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, 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 27, 2020 and Quarterly Report on Form 10-Q filed on April 30, 2020, 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.
striving to extend survival in some of the most aggressive forms of cancer
key messages addressing COVID-19

Taking action to deliver our therapy while protecting the global Novocure community

Financial strength allows for continued investments in innovation and strategic priorities

Clinical trial enrollment adversely impacted as healthcare systems manage COVID-19

Fundamental value of Tumor Treating Fields platform remains unchanged
like gravity and magnetic fields, electric fields exert forces at a distance
mitotic spindle disruption has been observed in every cancer cell line tested

CONTROL

TUMOR TREATING FIELDS

Non-small cell lung cancer cell line. Blue staining is DAPI, highlighting DNA. Red staining is for PH3, highlighting DNA binding proteins. Green staining is for tubulin, highlighting the mitotic spindle. Novocuredata on file.
therapy is frequency-tuned to target dividing cancer cells
growing evidence supports broad applicability in combination with certain other cancer therapies

**TUMOR TREATING FIELDS**

**WITH RADIATION THERAPY¹**

Tumor Treating Fields increased sensitivity to radiation therapy and inhibited DNA damage repair mechanisms in glioblastoma cells

**WITH CERTAIN CHEMOTHERAPIES²**

*In vitro* dose-response effect of paclitaxel alone and in combination with Tumor Treating Fields in Lewis lung carcinoma cells

**WITH CERTAIN IMMUNOTHERAPIES³**

Tumor Treating Fields in combination with anti-PD-1 were therapeutically effective *in vivo* in Lewis lung carcinoma cells

---

¹ *p < 0.05, **p < 0.001, Kim, E.H., et al. Oncotarget 2016 Sep 20, 7(38): 62267–62279
² Giladi M., et al. Semin Oncol 2014;41(S6):35-41
³ ***p < 0.001 vs. control + isotype group, Voloshin T., et al. Cancer Res 2017;77(13 Suppl) 3665.
Tumor Treating Fields delivery systems FDA approved for GBM and MPM

**DELIVERY SYSTEM CONSISTS OF ELECTRIC FIELD GENERATOR AND TRANSDUCER ARRAYS**

the Optune® delivery system for GBM*

**CONTINUOUS USE THERAPY INTEGRATED INTO PATIENT’S DAILY LIFE**

the Optune Lua™ delivery system for MPM**

GBM: glioblastoma
MPM: malignant pleural mesothelioma

* Approved in the U.S. through the Premarket Authorization (PMA) Pathway
** Approved in the U.S. through the IDE pathway
proven to provide long-term quality survival to patients with newly diagnosed GBM

Overall survival (5-year survival analysis)\textsuperscript{1,2}

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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Optune + 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>

\textsuperscript{1} The updated NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines\textsuperscript{TM}) for Central Nervous System Cancers now include alternating electric field therapy (Optune) in combination with temozolomide (TMZ) following maximal safe resection and standard brain radiation therapy with concurrent TMZ as Category 1 recommended treatment option for patients with newly diagnosed supratentorial glioblastoma (GBM) and good performance status.\textsuperscript{*}

\textsuperscript{2} There is uniform NCCN consensus for this recommendation based on high-level evidence (Category 1).

5-year survival analysis was published in JAMA, December 2017

GBM, glioblastoma; TMZ, temozolomide; OS, overall survival; ITT, intent-to-treat


\textsuperscript{*}
more time on Optune predicted increased significant survival benefit in GBM

86% of patients received a survival benefit from Optune because they used it more than half the time (n=388/450)

Median OS by percentage of monthly time on Optune*

<table>
<thead>
<tr>
<th>Percentage of Monthly Time on Optune</th>
<th>Median OS, months</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%-100% (n=43) 22-24 hours/day¹</td>
<td>25 months</td>
<td>P&lt;0.05¹</td>
</tr>
<tr>
<td>70%-90% (n=257) 17-22 hours/day¹</td>
<td>22 months</td>
<td>P&lt;0.05¹</td>
</tr>
<tr>
<td>60%-70% (n=46) 14-17 hours/day¹</td>
<td>20 months</td>
<td>P&lt;0.05¹</td>
</tr>
<tr>
<td>50%-60% (n=42) 12-14 hours/day¹</td>
<td>18 months</td>
<td>P&lt;0.05¹</td>
</tr>
<tr>
<td>0% (n=229) TMZ alone</td>
<td>16 months</td>
<td></td>
</tr>
</tbody>
</table>

* Based on amount of time Optune was turned on and providing therapy over the course of a month. This data reflects the average patient usage of Optune for the first 6 months of treatment (months 1-6). Approximation, based on monthly usage.

