINT	**ENROLLMENT COMPLETE**	**ENROLLMENT COMPLETE**
• Patients treated with TTFields + standard therapies saw a 3.3-month extension in median overall survival (HR=0.74) versus those treated with standard therapies alone • Patients treated with TTFields + ICI saw a 7.7-month increase in median overall survival (HR=0.63) versus those treated with ICI alone	• Evaluating TTFields after stereotactic radiosurgery • 270 patients with minimum 12-month follow-up • Primary endpoint: time to intracranial progression (HR ≤ 0.57)	• Evaluating TTFields with nab-paclitaxel + gemcitabine • 556 patients enrolled with minimum 18-month follow-up • Primary endpoint: overall survival (HR ≤ 0.75)
PMA SUBMISSION ANTICIPATED IN 2H 2023	**TOP-LINE DATA ANTICIPATED Q1 2024**	**DATA ANTICIPATED 2H 2024**

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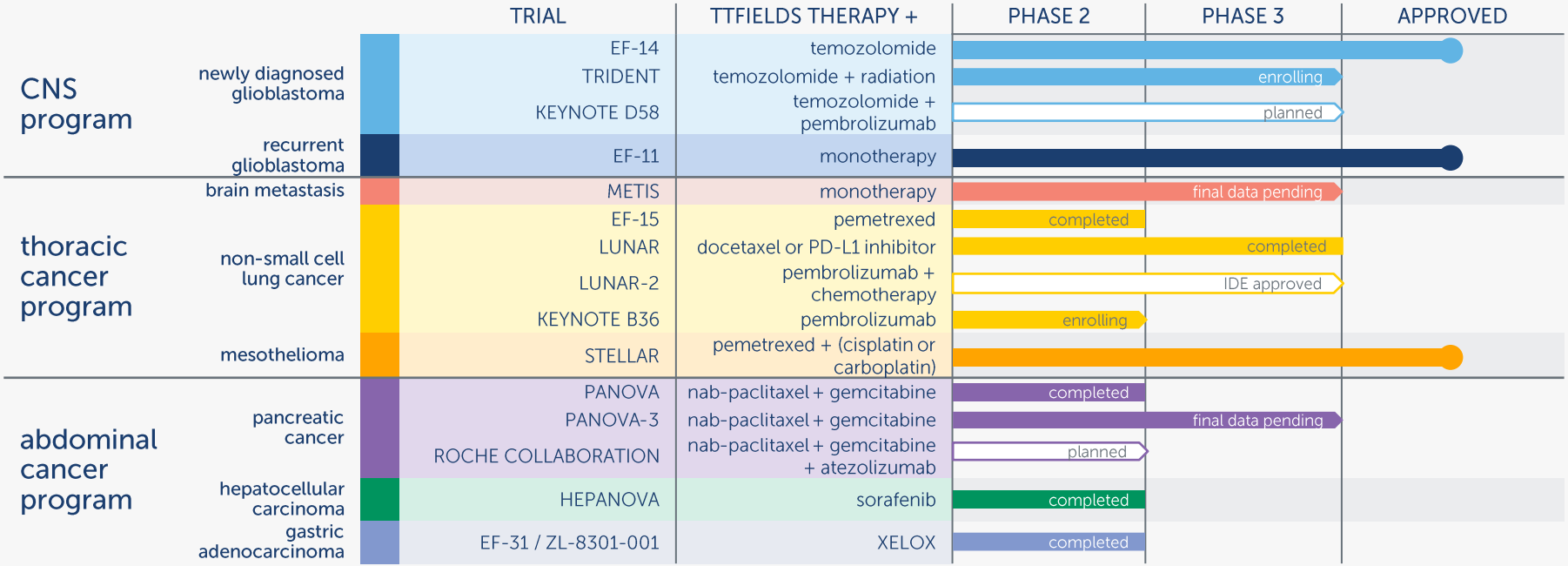
HR, hazard ratio; ICI, immune checkpoint inhibitor; TTFields, Tumor Treating Fields.

