

# Novocure

July 2024



# forward-looking statements

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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

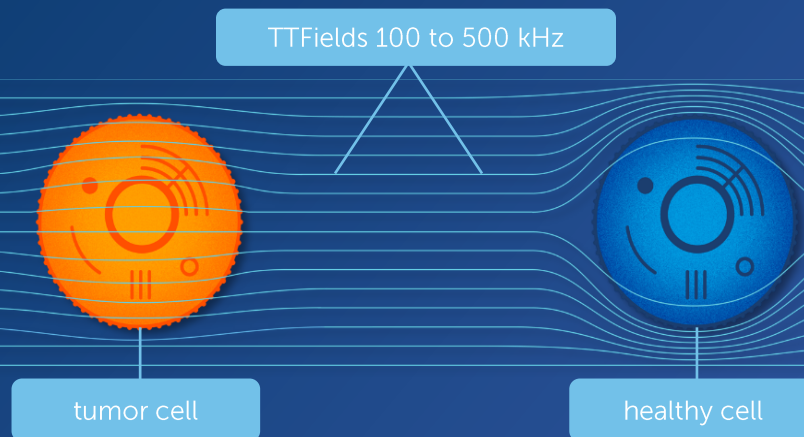
**New array** U.S. approval and launch

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



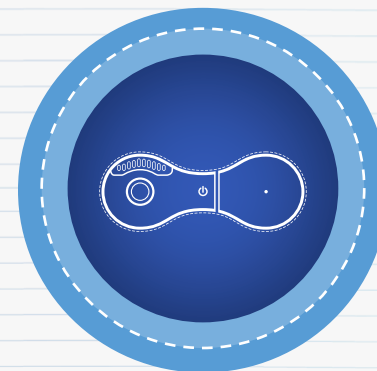
**drive commercial adoption**

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)

3,963

ACTIVE PATIENTS ON THERAPY\*

NCCN Category 1

GUIDELINE RECOMMENDATION

30-40%

PENETRATION IN KEY COUNTRIES

reimbursement

ACROSS MAJOR GLOBAL MARKETS

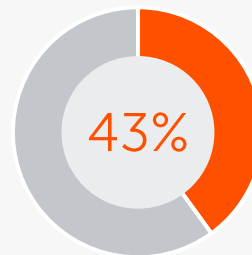
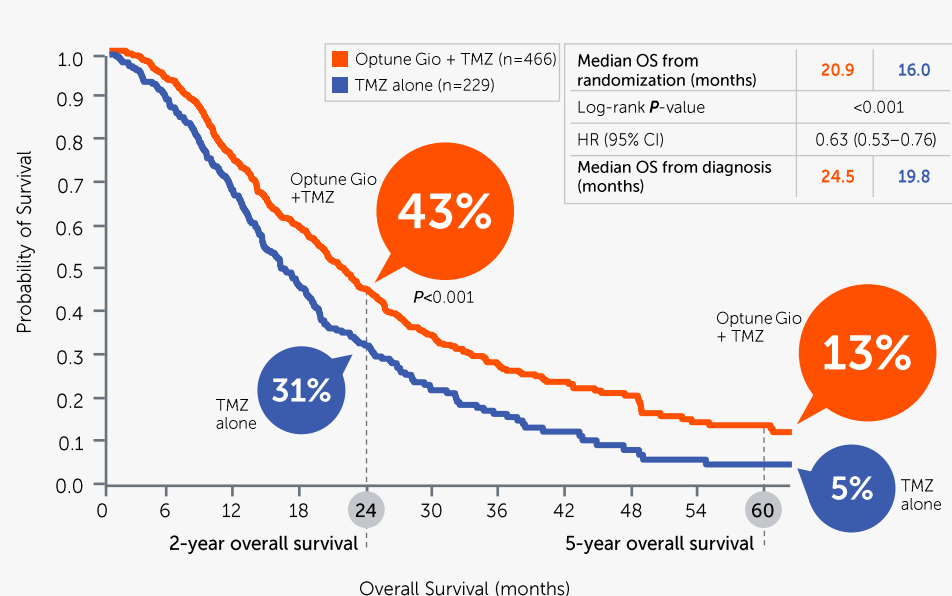
robust intellectual  
property

