forward-looking statements

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As of the date of this presentation, Optune GIO and Optune LU are FDA-approved for the treatment of adults with supratentorial glioblastoma, or GBM, and for the treatment of adults with malignant pleural mesothelioma or pleural mesothelioma (MPM), respectively, and the approval for use in other indications is not certain. Novocure can provide no assurances regarding market acceptance of Optune GIO or Optune LU 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

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*

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** launched in Europe
**New array** FDA PMA supplement submitted
**New array** U.S. approval and launch

*Enrollment completed in January 2024
together with our patients, we strive to extend survival in some of the most aggressive forms of cancer
Tumor Treating Fields (TTFields) are selectively tuned electric fields that exert physical forces to kill cancer cells.
Optune Gio® wearable cancer therapy system

DELIVERS CONTINUOUS TUMOR TREATING FIELDS THERAPY TO SOLID TUMORS

TWO PRIMARY COMPONENTS
electric field generator and transducer arrays

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

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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

LAUNCH LUNG

DELIVER PIPELINE
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 is proven to extend patient survival

**EF-14 PHASE 3 PIVOTAL STUDY IN NEWLY DIAGNOSED GBM**

Overall survival (5-year survival analysis)

- **Optune Gio + TMZ (n=466)**
- **TMZ alone (n=229)**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Optune Gio + TMZ</th>
<th>TMZ alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median OS from randomization (months)</td>
<td>20.9</td>
<td>16.0</td>
</tr>
<tr>
<td>Log-rank P-value</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>HR (95% CI)</td>
<td>0.63 (0.53–0.76)</td>
<td></td>
</tr>
<tr>
<td>Median OS from diagnosis (months)</td>
<td>24.5</td>
<td>19.8</td>
</tr>
</tbody>
</table>

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

- **43%**

**BETTER survival at 5 YEARS**

- **13%** Optune Gio + TMZ
- **5%** TMZ alone

*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® was mild to moderate skin irritation.*

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Optune Gio: greater exposure increased survival

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

- 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=62): 16 months
- 0%-40% (n=229): 14 months

**Annual Survival Rate of Highest Usage Patients**

- Optune Gio + TMZ: 86%
- TMZ alone: 65.3%

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.
real-world evidence demonstrates long and durable survival benefit with Optune Gio, consistent with EF-14

OVERALL SURVIVAL FOR U.S. PATIENTS FROM OPTUNE GIO START (N=974)

31%

POST-PROGRESSION SURVIVAL FOR PATIENTS CONTINUING OPTUNE GIO (N=59)²

INCREASE OF SIGNIFICANCE VERSUS TMZ ALONE²

no toxicity
phase 3 LUNAR trial in NSCLC met primary endpoint

STATISTICALLY SIGNIFICANT AND CLINICALLY MEANINGFUL IMPROVEMENT IN OS

- **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)

**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**

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; 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.

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significant opportunity to treat NSCLC patients

<table>
<thead>
<tr>
<th><strong>114K</strong></th>
<th><strong>~30,000</strong></th>
<th><strong>&gt;7 YEARS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>stage IV NSCLC 1L patients in the U.S.</td>
<td>seek treatment for metastatic NSCLC post platinum</td>
<td>since any therapy has shown a significant improvement in overall survival in 2L NSCLC</td>
</tr>
</tbody>
</table>

60% receive 1L platinum-based chemotherapy

50% progress and seek 2L treatment

Sources: DRG Diagnosed first line NSCLC metastatic drug-treated population (2023; accessed 8/1/23); CancerMPactNSCLCTreatmentArchitecture (Jul 2023). 1L, first line; 2L, second line.
preparing for 2024 NSCLC launch

2023

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

2024

REGULATORY PATHWAY
✓ Technical file submitted in EU
✓ PMA accepted for review at FDA
✓ Application submitted to Japan PMDA
  • CE Mark (expected 1H 2024)
  • FDA PMA (expected 2H 2024)

2025

COMMERCIAL LAUNCH
✓ HCP and patient campaigns
✓ DTC campaign
✓ Global advisory boards
✓ KOL engagements
  • Launch in U.S. and Germany
  • Establish reimbursement
phase 3 trial top-line data anticipated in 2024

