Novocure

January 2024

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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.

2023 achievements and 2024 milestones ahead

	DRIVING COMMERCIAL ADOPTION	ADVANCING CLINICAL TRIALS	DELIVERING PRODUCT INNOVATION
2023 ACHIEVEMENTS	**France** reimbursement achieved and launch	**LUNAR** data presented **LUNAR** U.S. FDA PMA, CE Mark and Japanese PMDA submitted **METIS** enrollment completed **PANOVA-3** enrollment completed **TRIDENT** last patient enrollment*	**New array** launched in Europe **New array** FDA PMA supplement submitted
2024 EXPECTED MILESTONES	**LUNAR** PMA approval **LUNAR** CE mark approval **NSCLC** launch	**METIS** top-line data **PANOVA-3** top-line data **LUNAR-2** open and enrolling **KEYNOTE D58** open and enrolling	**New array** U.S. approval and launch

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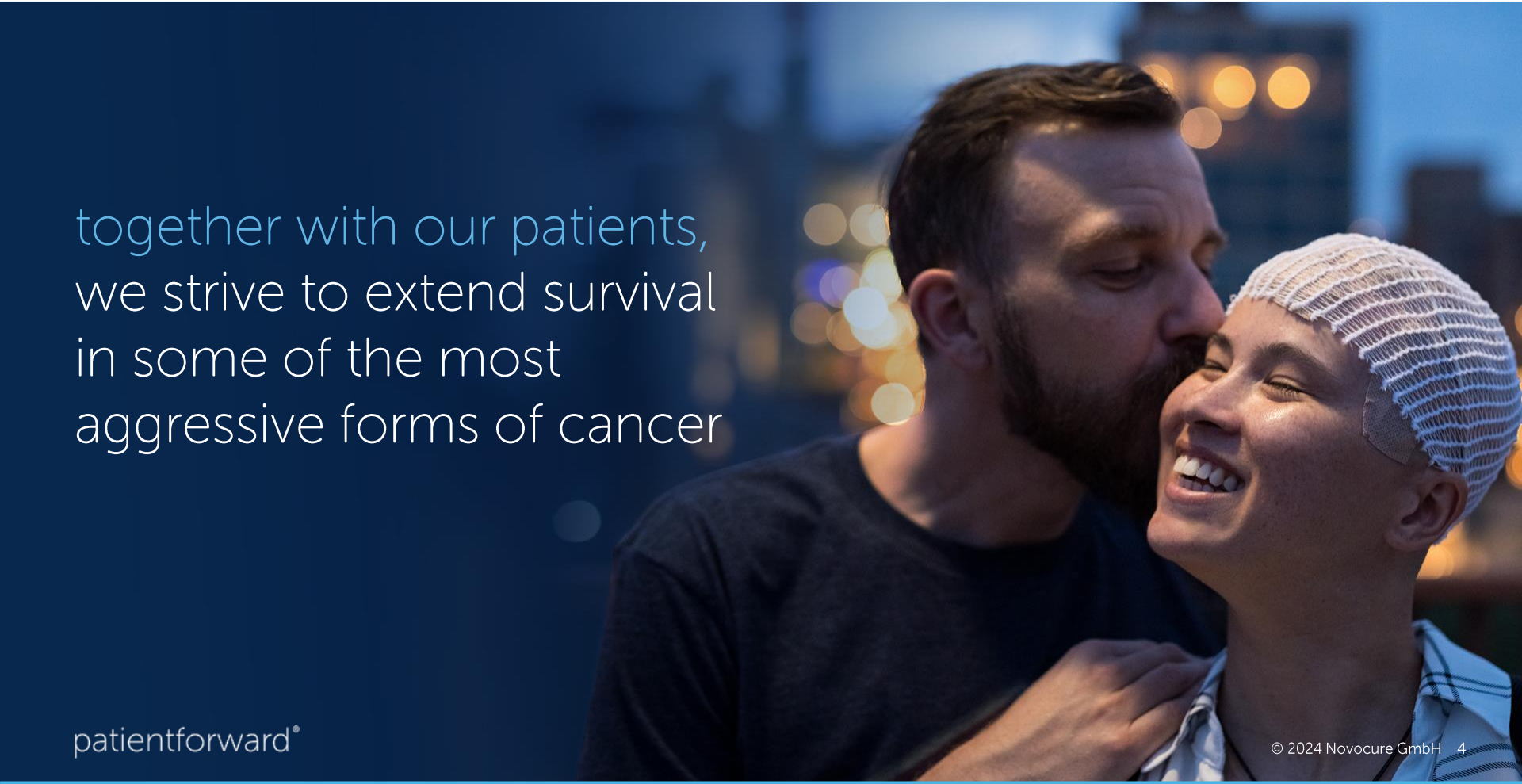
*Enrollment completed in January 2024