PORTFOLIO WITH MATERIAL  
PRODUCT DEVELOPMENTS

# Optune Gio is proven to extend patient survival

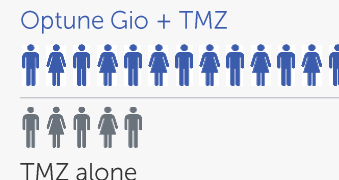
## EF-14 PHASE 3 PIVOTAL STUDY IN NEWLY DIAGNOSED GBM

Overall survival (5-year survival analysis)



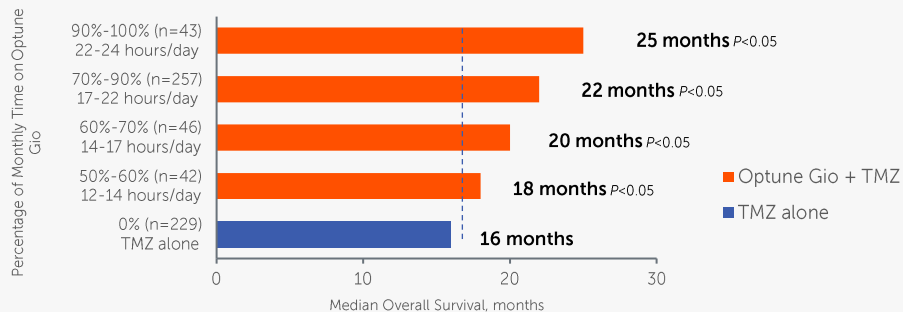
**NEARLY HALF**  
of people using  
Optune Gio + TMZ  
**ALIVE AT 2 YEARS**

