



Novocure

October 2023

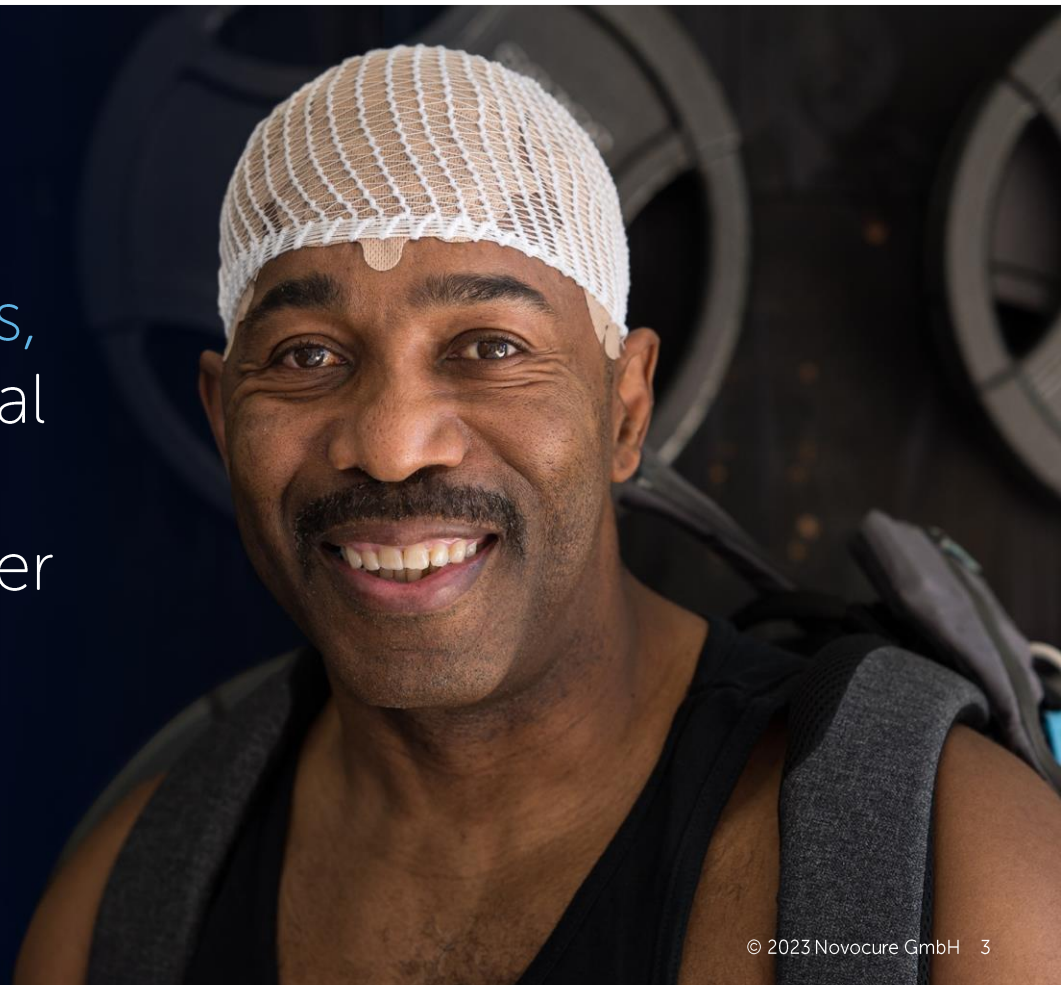
forward-looking statements

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.

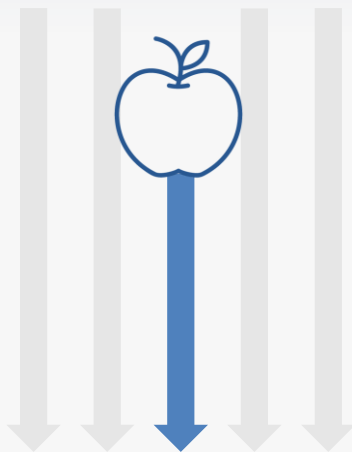
together with our patients,
we strive to extend survival
in some of the most
aggressive forms of cancer