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

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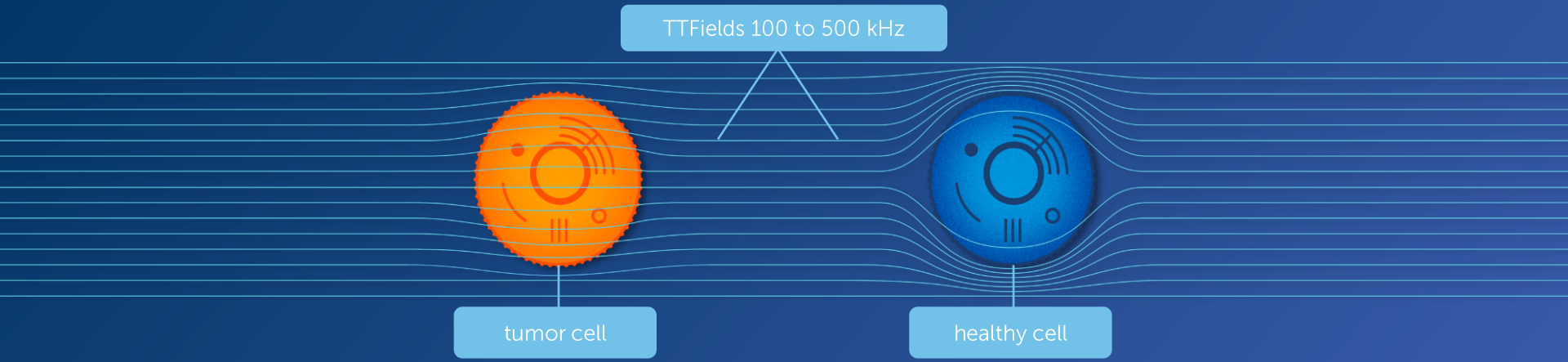
Tumor Treating Fields (TTFields) are selectively tuned electric fields that exert physical forces to kill cancer cells

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



Optune® wearable cancer therapy system

DELIVERS CONTINUOUS TUMOR TREATING FIELDS THERAPY TO SOLID TUMORS

TWO PRIMARY COMPONENTS

electric field generator
and transducer arrays

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

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

three focused objectives in 2024

GROW GBM — OPTUNE GIO™

LAUNCH LUNG — OPTUNE LUA®

DELIVER PIPELINE — TFIELDS TUMOR TREATING FIELDS THERAPY

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GBM, glioblastoma.

Optune Gio: established in glioblastoma

$500M+
ANNUAL NET REVENUE

>3,750
ACTIVE PATIENTS ON THERAPY

NCCN Category 1
GUIDELINE RECOMMENDATION

30-40%
PENETRATION IN KEY COUNTRIES

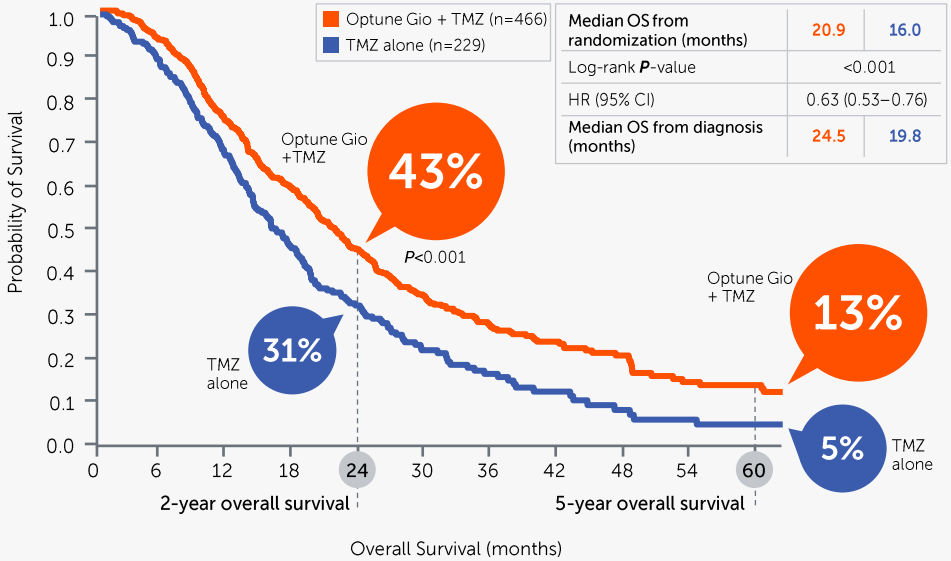
reimbursement
ACROSS MAJOR GLOBAL MARKETS

robust intellectual property
PORTFOLIO WITH MATERIAL PRODUCT DEVELOPMENTS

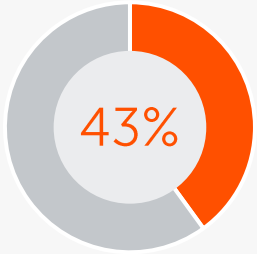
Optune Gio proven to extend patient survival