¹ vs TMZ alone.

patients treated with Optune for newly diagnosed GBM maintained quality of life over time
EF-19 post-approval registry trial strengthens Optune’s clinical profile in recurrent GBM

**EF-19 TRIAL RESULTS**

- Studied Optune as a monotherapy for treatment of recurrent GBM in 192 patients versus 117 patients who received best standard of care chemotherapy in EF-11
- Optune reduced risk of death with fewer adverse events compared to best standard of care chemotherapy
- For patients who received at least one course of therapy, Optune prolonged survival by a median 1.7 months
- No new safety signals noted

---

FDA approved Optune Lua™ for mesothelioma*, our first torso indication, based on STELLAR results

97% Responded to treatment with NovoTTF-100L + chemo

57% Had stable disease

40% Had a partial response

*unresectable, locally advanced or metastatic, malignant pleural mesothelioma (MPM) to be used together with standard chemotherapy (pemetrexed and platinum-based chemotherapy)

Optune Lua™, formerly known as the NovoTTF-100L System, was approved by FDA under the Humanitarian Device Exemption (HDE) pathway in May 2019.

Caution: Federal law restricts Optune Lua™ to sale by or on the order of a physician. Humanitarian Device. Authorized by Federal Law for use in the treatment of adult patients with unresectable, locally advanced or metastatic, malignant pleural mesothelioma concurrently with pemetrexed and platinum-based chemotherapy. The effectiveness of this device for this use has not been demonstrated.

STELLAR results published in The Lancet Oncology, October 2019
direct-to-patient distribution model

- Novocure Device Support Specialist delivers device and trains patient
- Novocure provides supplies and 24/7 support for patients
- Novocure bills third-party payers and patients a single fee per month of therapy
continued commercial execution

net revenues (USD in millions)

39%
REVENUE GROWTH Q1 2020 VERSUS Q1 2019

3,095
ACTIVE PATIENTS AT END OF Q1 2020

$13.1
Q1 2016

$17.9
Q2 2016

$21.7
Q3 2016

$30.2
Q4 2016

$34.9
Q1 2017

$38.4
Q2 2017

$50.1
Q3 2017

$53.7
Q4 2017

$52.1
Q1 2018

$61.5
Q2 2018

$64.8
Q3 2018

$69.7
Q4 2018

$73.3
Q1 2019

$86.7
Q2 2019

$92.1
Q3 2019

$99.2
Q4 2019

$101.8
Q1 2020

FY 2016
$82.9

FY 2017
$177.0

FY 2018
$248.1

FY 2019
$351.3
multiple levers to drive revenue growth

**UNITED STATES**
- 986 total prescriptions in the period
- 2,023 active patients at period end
- 263m contracted GBM lives at period end

**JAPAN**
- 94 total prescriptions in the period
- 222 active patients at period end
- 127m contracted GBM lives at period end

Information above as of March 31, 2020
Total net revenues include Greater China revenue

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additional revenue from collaboration with Zai Lab in Greater China

- Marketing Authorization Application under review with Chinese NMPA
- Zai prepared for commercial launch in mainland China after regulatory approval
- Tumor types in late-stage clinical trials affect over 1 million patients per year in China

Greater China includes mainland China, Hong Kong, Macau and Taiwan

**greater china**

- Milestone payments
- Tiered royalties from 10% to mid-teens
- Equipment sales at cost

---

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financial strength funds investments in innovation

Net Revenues ($m)

- Q1 2017: $35
- Q1 2018: $52
- Q1 2019: $73
- Q1 2020: $102

R&D Expenses ($m)