platform technology driving robust clinical pipeline



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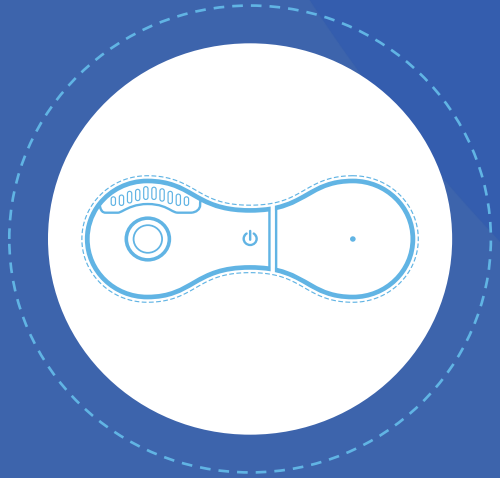
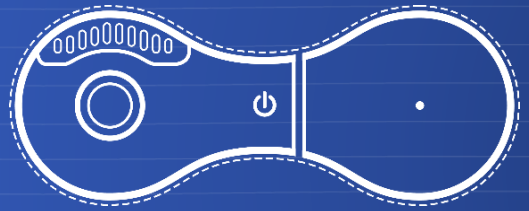
deliver product innovation

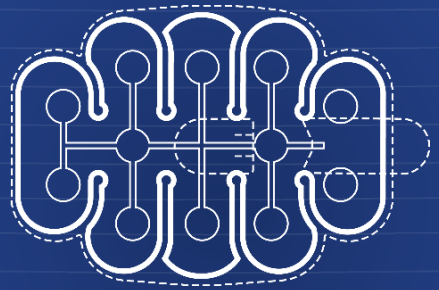


product roadmap to prioritize dose and efficacy



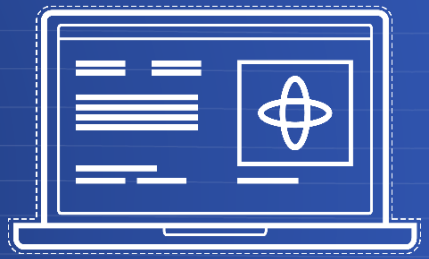
field generator

next gen device
in development



arrays

new arrays
treating patients through limited market release



software applications

MAXPOINT™ planning software
in development

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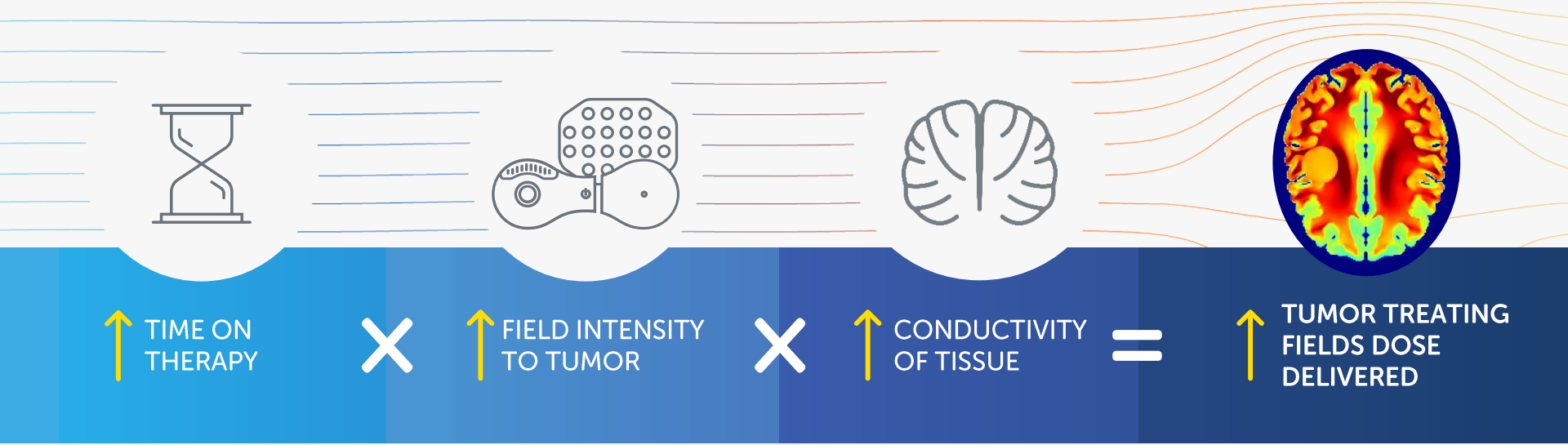
optimized dose delivered can lead to increased efficacy