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 Gio + TMZ
ALIVE AT 2 YEARS

BETTER survival at **5 YEARS**

Optune Gio + TMZ 13%

TMZ alone 5%

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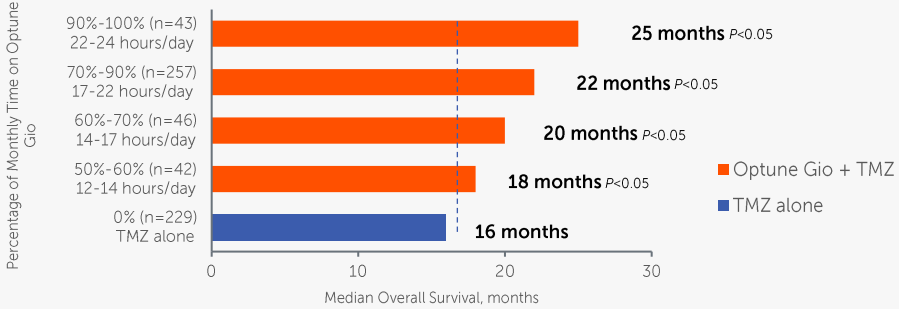
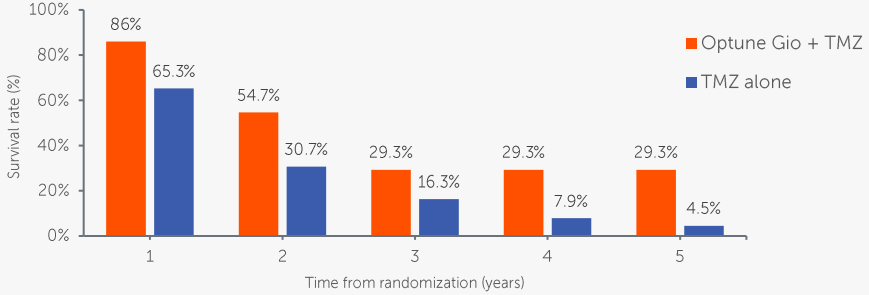
Stupp R, et al. *Cancer Res. 2017;77(suppl 13)*. American Association for Cancer Research. CI, confidence interval; GBM, glioblastoma; HR, hazard ratio; ITT, intent to treat; OS, overall survival; TMZ, temozolomide. The most common side effect with Optune Gio™ was mild to moderate skin irritation.

Optune Gio: greater exposure increased survival

MEDIAN OVERALL SURVIVAL BY PERCENT OF TIME ON OPTUNE GIO



ANNUAL SURVIVAL RATE OF HIGHEST USAGE PATIENTS



86%

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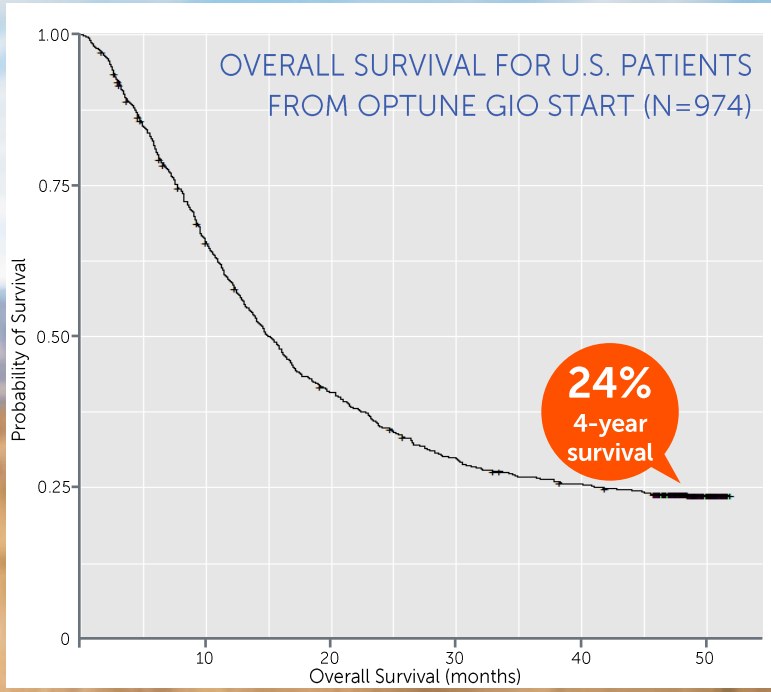
Ram Z., Kim C.Y, Nicholas GA and Toms S on behalf of EF-14 investigators. *Compliance and treatment duration predict survival in a phase 3 EF-14 trial of Tumor Treating Fields with temozolomide in patients with newly diagnosed glioblastoma.* Presented at: 2017 Society for Neuro Oncology; November 16-19,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

real-world evidence demonstrates long and durable survival benefit with Optune Gio



31%

POST-PROGRESSION SURVIVAL FOR PATIENTS CONTINUING OPTUNE GIO (N=59)[1]

no toxicity

INCREASE OF SIGNIFICANCE VERSUS TMZ ALONE[2]