- Q1 2017: $9
- Q1 2018: $11
- Q1 2019: $17
- Q1 2020: $25

SG&A Expense Ratio

- Q1 2017: 78%
- Q1 2018: 68%
- Q1 2019: 58%
- Q1 2020: 54%

Cash Flow from Operations ($m)

- Q1 2017: ($27)
- Q1 2018: ($17)
- Q1 2019: ($4)
- Q1 2020: $2

1 SG&A Expense Ratio equals total selling, general and administrative expenses divided by total net revenues in the period

patientforward

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## Q1 2020 Selected Financial Highlights

<table>
<thead>
<tr>
<th>U.S. Dollars in Thousands</th>
<th>Q1 2020</th>
<th>Q1 2019</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenues</td>
<td>$101,828</td>
<td>$73,309</td>
<td>39%</td>
</tr>
<tr>
<td>Cost of revenues</td>
<td>24,496</td>
<td>19,814</td>
<td>24%</td>
</tr>
<tr>
<td>Gross profit</td>
<td>77,332</td>
<td>53,495</td>
<td>45%</td>
</tr>
<tr>
<td>Research, development and clinical trials</td>
<td>25,271</td>
<td>17,042</td>
<td>48%</td>
</tr>
<tr>
<td>Sales and marketing</td>
<td>28,834</td>
<td>22,333</td>
<td>29%</td>
</tr>
<tr>
<td>General and administrative</td>
<td>26,608</td>
<td>20,238</td>
<td>31%</td>
</tr>
<tr>
<td>Total operating costs and expenses</td>
<td>80,713</td>
<td>59,613</td>
<td>35%</td>
</tr>
<tr>
<td>Operating income (loss)</td>
<td>(3,381)</td>
<td>(6,118)</td>
<td>-45%</td>
</tr>
<tr>
<td>Financial expenses, net</td>
<td>2,432</td>
<td>2,371</td>
<td>3%</td>
</tr>
<tr>
<td>Income (loss) before income taxes</td>
<td>(5,813)</td>
<td>(8,489)</td>
<td>-32%</td>
</tr>
<tr>
<td>Income taxes</td>
<td>(9,765)</td>
<td>3,661</td>
<td>-345%</td>
</tr>
<tr>
<td>Net income (loss)</td>
<td>$3,952</td>
<td>($12,150)</td>
<td>-</td>
</tr>
<tr>
<td>Cash, cash equivalents and short-term investments</td>
<td>$331,268</td>
<td>$256,602</td>
<td>29%</td>
</tr>
</tbody>
</table>

**Gross Margin in Q1 2020:** 76%

**Earnings Per Share in Q1 2020:** $0.04
broadly applicable mechanism of action

CANCERS OF THE BRAIN
- 2 marketed indications
- 1 indication in development
- 4 additional cancer types with preclinical evidence

CANCERS OF THE TORSO
- 1 marketed indication
- 1 indication in development
- 2 additional cancer types with preclinical evidence

CANCERS OF THE ABDOMEN
- 0 marketed indications
- 4 indications in development
- 4 additional cancer types with preclinical evidence
efficacy suggested in all phase 2 pilot studies

**NON-SMALL CELL LUNG CANCER PHASE 2 PILOT STUDY**

13.8 months median overall survival vs. 8.3 months in pemetrexed-alone historical control*

**PANCREATIC CANCER PHASE 2 PILOT STUDY**

median overall survival not reached vs. 8.5 mos. in nab-paclitaxel + gemcitabine historical control*

**OVARIAN CANCER PHASE 2 PILOT STUDY**

median overall survival not reached vs. 13.2 mos. in paclitaxel-alone historical control*

---


advancing clinical pipeline

<table>
<thead>
<tr>
<th>PHASE II PILOT</th>
<th>PHASE III PIVOTAL</th>
<th>IN REGISTRATION</th>
<th>MILESTONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain metastases</td>
<td></td>
<td>Data from METIS phase 3 pivotal trial in 2022</td>
<td></td>
</tr>
<tr>
<td>Non-small cell lung cancer</td>
<td></td>
<td>Data from LUNAR phase 3 pivotal trial in 2023</td>
<td></td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td></td>
<td>Data from PANOVA-3 phase 3 pivotal trial in 2023</td>
<td></td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td></td>
<td>Data from INNOVATE-3 phase 3 pivotal trial in 2023</td>
<td></td>
</tr>
<tr>
<td>Liver cancer</td>
<td></td>
<td>Data from HEPANOVA phase 2 pilot trial in 2021</td>
<td></td>
</tr>
<tr>
<td>Gastric cancer</td>
<td></td>
<td>Data from EF-31 phase 2 pilot trial in 2021</td>
<td></td>
</tr>
</tbody>
</table>