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

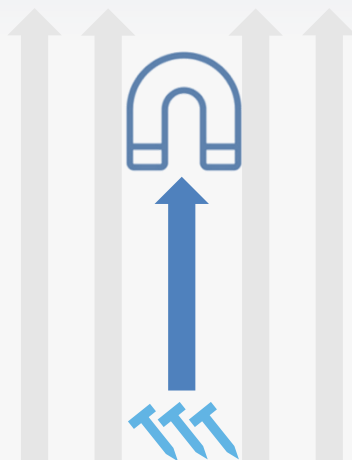
GRAVITATIONAL FIELDS

exert force on masses



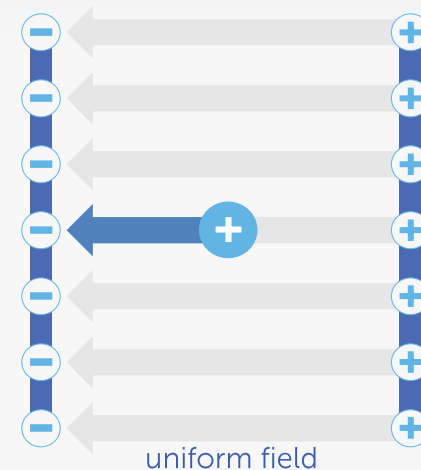
MAGNETIC FIELDS

exert force on iron & other magnets



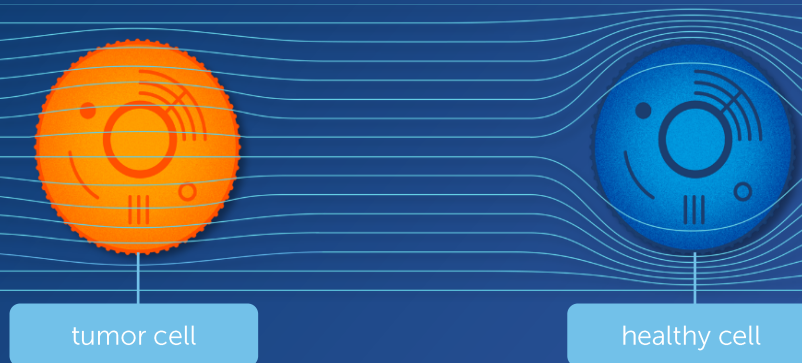
ELECTRIC FIELDS

exert force on charges & polarized molecules

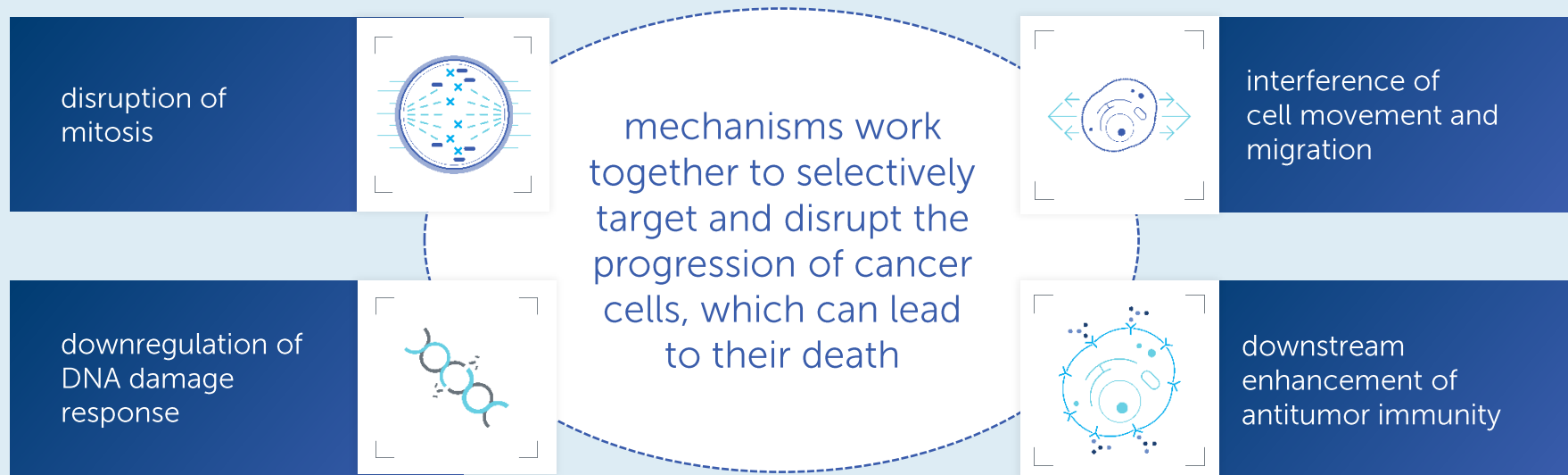


the cell membrane is a capacitor

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



TTFields have multiple, distinct mechanisms of action



Optune® wearable cancer therapy system

**DELIVERS CONTINUOUS DOSE OF TUMOR TREATING
FIELDS TO SOLID TUMORS**

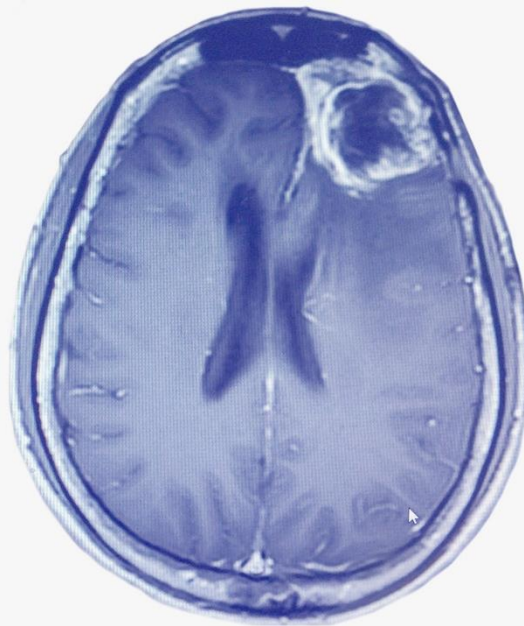


glioblastoma: malignant brain cancer WHO grade 4

15,000 cases diagnosed
in the U.S. each year¹

65: median age of newly
diagnosed GBM patient²

Early detection is nearly
impossible



49.1% of primary
malignant brain tumors²

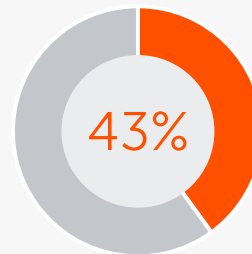
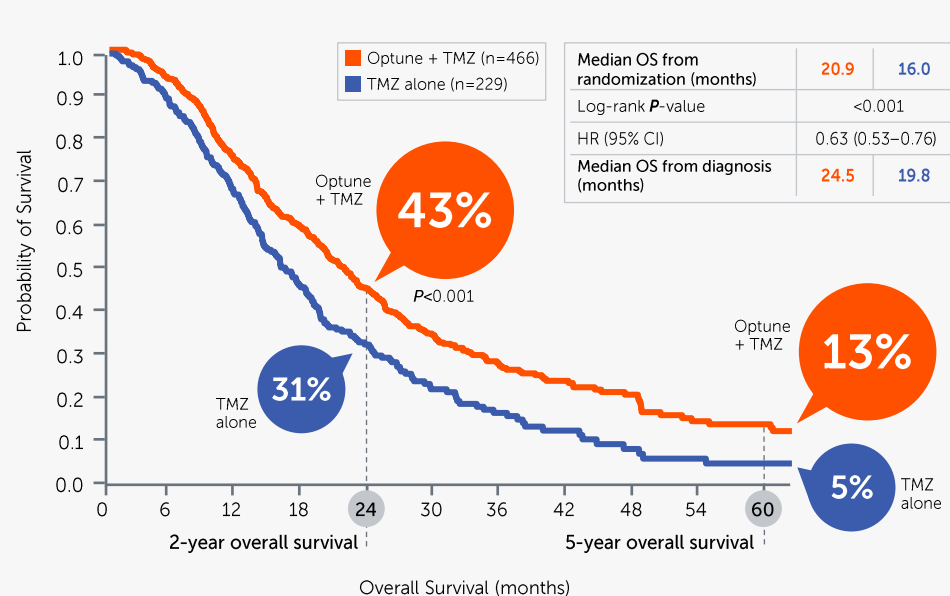
14.6 to 16.7 months
median overall survival³

