



Novocure

May 2024

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 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 22, 2024, 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 Gio and Optune Lua 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 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 enrolled*

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 released
PANOVA-3 top-line data
LUNAR-2 open and enrolling
KEYNOTE D58 IND approved

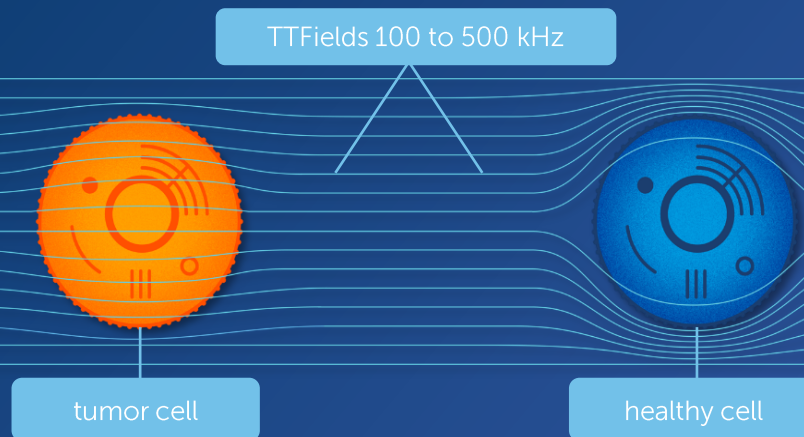
New array U.S. approval and launch

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

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



Optune Gio® wearable cancer therapy system

**DELIVERS CONTINUOUS TUMOR TREATING FIELDS
THERAPY TO SOLID TUMORS**



TWO PRIMARY COMPONENTS
electric field generator
and transducer arrays



strategy for long-term growth



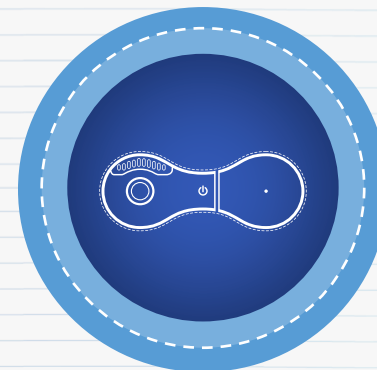
drive commercial adoption

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 (2023)

3,845

ACTIVE PATIENTS ON THERAPY*

NCCN Category 1

GUIDELINE RECOMMENDATION

30-40%

PENETRATION IN KEY COUNTRIES

reimbursement

ACROSS MAJOR GLOBAL MARKETS

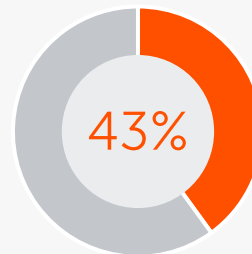
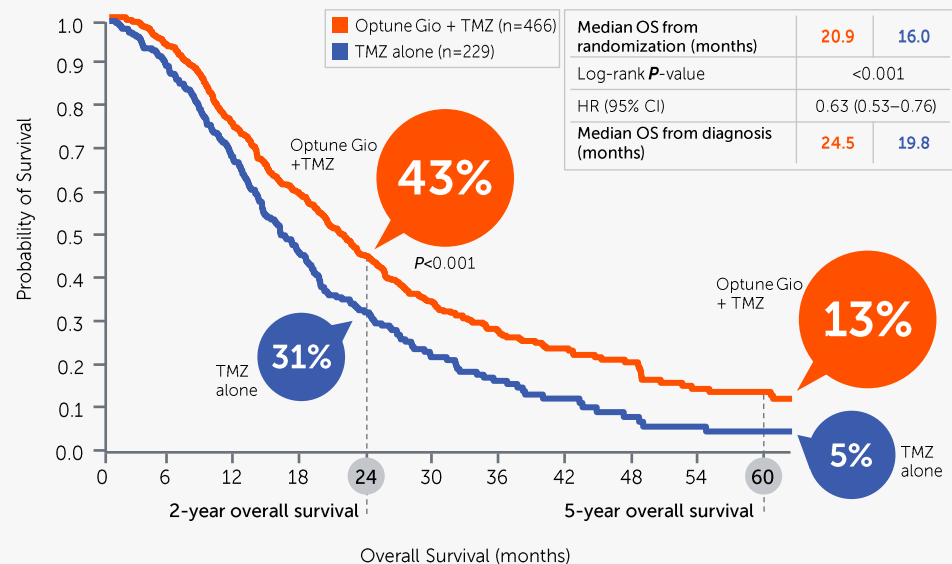
robust intellectual
property