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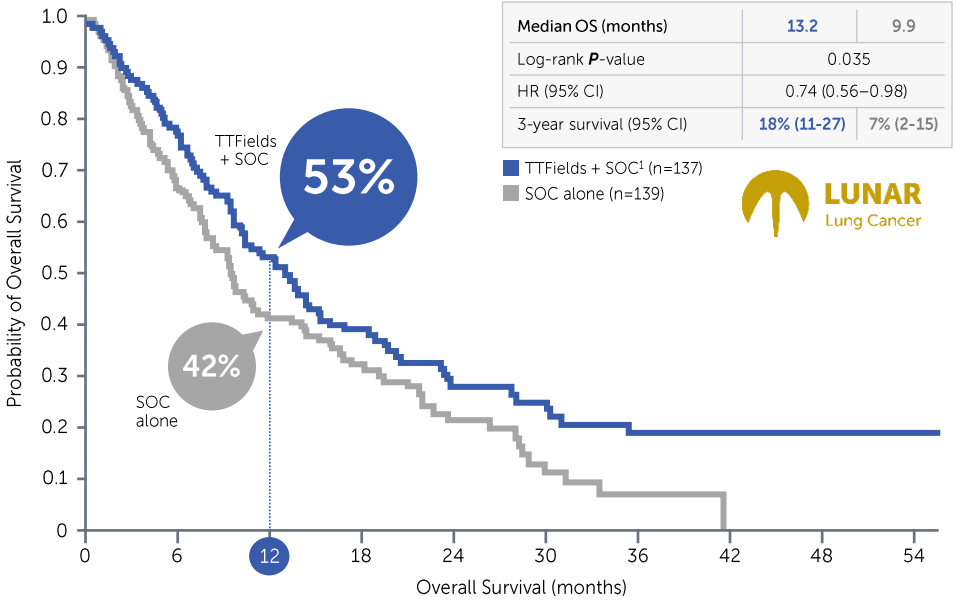
1. Preliminary analysis of newly diagnosed patients in the U.S. who started Optune Gio in 2H 2019, as reported by the xCures U.S. Medical Records Database; 2. Shi et al. *J Neurooncol 2020; 148:489-500.* TMZ, temozolomide.

phase 3 LUNAR trial met primary endpoint

STATISTICALLY SIGNIFICANT AND CLINICALLY MEANINGFUL IMPROVEMENT IN OS



13.2 months
mOS with TTFields + SOC

18.5 months
mOS with TTFields + ICI

First significant OS improvement in 2L NSCLC treatment in >7 years

No increase in systemic toxicity

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Leal et al. Tumor Treating Fields therapy with standard systemic therapy versus standard systemic therapy alone in metastatic non-small-cell lung cancer following progression on or after platinum-based therapy (LUNAR): a randomised, open-label, pivotal phase 3 study. *Lancet Oncol.* 2023 Sep;24(9):1002-1017. 1, Investigator's choice immune checkpoint inhibitor or docetaxel. 2L, second line; CI, confidence interval; GBM, glioblastoma; ICI, immune checkpoint inhibitor; HR, hazard ratio; ITT, intent to treat; mOS, median overall survival; NSCLC, non-small cell lung cancer; OS, overall survival; SOC, standard of care; TMZ, temozolomide.

significant opportunity to treat NSCLC patients

114K
stage IV NSCLC 1L patients in the U.S.

60%
receive 1L platinum-based chemotherapy

50%
progress and seek 2L treatment

~30,000
seek treatment for metastatic NSCLC post platinum

>7 YEARS
since any therapy has shown a significant improvement in overall survival in 2L NSCLC

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Sources: DRG Diagnosed first line NSCLC metastatic drug-treated population (2023; accessed 8/1/23); CancerMPactNSCLC Treatment Architecture, (Jul 2023). 1L, first line; 2L, second line.

preparing for 2024 NSCLC launch

2023 | 2024 | 2025

CLINICAL DATA

- ✓ Announced top-line results
- ✓ Data at ASCO
- ✓ Published in *Lancet Oncology*
- ✓ Data at ESMO, WCLC

REGULATORY PATHWAY

- ✓ CE mark submitted
- ✓ PMA submitted to U.S. FDA
- ✓ Japanese PMDA submitted
- • CE Mark (expected 1H 2024)
- • U.S. FDA PMA (expected 2H 2024)

COMMERCIAL LAUNCH

- ✓ HCP and patient campaigns
- ✓ DTC campaign
- ✓ Global advisory boards
- ✓ KOL engagements
- • Launch in U.S. and Germany
- • Establish reimbursement

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ASCO, American Society of Clinical Oncology; DTC, direct to consumer; ESMO, European Society for Medical Oncology; FDA, U.S. Food and Drug Administration; HCP, healthcare provider; KOL, key opinion leader; NSCLC, non-small cell lung cancer; PMA, Premarket Approval; WCLC, World Conference on Lung Cancer.

phase 3 top-line data in 2024

NSCLC, non-small cell lung cancer; SOC, standard of care; SRS, stereotactic radiosurgery.