5-10% five-year survival rate
for newly diagnosed GBM
patients³

Optune: proven to extend patient survival

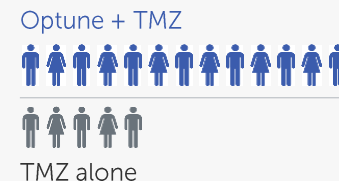
EF-14 PHASE 3 PIVOTAL STUDY IN NEWLY DIAGNOSED GBM

Overall survival (5-year survival analysis)



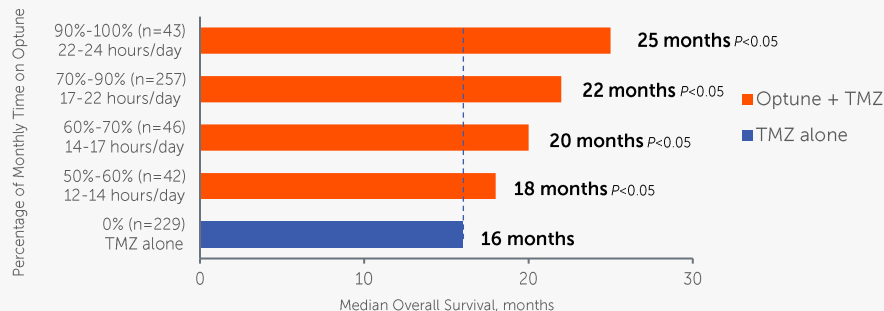
NEARLY HALF
of people using
Optune + TMZ
ALIVE AT 2 YEARS

BETTER 13%
survival at
5 YEARS 5%

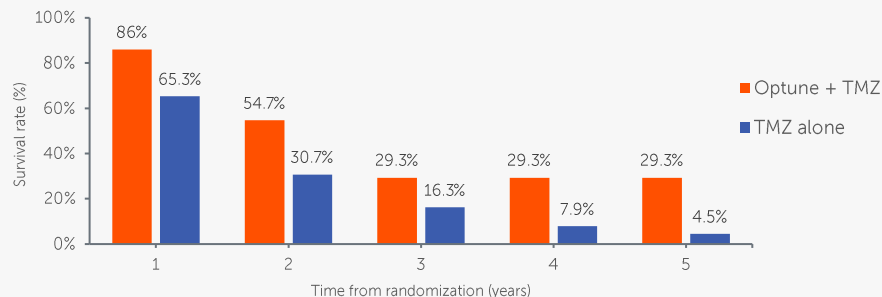


Optune: greater exposure increased survival

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

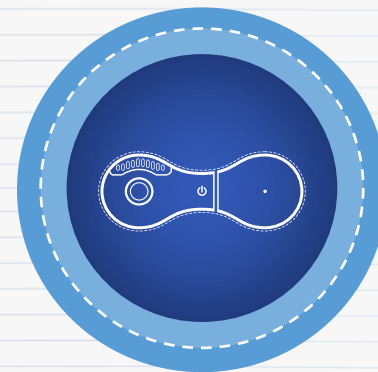
a comprehensive strategy for long-term growth