- Trial ongoing
- Trial complete
ongoing METIS trial in brain metastases

METIS PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹

- 270 patients with 12 months follow-up
- Primary endpoint: time to intracranial progression
- Designed to detect hazard ratio of 0.57 (+6 mos. in time to progression)
- Final data anticipated in 2022

ongoing LUNAR trial in non-small cell lung cancer

LUNAR PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN¹

- Progression on or after platinum-based therapy
- screening and baseline evaluation
- randomization 1:1
- TTFields + immune checkpoint inhibitor/docetaxel
- CT q6w until progression
- three post-progression follow-up visits
- survival follow-up
- TTFields + immune checkpoint inhibitor/docetaxel
- CT q6w until progression
- three post-progression follow-up visits
- survival follow-up

- 534 patients with 18 months follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (+5 mos. in OS)
- Final data anticipated in 2023

ongoing PANOVA-3 trial in pancreatic cancer

PANOVA-3 PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

- 556 patients with 18 months follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (+5 mos. in OS)
- Final data anticipated in 2023

ongoing INNOVATE-3 trial in ovarian cancer

INNOVATE-3 PHASE 3 PIVOTAL, OPEN-LABEL, RANDOMIZED TRIAL DESIGN

- 540 patients with 18 months follow-up
- Primary endpoint: overall survival
- Designed to detect hazard ratio of 0.75 (+4 mos. in OS)
- Final data anticipated in 2023

in vitro data informed HEPANOVA phase 2 pilot trial design in liver cancer

**EFFICACY OF TTFIELDS AND SORAFENIB COMBINATION TREATMENT**

The TTFIELDS/sorafenib combination showed an increase in the overall effect (cytotoxic x clonogenic effects) in HepG2 cells.

**HEPANOVA PHASE 2 PILOT TRIAL DESIGN**

- 25 patients with 6 months follow-up
- Designed to detect an overall radiological response rate of 20% vs. 4.5% in historical controls
- Final data anticipated in 2021

---


2. Novocure, Ltd. Effect of Tumor Treating Fields (TFFields, 150kHz) Concomitant With Sorafenib For Advanced Hepatocellular Carcinoma (HCC) (HEPANOVA) [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/NCT03606590). NLMIdentifier: NCT03606590

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first phase 2 pilot trial in gastric cancer initiated in Greater China in partnership with Zai Lab

EFFICACY OF TTFields AND FOLFOX COMBINATION TREATMENT

The overall effect of TTFields/FOLFOX combination treatment was significantly higher versus either treatment alone for the AGS cell line.

- * P<0.05
- ** P<0.01
- *** P<0.001


PHASE 2 PILOT TRIAL DESIGN EVALUATING SAFETY AND EFFICACY OF TTFields AND XELOX CHEMOTHERAPY IN GASTRIC CANCER

- screening and baseline evaluation
- TTFields + XELOX chemotherapy q3w
- CT/MRI scan q9w until progression
- survival follow-up q12w

- 28 patients with 12 months follow-up
- Designed to detect investigator-assessed objective response rate per RECIST 1.1
- Final data anticipated in 2021

patientforward
late-stage pipeline creates potential for substantial market expansion

= 5,000 cases diagnosed annually in the U.S.

