forward-looking statements

This presentation contains certain forward-looking statements with respect to the business of Novocure and certain of its plans and objectives, including with respect to the development and commercialization of its lead product candidate, Optune, for a number of oncology indications. These forward-looking statements can be identified in this presentation by the fact that they do not relate only to historical or current facts. Forward-looking statements often use words “expect”, “intend”, “anticipate”, “plan”, “may”, “should”, “would”, “could” or other words of similar meaning. These statements are based on assumptions and assessments made by Novocure in light of industry experience and perception of historical trends, current conditions, expected future developments and other appropriate factors. By their nature, forward-looking statements involve risk and uncertainty, and Novocure’s performance and financial results could differ materially from those expressed or implied in these forward-looking statements due to general financial, economic, regulatory and political conditions as well as more specific risks and uncertainties facing Novocure such as those set forth in its Annual Report on Form 10-K filed on February 22, 2018, or in subsequent quarterly filings with the U.S. Securities and Exchange Commission. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this presentation. Novocure assumes no obligation to update or correct the information contained in this presentation, whether as a result of new information, future events or otherwise, except to the extent legally required.

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 only FDA-approved for the treatment of adults with supratentorial glioblastoma, or GBM, and its approval for other indications is not certain. Novocure can provide no assurances regarding market acceptance of Optune or its 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.
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.

CONTRAINDICATIONS
• Do not use Optune in patients with an active implanted medical device, a skull defect (such as, missing bone with no replacement), or bullet fragments. Use of Optune together with implanted electronic devices has not been tested and may theoretically lead to malfunctioning of the implanted device. 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 in patients that are known to be sensitive to conductive hydrogels. In this case, skin contact with the gel used with Optune may commonly cause increased redness and itching, and rarely may even lead to severe allergic reactions such as shock and respiratory failure.
WARNINGS AND PRECAUTIONS

- Optune 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 for patients that are pregnant, you think might be pregnant or are trying to get pregnant, as the safety
  and effectiveness of Optune in these populations have not been established.
- The most common (≥10%) adverse events involving Optune in combination 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 monotherapy were medical device site reaction and headache.
- The following adverse reactions were considered related to Optune when used as monotherapy: medical device site reaction,
  headache, malaise, muscle twitching, fall and skin ulcer.
- Use of Optune in patients with an inactive implanted medical device in the brain has not been studied for safety and effectiveness,
  and use of Optune in these patients could lead to tissue damage or lower the chance of Optune being effective.
- If the patient has an underlying serious skin condition on the scalp, evaluate whether this may prevent or temporarily interfere with
  Optune treatment.
a global oncology company with a proprietary platform

GROWING COMMERCIAL BUSINESS

- More than 1,800 patients on therapy
- 12 consecutive quarters of patient growth
- $177 million trailing twelve month revenues

SIGNIFICANT UPSIDE POTENTIAL

- Increase adoption and average reimbursement in GBM
- Advance clinical pipeline in five additional solid tumor indications

Information above as of December 31, 2017
evolving treatment paradigms for solid tumor cancers

**surgery**
- Reduces size of a tumor prior to initiation of additional therapies
- Invasive to patient
- Unable to kill microscopic disease

**radiation**
- Kills cells when delivered at high doses
- Injures healthy tissues as well as cancer cells
- Numerous potentially toxic side effects

**pharmacological treatments**
- Includes chemotherapy, targeted therapies and immuno-oncology
- Many treatments target specific patient subgroups
- Frequently accompanied by numerous side effects

**tumor treating fields (TTFields)**
- Electric fields tuned to specific frequencies
- Disrupts solid tumor cancer cell division
- Mild side effect profile with no known cumulative toxicity

USED ALONE OR IN COMBINATION TO TREAT SOLID TUMORS
we can leverage physics to fight cancer

AN ELECTRIC FIELD EXERTS FORCES ON CHARGED OBJECTS

TUMOR TREATING FIELDS USES ELECTRIC FIELDS TO DISRUPT CELL DIVISION

TUMOR TREATING FIELDS DESCRIBES ELECTRIC FIELDS THAT ALTERNATE 100,000 TO 300,000 TIMES PER SECOND TO TARGET CANCER CELLS