**drive awareness and
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

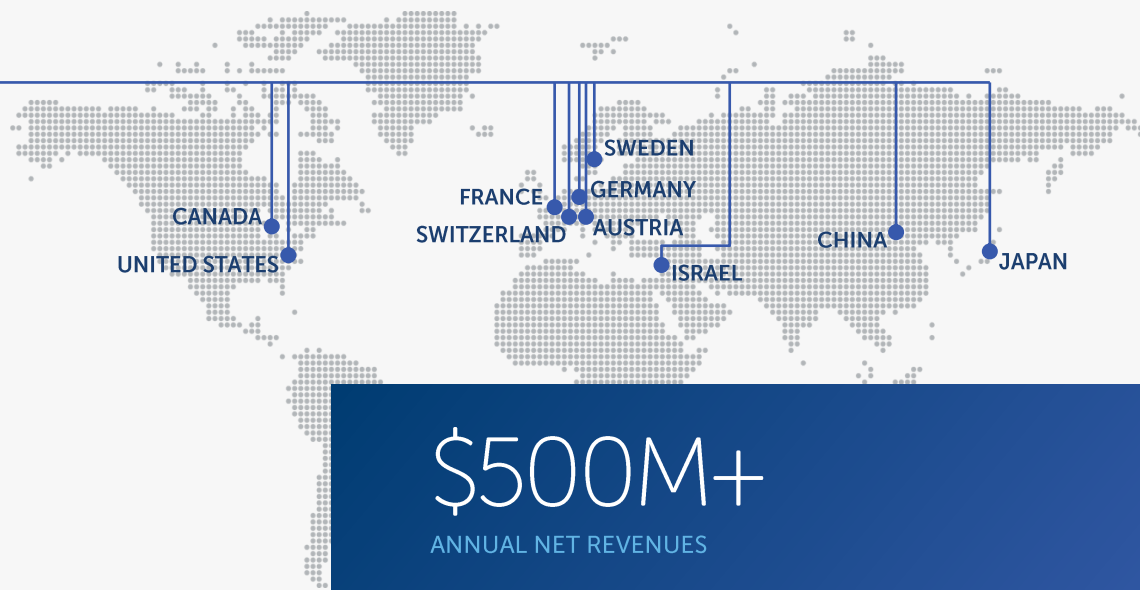
500M+

COVERED LIVES GLOBALLY

3,600+

ACTIVE PATIENTS ON THERAPY

patientforward™



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



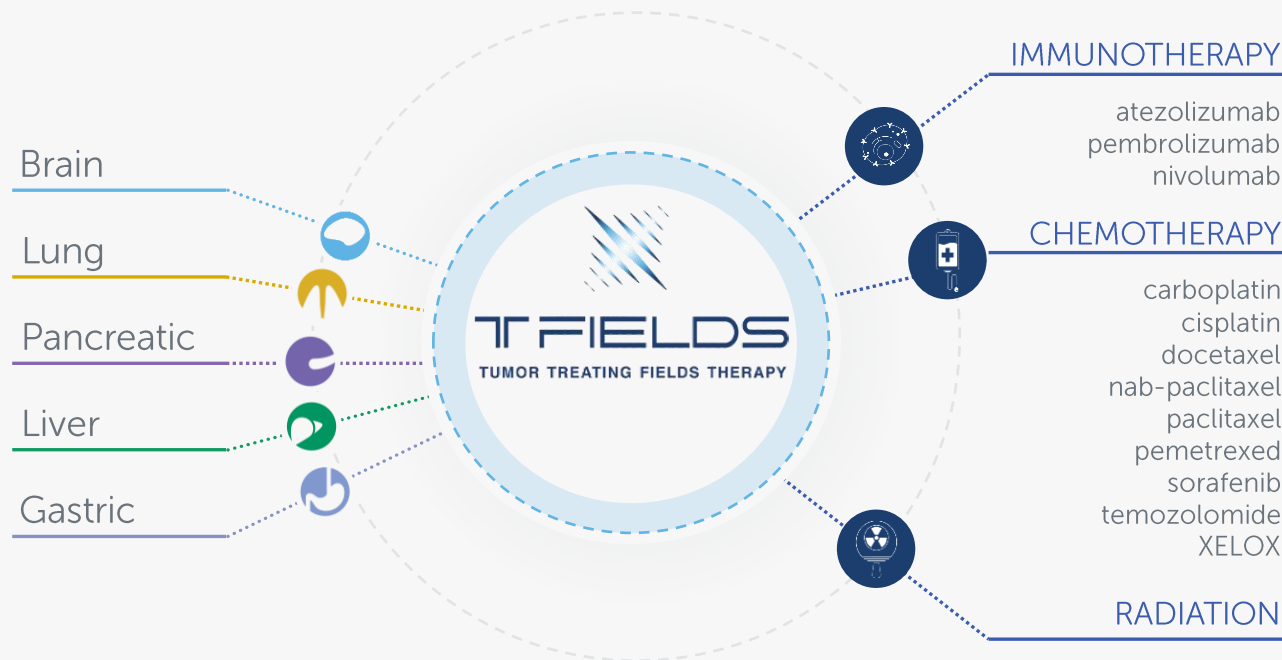
advance clinical trials



holistic strategy to expand TTFields clinical footprint

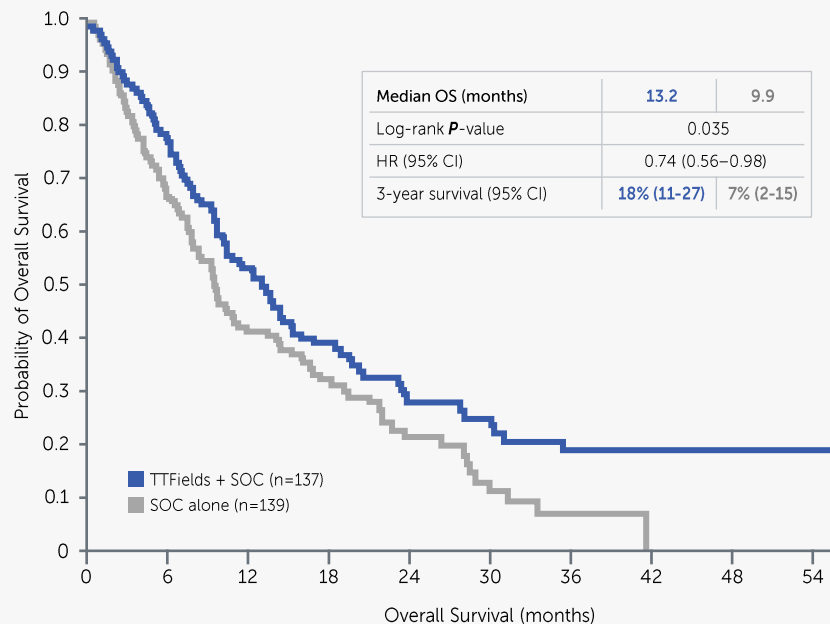


backbone therapy potential with clinical versatility across a range of solid tumors and concurrent therapies