PORTFOLIO WITH MATERIAL
PRODUCT DEVELOPMENTS

Optune Gio is proven to extend patient survival

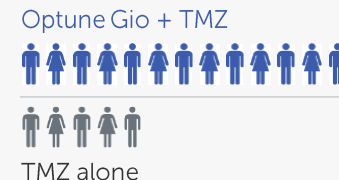
EF-14 PHASE 3 PIVOTAL STUDY IN NEWLY DIAGNOSED GBM

Overall survival (5-year survival analysis)



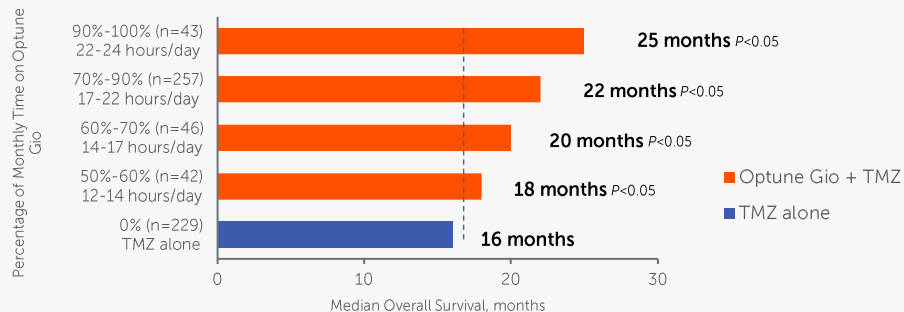
NEARLY HALF
of people using
Optune Gio + TMZ
ALIVE AT 2 YEARS