METIS
Brain Metastasis

TTFields following SRS in brain metastases from NSCLC

TOP-LINE DATA ANTICIPATED LATE Q1 2024

PANOVA-3
Pancreatic Cancer

TTFields + gemcitabine, nab-paclitaxel in 1L pancreatic cancer

TOP-LINE DATA ANTICIPATED Q4 2024

platform technology driving robust clinical pipeline

	PHASE 3	PHASE 2
GBM	**TRIDENT** TTFields + TMZ + radiation treating ndGBM **KEYNOTE D58** TTFields + + pembrolizumab + TMZ treating ndGBM	
THORACIC	**METIS** TTFields monotherapy treating brain metastases from NSCLC **LUNAR-2** TTFields + pembrolizumab + chemotherapy treating 1L metastatic NSCLC	**KEYNOTE-B36** TTFields + pembrolizumab treating 1L advanced or metastatic NSCLC **LUNAR-4** TTFields + ICI treating 2L metastatic NSCLC following prior ICI treatment
GI	**PANOVA-3** TTFields + nab-paclitaxel + gemcitabine treating pancreatic cancer	**PANOVA-4** TTFields + atezolizumab + nab-paclitaxel + gemcitabine treating pancreatic cancer

1L, first-line; 2L, second-line; GI, gastrointestinal; ICI, immune checkpoint inhibitor; ndGBM, newly diagnosed GBM; NSCLC, non-small cell lung cancer; TTFields, Tumor Treating Fields therapy; TMZ, temozolomide.

prioritizing growth and path to profitability

OPTIMIZED OPERATIONS

Funding future without increased cash burn

FOCUSED GROWTH INVESTMENTS

NSCLC launch

Clinical trials in indications of proven efficacy

ACCELERATE PATH TO PROFITABILITY

significant pipeline catalysts on foundation of positive cashflow business

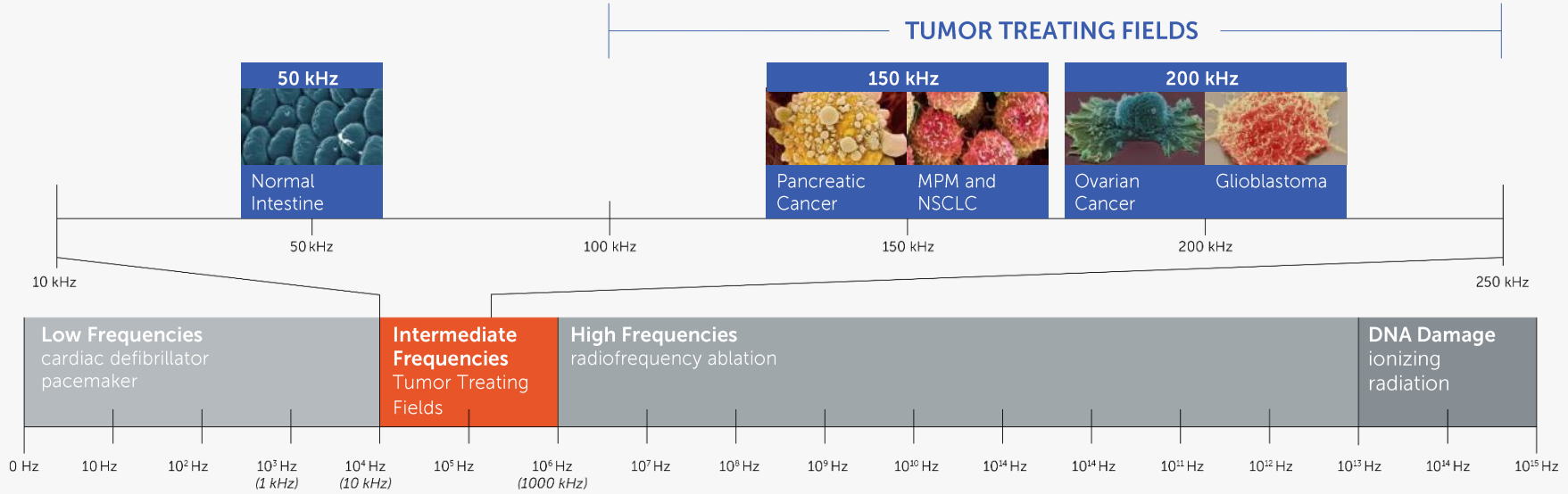
- METIS data
- LUNG APPROVALS & LAUNCH
- PANOVA-3 data