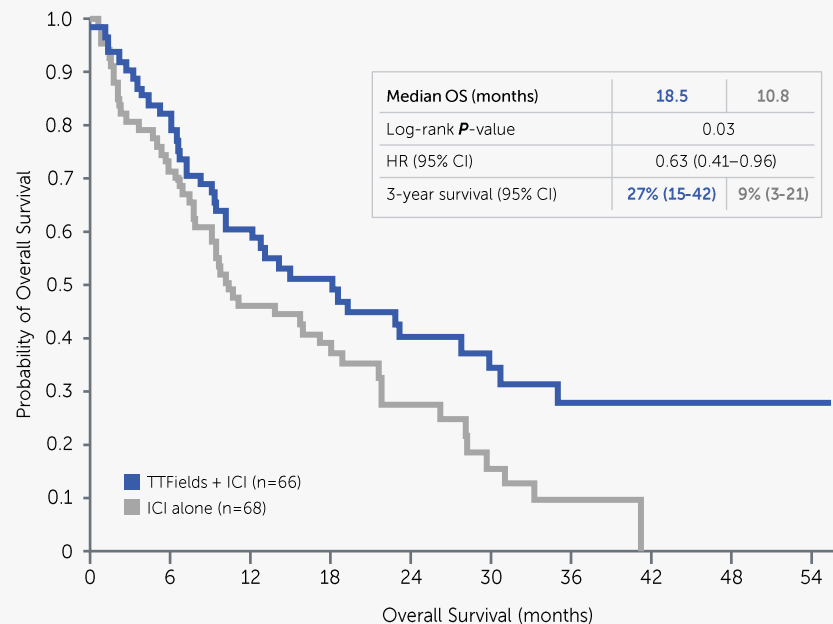


phase 3 LUNAR trial met primary overall survival endpoint

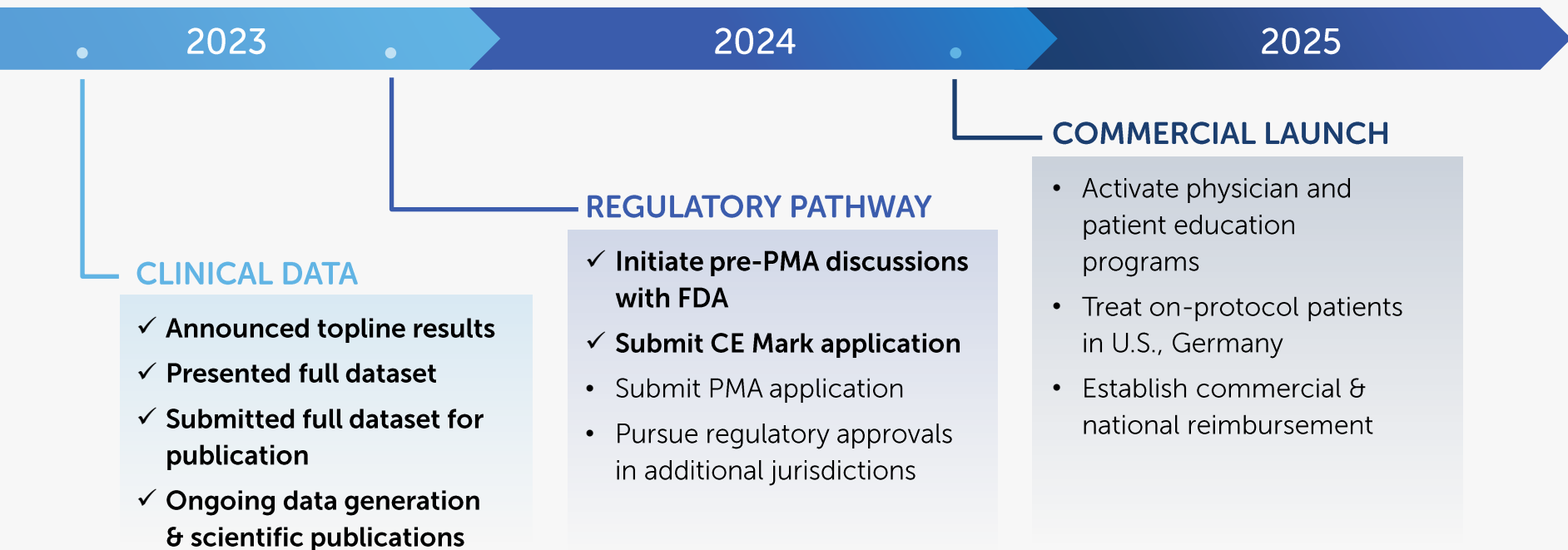
Overall survival (ITT population)



Overall survival (ICI-treated patients)



planned commercial pathway to treat NSCLC patients

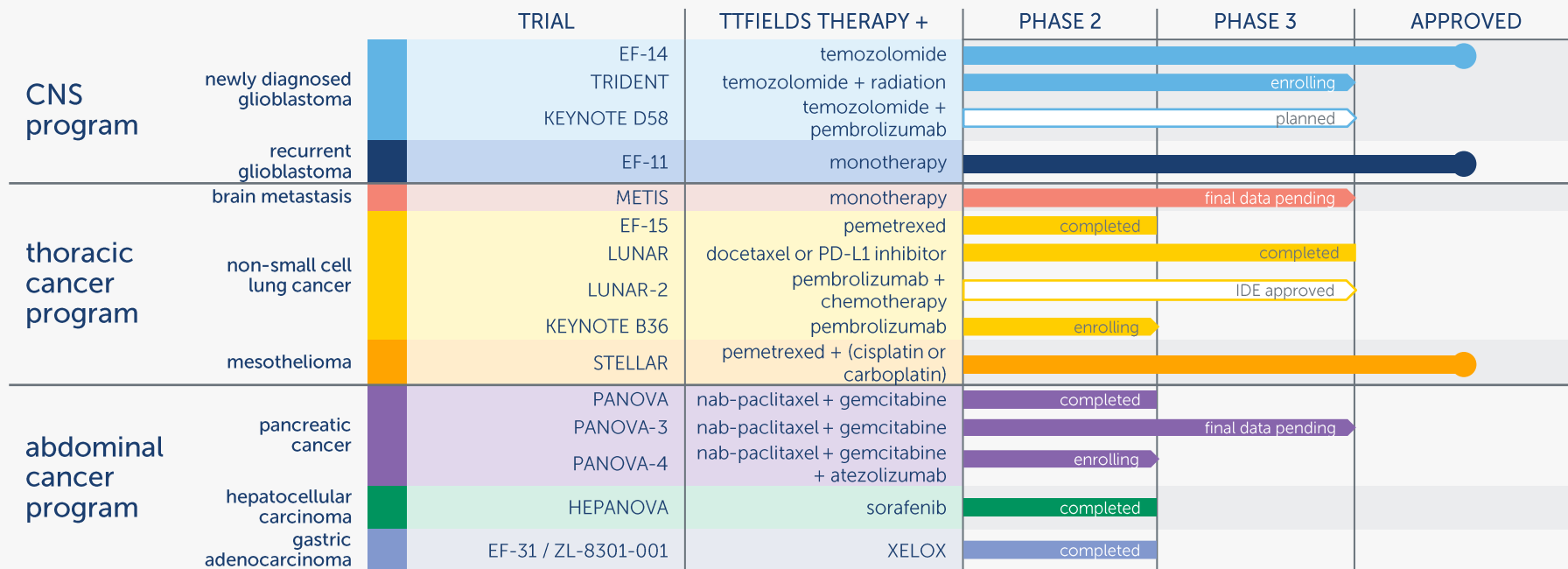


enrollment complete and pivotal data anticipated in multiple phase 3 trials by year-end 2024

