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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 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 27, 2025, 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 is FDA-approved for the treatment of adults with supratentorial glioblastoma (GBM). Optune Lua is FDA-approved for the treatment of adult patients with metastatic non-small cell lung cancer (mNSCLC) 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.

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

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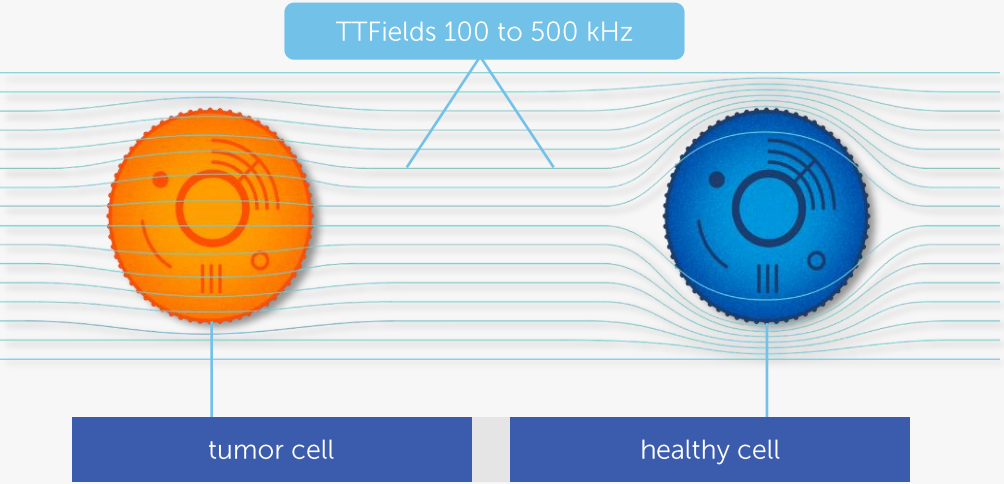
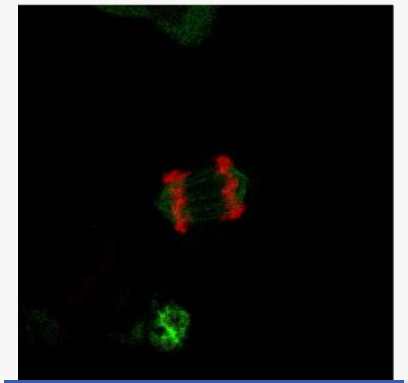
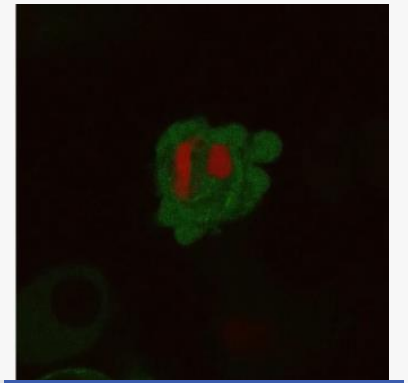
Tumor Treating Fields (TTFields) target the electrical properties of cancer cells





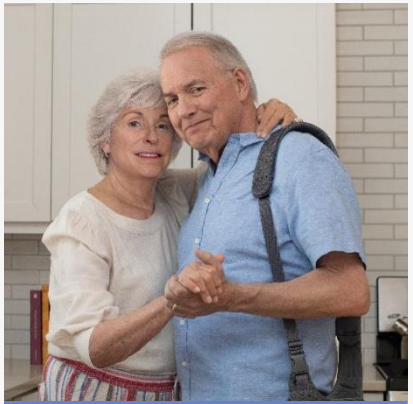
control



TTFields

TTFields are delivered through a portable, wearable medical device

OPTUNE GIO®



OPTUNE LUA®

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strong foundation and building towards profitability

approved and reimbursed
IN MAJOR GLOBAL MARKETS

>4,000
GLOBAL ACTIVE PATIENTS ON THERAPY

NCCN Category 1
GUIDELINE RECOMMENDATION

$605M
2024 NET REVENUE

$210M
2024 R&D INVESTMENTS

intellectual property
ROBUST PORTFOLIO WITH ONGOING DEVELOPMENTS

LTM, last twelve months; NSCLC, R&D, research and development.