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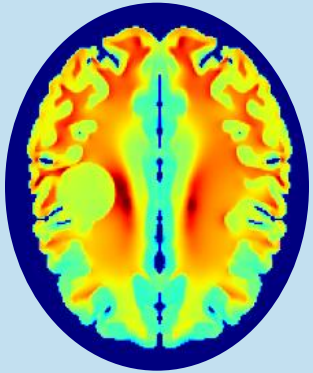
Ballo MT, et al. *Correlation of Tumor Treating Fields Dosimetry to Survival Outcomes in Newly Diagnosed Glioblastoma: A Large-Scale Numerical Simulation-Based Analysis of Data from the Phase 3 EF-14 Randomized Trial.* Int J Radiat Oncol Biol Phys. 2019 Aug 1;104(5):1106-1113.

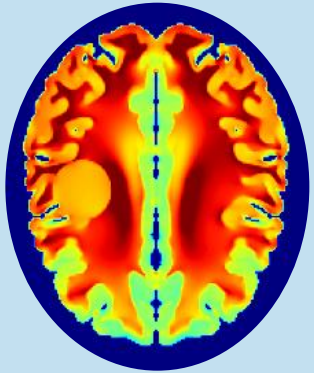
new lighter, thinner arrays deliver greater intensity

EXISTING ARRAYS
AP channel, 1,364 mAmps



VS.