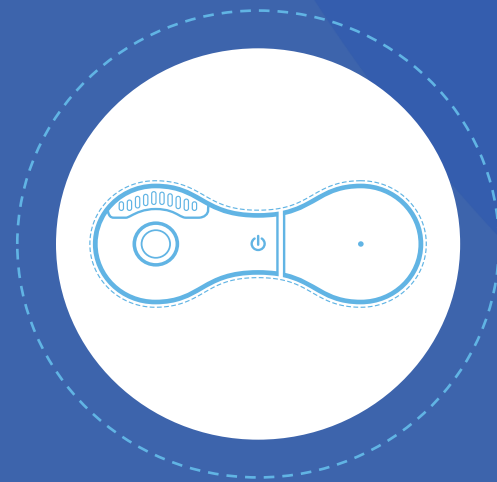


TRIAL COMPLETE MET PRIMARY ENDPOINT	ENROLLMENT COMPLETE	ENROLLMENT COMPLETE
<ul style="list-style-type: none"> Patients treated with TTFields + standard therapies saw a 3.3-month extension in median overall survival (HR=0.74) versus those treated with standard therapies alone Patients treated with TTFields + ICI saw a 7.7-month increase in median overall survival (HR=0.63) versus those treated with ICI alone 	<ul style="list-style-type: none"> Evaluating TTFields after stereotactic radiosurgery 270 patients with minimum 12-month follow-up Primary endpoint: time to intracranial progression (HR \leq 0.57) 	<ul style="list-style-type: none"> Evaluating TTFields with nab-paclitaxel + gemcitabine 556 patients enrolled with minimum 18-month follow-up Primary endpoint: overall survival (HR \leq 0.75)
PMA SUBMISSION ANTICIPATED IN 2H 2023	TOP-LINE DATA ANTICIPATED Q1 2024	DATA ANTICIPATED 2H 2024

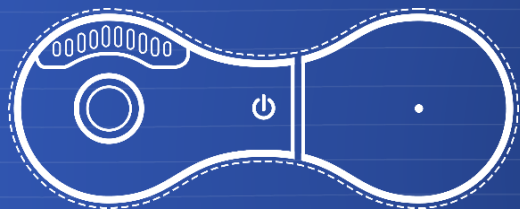
platform technology driving robust clinical pipeline



deliver product
innovation

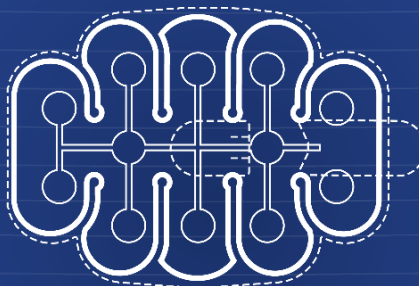


product roadmap to prioritize dose and efficacy



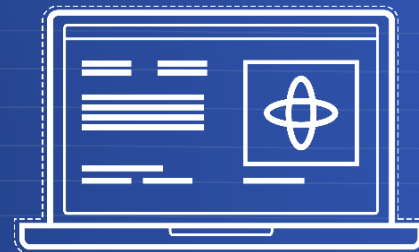
field generator

next gen device
in development



arrays

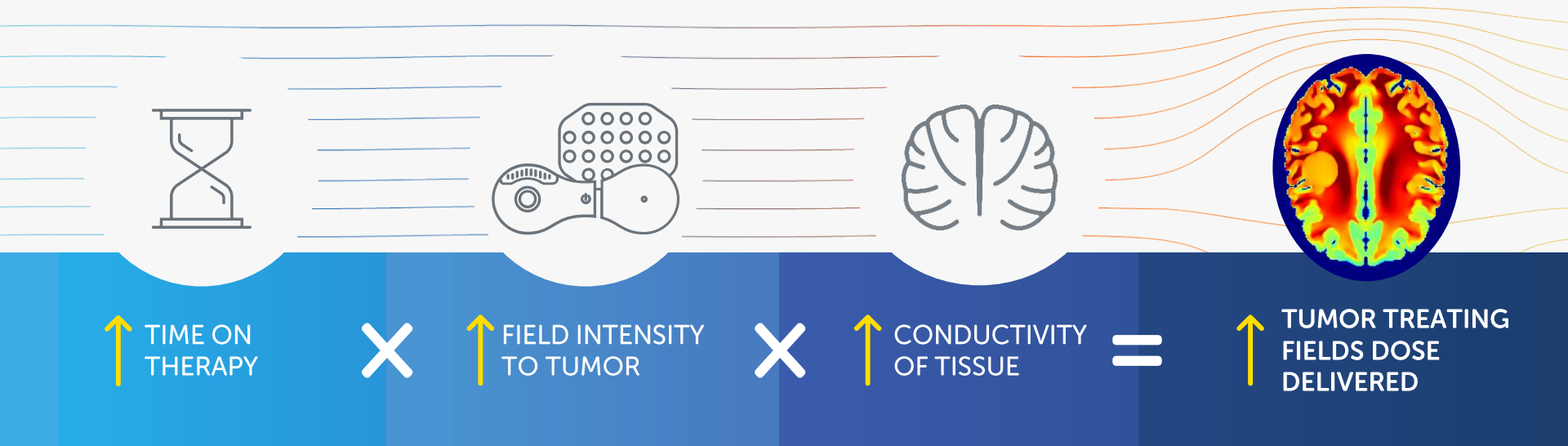
new arrays
*treating patients through
limited market release*



software applications

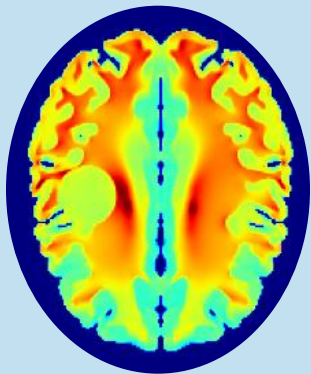
MAXPOINT™
planning software
in development

optimized dose delivered can lead to increased efficacy



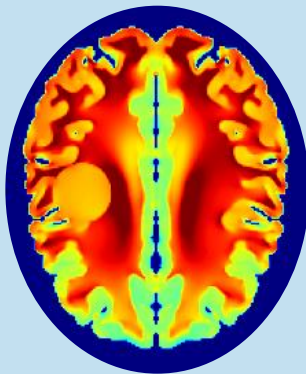
new lighter, thinner arrays deliver greater intensity

EXISTING ARRAYS
AP channel, 1,364 mAmps



VS.