MISALIGNMENT TUBULINS INTERFERE WITH FORMATION OF MITOTIC SPINDLE

ALTERNATING ELECTRIC FIELDS DISRUPT CANCER CELL DIVISION

MISALIGNMENT SEPTINS INTERFERE WITH FORMATION OF CONTRACTILE RING

CANCER CELL DEATH
broad applicability to solid tumors

INDICATIONS
- Glioblastoma
- Malignant melanoma
- Non-small cell lung cancer
- Pancreatic cancer
- Breast cancer
- Mesothelioma
- Ovarian carcinoma
- Renal adenocarcinoma
- Cervical cancer
- Colorectal carcinoma
- Ependymoma
- Gastric adenocarcinoma
- Gliosarcoma
- Hepatocellular carcinoma
- Medulloblastoma
- Meningioma
- Small cell lung cancer
- Urinary transitional cell carcinoma
proven superior long-term survival with Optune® plus temozolomide in GBM¹

<table>
<thead>
<tr>
<th>Intent-to-treat population¹</th>
<th>Optune® + TMZ (n=466)</th>
<th>TMZ alone (n=229)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median OS from randomization (months)</td>
<td>20.9</td>
<td>16.0</td>
</tr>
<tr>
<td>Stratified log-rank p</td>
<td>0.000006</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>


- Optune® + TMZ: 43% (p=0.001)
- TMZ alone: 31% (p=0.0037)
- Optune® + TMZ: 13% (p=0.001)
- TMZ alone: 5%
Optune® plus TMZ consistently sustained superior rates of survival

**FIVE-YEAR SURVIVAL INTENT-TO-TREAT ANALYSIS¹**

- **Optune® + TMZ (n=466)**
  - Year 1: 73%
  - Year 2: 43%
  - Year 3: 26%
  - Year 4: 20%
  - Year 5: 13%

- **TMZ alone (n=229)**
  - Year 1: 65%
  - Year 2: 31%
  - Year 3: 16%
  - Year 4: 8%
  - Year 5: 5%

patients with increased compliance had increased survival benefit

FIVE-YEAR SURVIVAL ANALYSIS IN MOST COMPLIANT PATIENTS (>90%)¹

<table>
<thead>
<tr>
<th>Year from randomization</th>
<th>Survival rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>65%</td>
</tr>
<tr>
<td>2</td>
<td>55%</td>
</tr>
<tr>
<td>3</td>
<td>31%</td>
</tr>
<tr>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>5</td>
<td>29%</td>
</tr>
</tbody>
</table>

global commercial presence

global active markets as of December 31, 2017

- **UNITED STATES**: 714 certified centers, 49 sales force colleagues
- **EMEA**: 245 certified centers, 10 sales force colleagues
- **JAPAN**: 163 certified centers, 2 sales force colleagues
successful commercial launch in GBM

Active patients at period end

U.S. active patients | EMEA and Japan active patients
---|---
Q1 2015: 372 | 425
Q2 2015: 469 | 605
Q3 2015: 797 | 891
Q4 2015: 815 | 985
Q1 2016: 1,091 | 1,266
Q2 2016: 1,460 | 1,683
Q3 2016: 1,683 | 1,834
Q4 2016: 1,834

12 consecutive quarters of active patient growth since initial presentation of EF-14 data

7,000+ patients treated to date globally
ongoing clinical trials

**PRECLINICAL**
- Brain metastases
- Non-small cell lung cancer
- Pancreatic cancer
- Ovarian cancer
- Mesothelioma

**PHASE II PILOT**

**PHASE III PIVOTAL**

**MILESTONES**
- METIS trial last patient in 2019 with final data collection in 2020
- LUNAR trial last patient in 2019 with final data collection in 2021
- PANOVA 3 trial last patient in 2020 with final data collection in 2022
- phase three pivotal trial first patient in 2H 2018
- STELLAR trial final data collection in 1H 2018

- Trial ongoing
- Trial complete
addressing large market segments with significant unmet medical needs

- **Brain Metastases**
  - 258,000 cases diagnosed annually in target markets
  - ~25% of NSCLC patients develop brain mets
  - 24% five year survival

- **Non-Small Cell Lung Cancer**
  - 659,000 cases diagnosed annually in target markets
  - 24% five year survival

- **Pancreatic Cancer**
  - 223,000 cases diagnosed annually in target markets
  - 8% five year survival

- **Ovarian Cancer**
  - 100,000 cases diagnosed annually in target markets
  - 47% five year survival

- **Mesothelioma**
  - 13,000 cases diagnosed annually in target markets
  - 9% five year survival

---

demonstrated financial performance

**Global Net Revenues (USD in Thousands)**

- **Q1 2015:** $5,208
- **Q2 2015:** $6,543
- **Q3 2015:** $8,953
- **Q4 2015:** $12,383
- **Q1 2016:** $13,053
- **Q2 2016:** $17,919
- **Q3 2016:** $21,674
- **Q4 2016:** $30,242
- **Q1 2017:** $34,880
- **Q2 2017:** $38,376
- **Q3 2017:** $50,109
- **Q4 2017:** $53,661