BETTER 13%
survival at
5 YEARS 5%

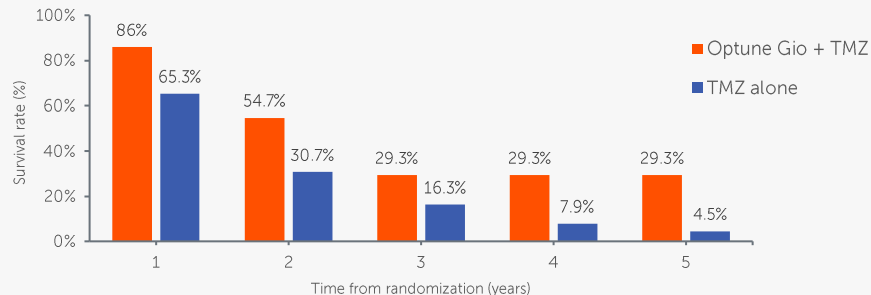


Optune Gio: greater exposure increased survival

MEDIAN OVERALL SURVIVAL BY PERCENT OF TIME ON OPTUNE GIO



ANNUAL SURVIVAL RATE OF HIGHEST USAGE PATIENTS



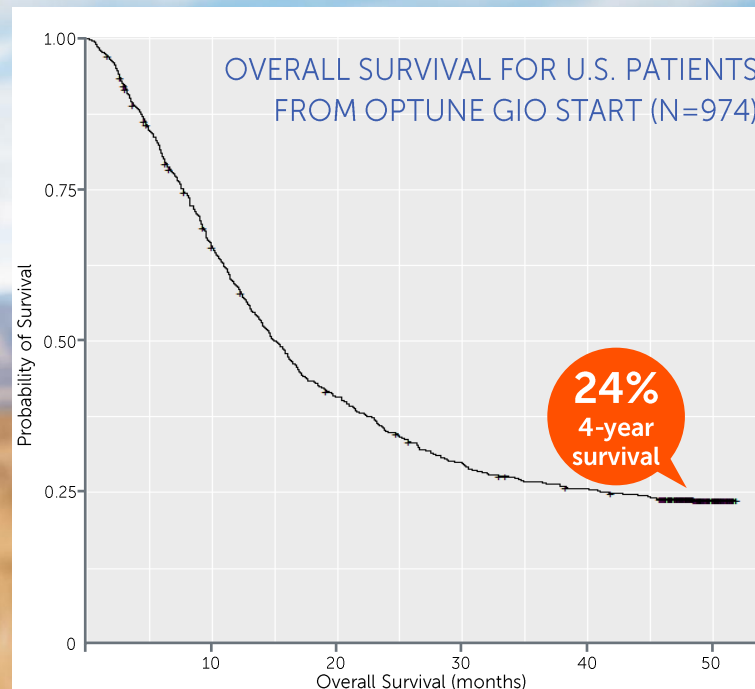
86%

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

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



31%

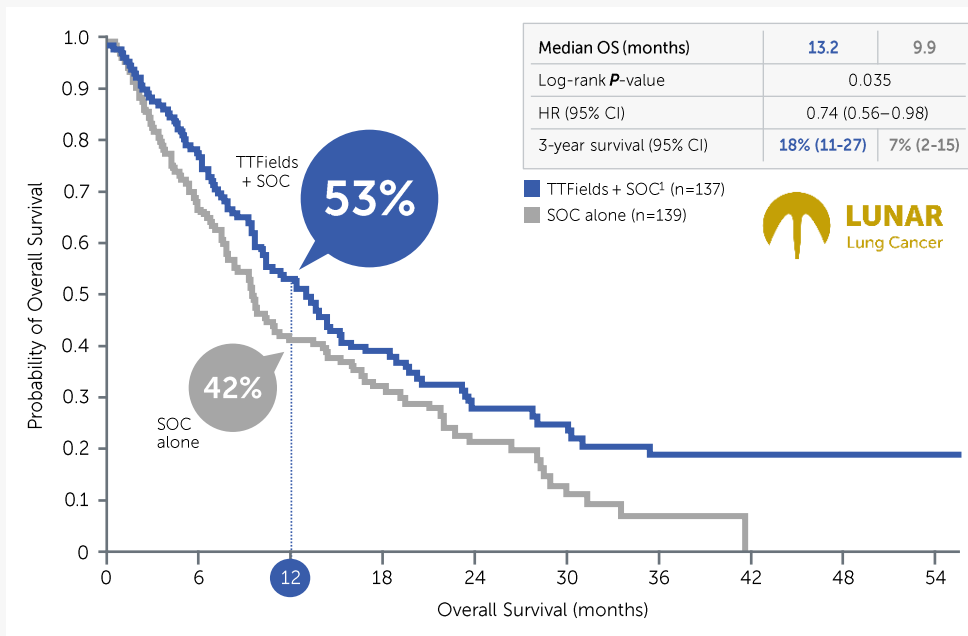
POST-PROGRESSION SURVIVAL FOR PATIENTS CONTINUING OPTUNE GIO (N=59)¹

no toxicity

INCREASE OF SIGNIFICANCE VERSUS TMZ ALONE²

phase 3 LUNAR trial in NSCLC 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

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

preparing for 2024 NSCLC launch



phase 3 METIS trial met primary endpoint



METIS
Brain Metastasis

MET PRIMARY ENDPOINT

Patients on TTFIELDS arm achieved 21.9-month median time to intracranial progression vs. 11.3 months in the control arm ($p=0.016$; $HR=0.67$)

SUSTAINED FUNCTION WITHOUT SYSTEMIC TOXICITY




Patients treated with TTFIELDS experienced sustained neurocognitive function and quality of life, without an increase in systemic toxicity

RESULTS TO BE PRESENTED AT ASCO

METIS study to be presented as late-breaking abstract at American Society of Clinical Oncology (ASCO) 2024



platform technology driving robust clinical pipeline

	PHASE 3	PHASE 2
 GLIOBLASTOMA	TRIDENT TTFields therapy + TMZ + radiation treating ndGBM	
	KEYNOTE D58 TTFields therapy + pembrolizumab + TMZ treating ndGBM	
 NON-SMALL CELL LUNG CANCER	METIS TTFields monotherapy treating brain metastases from NSCLC	KEYNOTE-B36 TTFields therapy + pembrolizumab treating 1L advanced or metastatic NSCLC
	LUNAR-2 TTFields + pembrolizumab + chemotherapy treating 1L metastatic NSCLC	LUNAR-4 TTFields + ICI treating 2L metastatic NSCLC following prior ICI treatment
 PANCREATIC CANCER	PANOVA-3 TTFields therapy + nab-paclitaxel + gemcitabine treating 1L locally advanced pancreatic cancer	PANOVA-4 TTFields therapy + atezolizumab + nab-paclitaxel + gemcitabine treating 1L metastatic pancreatic cancer