2024 CATALYSTS

PROFITABLE GBM BUSINESS

appendix

therapy is frequency-tuned to target dividing cancer cells



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

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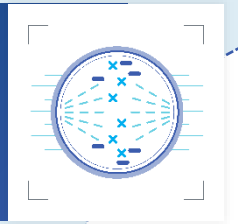
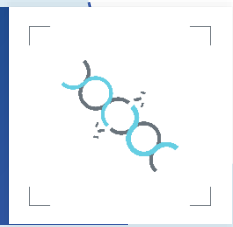
TTFields have multiple, distinct mechanisms of action

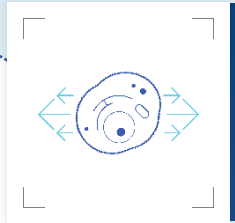
disruption of mitosis



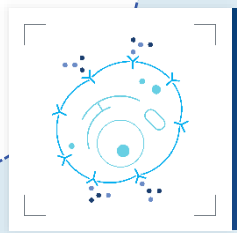
downregulation of DNA damage response



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



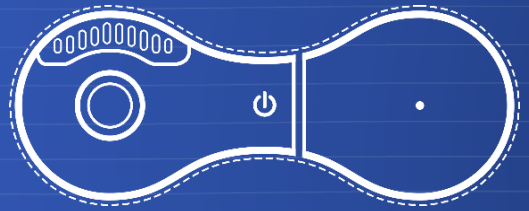
interference of cell movement and migration



downstream enhancement of antitumor immunity

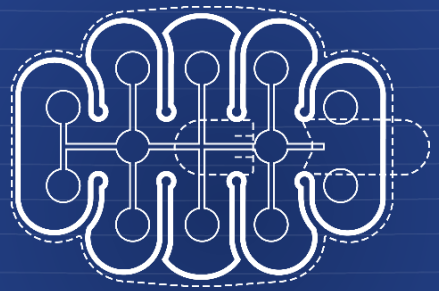
Rominiyi O, et al. *Tumour treating fields therapy for glioblastoma: current advances and future directions.* Br J Cancer. 2020 Nov 4.

product roadmap to prioritize dose and efficacy



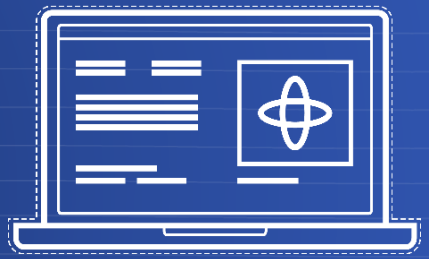
field generator

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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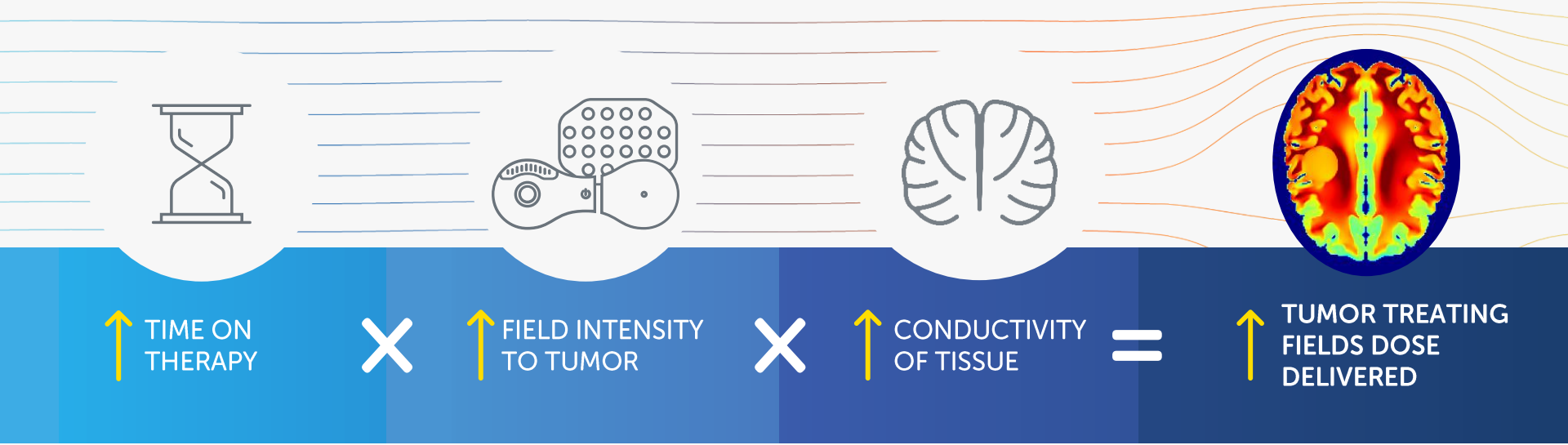
optimized dose delivered can lead to increased efficacy



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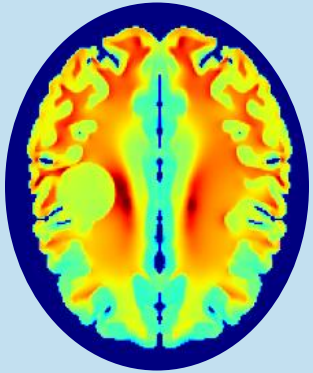
Ballo MT, et al. *Correlation of Tumor Treating Fields Dosimetry to Survival Outcomes in Newly Diagnosed Glioblastoma: A Large-Scale Numerical Simulation-Based Analysis of Data from the Phase 3 EF-14 Randomized Trial.* Int J Radiat Oncol Biol Phys. 2019 Aug 1;104(5):1106-1113.