2024 achievements and 2025 milestones ahead

	DRIVING COMMERCIAL ADOPTION	ADVANCING CLINICAL PIPELINE	DELIVERING PRODUCT INNOVATION
2024 ACHIEVEMENTS	**Generated $605 million** in net revenues **NSCLC** PMA approved	**METIS** met primary endpoint **PANOVA-3** met primary endpoint **LUNAR-2 and KEYNOTE D58** open and enrolling	**New array** FDA approved and rolling-out globally
2025 MILESTONES	**NSCLC CE Mark achieved, launch underway in Germany** **NSCLC** drive global active patient growth and pursue reimbursement **NSCLC** PMDA approval and launch in Japan	**METIS submit to FDA;** publish data **PANOVA-3 submit to FDA;** publish data **TRIDENT and PANOVA-4** patient follow up; prepare for H1 2026 data	**Launch MyNovocure patient app** **New array** utilized by every Optune Gio patient **Advance next gen** torso array

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Yellow font denotes achievements achieved, white font denotes achievements anticipated in 2025. FDA, U.S. Food and Drug Administration; NSCLC, non-small cell lung cancer

entering a new era with expanding oncology platform driven by 3 positive phase 3 trials

FIRST INDICATION IN GBM

3 POSITIVE TRIALS IN NEW INDICATIONS

MULTI-INDICATION PLATFORM THERAPY

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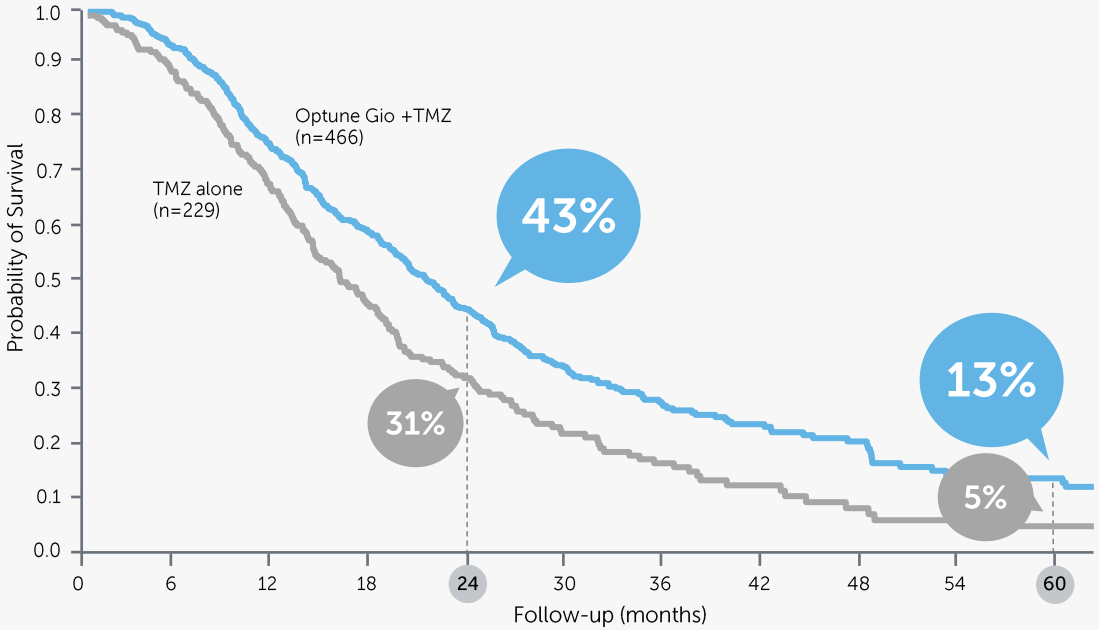
extended survival in newly diagnosed GBM