- Glioblastoma (GBM)
- Mesothelioma (MPM)
- Brain metastases from non-small cell lung cancer
- Non-small cell lung cancer
- Pancreatic cancer
- Ovarian cancer

Today

~3 Years

~5 Years
product innovation intended to improve efficacy and patient ease of use
potential to improve efficacy through extended time on therapy and increased intensity

TIME ON THERAPY IN EF-14 STUDY

- Median OS by percentage of monthly time on Optune*
  - 90%-100% (n=43)
    - 22-24 hours/day
    - 25 months
    - P=0.05
  - 70%-90% (n=257)
    - 17-22 hours/day
    - 22 months
    - P=0.05
  - 60%-70% (n=46)
    - 14-17 hours/day
    - 20 months
    - P=0.05
  - 50%-60% (n=42)
    - 12-14 hours/day
    - 18 months
    - P=0.05
  - 0% (n=239)
    - TMZ alone
    - 16 months

ELECTRIC FIELD INTENSITY

* Based on amount of time Optune was turned on and providing therapy over the course of a month. This data reflects the average patient usage of Optune for the first 6 months of treatment (months 1-6). Approximations based on monthly usage. Ivs TMZ alone.


current product development programs

ONGOING TECHNOLOGY INNOVATION WITH 33 NEW PATENT APPLICATIONS IN 2019

MyLink remote download

high intensity head array

transducer array layout planning software

2nd generation torso device

flexible torso array

frequency manipulation
strengthening our foundation for growth

- 15,000+ patients treated globally
- Four indications in late-stage pipeline
- 180+ issued patents and pending patent applications globally
- $331 million cash on hand*

*Cash, cash equivalents and short-term investments as of March 31, 2020
striving to extend survival in some of the most aggressive forms of cancer
Optune Lua™ and 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.
• 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 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 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 Lua in patients with MPM with implantable electronic medical devices, such as pacemakers or implantable automatic defibrillators, etc.
• Use of Optune 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 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 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® indications for use and important safety information

WARNINGS AND PRECAUTIONS

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

MISALIGNED TUBULINS INTERFERE WITH FORMATION OF MITOTIC SPINDLE

ALTERNATING ELECTRIC FIELDS DISRUPT CANCER CELL DIVISION

CANCER CELL DEATH
the Novocure journey

- Novocure founded
- FDA approval in recurrent GBM 2011
- FDA approval in newly diagnosed GBM 2015
- FDA approval for 2nd generation device 2016
- IPO 2015
- Crossed $50M annual revenue 2016
- Crossed $100M annual revenue 2017
- Crossed $350M annual revenue 2019

METIS trial* in brain metastases open
LUNAR trial* in NSCLC open
PANOVA-3 trial* in pancreatic open
INNOVATE-3 trial* in ovarian open

*Phase 3 pivotal clinical trial
GBM: glioblastoma; MPM: malignant pleural mesothelioma; HDE: humanitarian device exemption

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patient and customer engagement ongoing with new initiatives implemented as COVID-19 unfolded

- Leveraging technology to support patients across our active markets
- Finding new opportunities to engage healthcare professionals
- Staying connected with the broader medical and scientific communities
Adjusted EBITDA reconciliation

Adjusted EBITDA is a non-GAAP measurement of earnings before interest, taxes, depreciation, amortization and share-based compensation. We believe Adjusted EBITDA is useful to investors in evaluating our operating performance because it helps investors compare the results of our operations from period to period by removing the impact of earnings attributable to our capital structure, tax rate and material non-cash items, specifically share-based compensation.

<table>
<thead>
<tr>
<th>U.S. DOLLARS IN THOUSANDS</th>
<th>Three months ended</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2019</td>
</tr>
<tr>
<td><strong>Adjusted EBITDA reconciliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income (loss)</td>
<td>$ 3,952</td>
<td>$ (12,150)</td>
</tr>
<tr>
<td>Add: income tax</td>
<td>$ (9,765)</td>
<td>$ 3,661</td>
</tr>
<tr>
<td>Add: financial expenses (income), net</td>
<td>$ 2,432</td>
<td>$ 2,371</td>
</tr>
<tr>
<td>Add: depreciation and amortization</td>
<td>$ 1,888</td>
<td>$ 1,929</td>
</tr>
<tr>
<td><strong>EBITDA</strong></td>
<td>$ (1,493)</td>
<td>$ (4,189)</td>
</tr>
<tr>
<td>Add: share-based compensation</td>
<td>$ 16,557</td>
<td>$ 9,649</td>
</tr>
<tr>
<td><strong>Adjusted EBITDA</strong></td>
<td>$ 15,064</td>
<td>$ 5,460</td>
</tr>
</tbody>
</table>

patientforward