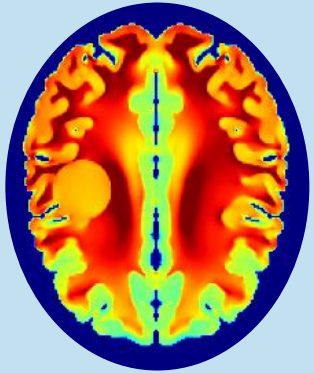
new lighter, thinner arrays deliver greater intensity

EXISTING ARRAYS
AP channel, 1,364 mAmps



VS.

NEW ARRAYS
AP channel, 1,685 mAmps



PMA SUPPLEMENT SUBMITTED IN Q4 2023

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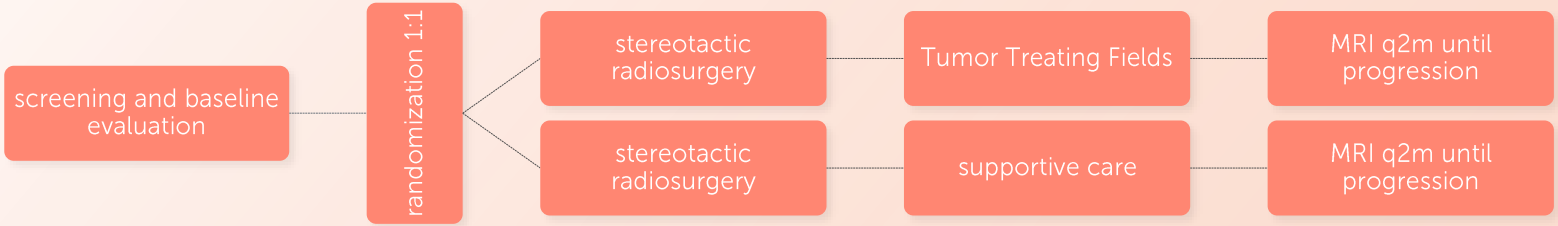
Array performance data obtained from patients utilizing the new array as part of Novocure's limited market release, initiated in Q4 2022.

ongoing trial designs

METIS: phase 3 trial in brain metastases from non-small cell lung cancer

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 late Q1 2024

1. clinicaltrials.gov. [NCT02831959]

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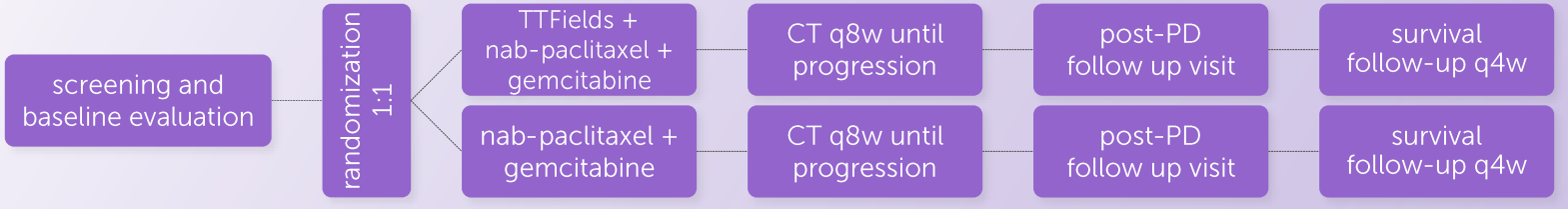
METIS Brain Metastasis

PANOVA-3: phase 3 trial in locally advanced 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)
- Top-line data anticipated in Q4 2024

1. clinicaltrials.gov. [NCT03377491]

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PANOVA-3 Pancreatic Cancer

PANOVA-4: phase 2 trial in metastatic pancreatic cancer

PILOT, SINGLE-ARM TRIAL DESIGN[1]

STUDY DESIGN

- 76 patients with 12-month minimum follow-up
- Primary endpoint: disease control rate
- Screening and enrollment ongoing
- Anticipated timing of data TBD

1. clinicaltrialsregister.eu [EudraCT 2022-003157-55].