NEW ARRAYS
AP channel, 1,685 mAmps



LIMITED LAUCH OF NEW ARRAYS NOW IN AUSTRIA AND SWEDEN

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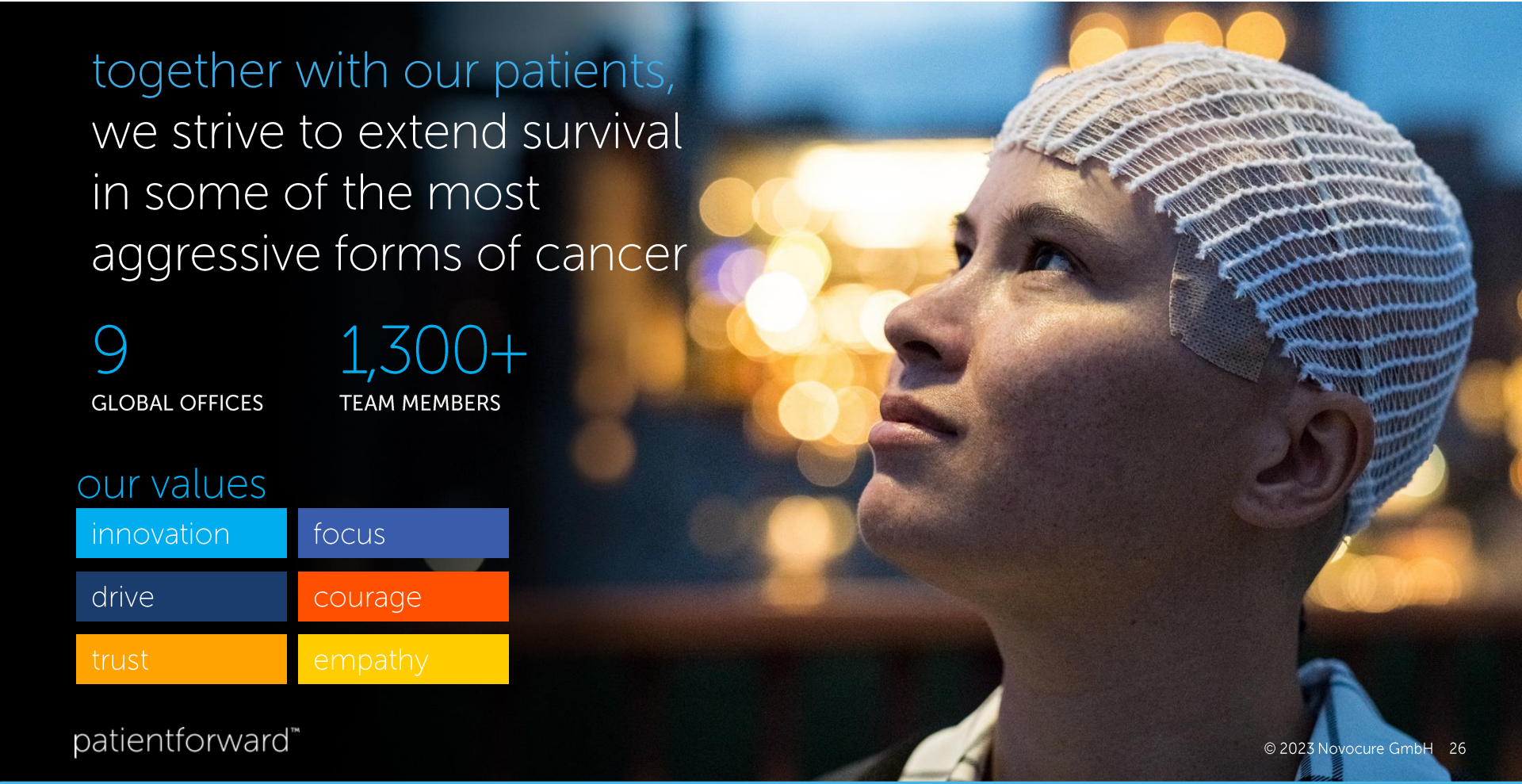
Array performance data obtained from patients utilizing the new array as part of Novocure's limited market release, initiated in Q4 2022.



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

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appendix

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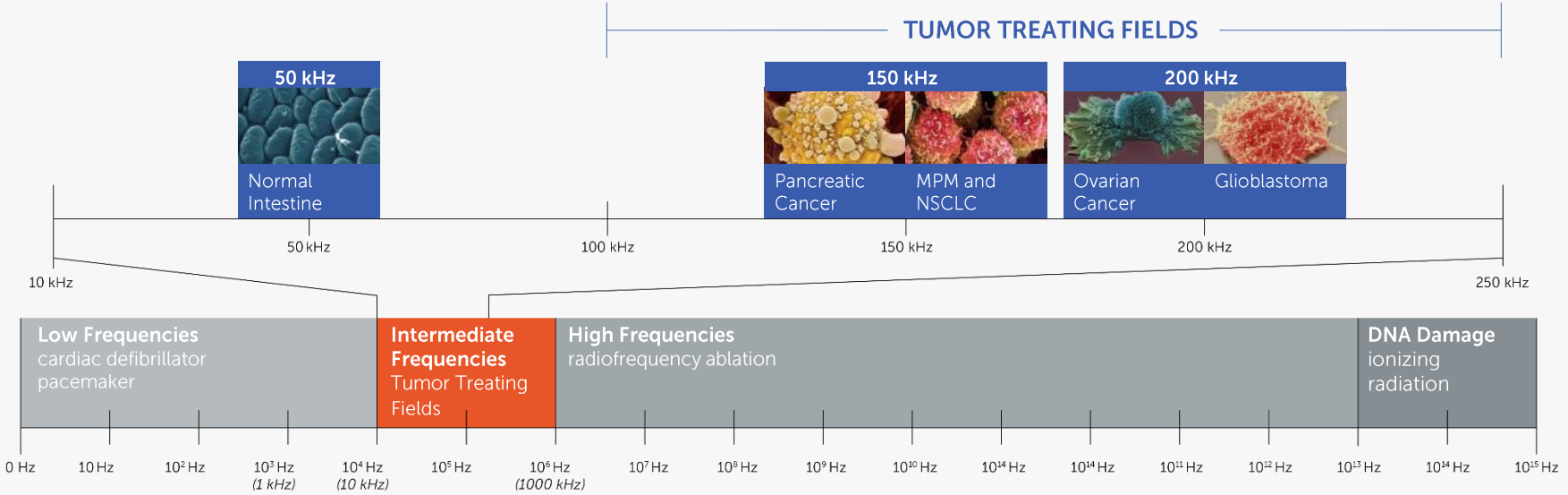
therapy is frequency-tuned to target dividing cancer cells