significant pipeline catalysts on foundation of positive cashflow business

METIS DATA

LUNG APPROVALS & LAUNCH

PANOVA-3 DATA

2024 CATALYSTS

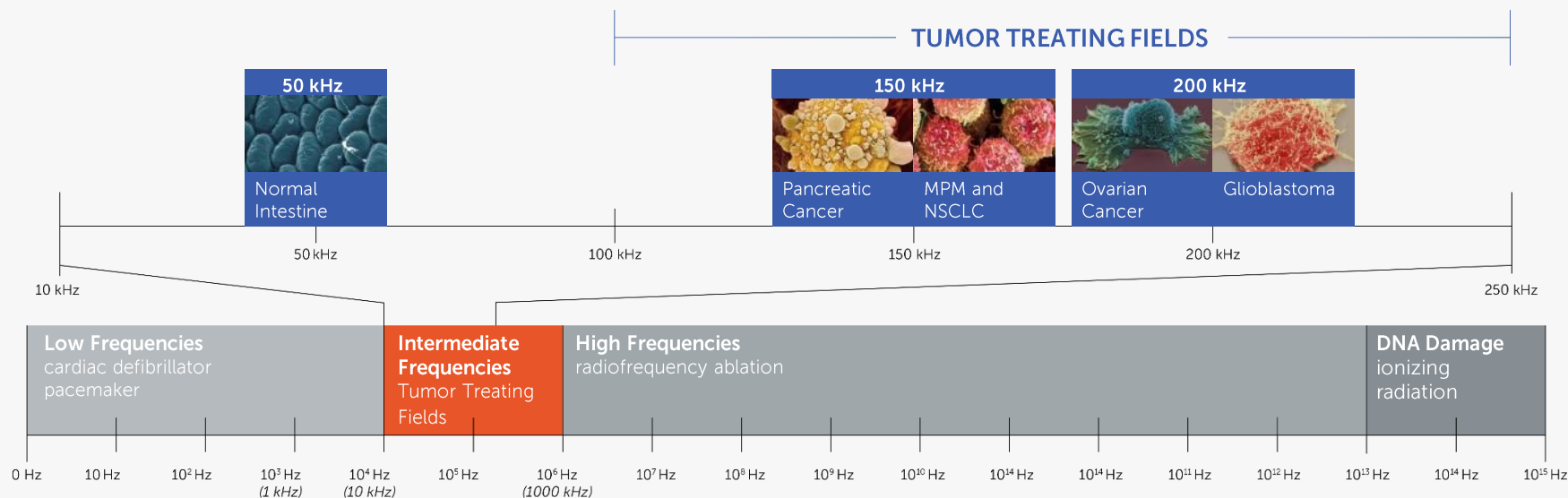
PROFITABLE GBM BUSINESS



appendix

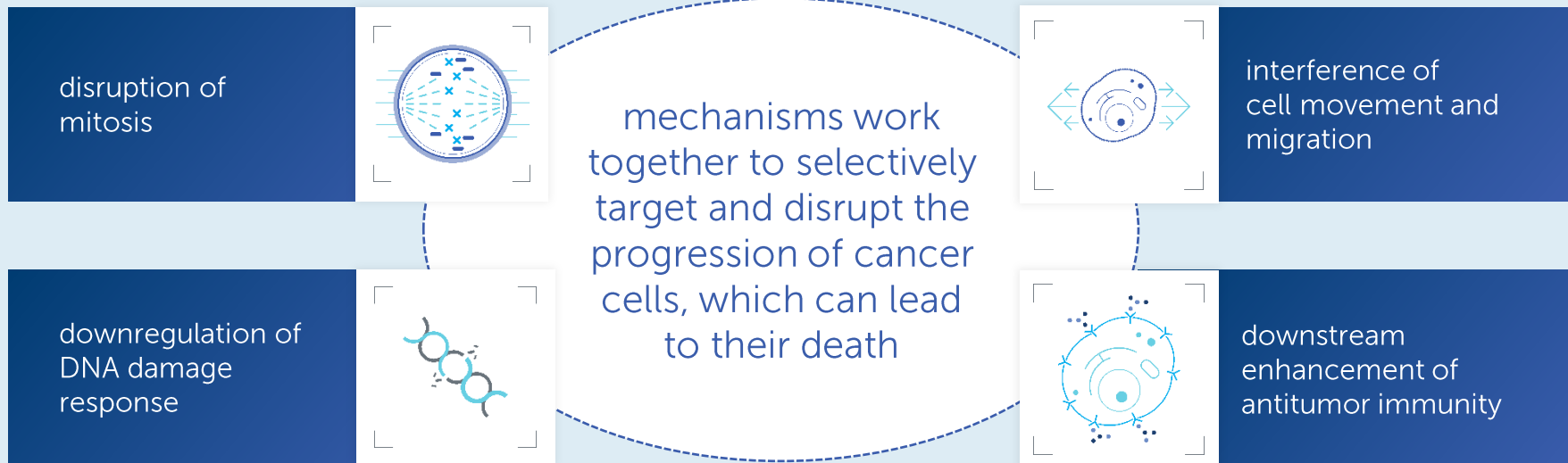


therapy is frequency-tuned to target dividing cancer cells

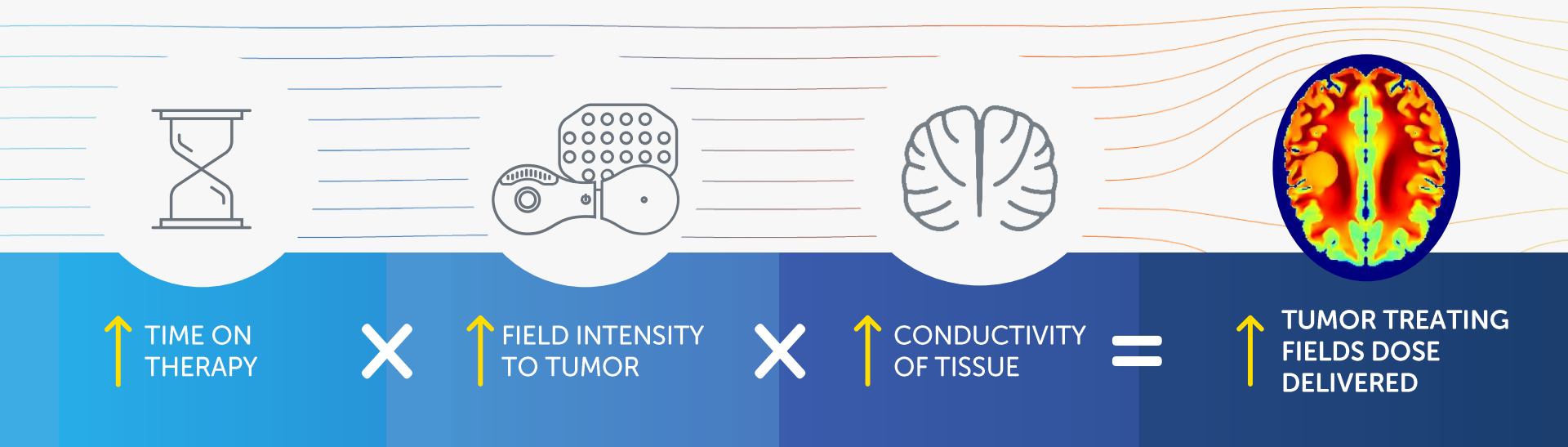


MPM: malignant pleural mesothelioma
 NSCLC: non-small cell lung cancer

TTFields have multiple, distinct mechanisms of action

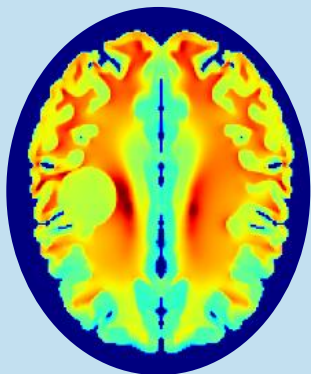


optimized dose delivered can lead to increased efficacy



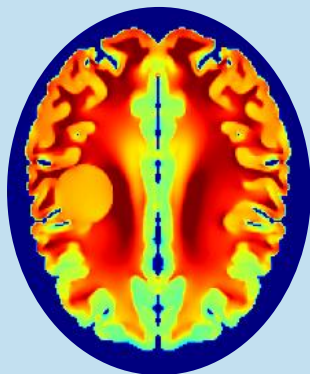
new lighter, thinner arrays deliver greater intensity

EXISTING ARRAYS
AP channel, 1,364 mAmps



VS.