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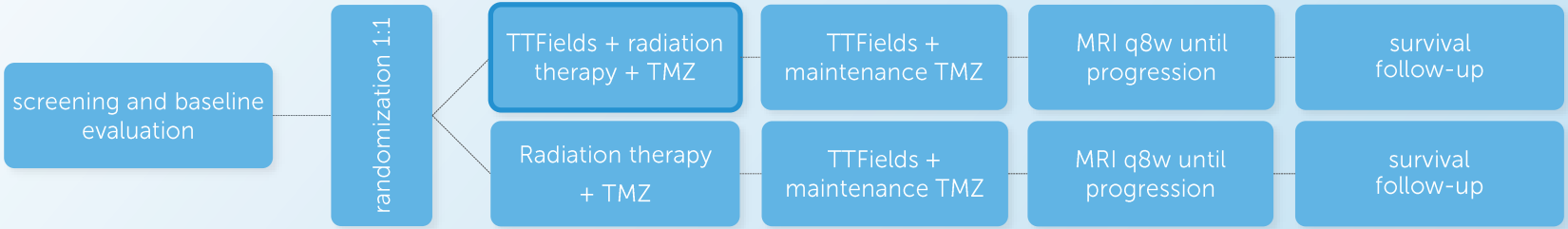
TRIDENT: phase 3 trial in newly diagnosed glioblastoma

OPEN-LABEL, RANDOMIZED TRIAL DESIGN[1]



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)
- Enrollment complete (January 2024)
- Data anticipated in 2026

1. clinicaltrials.gov. [NCT04471844]

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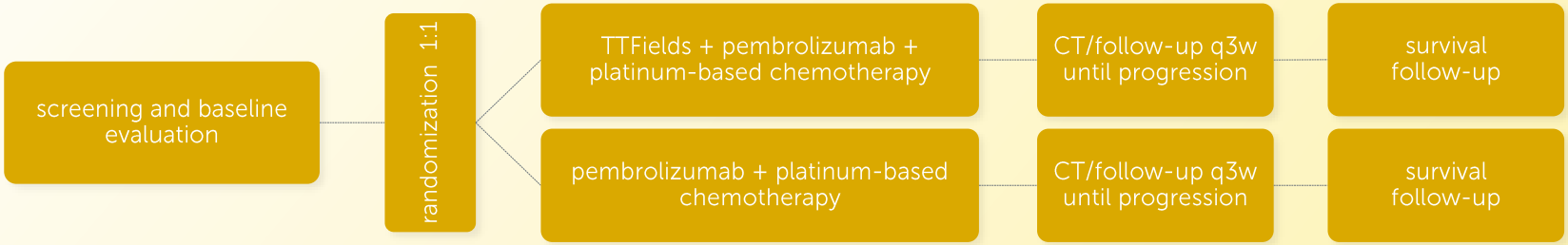
TRIDENT Glioblastoma

LUNAR-2: phase 3 trial in metastatic 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)
- Site initiations undeway

LUNAR-2 Lung Cancer

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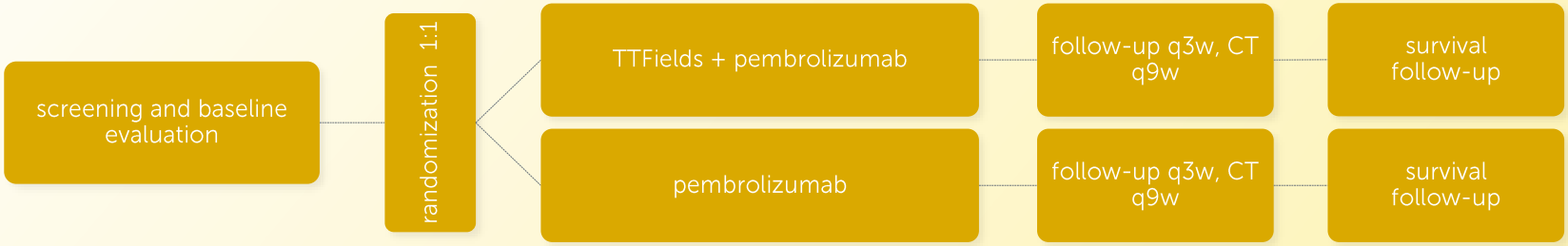
KEYNOTE B36: phase 2 trial in locally advanced or metastatic non-small cell lung cancer

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

1. clinicaltrials.gov. [NCT04892472]

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KEYNOTE B36 Lung Cancer

Optune Lua® and Optune Gio™ indications for use and important safety information

INDICATIONS

- Optune Gio is intended as a treatment for adult patients (22 years of age or older) with histologically-confirmed glioblastoma multiforme (GBM).
- Optune Gio 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 Gio 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 Gio 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 Gio together with skull defects or bullet fragments has not been tested and may possibly lead to tissue damage or render Optune Gio 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 Gio 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 Gio 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 Gio 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 Gio™ indications for use and important safety information

WARNINGS AND PRECAUTIONS

- Optune Gio 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 Gio 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 Gio 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 Gio or Optune Lua treatment.
- Do not prescribe Optune Gio 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 Gio and Optune Lua in these populations have not been established.
- Please go to Optune.com to see the Optune Gio 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.