MPM: malignant pleural mesothelioma
NSCLC: non-small cell lung cancer

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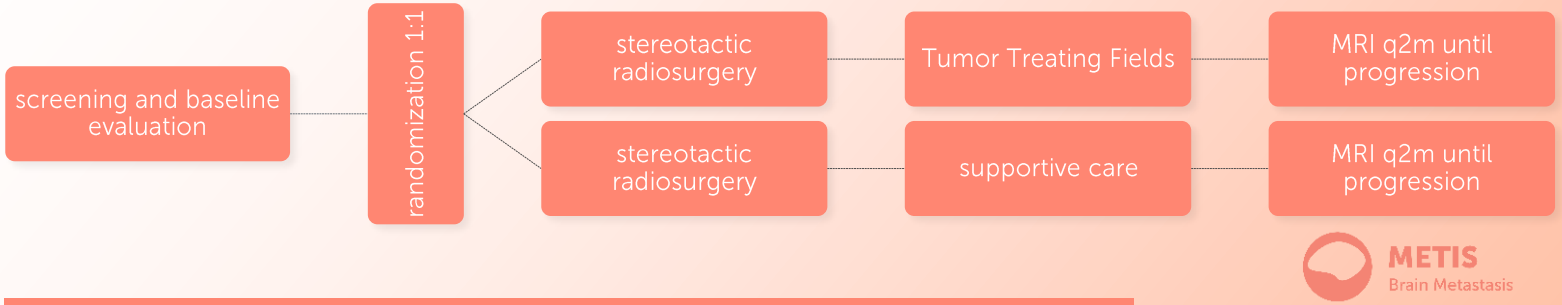
ongoing trial designs

METIS phase 3 trial in brain metastases

OPEN-LABEL, RANDOMIZED TRIAL DESIGN[1]



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]

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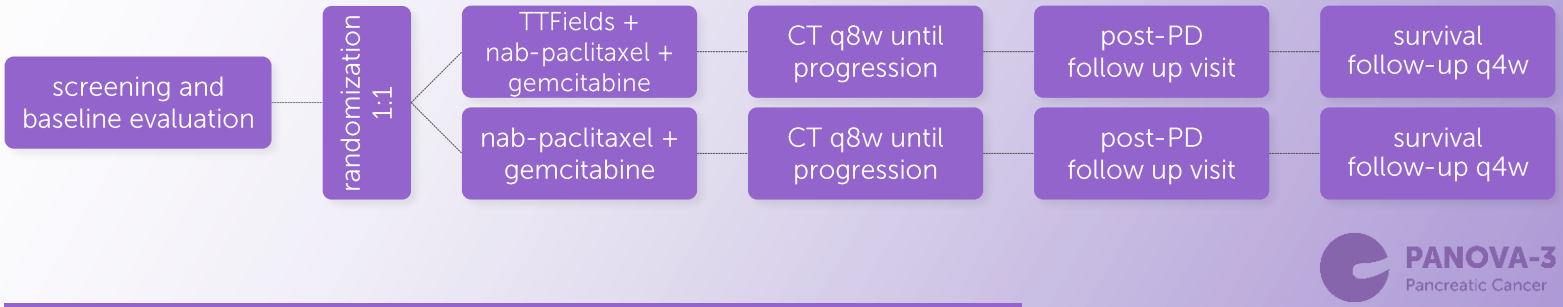
PANOVA-3 phase 3 trial in pancreatic cancer

