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.
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

unifor field
the cell membrane is a capacitor

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

tumor cell

healthy cell
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.
Optune® wearable cancer therapy system

DELIVERS CONTINUOUS DOSE OF TUMOR TREATING FIELDS TO SOLID TUMORS

TWO PRIMARY COMPONENTS
- Electric field generator
- 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\(^2\)

49.1% of primary malignant brain tumors\(^2\)

14.6 to 16.7 months median overall survival\(^3\)

Early detection is nearly impossible

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)

- **Median OS from randomization (months):**
  - Optune + TMZ (n=466): 20.9
  - TMZ alone (n=229): 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%
Optune: greater exposure increased survival

**MEDIAN OVERALL SURVIVAL BY PERCENT OF TIME ON OPTUNE**

- 90%-100% (n=43) - 25 months \( P<0.05 \)
- 70%-90% (n=257) - 22 months \( P<0.05 \)
- 60%-70% (n=46) - 20 months \( P<0.05 \)
- 50%-60% (n=42) - 18 months \( P<0.05 \)
- 40%-50% (n=42) - 16 months
- 0%-40% (n=229) - TMZ alone

**ANNUAL SURVIVAL RATE OF HIGHEST USAGE PATIENTS**

- 1 year: 86% \( \text{Optune + TMZ} \) vs 65.3% \( \text{TMZ alone} \)
- 2 years: 54.7% \( \text{Optune + TMZ} \) vs 30.7% \( \text{TMZ alone} \)
- 3 years: 29.3% \( \text{Optune + TMZ} \) vs 16.3% \( \text{TMZ alone} \)
- 4 years: 29.3% \( \text{Optune + TMZ} \) vs 7.9% \( \text{TMZ alone} \)
- 5 years: 29.3% \( \text{Optune + TMZ} \) vs 4.5% \( \text{TMZ alone} \)

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

1. **Drive awareness and commercial adoption** in approved indications
2. **Advance clinical trials** to reach new patient populations
3. **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

3,600+
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 trial met primary overall survival endpoint

**Overall survival (ITT population)**

- Median OS (months): 13.2 vs. 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) vs. 7% (2–15)

**Overall survival (ICI-treated patients)**

- Median OS (months): 18.5 vs. 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) vs. 9% (3–21)

---

CI, confidence interval; HR, hazard ratio; ICI, immune checkpoint inhibitor; ITT, intent-to-treat; OS, overall survival; SOC, standard of care; TTFFields, 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
enrollment complete and pivotal data anticipated in multiple phase 3 trials by year-end 2024

<table>
<thead>
<tr>
<th>TRIAL COMPLETE</th>
<th>MET PRIMARY ENDPOINT</th>
<th>ENROLLMENT COMPLETE</th>
<th>ENROLLMENT COMPLETE</th>
</tr>
</thead>
</table>
| **LUNAR** Lung Cancer | • 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) |
| **METIS** Brain Metastasis | | | |
| **PANova-3** Pancreatic Cancer | | | |

<table>
<thead>
<tr>
<th>PMA SUBMISSION ANTICIPATED IN 2H 2023</th>
<th>TOP-LINE DATA ANTICIPATED Q1 2024</th>
<th>DATA ANTICIPATED 2H 2024</th>
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</thead>
<tbody>
<tr>
<td><strong>Patientforward™</strong></td>
<td>HR, hazard ratio; ICI, immune checkpoint inhibitor; TTFIELDS, Tumor Treating Fields.</td>
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</table>
### 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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</thead>
<tbody>
<tr>
<td>newly diagnosed glioblastoma</td>
<td>EF-14, TRIDENT, KEYNOTE D58</td>
<td>temozolomide, temozolomide + radiation, temozolomide + pembrolizumab</td>
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<tr>
<td>recurrent glioblastoma</td>
<td>EF-11</td>
<td>monotherapy</td>
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<td>thoracic cancer program</td>
<td>METIS, LUNAR, LUNAR-2, KEYNOTE B36, STELLAR</td>
<td>monotherapy, pemetrexed, docetaxel or PD-L1 inhibitor, pembrolizumab + chemotherapy, pembrolizumab, pemetrexed + (cisplatin or carboplatin)</td>
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<td>brain metastasis</td>
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<tr>
<td>non-small cell lung cancer</td>
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<td>mesothelioma</td>
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<td>abdominal cancer program</td>
<td>PANOVA, PANOVA-3, PANOVA-4, HEPANOVA, EF-31 / ZL-8301-001</td>
<td>nab-paclitaxel + gemcitabine, nab-paclitaxel + gemcitabine, nab-paclitaxel + gemcitabine + atezolizumab, sorafenib, XELOX</td>
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<td>pancreatic cancer</td>
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<td>hepatocellular carcinoma, gastric adenocarcinoma</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
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

VS.

NEW ARRAYS NOW LAUNCHED IN GERMANY

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™
appendix
therapy is frequency-tuned to target dividing cancer cells

TUMOR TREATING FIELDS

50 kHz
Normal Intestine

150 kHz
Pancreatic Cancer
MPM and NSCLC

200 kHz
Ovarian Cancer
Glioblastoma

Low Frequencies
- cardiac defibrillator
- pacemaker

Intermediate Frequencies
- Tumor Treating Fields

High Frequencies
- radiofrequency ablation

DNA Damage
- ionizing radiation

MPM: malignant pleural mesothelioma
NSCLC: non-small cell lung cancer
ongoing trial designs
METIS phase 3 trial in brain metastases

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]
PANOVA-3 phase 3 trial in pancreatic cancer

**OPEN-LABEL, RANDOMIZED TRIAL DESIGN**

- **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]
TRIDENT phase 3 trial in newly diagnosed GBM

OPEN-LABEL, RANDOMIZED TRIAL DESIGN

- Screening and baseline evaluation
- Randomization 1:1
- TTFIELDS + RT + TMZ
- RT + TMZ
- TTFIELDS + maintenance TMZ
- MRI q8w until progression
- MRI q8w until progression
- Survival follow-up
- 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]
LUNAR-2 phase 3 trial in non-small cell lung cancer

**OPEN-LABEL RANDOMIZED TRIAL DESIGN**

- **Randomization 1:1**
  - TTFields + pembrolizumab + platinum-based chemotherapy
  - pembrolizumab + platinum-based chemotherapy
  - CT/follow-up q3w until progression
  - CT/follow-up q3w until progression
  - survival follow-up
  - survival follow-up

**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
KEYNOTE B36 phase 2 trial in NSCLC

OPEN-LABEL RANDOMIZED TRIAL DESIGN

1. screening and baseline evaluation
2. randomization
3. TTFields + pembrolizumab
4. pembrolizumab
5. follow-up q3w, CT q9w
6. survival follow-up

STUDY DESIGN
- 100 patients with 12-month minimum follow-up
- Primary endpoint: progression-free survival
- 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-TOP¹ patients displayed superior median PFS and median OS compared to matched control patients from EF-14
• KEYNOTE D58, a collaborative trial with MSD², builds on this promising data and further explores TTFIELDS + immunotherapy
  o Phase 3 trial will be double-blind & placebo-controlled; will evaluate TTFIELDS together with pembrolizumab + TMZ in ndGBM

¹ 2-THE-TOP: A phase 2 trial investigating the use of TTFIELDS in patients with glioblastoma.
² MSD: 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.