**BETTER** 13%  
survival at  
**5 YEARS** 5%

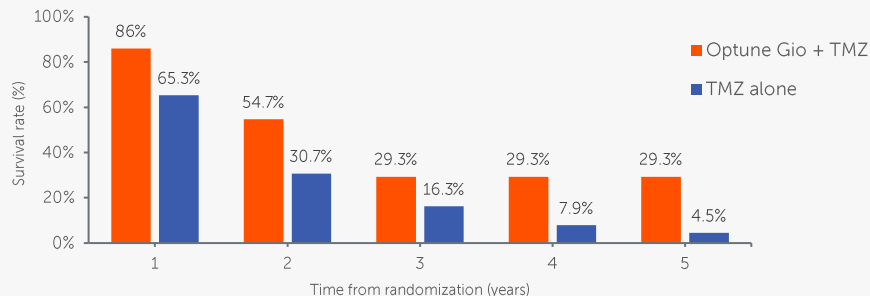


# Optune Gio: greater exposure increased survival

## MEDIAN OVERALL SURVIVAL BY PERCENT OF TIME ON OPTUNE GIO



## ANNUAL SURVIVAL RATE OF HIGHEST USAGE PATIENTS



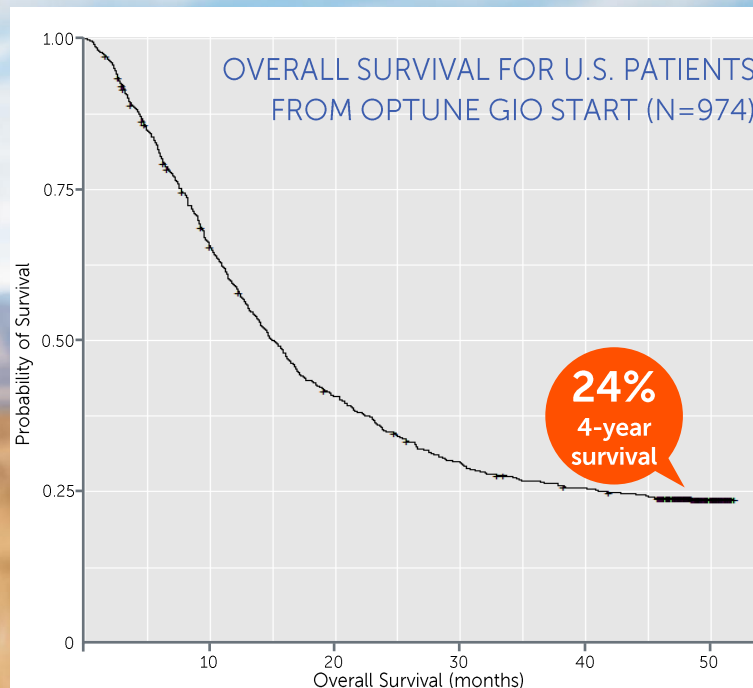
86%

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%

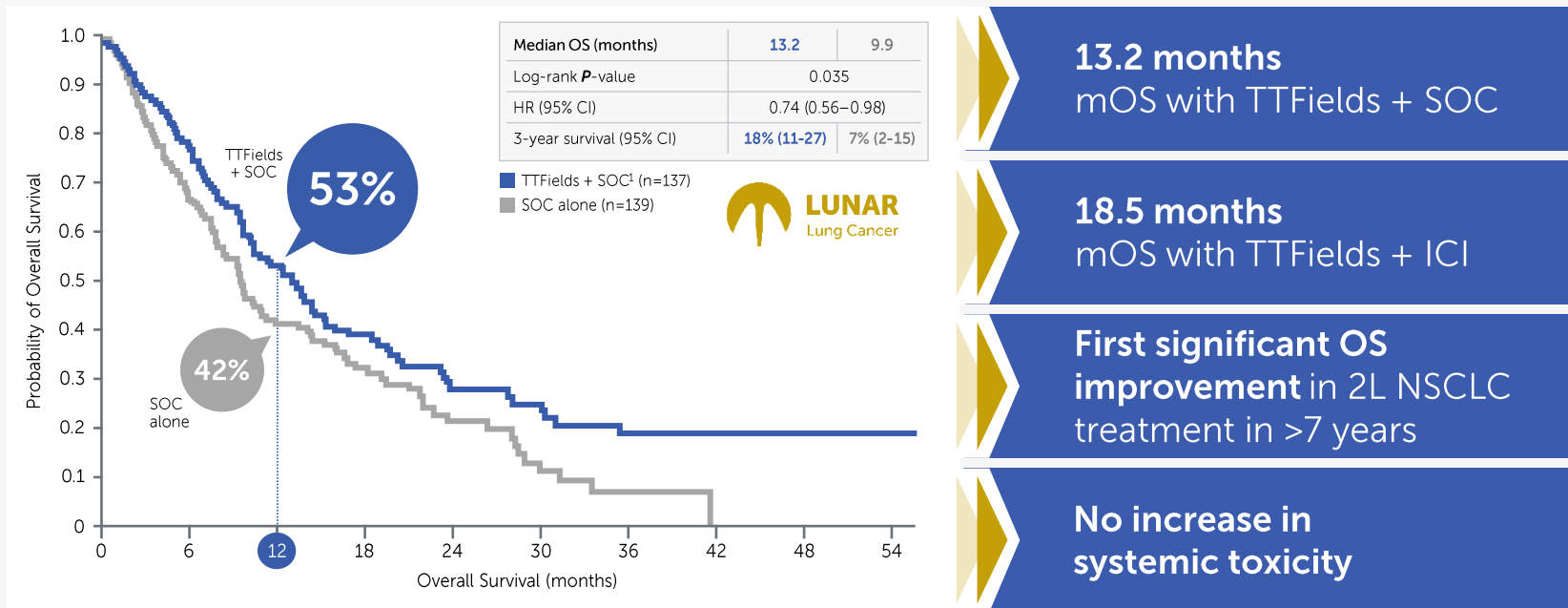
POST-PROGRESSION SURVIVAL FOR PATIENTS CONTINUING OPTUNE GIO (N=59)<sup>1</sup>