EF-14 PHASE 3 CLINCAL TRIAL OVERALL SURVIVAL



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

NEXT STEPS:
Potentially label expanding TRIDENT, KEYNOTE D58 trials

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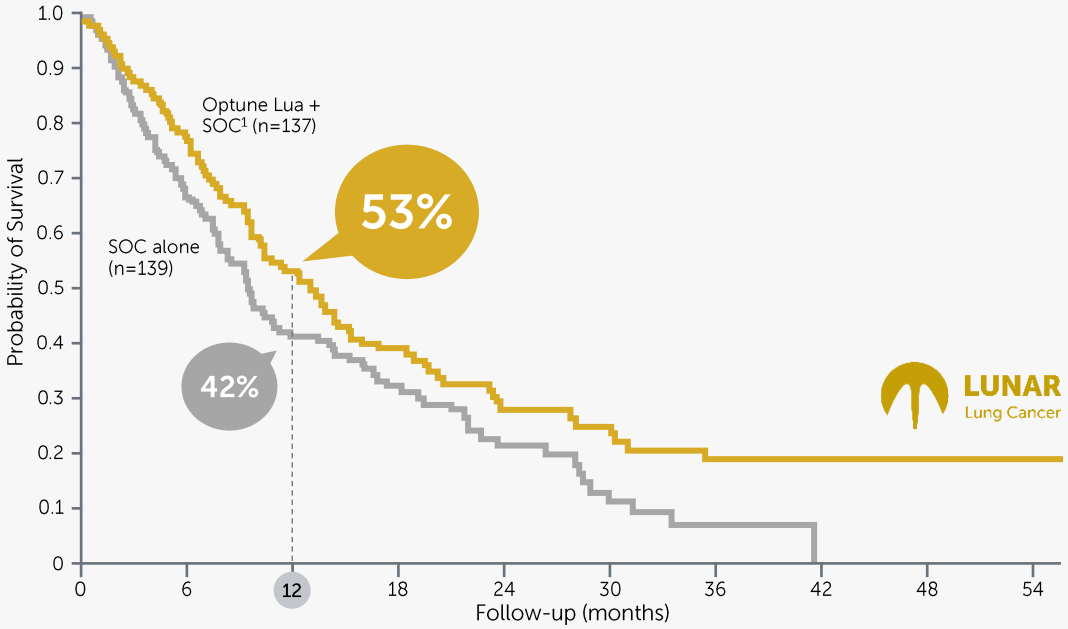
Stupp R, et al. *Cancer Res. 2017;77(suppl 13).* American Association for Cancer Research. CI, confidence interval; GBM, glioblastoma; HR, hazard ratio; OS, overall survival; TMZ, temozolomide. Mild to moderate skin irritation is the most common device related adverse event.

extended survival in metastatic NSCLC

LUNAR PHASE 3 CLINCAL TRIAL OVERALL SURVIVAL



	Optune Lua + SOC (n=137)	SOC alone (n=139)
Median OS (months)	13.2	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)	7% (2-15)

NEXT STEPS:
U.S., Germany launches underway; Japan commercial application under review

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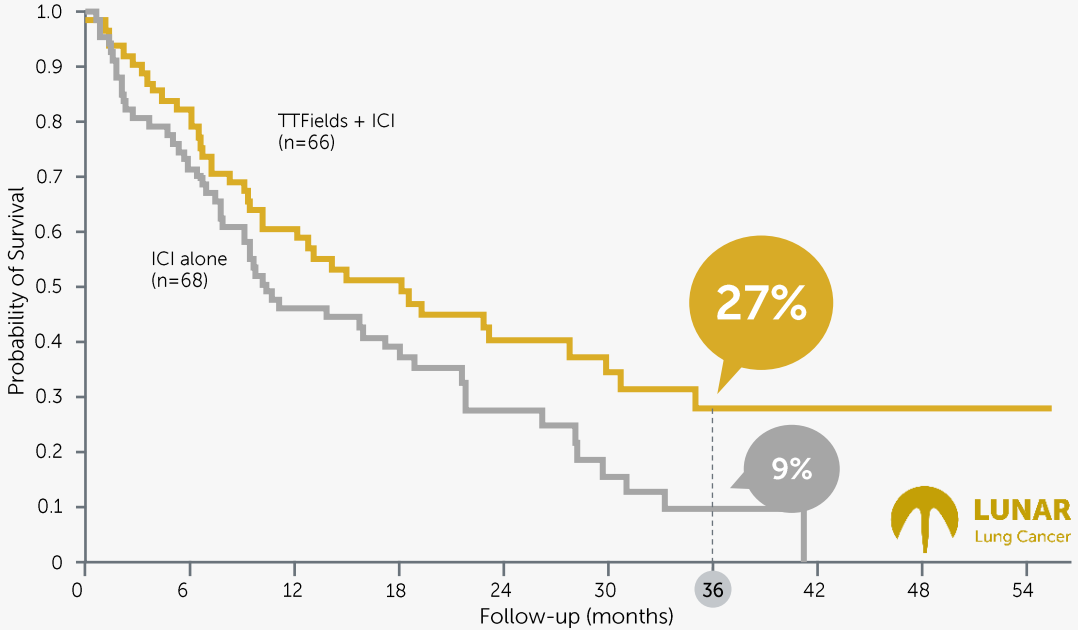
Leal et al. Tumor Treating Fields therapy with standard systemic therapy versus standard systemic therapy alone in metastatic non-small-cell lung cancer following progression on or after platinum-based therapy (LUNAR): a randomised, open-label, pivotal phase 3 study. *Lancet Oncol.* 2023 Sep;24(9):1002-1017. 1, Investigator's choice immune checkpoint inhibitor or docetaxel.; CI, confidence interval; HR, hazard ratio; NSCLC, non-small cell lung cancer; OS, overall survival; SOC, standard of care; TTFields, Tumor Treating Fields. Mild to moderate skin irritation is the most common device related adverse event.

