Novocure Announces 27 Presentations at the American Society for Radiation Oncology 2019 Annual Meeting

September 10, 2019

The volume of Tumor Treating Fields presentations marks a record number of abstracts for Novocure at one of the premier meetings for radiation oncologists

Highlights include a subgroup analysis of the STELLAR trial by radiological response patterns in malignant pleural mesothelioma and the first presentation of in vitro data combining treatment with Tumor Treating Fields and chemotherapy in gastric cancer

ST. HELIER, Jersey–(BUSINESS WIRE)–Novocure (NASDAQ: NVCR) today announced 27 presentations on Tumor Treating Fields, including four oral presentations, will be featured at the American Society for Radiation Oncology (ASTRO) 2019 Annual Meeting, Sept. 15 through Sept. 18 in Chicago. The volume of Tumor Treating Fields presentations marks a record number of abstracts for Novocure at this conference. External authors prepared 16 of the presentations, pointing to a growing interest in Novocure's proprietary Tumor Treating Fields platform within the radiation oncology community.

Presentation highlights include a subgroup analysis of the STELLAR trial by radiological response patterns in malignant pleural mesothelioma and the first presentation of in vitro data combining treatment with Tumor Treating Fields and chemotherapy in gastric cancer.

"The presence of Tumor Treating Fields at the ASTRO Annual Meeting has grown substantially over the last three years," said Novocure's Chief Medical Officer Ely Benaim. "We are excited to continue our partnership with the radiation oncology community to help establish Tumor Treating Fields as an important treatment for solid tumors. We look forward to participating in the exchange of scientific information at one of the premier meetings for radiation oncologists."

Oral Presentations

(Presentation 1070) Radiological Response Patterns in Malignant Pleural Mesothelioma (MPM): Subgroup Analyses of the Phase 2 STELLAR Trial of TTFields plus Chemotherapy for First-Line Treatment. F. Grosso. 8:40 to 8:45 a.m. CDT Monday, Sept.16.

(Presentation 1102) Blood Brain Barrier (BBB) Integrity is Affected By Tumor Treating Fields (TTFields) in Vitro and In Vivo. C. Hagemann. 4:25 to 4:30 p.m. CDT Monday, Sept.16.

(Presentation 212) Creating Conductivity Maps at 200 Khz of Brain and Tumor Tissue of Glioblastoma Patients with Water-Content Based Electric Properties Tomography. N. Gentilal. 1:55 to 2:05 p.m. CDT Wednesday, Sept. 18.

(Presentation 1277) Tumor Treating Fields Delivery to the Abdomen Is Unlikely to Cause Thermal Tissue Damage: Results of an Extensive Computational Analysis. N. Gentilal. 2:25 to 2:30 p.m. CDT Wednesday, Sept. 18.

Joint Interactive Session

Novel targeted therapies/Immuno-oncology and Clinical Trials/TTF. M. Ahluwalia. 4:32 to 4:44 p.m. CDT Monday, Sept. 16.

Poster Presentations

(3109) Efficacy and Thermal Safety of Tumor Treating Fields Delivered to the Thorax: A Simulation-Based Study. Z. Bomzon. 1:15 to 2:30 p.m. CDT Sunday, Sept. 15.

(3116) Malignant Pleural Mesothelioma: Survival Meta-Analysis from 15 Years of a Standard Systemic Therapy. J. Friedberg. 1:15 to 2:30 p.m. CDT Sunday, Sept. 15.

(3254) Clinical Value of TTFields Treatment in Mesothelioma Using ASCO and ESMO Frameworks. J. Kelly. 1:15 to 2:30 p.m. CDT Sunday, Sept. 15.

(3611) Animal Studies Evaluating the Safety of Tumor Treating Fields (TTFields) Alone and in Combination with Chemotherapy Agents Demonstrate No Additional Toxicities. M. Giladi. 1:15 to 2:30 p.m. CDT Sunday, Sept. 15.

(2159) Delivering Uniform TTFields Distribution to the Brain. Z. Bomzon. 10:45 to 12 p.m. CDT Monday, Sept. 16.

(2214) Prostaglandin E Receptor 3 Mediates Resistance to Tumor Treating Fields in Glioblastoma Cells. D. Chen. 10:45 to 12 p.m. CDT Monday, Sept. 16.