no toxicity

INCREASE OF SIGNIFICANCE VERSUS TMZ ALONE<sup>2</sup>

# phase 3 LUNAR trial in NSCLC met primary endpoint

**STATISTICALLY SIGNIFICANT AND CLINICALLY MEANINGFUL IMPROVEMENT IN OS**



# 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

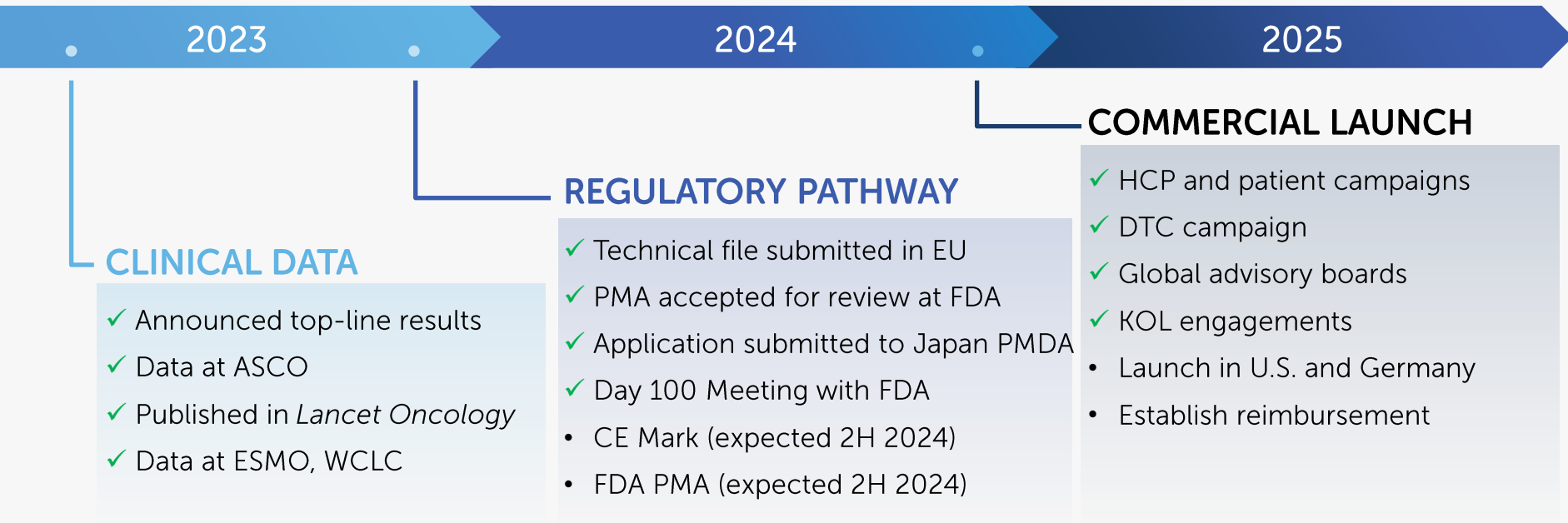
**~30,000**

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