NEW ARRAYS
AP channel, 1,685 mAmps



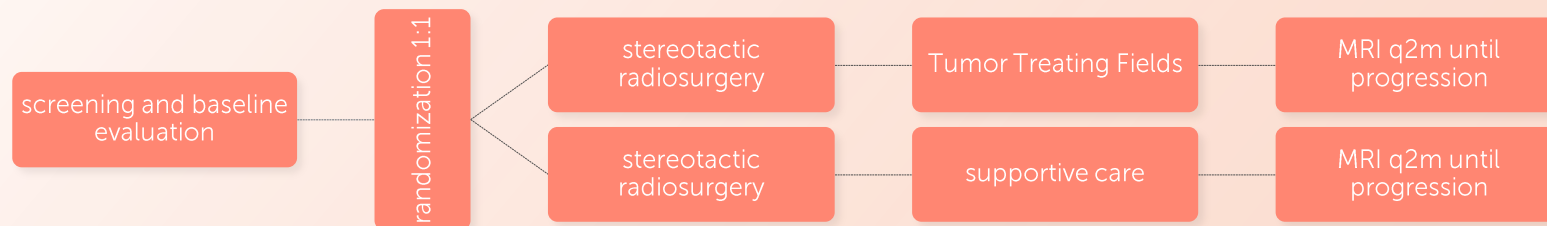
PMA SUPPLEMENT SUBMITTED IN Q4 2023

ongoing trial designs



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

OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹



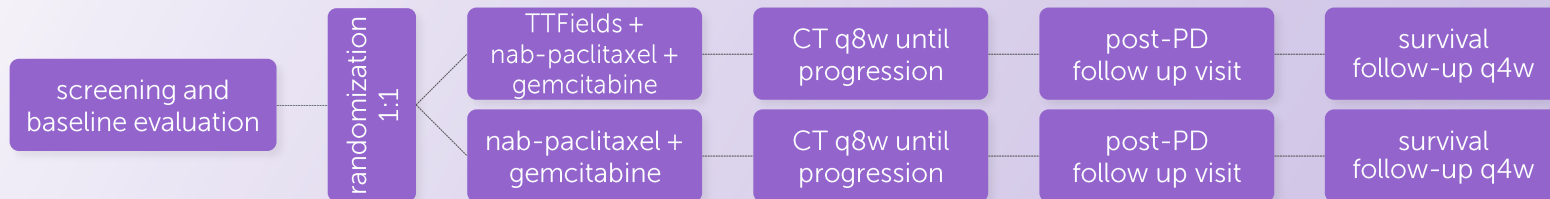
STUDY DESIGN

- 270 patients with 12-month minimum follow-up
- Primary endpoint: time to intracranial progression
- Enrollment complete (March 2023)
- **MET PRIMARY ENDPOINT, late-breaking abstract to be presented at ASCO 2024**

1. clinicaltrials.gov. [NCT02831959]

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

OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹



STUDY DESIGN

- 556 patients with 18-month minimum follow-up
- Primary endpoint: 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 DESIGN¹



