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October 2026

forward-looking statements

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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. Optune Pax is FDA-approved for the treatments of adults with locally advanced pancreatic cancer. Approval for use in other indications is not certain. Novocure can provide no assurances regarding market acceptance of Optune Gio or Optune Lua or Optune Pax 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.

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novocure
unique cancer therapy



Effective, wearable cancer therapy device
Non-invasive medical device to treat solid tumors



Market leader in glioblastoma
Increasing penetration across major global markets



Near-term expansion
Multiple new indication and country launches upcoming

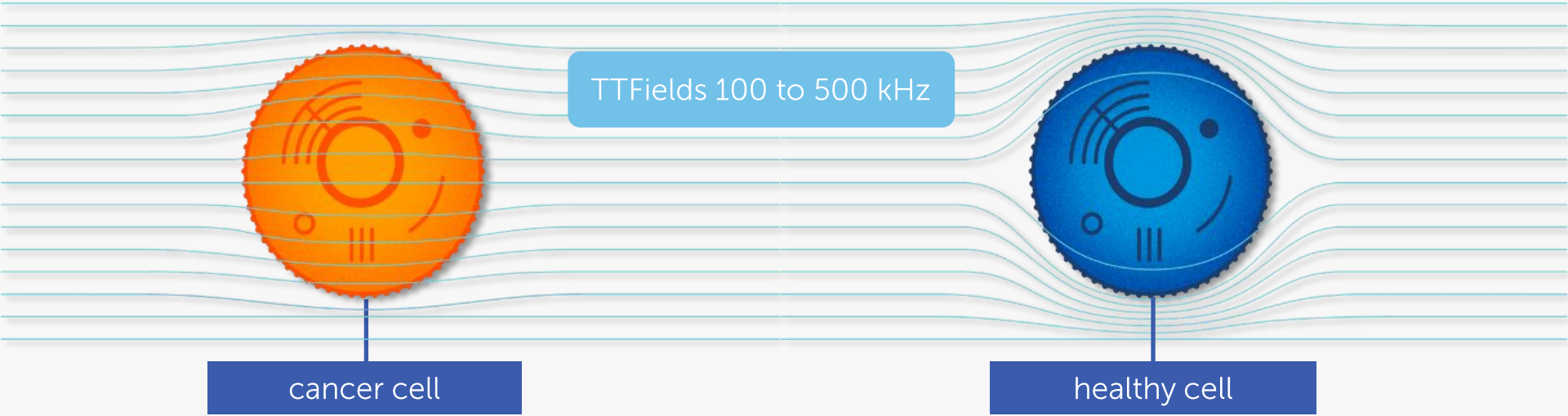


Path to profitability
Strategic focus balancing growth and profitability

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Tumor Treating Fields (TTFields) are alternating electric fields that target the electrical properties of cancer cells



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Liu K, et al. (2025) Comprehensive simulations of intracellular electric fields during exposure to tumor treating fields. *Front. Oncol.* 15:1520504. doi: 10.3389/fonc.2025.1520504; Wenger C, et al. Modeling Tumor Treating Fields (TTFields) application in single cells during metaphase and telophase. Annu Int Conf IEEE Eng Med Biol Soc. 2015;2015:6892-6895. doi:10.1109/EMBC.2015.7319977

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TTFields are delivered through portable medical devices



OPTUNE GIO®	glioblastoma multiforme
OPTUNE LUA®	metastatic non-small cell lung cancer
	malignant pleural mesothelioma
OPTUNE PAX®	locally advanced pancreatic cancer

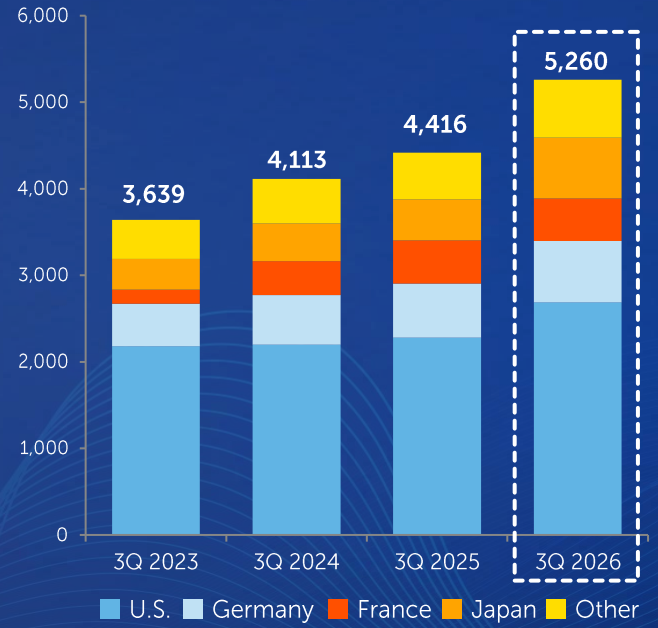
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Device and components shown above comprise the Optune Pax system, indicated for use in locally advanced pancreatic cancer. Please see slides 14-16 for full indications for use and important safety information for Optune Gio, Optune Lua and Optune Pax.