NEW ARRAYS
AP channel, 1,685 mAmps



NEW ARRAYS NOW LAUNCHED IN GERMANY

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

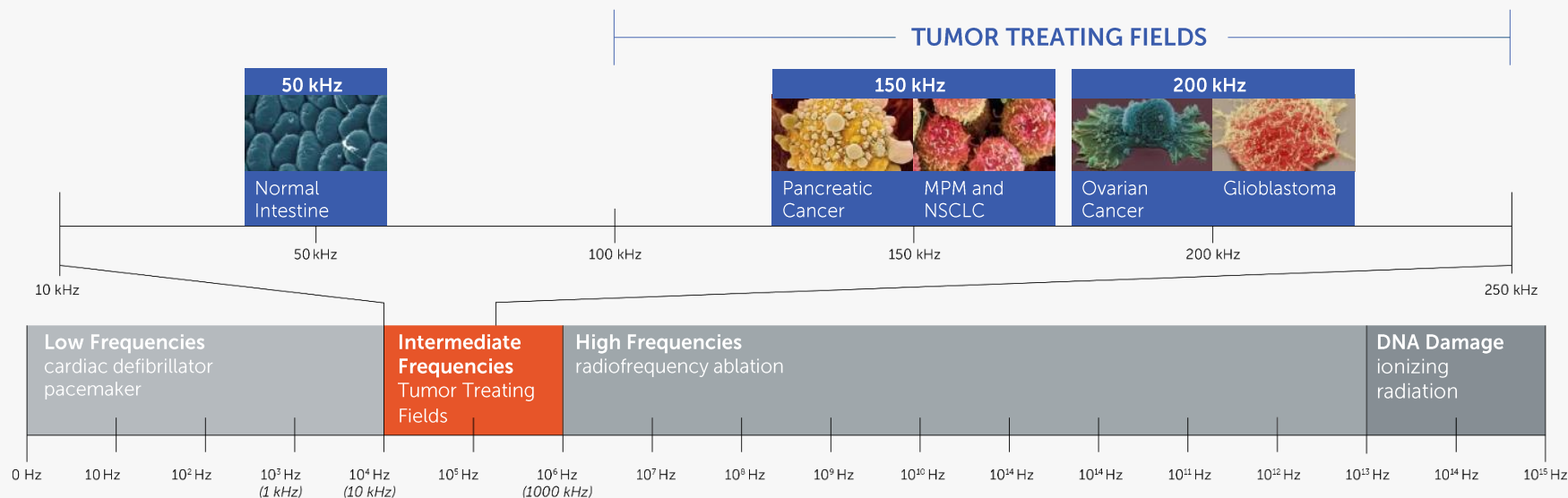
trust

empathy

appendix



therapy is frequency-tuned to target dividing cancer cells



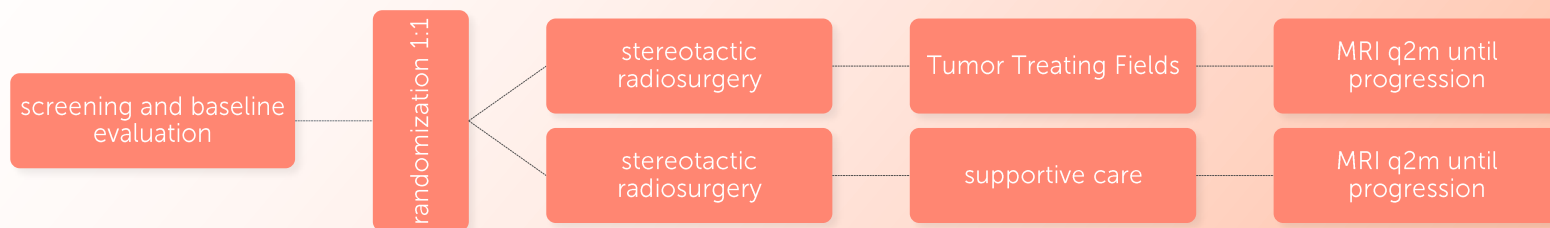
MPM: malignant pleural mesothelioma
NSCLC: non-small cell lung cancer

ongoing trial designs



METIS phase 3 trial in brain metastases

OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹



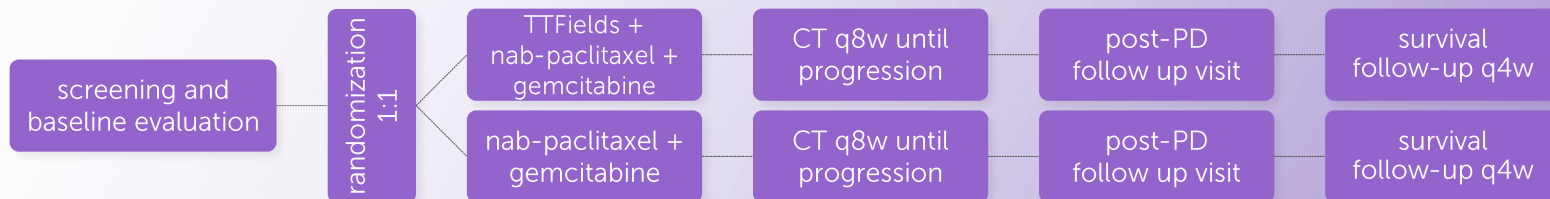
STUDY DESIGN

- 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. \[NCT02831959\]](https://clinicaltrials.gov/ct2/show/study/NCT02831959)