**Q4 2017 Versus Q4 2016 Year-Over-Year Revenue Growth:**

- **U.S. Net Revenues:** 53,661
- **EMEA and Japan Net Revenues:** 53,661

**MILLION IN CASH AND SHORT-TERM EQUIVALENTS AS OF DECEMBER 31, 2017**

- **FY 2015:** $33,087
- **FY 2016:** $82,888
- **FY 2017:** $177,026

**77%**

© Novocure 2018
### q4 2017 selected financial highlights

<table>
<thead>
<tr>
<th>U.S. DOLLARS IN THOUSANDS</th>
<th>Q4 2017</th>
<th>Q4 2016</th>
<th>% GROWTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenues</td>
<td>$53,661</td>
<td>$30,242</td>
<td>77%</td>
</tr>
<tr>
<td>Cost of revenues</td>
<td>15,640</td>
<td>10,973</td>
<td>43%</td>
</tr>
<tr>
<td>Gross profit</td>
<td>38,021</td>
<td>19,269</td>
<td>97%</td>
</tr>
<tr>
<td>Research, development and clinical trials</td>
<td>10,048</td>
<td>8,471</td>
<td>19%</td>
</tr>
<tr>
<td>Sales and marketing</td>
<td>16,025</td>
<td>15,678</td>
<td>2%</td>
</tr>
<tr>
<td>General and administrative</td>
<td>16,454</td>
<td>12,997</td>
<td>27%</td>
</tr>
<tr>
<td>Total operating costs and expenses</td>
<td>42,527</td>
<td>37,146</td>
<td>14%</td>
</tr>
<tr>
<td>Operating income (loss)</td>
<td>(4,506)</td>
<td>(17,877)</td>
<td>75%</td>
</tr>
<tr>
<td>Financial expenses, net</td>
<td>2,384</td>
<td>2,854</td>
<td>-16%</td>
</tr>
<tr>
<td>Income (loss) before income taxes</td>
<td>(6,890)</td>
<td>(20,731)</td>
<td>67%</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>4,055</td>
<td>1,437</td>
<td>182%</td>
</tr>
<tr>
<td>Net income (loss)</td>
<td>$ (10,945)</td>
<td>$ (22,168)</td>
<td>51%</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 78,592</td>
<td>$ 99,780</td>
<td></td>
</tr>
<tr>
<td>Short-term investments</td>
<td>104,719</td>
<td>119,854</td>
<td></td>
</tr>
</tbody>
</table>

**Estimate that global net revenues will be approximately 45% of global gross billings in 2018.**
long term value creation beyond 2018

near-term opportunity 2018-2021

- Drive commercial adoption of Optune within GBM
- Expand coverage for GBM patients in currently active markets and establish access for GBM patients in new markets
- Progress mesothelioma towards commercialization
- Advance the clinical pipeline in multiple solid tumor indications
- Grow annual revenues while improving SG&A operating leverage

long-term opportunity 2021+

- Launch Tumor Treating Fields platform for additional indications in large addressable markets
  - Brain metastases from non-small cell lung cancer
  - Non-small cell lung cancer
  - Pancreatic cancer
  - Ovarian cancer
Novocure distributes product through hospitals in Japan.

1. Subject to patient assistance programs.
established U.S. commercial market access

96% OF AMERICANS WITH PRIVATE HEALTH INSURANCE¹,² NOW HAVE POSITIVE COVERAGE OF OPTUNE

>210 MILLION COVERED LIVES IN THE U.S. AS OF DECEMBER 31, 2017

>178 MILLION CONTRACTED LIVES IN THE U.S. AS OF DECEMBER 31, 2017

¹ U.S. population insured with employers, non-group insurance or Medicare Advantage plans
² Appealing Medicare fee-for-service denials, impacting 20-25% of U.S. active patients
expanding global commercial market access