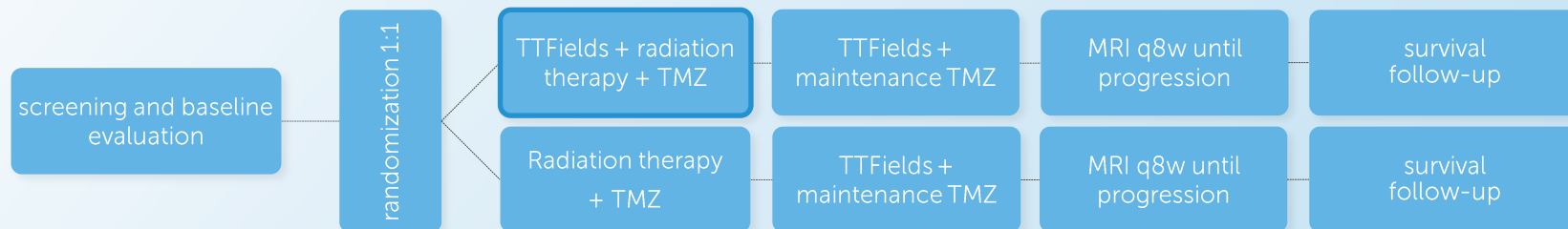
STUDY DESIGN

- 76 patients with 12-month minimum follow-up
- Primary endpoint: disease control rate
- Screening and enrollment ongoing

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

TRIDENT: phase 3 trial in newly diagnosed glioblastoma

OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹



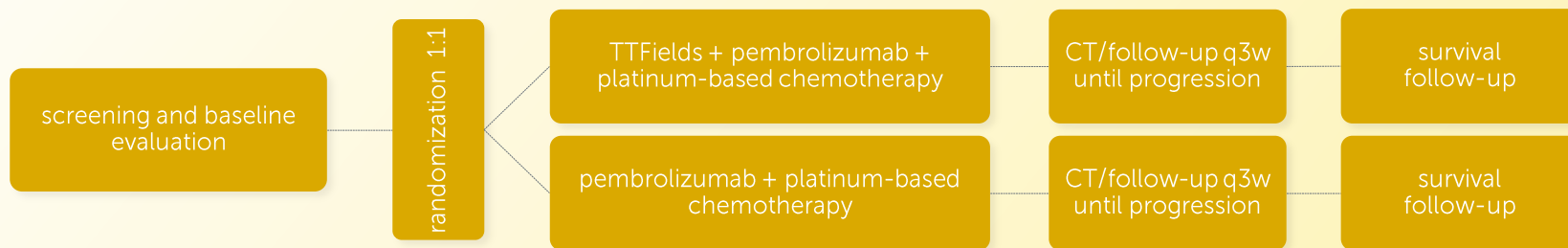
STUDY DESIGN

- 950 patients with 24-month minimum follow-up
- Primary endpoint: overall survival
- Enrollment complete (January 2024)
- Data anticipated in 2026

1. clinicaltrials.gov. [NCT04471844]

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

OPEN-LABEL RANDOMIZED TRIAL DESIGN

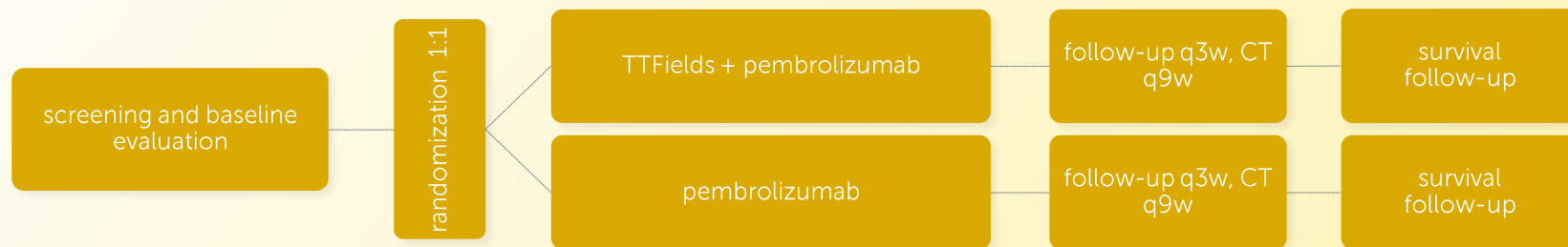


STUDY DESIGN

- 734 patients with 21-month minimum follow-up
- Primary endpoints: overall survival (OS), progression-free survival (PFS)
- Site initiations underway

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

OPEN-LABEL RANDOMIZED TRIAL DESIGN¹



STUDY DESIGN

- 100 patients with 12-month minimum follow-up
- Primary endpoint: progression-free survival
- Screening and enrollment ongoing

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 ($\geq 10\%$) 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 ($\geq 10\%$) 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 ($\geq 10\%$) 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 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.