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consistent growth in patient base and net revenue

Total active patients on therapy



+19%

TOTAL ACTIVE PATIENT GROWTH YoY*

+16%

QUARTERLY NET REVENUE GROWTH YoY*

$725.4M

NET REVENUE TTM*

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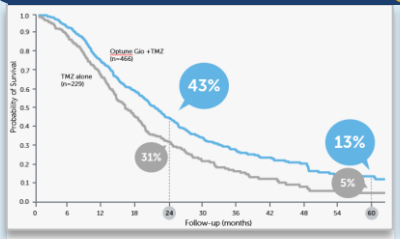
* As of September 30, 2026. YoY, year-over-year; TTM, trailing twelve months.

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positive phase 3 data from large, randomized trials

DATA SUPPORTING FDA PMA APPROVALS

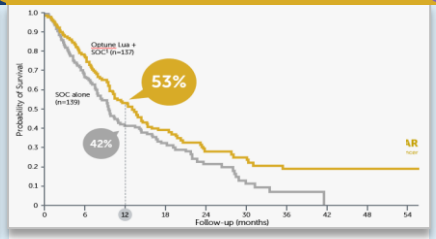
glioblastoma



20.9-MO MEDIAN OVERALL SURVIVAL
(+5 MONTHS)

VS. TEMOZOLOMIDE ALONE

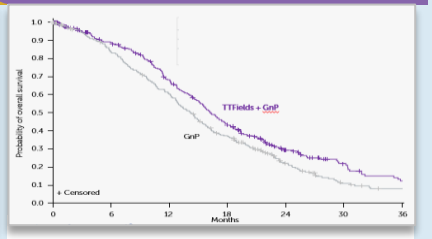
non-small cell lung cancer



13.2-MO MEDIAN OVERALL SURVIVAL
(+3 MONTHS)

VS. IMMUNE CHECKPOINT INHIBITOR OR DOCETAXEL ALONE

pancreatic cancer

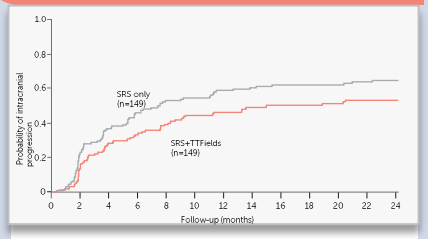


16.2-MO MEDIAN OVERALL SURVIVAL
(+2 MONTHS)

VS. GEMCITABINE AND NAB-PACLITAXEL ALONE

PENDING FDA REVIEW

brain metastases (NSCLC)



15.0-MO TIME TO INTRACRANIAL PROGRESSION*
(+7.5 MONTHS)

STATISTICALLY SIGNIFICANT DELAY IN TTIP* FOLLOWING STEREOTACTIC RADIATION VS. BEST SUPPORTIVE CARE ALONE

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*Statistically significant delay in TTIP accounting for competing risks using the Fine–Gray method. METIS demonstrated that use of TTFields following stereotactic radiation results in a 28% lower risk of intracranial progression compared to those not treated with TTFields following stereotactic radiation. Accounting for competing risk, patients treated with TTFields and supportive care following stereotactic radiation exhibited a median time to intracranial progression of 15.0 months compared to 7.5 months in patients treated with supportive care alone following stereotactic radiation.

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key catalysts anticipated in 2026

CLINICAL

- ✓ **Q1**: Release topline data from Phase 2 PANOVA-4 trial (metastatic PDAC)
- ✓ **Q2**: Release topline data from Phase 3 TRIDENT trial (GBM)
- **Q4**: Complete enrollment in Phase 3 KEYNOTE D58 trial (GBM)

COMMERCIAL

- ✓ **Q1**: Launch Optune Pax for pancreatic cancer in the U.S.
- **Q4**: Launch Optune Mya for brain metastases from NSCLC in the U.S.*
- ✓ **Full Year**: Expand global footprint of Optune Gio & Optune Lua

GBM, glioblastoma; NSCLC, non-small cell lung cancer; PDAC, pancreatic ductal adenocarcinoma.
* Pending approval from U.S. Food and Drug Administration.