extended survival together in mNSCLC with ICI

LUNAR PHASE 3 CLINCAL TRIAL OVERALL SURVIVAL IN ICI COHORT



	TTFields + ICI (n=66)	ICI alone (n=68)
Median OS (months)	18.5	10.8
Log-rank ***P***-value	0.03	
HR (95% CI)	0.63 (0.41–0.96)	
3-year survival (95% CI)	27% (15-27)	9% (3-21)

NEXT STEPS:
Potentially label expanding LUNAR-2 trial

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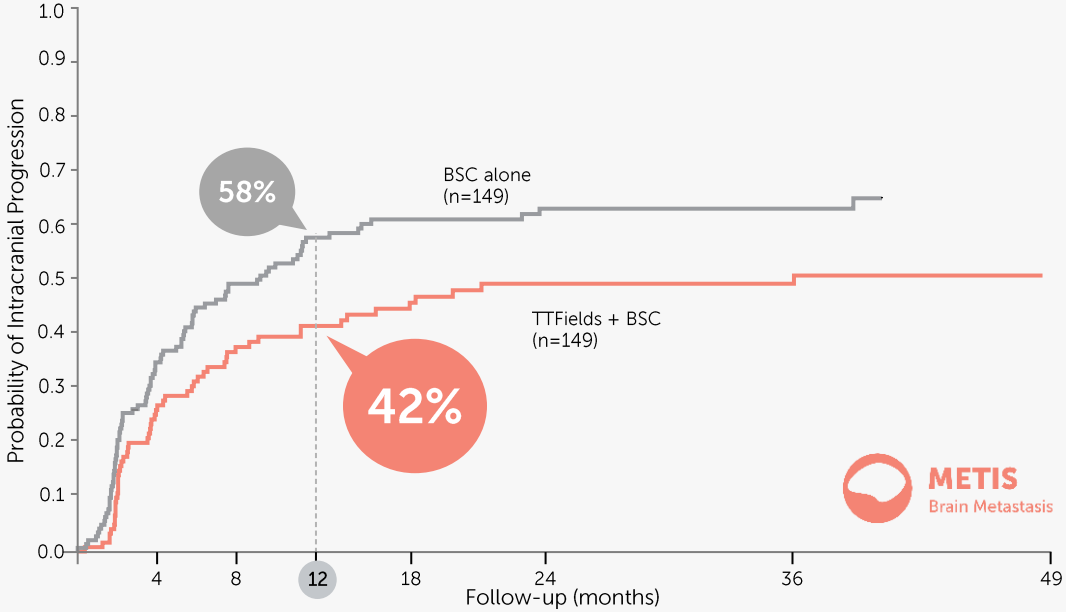
Leal et al. Tumor Treating Fields therapy with standard systemic therapy versus standard systemic therapy alone in metastatic non-small-cell lung cancer following progression on or after platinum-based therapy (LUNAR): a randomised, open-label, pivotal phase 3 study. *Lancet Oncol.* 2023 Sep;24(9):1002-1017. CI, confidence interval; HR, hazard ratio; ICI, immune checkpoint inhibitor; mNSCLC, metastatic non-small cell lung cancer; OS, overall survival; SOC, standard of care, TTFields, Tumor Treating Fields. Mild to moderate skin irritation is the most common device related adverse event.

extended time to progression in brain metastases

METIS TRIAL TIME TO INTRACRANIAL PROGRESSION



	TTFields + BSC (n=149)	BSC alone (n=149
Median TTIP (months)	21.9	11.3
Log-rank ***P***-value	0.0158	
HR (95% CI)	0.667 (0.480–0.927)	

NEXT STEPS:
Global regulatory filings underway

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Minesh P. Mehta et al., Results from METIS (EF-25), an international, multicenter phase III randomized study evaluating the efficacy and safety of tumor treating fields (TTFields) therapy in NSCLC patients with brain metastases. *JCO* **42**, 2008-2008(2024).DOI:10.1200/JCO.2024.42.16_suppl.2008 BSC, best supportive care; CI, confidence interval; HR, hazard ratio; TTFields, Tumor Treating Fields; TTIP, time to intracranial progression.