OPEN-LABEL, RANDOMIZED TRIAL DESIGN[1]



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]

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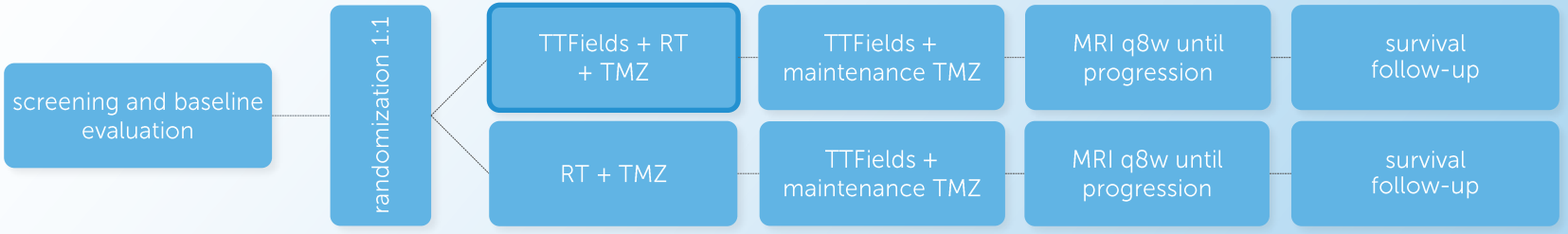
TRIDENT phase 3 trial in newly diagnosed GBM

OPEN-LABEL, RANDOMIZED TRIAL DESIGN[1]



TRIDENT
Glioblastoma

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]

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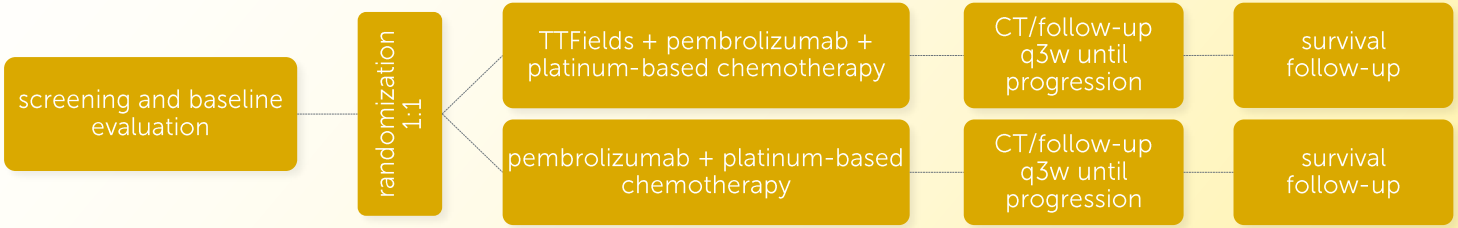
LUNAR-2 phase 3 trial in non-small cell lung cancer