# platform technology driving robust clinical pipeline

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

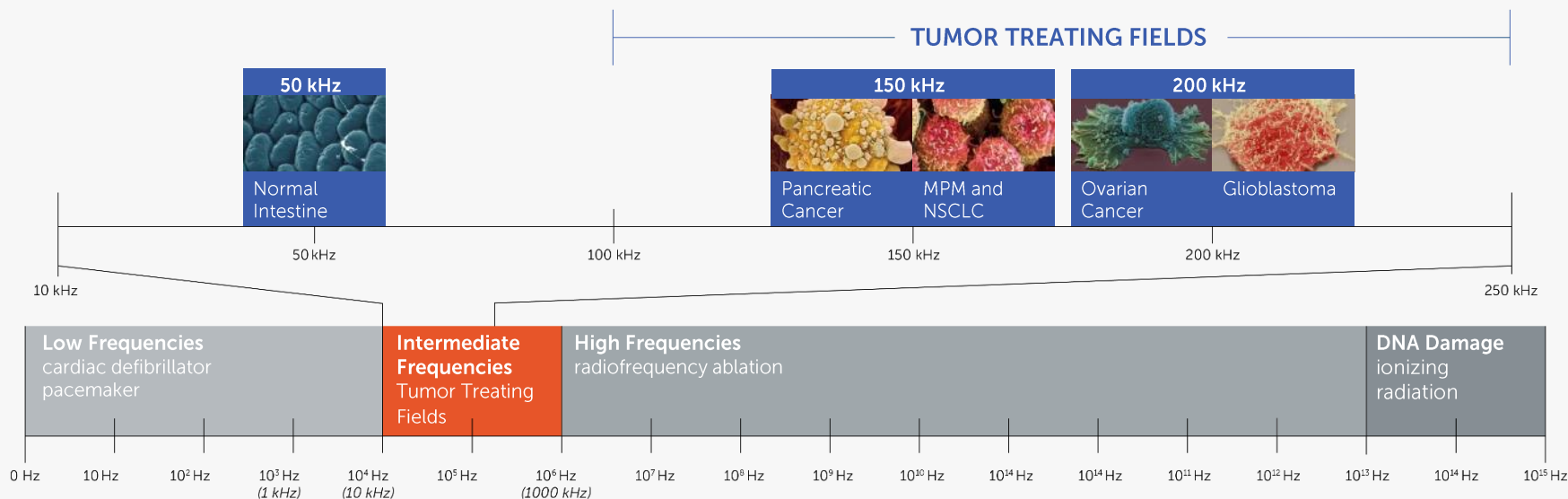
PROFITABLE GBM BUSINESS



# appendix

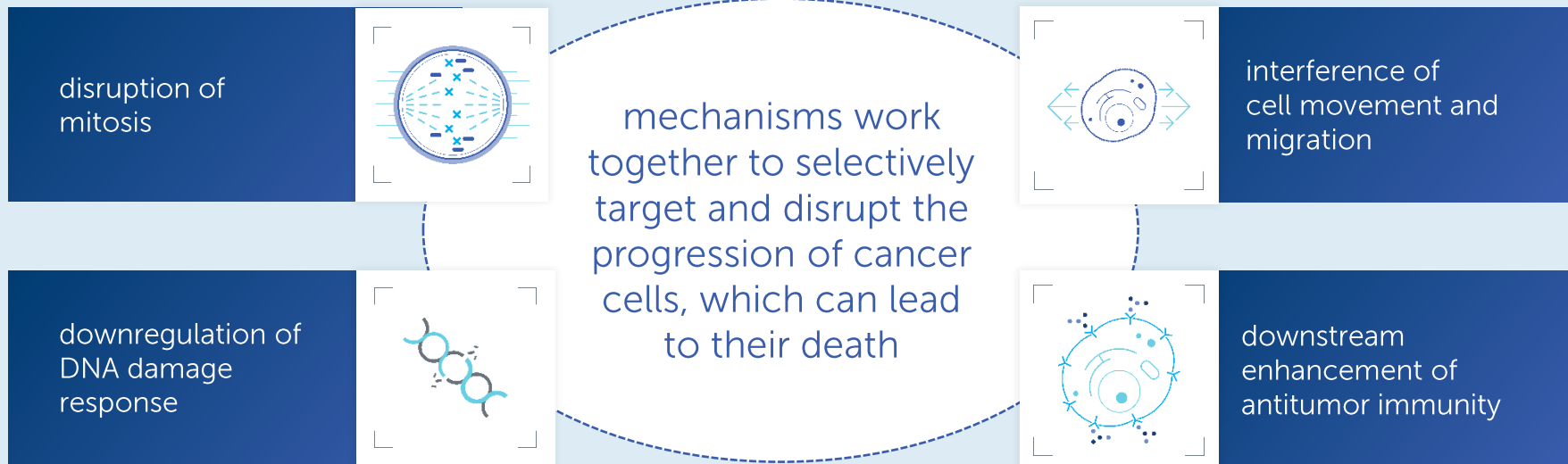


# therapy is frequency-tuned to target dividing cancer cells

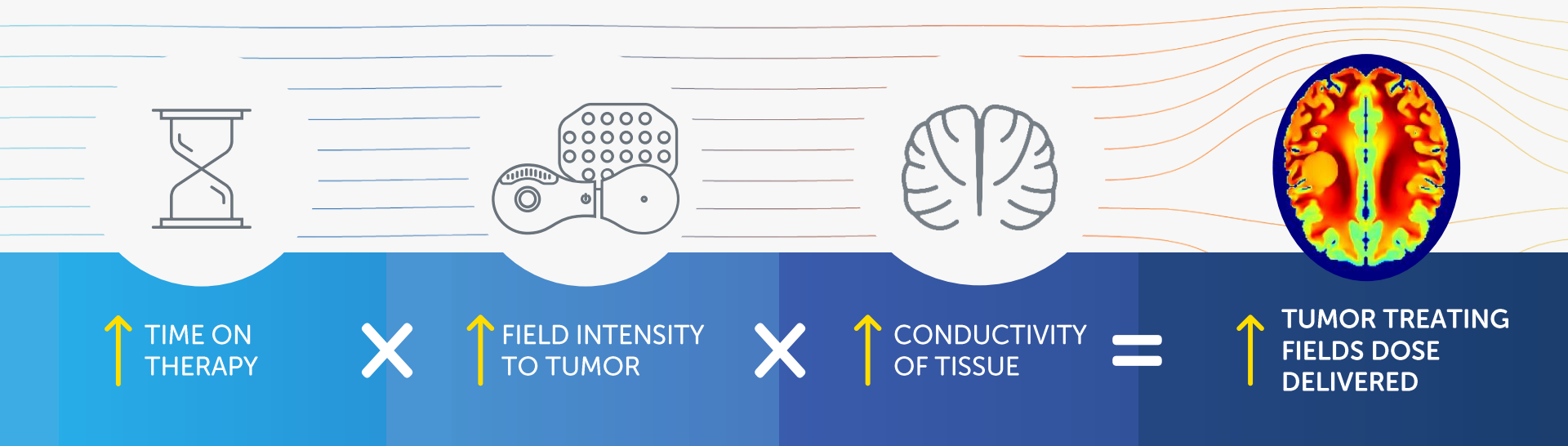


MPM: malignant pleural mesothelioma  
 NSCLC: non-small cell lung cancer

# TTFields have multiple, distinct mechanisms of action

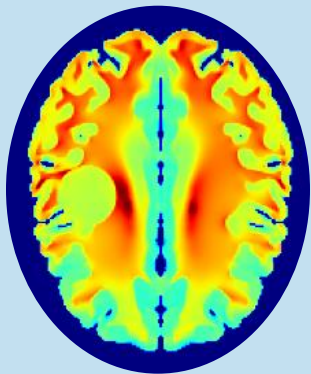


# optimized dose delivered can lead to increased efficacy



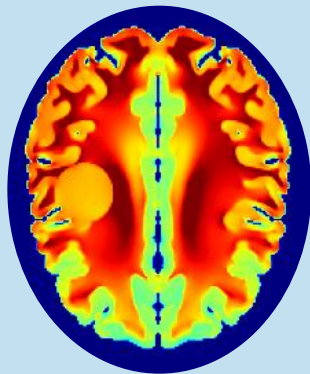
# new lighter, thinner arrays deliver greater intensity

**EXISTING ARRAYS**  
AP channel, 1,364 mAmps



VS.