PANOVA-3 phase 3 trial in pancreatic cancer

OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹



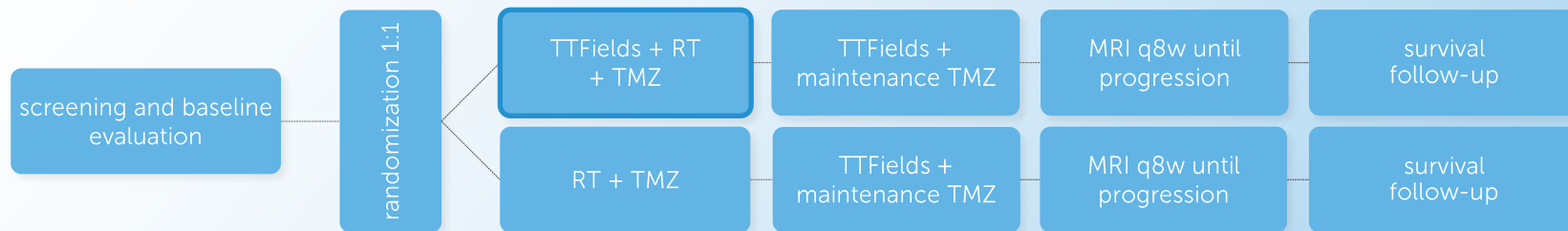
STUDY DESIGN

- 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 DESIGN¹



STUDY DESIGN

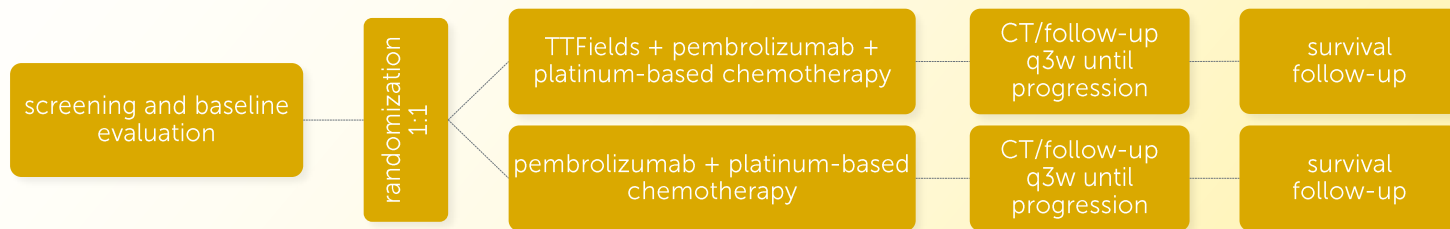
- 950 patients with 24-month minimum follow-up
- Primary endpoint: overall survival
- Designed to detect a hazard ratio of 0.80 (overall survival)
- Anticipated timing of data TBD



1. [clinicaltrials.gov. \[NCT04471844\]](https://clinicaltrials.gov/ct2/show/study/NCT04471844)

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

OPEN-LABEL RANDOMIZED TRIAL DESIGN



STUDY DESIGN

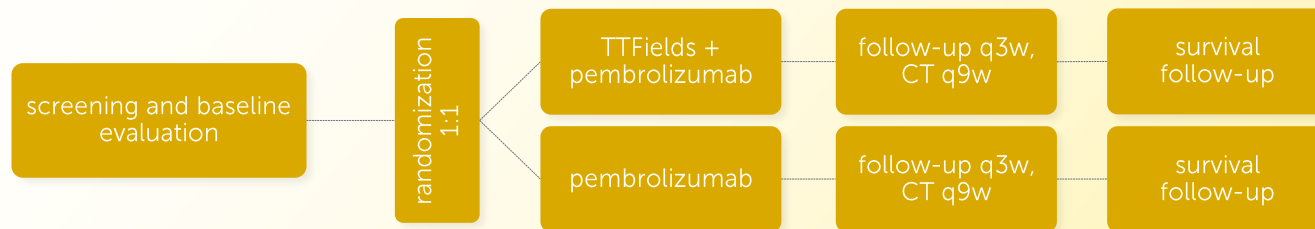
- 734 patients with 21-month minimum follow-up
- Primary endpoints: overall survival (OS), progression-free survival (PFS)
- Designed to detect hazard ratio of 0.75 (OS), 0.74 (PFS)
- IDE approved by FDA, site initiations pending



LUNAR-2
Lung Cancer

KEYNOTE B36 phase 2 trial in NSCLC

OPEN-LABEL RANDOMIZED TRIAL DESIGN¹



STUDY DESIGN

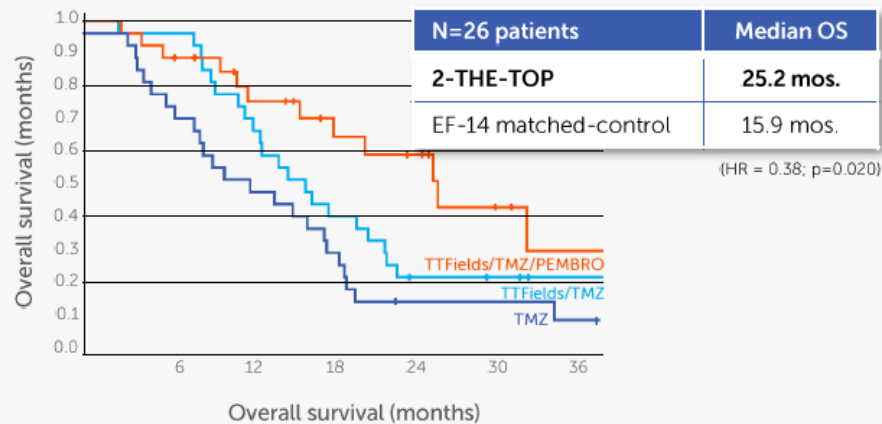
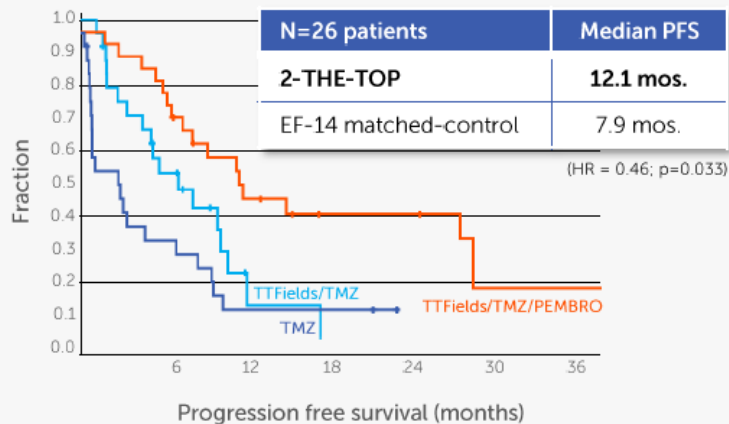
- 100 patients with 12-month minimum follow-up
- Primary endpoint: progression-free survival
- Screening and enrollment ongoing
- Anticipated timing of data TBD



KEYNOTE B36
Lung Cancer

1. clinicaltrials.gov. [NCT04892472]

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
 - Phase 3 trial will be double-blind & placebo-controlled; will evaluate TTFields together with pembrolizumab + TMZ in ndGBM

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 ($\geq 10\%$) adverse events involving Optune in combination with chemotherapy in patients with GBM were thrombocytopenia, nausea, constipation, vomiting, fatigue, convulsions, and depression.
- The most common ($\geq 10\%$) 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 ($\geq 10\%$) 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](https://www.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](https://www.optunelua.com) to see the Optune Lua IFU for complete information regarding the device's indications, contraindications, warnings, and precautions.