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R&D investments focused on TTFields' unique properties to target tumors in need of a biophysical solution

bypass drug delivery and bioavailability barriers

modulate tumor microenvironment to promote immune recognition

INCREASE TUMOR ACCESSIBILITY

MAXIMIZE IMMUNOTHERAPY

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GBM, glioblastoma; mets, metastases; NSCLC, non-small cell lung cancer. 1) Voloshin T, et al. Tumor-treating fields (TTFields) induce immunogenic cell death resulting in enhanced antitumor efficacy when combined with anti-PD-1 therapy. Cancer Immunol Immunother 2020;69: 1191-204. 2) Barsheshet Y et al. Tumor Treating Fields (TTFields) Concomitant with Immune Checkpoint Inhibitors Are Therapeutically Effective in Non-Small Cell Lung Cancer (NSCLC) In Vivo Model. Int J Mol Sci 2022;23. 3) Chen D, et al. Tumor Treating Fields dually activate STING and AIM2 inflammasomes to induce adjuvant immunity in glioblastoma. J Clin Invest 2022;132.

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ongoing trials designed to expand TTFields reach

KEYNOTE D58
PHASE 3 TRIAL IN NEWLY DIAGNOSED GBM[1]

DESIGN: TTFields + pembrolizumab + chemotherapy
PATIENTS: 741
PRIMARY ENDPOINT: Overall survival

LUNAR-2
PHASE 3 TRIAL IN 1L METASTATIC NSCLC[2]

Protocol amendment under pre-submission discussion with FDA

DESIGN: TTFields + pembrolizumab + platinum chemotherapy
PATIENTS: 734
PRIMARY ENDPOINTS: Overall survival, progression free survival

GBM, glioblastoma; 1. https://clinicaltrials.gov/study/NCT06556563; TTFields, Tumor Treating Fields; 1L, first-line; NSCLC, non-small cell lung cancer; 2. https://clinicaltrials.gov/study/NCT06216301.

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strategic roadmap balancing growth and profitability



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



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

INDICATIONS FOR USE

- 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 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 Pax® is intended for the treatment of adult patients with locally advanced pancreatic cancer, concomitant with gemcitabine and nab-paclitaxel.

CONTRAINDICATIONS

- 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.
- Do not use Optune Lua or Optune Pax in patients with an electrical implant. Use of Optune Lua or Optune Pax together with electrical implants has not been tested and may lead to malfunctioning of the implanted device.
- Do not use Optune Gio, Optune Lua, or Optune Pax in patients known to be sensitive to conductive hydrogels. In this case, skin contact with the gel used with Optune Gio, Optune Lua, or Optune Pax may commonly cause increased redness and itching. In rare cases, it may lead to severe allergic reactions, that can cause a drop in blood pressure, breathing difficulty, including respiratory failure, and shock.

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

WARNINGS AND PRECAUTIONS

- Optune Gio, Optune Lua, and Optune Pax 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 Gio, Optune Lua, or Optune Pax for patients who are pregnant, who you think might be pregnant, or who are trying to get pregnant. Women who are able to get pregnant must use birth control when using any of the devices. Safety and effectiveness of Optune Gio, Optune Lua, or Optune Pax in these populations have not been established.
- 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.
- 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.
- 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.
- 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.

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

WARNINGS AND PRECAUTIONS (CONT'D)

- The most common (≥10%) adverse events involving Optune Pax concomitant with gemcitabine and nab-paclitaxel were neutropenia, anemia, thrombocytopenia, leukopenia, diarrhea, nausea, vomiting, abdominal pain, constipation, fatigue, peripheral edema, pyrexia, pain, COVID-19, infection, respiratory tract infection, urinary tract infection, pneumonia, hepatic enzyme increased, anorexia, hypokalemia, hypoalbuminemia, hyperglycemia, musculoskeletal pain, peripheral neuropathy, taste disorder, dizziness, sleep disorder, dyspnea, alopecia, skin-related disorders, and hypotension.
- Optune Pax device-related skin adverse events (≥5%) include dermatitis, rash, pruritus, maculo-papular rash, erythema, skin irritation, skin reaction, and skin ulcer. Other device-related adverse effects associated with the use of Optune Pax include overheating of the array, leading to pain and/or local skin burns, allergic reaction to the adhesive or gel from the transducer arrays, and local warmth and tingling sensation beneath the arrays.
- If the patient has an underlying serious skin condition on the treated area, evaluate whether this may prevent or temporarily interfere with Optune Gio, Optune Lua, or Optune Pax treatment.
- Please see full Instructions for Use (IFU) for Optune Gio at OptuneGioHCP.com.
- Please see full Instructions for Use (IFU) for Optune Lua for NSCLC at OptuneLuaHCP.com.
- Please see full Instructions for Use (IFU) for Optune Lua for MPM at OptuneLuaHCP.com/MPM/home.
- Please see full Instructions for Use (IFU) for Optune Pax at OptunePaxHCP.com.

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