**METIS**
Brain Metastasis

TTFields monotherapy following SRS in brain metastases from NSCLC

**TOP-LINE DATA ANTICIPATED LATE Q1 2024**

**PANOVA-3**
Pancreatic Cancer

TTFields therapy + gemcitabine + nab-paclitaxel in 1L locally advanced pancreatic cancer

**TOP-LINE DATA ANTICIPATED Q4 2024**
### Platform Technology Driving Robust Clinical Pipeline

<table>
<thead>
<tr>
<th>Phase 3</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glioblastoma</strong></td>
<td><strong>Non-Small Cell Lung Cancer</strong></td>
</tr>
<tr>
<td><strong>Trident</strong></td>
<td><strong>Keynote D58</strong></td>
</tr>
<tr>
<td>TTFields therapy + TMZ + radiation treating ndGBM</td>
<td>TTFields therapy + pembrolizumab + TMZ treating ndGBM</td>
</tr>
<tr>
<td><strong>Keynote B36</strong></td>
<td><strong>Lunar-2</strong></td>
</tr>
<tr>
<td>TTFields monotherapy treating brain metastases from NSCLC</td>
<td>TTFields + pembrolizumab + chemotherapy treating 1L metastatic NSCLC</td>
</tr>
<tr>
<td><strong>Lunar-4</strong></td>
<td><strong>Panova-3</strong></td>
</tr>
<tr>
<td>TTFields therapy + pembrolizumab treating 1L advanced or metastatic NSCLC</td>
<td>TTFields therapy + nab-paclitaxel + gemcitabine treating 1L locally advanced pancreatic cancer</td>
</tr>
<tr>
<td><strong>Panova-4</strong></td>
<td></td>
</tr>
<tr>
<td>TTFields therapy + atezolizumab + nab-paclitaxel + gemcitabine treating 1L metastatic pancreatic cancer</td>
<td></td>
</tr>
</tbody>
</table>

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**Notes:**
- 1L: first-line; 2L: second-line; GBM, glioblastoma; 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

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

0 Hz 10 Hz 10^1 Hz 10^2 Hz 10^3 Hz 10^4 Hz 10^5 Hz 10^6 Hz 10^7 Hz 10^8 Hz 10^9 Hz

10 kHz 50 kHz 100 kHz 150 kHz 200 kHz 250 kHz

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

PMA SUPPLEMENT SUBMITTED IN Q4 2023

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

• screening and baseline evaluation
  • randomization 1:1
  • stereotactic radiosurgery
  • stereotactic radiosurgery
  • Tumor Treating Fields
  • supportive care
  • MRI q2m until progression
  • MRI q2m until progression

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]
PANOVA-3: phase 3 trial in locally advanced pancreatic cancer

OPEN-LABEL, RANDOMIZED TRIAL DESIGN

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]
PANOVA-4: phase 2 trial in metastatic pancreatic cancer

**PILOT, SINGLE-ARM TRIAL DESIGN**

- **screening and baseline evaluation**
- **TTFields + atezolizumab + nab-paclitaxel + gemcitabine**
- **CT q8w until progression**
- **post-PD follow up visit**
- **survival follow-up q3m**

**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. clinicaltrialregister.eu [EudraCT 2022-003157-55].
TRIDENT: phase 3 trial in newly diagnosed glioblastoma

**OPEN-LABEL, RANDOMIZED TRIAL DESIGN**

1. **screening and baseline evaluation**
2. **randomization**
   - TTFields + radiation therapy + TMZ
   - Radiation therapy + TMZ
3. **TTFields + maintenance TMZ**
4. **MRI q8w until progression**
5. **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)
- Enrollment complete (January 2024)
- Data anticipated in 2026

1. [clinicaltrials.gov](https://clinicaltrials.gov) [NCT04471844]
LUNAR-2: phase 3 trial in metastatic non-small cell lung cancer

OPEN-LABEL RANDOMIZED TRIAL DESIGN

- screening and baseline evaluation
- 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)
- Site initiations underway

1. clinicaltrials.gov [NCT06216301]
KEYNOTE B36: phase 2 trial in locally advanced or metastatic non-small cell lung cancer

OPEN-LABEL RANDOMIZED TRIAL DESIGN

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]
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 OptuneGio.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.

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