(2222) Tumor Treating Fields Combined with Radiotherapy and Temzolomide for the Treatment of Newly Diagnosed Glioblastoma: Final Results from a Pilot Study. R. Grossman. 10:45 to 12 p.m. CDT Monday, Sept. 16.

(2226) Analysis of the EF-14 Phase 3 Trial Reveals That Tumor Treating Fields Alter Progression Patterns in Glioblastoma. S. Jeyapalan. 10:45 to 12 p.m. CDT Monday, Sept. 16.

(2287) A Proof of Concept Study for Simulating Heat Transfer in Patients Treated with Tumor Treating Fields. Z. Bomzon. 10:45 to 12 p.m. CDT Monday, Sept. 16.

(2240) Single Institutional Experience with Tumor Treating Field Compliance and Overall Survival in Patients with Primary Glioblastoma. K. Qualls. 10:45 a.m. to 12 p.m. CDT Monday, Sept. 16

(3003) Treating Elderly Glioblastoma Patients > 65 Years with TTFields: A Cost-Effectiveness Perspective. F. Leonard. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3362) Updated Meta-Analysis of Toxicity Data in Thoracic and Abdominal Malignancies from Clinical Trials in Tumor Treating Fields. I. Vergote. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3486) Exploiting Conditional Vulnerabilities Caused By the Systems Level Effects of Tumor Treating Fields. M. Story. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3498) TTFields Induces Immunogenic Cell Death and Sting Pathway Activation through Cytoplasmic Double-Stranded DNA in Glioblastoma Cells. D. Chen. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3541) Tumor Treating Fields (TTFields) Suppress Tunneling Nanotube Formation in Malignant Mesothelioma. A. Sarkari. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3581) Patient-Derived Metastatic Non-Small Cell Lung Cancer (NSCLC) Cell Lines from Untreated and Treated Patients Are Sensitive to Tumor Treating Fields (TTFields) in Vitro. S. Michelhaugh. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3573) Tumor Treating Fields (TTFields) Plus Sorafenib Is Safe and Effective in Hepatocellular Carcinoma Tested in Vitro and in an Animal Model. S. Davidi. 1 to 2:15 p.m. CDT Tuesday, Sept.17.

(3514) Immunogenic Cell Death Induced by Tumor Treating Fields (TTFields) Enhances Efficacy When Combined with Anti-PD-1 Therapy in Lung and Colon Cancer Animal Models. T. Voloshin. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3582) Efficacy of Tumor Treating Fields (TTFields) in Combination with Cisplatin or Pemetrexed for the Treatment of Mesothelioma in Vitro and in Vivo. M. Munster. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3587) The Combined Treatment of 150 kHz Tumor Treating Fields (TTFields) and FOLFOX Inhibit Gastric Cancer in Vitro. E. Zeevi. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3845) Tumor Treating Fields Therapy Influences Patterns of Failure in Glioblastoma Patients in a Dose-Dependent Manner: A Multidisciplinary Analysis of the Randomized Phase III EF-14 Clinical Trial. M. Ballo. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

(3857) Optimizing Transducer Array Layout for the Treatment of Pancreatic Cancer Using Tumor Treating Fields (TTFields) in the Phase 3 PANOVA-3 Trial. Z. Bomzon. 1 to 2:15 p.m. CDT Tuesday, Sept. 17.

About Novocure

Novocure is a global oncology company working to extend survival in some of the most aggressive forms of cancer through the development and commercialization of its innovative therapy, Tumor Treating Fields. Tumor Treating Fields is a cancer therapy that uses electric fields tuned to specific frequencies to disrupt solid tumor cancer cell division. Novocure's commercialized products are approved for the treatment of adult patients with glioblastoma and malignant pleural mesothelioma. Novocure has ongoing or completed clinical trials investigating Tumor Treating Fields in brain metastases, non-small cell lung cancer, pancreatic cancer, ovarian cancer and liver cancer.

Headquartered in Jersey, Novocure has U.S. operations in Portsmouth, New Hampshire, Malvern, Pennsylvania and New York City. Additionally, the company has offices in Germany, Switzerland, Japan and Israel. For additional information about the company, please visit www.novocure.com or follow us at www.twitter.com/novocure.

Forward-Looking Statements

In addition to historical facts or statements of current condition, this press release 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 more specific risks and uncertainties facing Novocure such as those set forth in its Quarterly Report on Form 10-Q filed on July 25, 2019, 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.

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