Phase 3 PANOVA-3 accepted late breaking abstract at ASCO 2025

PANOVA-3 ORAL PRESENTATION

Dr. Vincent Picozzi, MD, Virginia Mason Medical Center, Seattle, WA

May 31, 2025 from 3:00 – 6:00 PM CDT

Investor event with live webcast to follow

16.2 months mOS in patients treated with TTFields therapy + gemcitabine + nab-paclitaxel (HR=0.819, p=0.039)

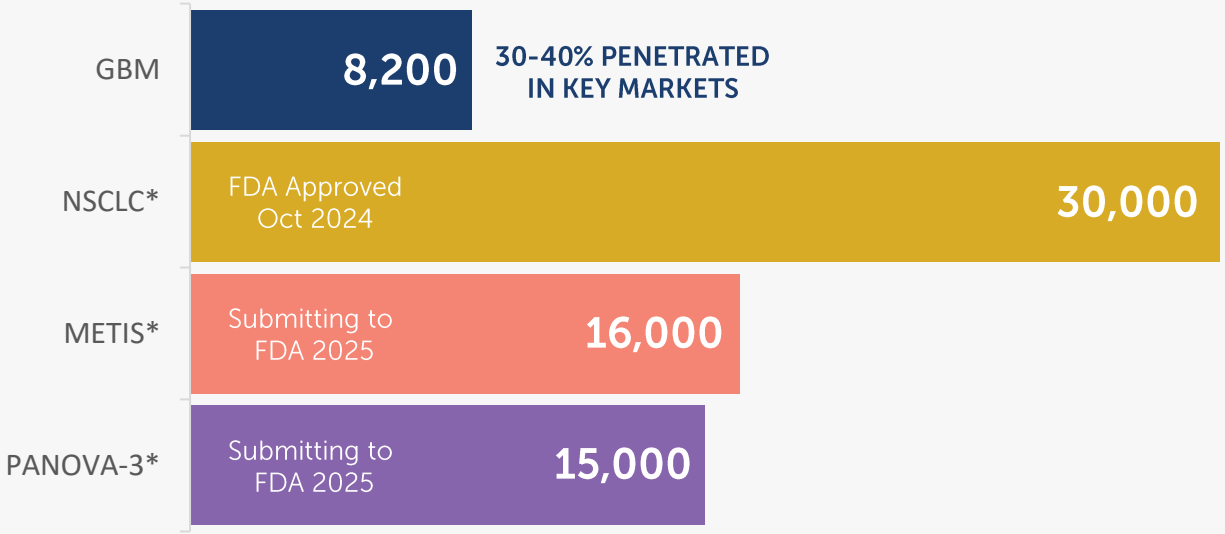
VS

14.2 months mOS in patients treated with + gemcitabine + nab-paclitaxel

HR, hazard ratio; TTFields, Tumor Treating Fields;.

new indications significantly expand eligible patient population

U.S. ANNUAL DIAGNOSES OF ON-LABEL PATIENTS SEEKING THERAPY



7x

EXPANSION IN TOTAL ADDRESSABLE MARKET FROM NEW INDICATIONS

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*Eligible patient population estimates based on patients that would meet inclusion criteria for clinical trial protocol.