**NEW ARRAYS**  
AP channel, 1,685 mAmps



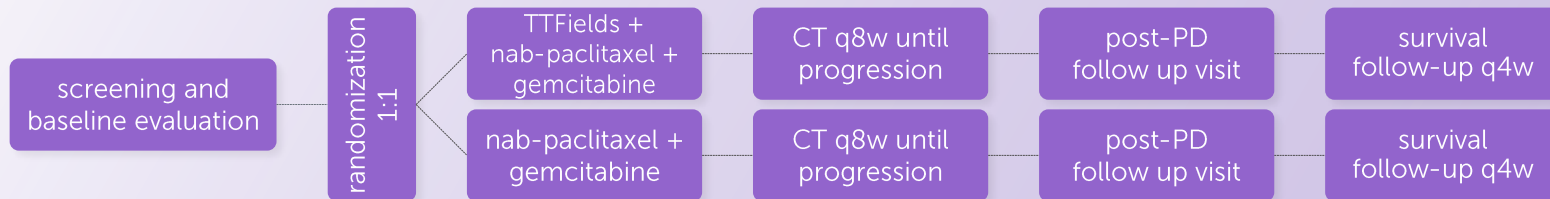
**PMA SUPPLEMENT SUBMITTED IN Q4 2023**

# ongoing trial designs



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

## OPEN-LABEL, RANDOMIZED TRIAL DESIGN<sup>1</sup>



### 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 DESIGN<sup>1</sup>



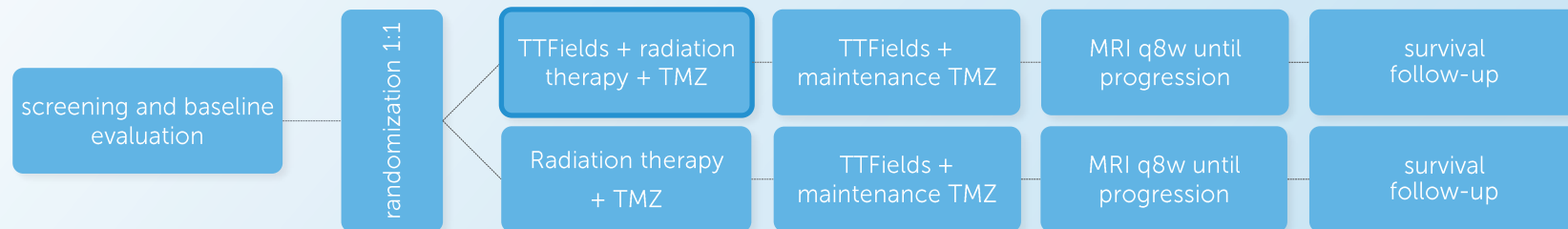
### STUDY DESIGN

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

1. [clinicaltrialsregister.eu](https://clinicaltrialsregister.eu) [EudraCT 2022-003157-55].

# TRIDENT: phase 3 trial in newly diagnosed glioblastoma

## OPEN-LABEL, RANDOMIZED TRIAL DESIGN<sup>1</sup>



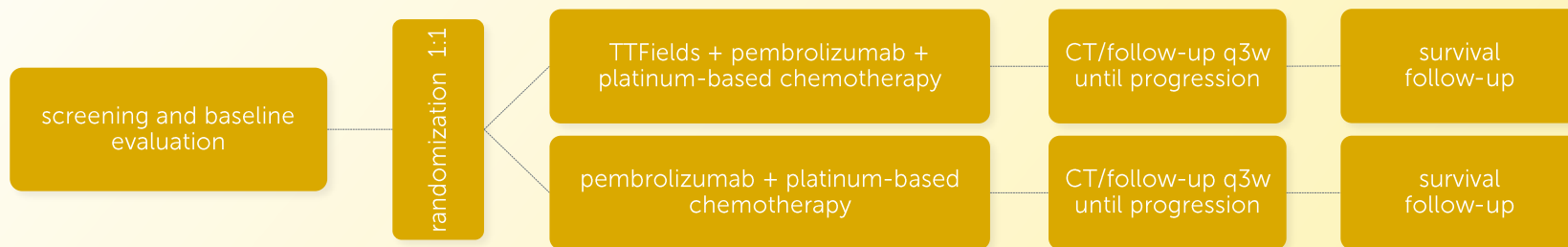
### STUDY DESIGN

- 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

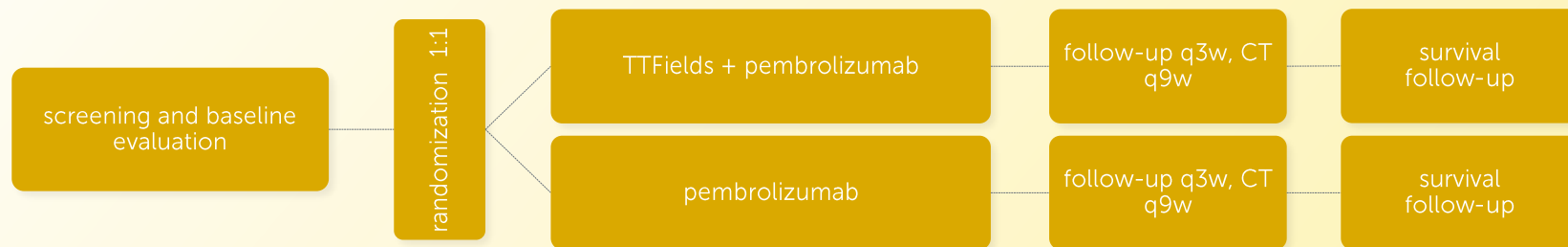


### STUDY DESIGN

- 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 DESIGN<sup>1</sup>



### 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<sup>®</sup> and Optune Gio<sup>®</sup> 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 (≥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 (≥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 (≥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](https://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](https://OptuneLua.com) to see the Optune Lua IFU for complete information regarding the device's indications, contraindications, warnings, and precautions.