<table>
<thead>
<tr>
<th>MARKET</th>
<th>STATUS</th>
<th>REIMBURSEMENT STATUS</th>
<th>GBM MARKET SIZE ESTIMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>Commercial launch underway</td>
<td>National reimbursement contract signed in Q4 2017</td>
<td>1,500 annual cases diagnosed</td>
</tr>
<tr>
<td>Austria</td>
<td>Commercial launch underway</td>
<td>National reimbursement contract signed in Q3 2017</td>
<td>280 annual cases diagnosed</td>
</tr>
<tr>
<td>United States</td>
<td>No material payments from</td>
<td>In active discussions with CMS administration</td>
<td>12,500 annual cases diagnosed</td>
</tr>
<tr>
<td>Germany</td>
<td>Receive reimbursement on case-by-case basis</td>
<td>Pathway for national reimbursement established Q3 2017 via G-BA budgeted clinical trial (expected to begin 2H 2018)</td>
<td>3,600 annual cases diagnosed</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Single-payer system</td>
<td>Pursuing national reimbursement</td>
<td>300 annual cases diagnosed</td>
</tr>
<tr>
<td>Israel</td>
<td>No material payments to date</td>
<td>Pursuing national reimbursement</td>
<td>280 annual cases diagnosed</td>
</tr>
</tbody>
</table>
TTFields are frequency-tuned to cell size to maximize effects on mitosis.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Intestine</td>
<td>~50 kHz</td>
</tr>
<tr>
<td>Pancreatic Cancer</td>
<td>150 kHz</td>
</tr>
<tr>
<td>NSCLC</td>
<td>150 kHz</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>200 kHz</td>
</tr>
<tr>
<td>GBM</td>
<td>200 kHz</td>
</tr>
</tbody>
</table>

Effects on cells are frequency specific and inversely related to cell size.
transducer array placement

- abdominal array placement
- torso array placement
- pelvic array placement
EF-14 TRIAL IN NEWLY DIAGNOSED GLIOBLASTOMA

compliance effects on overall survival

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>No. of patients (%)</th>
<th>Hazard ratio</th>
<th>Median survival (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Optune/ Temozolomide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>450 (100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temozolomide alone</td>
<td>229 (100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Optune/ Temozolomide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>20.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temozolomide alone</td>
<td>16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- A trend in favor of longer overall survival was seen with higher compliance
- A threshold value of 50% average monthly compliance with Tumor Treating Fields was needed to show an extension of overall survival (HR 0.67, 95% CI 0.45–0.99) compared to temozolomide alone
- Both progression-free survival and overall survival were extended with increased compliance beyond 50%

METIS phase 3 pivotal trial initiated in 2016

A prospective, randomized controlled, multicenter trial testing efficacy, safety and neurocognitive outcomes of TTFields at 150 kHz following stereotactic radiosurgery for 1-10 brain metastases from non-small cell lung cancer

- 270 patients internationally, randomized 1:1 (TTFields vs supportive care)
- Last patient enrollment expected in 2019, twelve month follow-up after final patient enrollment
- Primary endpoint — time to first intracranial progression
- Secondary endpoints include neurocognitive failure, overall survival, radiological response rate
SECOND LINE TREATMENT FOR ADVANCED NON-SMALL CELL LUNG CANCER

phase 2 pilot EF-15 trial

A prospective, open label, single-arm, non-randomized, multicenter study testing safety and preliminary efficacy of TTFields at 150 kHz together with pemetrexed in pretreated patients with locally advanced and/or metastatic non-small cell lung cancer versus historical controls

• 42 patients in Switzerland with locally advanced and/or metastatic non-small cell lung cancer
• Last patient enrolled May 2011 with six month follow-up, data published in Lung Cancer in 2013

Efficacy Endpoints

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>TTFields With Pemetrexed¹</th>
<th>Pemetrexed-Alone Historical Results²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median in-field PFS</td>
<td>6.5 months</td>
<td>n/a</td>
</tr>
<tr>
<td>Median PFS</td>
<td>5 months</td>
<td>2.9 months</td>
</tr>
<tr>
<td>Median OS</td>
<td>13.8 months</td>
<td>8.3 months</td>
</tr>
<tr>
<td>One-year survival rate</td>
<td>57%</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

SECOND LINE TREATMENT FOR ADVANCED NON-SMALL CELL LUNG CANCER

LUNAR phase 3 pivotal trial initiated in 2017

A prospective, randomized controlled, multicenter trial testing efficacy and safety of TTFields at 150 kHz in combination with docetaxel or immune checkpoint inhibitors for stage IV NSCLC patients following progression while on or after platinum based treatment

- 534 patients (TTFields plus docetaxel or immune checkpoint inhibitors vs docetaxel or immune checkpoint inhibitors alone)
- Last patient enrollment expected in 2019, eighteen month follow-up after final patient enrollment
- Primary endpoint – overall survival (OS) (superiority)
- Secondary endpoints –
  - OS of TTFields + docetaxel vs docetaxel alone (superiority)
  - OS of TTFields + immune checkpoint inhibitors vs immune checkpoint inhibitors alone (superiority)
  - OS of TTFields + docetaxel vs immune checkpoint inhibitors alone (non-inferiority)

phase 2 pilot PANOVA trial

A prospective, open label, single-arm, non-randomized, multicenter study testing feasibility, safety and preliminary efficacy of TTFields at 150 kHz together with gemcitabine or gemcitabine plus nab-paclitaxel in patients with advanced pancreatic cancer versus historical controls