promising early returns in non-small cell lung cancer launch

NSCLC PRESCRIPTIONS RECEIVED IN Q1

NSCLC ACTIVE PATIENTS ON THERAPY

RIGHT PHYSICIAN

PRESCRIBER BREADTH

93 unique prescribers

NEW ADOPTERS

+60% of prescribers are new to TTFields therapy

RIGHT PATIENT

BROAD LABEL USE

~50% / 50% split between concomitant ICI or docetaxel

PRIOR ICI USE

+90% of patients prescribed TTFields were previously treated with ICIs

RIGHT TIME

QUICK STARTS

20-day average time between prescription and patient start

EARLIER LINES

+75% of patients prescribed TTFields for 2L or 3L use

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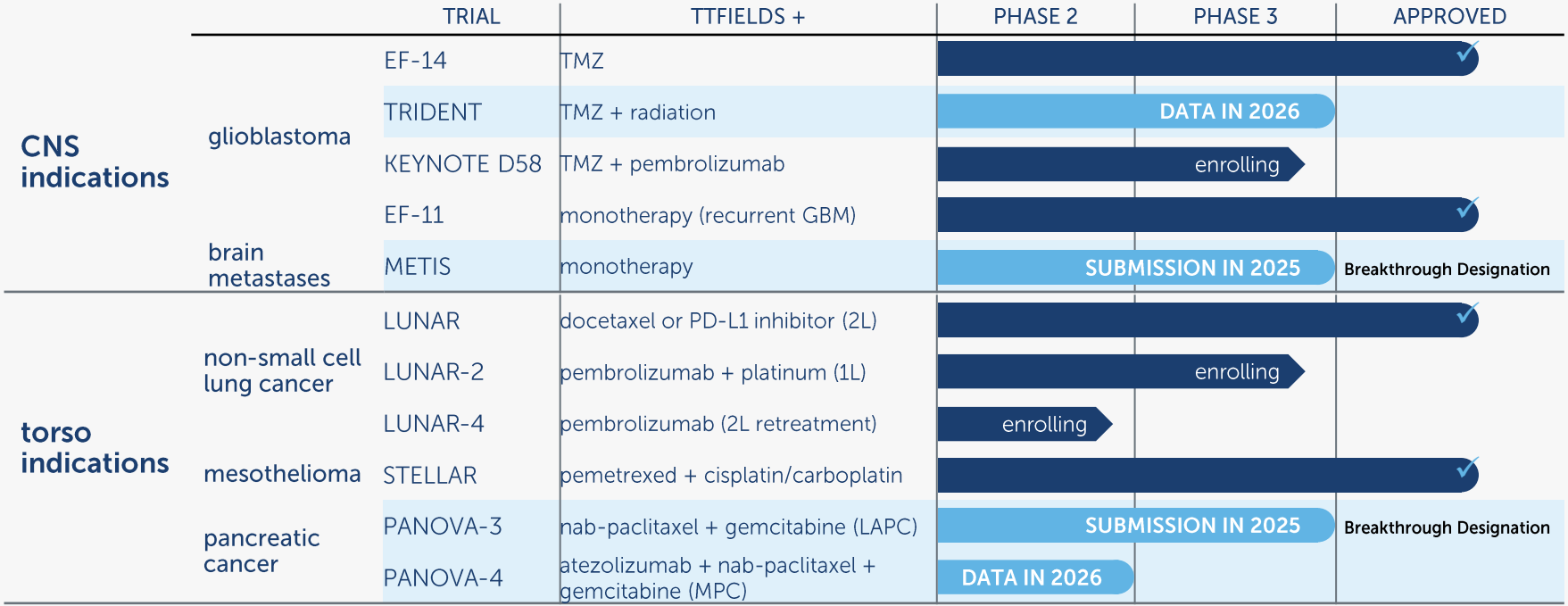
Unless otherwise denoted, all prescriber, prescription, and patient statistics are as of March 31, 2025. 2L, second-line; 3L, third-line; GBM, glioblastoma; ICI, immune checkpoint inhibitor; NSCLC, non-small cell lung cancer; TTFields, Tumor Treating Fields

2025-2026 anticipated clinical development milestones



striving to extend survival for as many patients with aggressive cancers as we can

3

FUTURE EXPANSION
Advance label-expanding clinical trials, investment in platform

2

OPPORTUNITIES ON THE HORIZON
Drive new indications (PANOVA; METIS), further product development

1

NEAR-TERM OPPORTUNITIES
Increase GBM penetration, launch lung, launch new arrays

TODAY*
4,268 active patients

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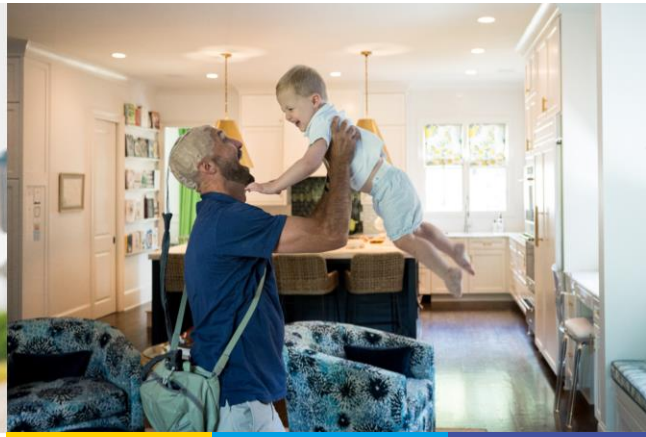
* as of March 31, 2025.