OPEN-LABEL RANDOMIZED TRIAL DESIGN



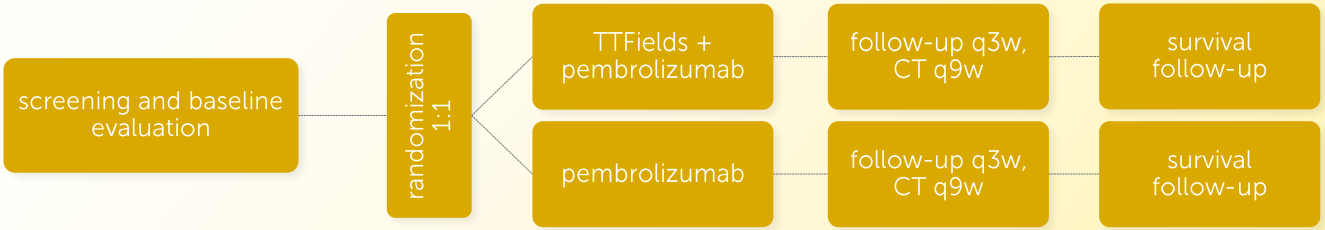
STUDY DESIGN

- 734 patients with 21-month minimum follow-up
- Primary endpoints: overall survival (OS), progression-free survival (PFS)
- Designed to detect hazard ratio of 0.75 (OS), 0.74 (PFS)
- IDE approved by FDA, site initiations pending

LUNAR-2
Lung Cancer

KEYNOTE B36 phase 2 trial in NSCLC

OPEN-LABEL RANDOMIZED TRIAL DESIGN[1]



STUDY DESIGN

- 100 patients with 12-month minimum follow-up
- Primary endpoint: progression-free survival
- Screening and enrollment ongoing
- Anticipated timing of data TBD

KEYNOTE B36
Lung Cancer

1. clinicaltrials.gov. [NCT04892472]

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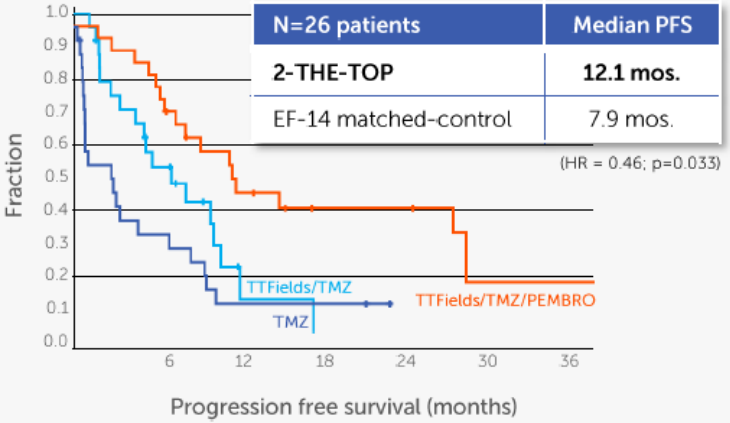
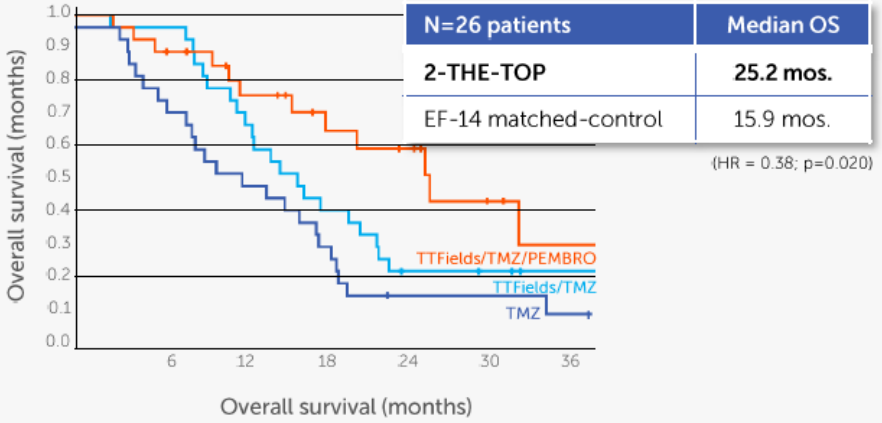
KEYNOTE D58 builds upon promising data from 2-THE-TOP phase 2 trial





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

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.

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.