- 40 patients (2 cohorts of 20 patients) in Europe with advanced pancreatic cancer
- Last patient enrolled May 2016 with six month follow-up

<table>
<thead>
<tr>
<th>EFFICACY ENDPOINTS</th>
<th>TTFields with Gemcitabine¹</th>
<th>Gemcitabine-alone Historical Results²</th>
<th>TTFields with Nab-Paclitaxel + Gemcitabine³</th>
<th>Nab-Paclitaxel + Gemcitabine²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median PFS</td>
<td>8.3 months</td>
<td>3.7 months</td>
<td>12.7 months</td>
<td>5.5 months</td>
</tr>
<tr>
<td>Median OS</td>
<td>14.9 months</td>
<td>6.7 months</td>
<td>Not yet reached</td>
<td>8.5 months</td>
</tr>
<tr>
<td>One-year survival rate</td>
<td>55%</td>
<td>22%</td>
<td>72%</td>
<td>35%</td>
</tr>
<tr>
<td>Partial response rate</td>
<td>30%</td>
<td>7%</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td>Stable disease</td>
<td>30%</td>
<td>28%</td>
<td>47%</td>
<td>27%</td>
</tr>
</tbody>
</table>

LOCALLY ADVANCED PANCREATIC CANCER

PANOVA 3 pivotal trial initiated in 2017

A prospective, randomized controlled, multicenter trial testing efficacy and safety of TTFields at 150 kHz together with nab-paclitaxel plus gemcitabine as first-line treatment in patients with unresectable, locally advanced pancreatic cancer

- 556 patients internationally, randomized 1:1 (TTFields plus nab-paclitaxel plus gemcitabine vs nab-paclitaxel plus gemcitabine alone)
- Last patient enrollment expected in 2020, eighteen month follow-up after final patient enrollment
- Primary endpoint – overall survival (OS)
- Secondary endpoints include PFS, objective response rate, rate of resectability, quality of life

RECURRENT OVARIAN CANCER

phase 2 pilot INNOVATE trial

A prospective, open label, single-arm, non-randomized, multicenter study testing feasibility, safety, toxicity and preliminary efficacy of TTFields at 200 kHz together with weekly paclitaxel in patients with recurrent ovarian cancer versus historical controls

- 30 patients in Europe with recurrent ovarian cancer
- Last patient enrolled May 2016 with six month follow-up

**EFFICACY ENDPOINTS**

<table>
<thead>
<tr>
<th></th>
<th>TTFields with Paclitaxel¹</th>
<th>Paclitaxel-alone Historical Results²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median PFS</td>
<td>8.9 months</td>
<td>3.9 months*</td>
</tr>
<tr>
<td>Median OS</td>
<td>Not yet reached</td>
<td>13.2 months</td>
</tr>
<tr>
<td>One-year survival rate</td>
<td>61%</td>
<td></td>
</tr>
</tbody>
</table>

A prospective, open label, single-arm, non-randomized, multicenter study testing safety and preliminary efficacy of TTFields at 150 kHz together with pemetrexed and cisplatin or carboplatin in patients with previously untreated malignant pleural mesothelioma versus historical controls:

- 80 patients in Europe with unresectable, previously untreated malignant mesothelioma
- Last patient enrolled March 2017 with twelve month follow-up, interim data presented at IASLC 2016

**EFFICACY ENDPOINTS**

<table>
<thead>
<tr>
<th></th>
<th>TTFIELDS WITH PEMETREXED AND CISPLATIN OR CARBOPLATIN¹</th>
<th>PEMETREXED AND CISPLATIN-ALONE HISTORICAL RESULTS²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median PFS</td>
<td>7.3 months</td>
<td>5.7 months</td>
</tr>
<tr>
<td>Median OS</td>
<td>Not yet reached</td>
<td>12.1 months</td>
</tr>
<tr>
<td>One-year survival rate</td>
<td>79.7%</td>
<td>50.3%</td>
</tr>
</tbody>
</table>

¹ Cerasoli, G.L. International Association for the Study of Lung Cancer. OA22.01 – STELLAR – Interim Results of a Phase 2 Trial of TTFields with Chemotherapy for First Line Treatment of Malignant Mesothelioma. Oral Session: Novel Trials and Biomarkers in Malignant Pleural Mesothelioma. Wednesday, Dec. 7, 2016, 2:20 p.m. CET