DRIVE | COURAGE | TRUST | patientforward | EMPATHY | INNOVATION | FOCUS

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

INDICATIONS

- Optune Lua® is indicated as a treatment concurrent with PD-1/PD-L1 inhibitors or docetaxel for adult patients with metastatic non-small cell lung cancer (mNSCLC) who have progressed on or after a platinum-based regimen.
- 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.
- 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.

CONTRAINDICATIONS

- Do not use Optune Lua in patients with an electrical implant. Use of Optune Lua together with electrical implants has not been tested and may lead to malfunctioning of the implanted device.
- Do not use Optune Lua or Optune Gio in patients known to be sensitive to conductive hydrogels. In this case, skin contact with the gel used with Optune Lua or Optune Gio may commonly cause increased redness and itching, and rarely may even lead to severe allergic reactions, such as a fall in blood pressure, shock, and breathing difficulty, including respiratory failure.
- Do not use Optune Gio in patients with an active implanted medical device, a skull defect (such as, missing bone with no replacement), or bullet fragments. Use of Optune Gio together with implanted electronic devices has not been tested and may theoretically lead to malfunctioning of the implanted device. 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.

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

WARNINGS AND PRECAUTIONS

- Optune Lua and Optune Gio can only be prescribed by a healthcare provider that has completed the required certification training provided by Novocure® (the device manufacturer).
- Do not prescribe Optune Lua or Optune Gio for patients who are pregnant, whom you think might be pregnant, or who are trying to get pregnant, as the safety and effectiveness of Optune Lua and Optune Gio in these populations have not been established.
- The most common (≥10%) adverse events involving Optune Lua concurrent with PD-1/PD-L1 inhibitors or docetaxel for mNSCLC were dermatitis, musculoskeletal pain, fatigue, anemia, dyspnea, nausea, cough, diarrhea, anorexia, pruritis, leukopenia, pneumonia, respiratory tract infection, localized edema, rash, pain, constipation, skin ulcers, and hypokalemia.
- The most common (≥10%) adverse events involving Optune Gio together with temozolomide were thrombocytopenia, nausea, constipation, vomiting, fatigue, medical device site reaction, headache, convulsions, and depression.
- The most common (≥10%) adverse events seen with Optune Gio monotherapy were medical device site reaction and headache. Other potential adverse reactions were considered related to Optune Gio when used as monotherapy: medical device site reaction, headache, malaise, muscle twitching, fall, and skin ulcer.
- Other potential adverse effects associated with the use of Optune Lua for mNSCLC include treatment related skin toxicity, allergic reaction to the adhesive or to the gel, overheating of the array leading to pain and/or local skin burns, infections at the site where the arrays make contact with the skin, local warmth and tingling sensation beneath the arrays, medical device site reaction, muscle twitching, and skin breakdown or skin ulcer.
- The most common (≥10%) adverse events involving Optune Lua in combination with chemotherapy for MPM were anemia, constipation, nausea, asthenia, chest pain, fatigue, medical device site reaction, pruritus, and cough.
- Other potential adverse effects associated with the use of Optune Lua for MPM 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 device site reaction and skin breakdown/skin ulcer.
- Use of Optune Gio in patients with an inactive implanted medical device in the brain has not been studied for safety and effectiveness, and use of Optune Gio in these patients could lead to tissue damage or lower the chance of Optune Gio being effective.
- If the patient has an underlying serious skin condition on the chest, evaluate whether this may prevent or temporarily interfere with Optune Lua treatment.
- If the patient has an underlying serious skin condition on the scalp, evaluate whether this may prevent or temporarily interfere with Optune Gio treatment.
- Please see full Instructions For Use (IFU) for Optune Lua® for mNSCLC at www.optuneluahcp.com.
- Please see full Instructions For Use (IFU) for Optune Lua® for MPM at www.optunelua.com/mpm/.
- Please see full Instructions For Use (IFU) for and Optune Gio® at www.optunegiohcp.com

