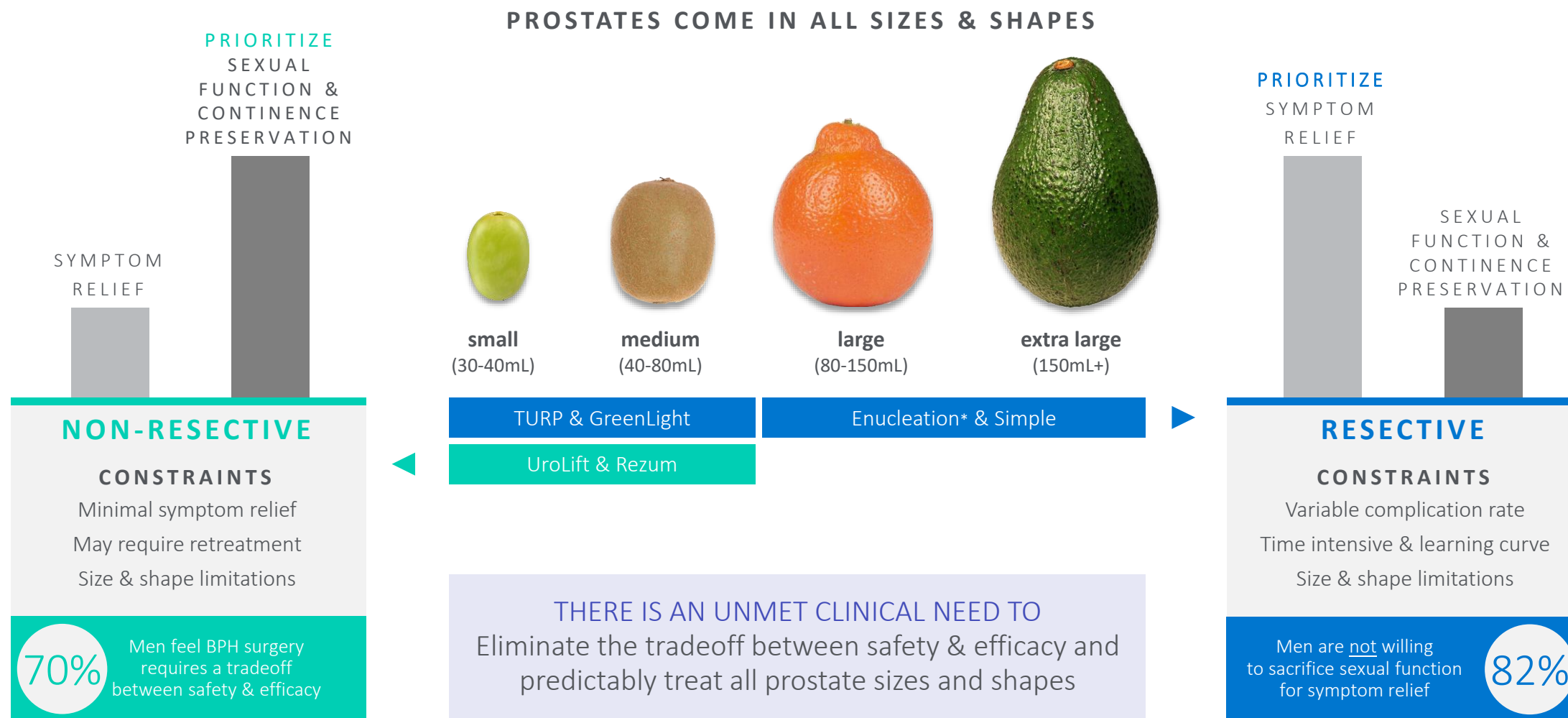


BPH Surgery Reimagined

AQUABLATION®

Therapy by PROCEPT BioRobotics







A large medical robot on wheels with a monitor and control panel.

PRIORITIZE
SYMPTOM
RELIEF

PRIORITIZE
SEXUAL
FUNCTION &
CONTINENCE
PRESERVATION

AQUABLATION®

CLARITY



Visual representation of a prostate with various zones and landmarks labeled.

Visualization of the entire prostate for customized treatment planning

CONSISTENCY



Close-up of the robotic arm and control panel.

Robotic execution for predictable and reproducible resection

CONTROL



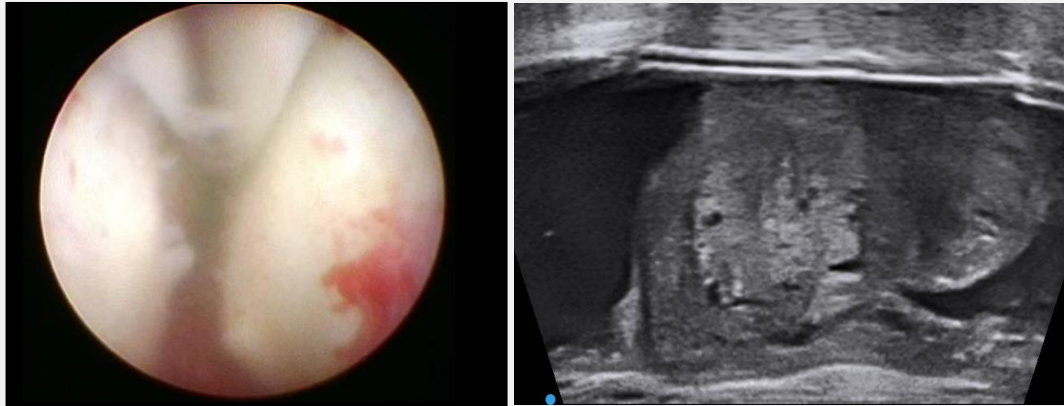
A doctor in a white coat talking to a patient.

Minimize variables that impact outcomes

Aquablation therapy provides long term symptom relief with low rates of complications

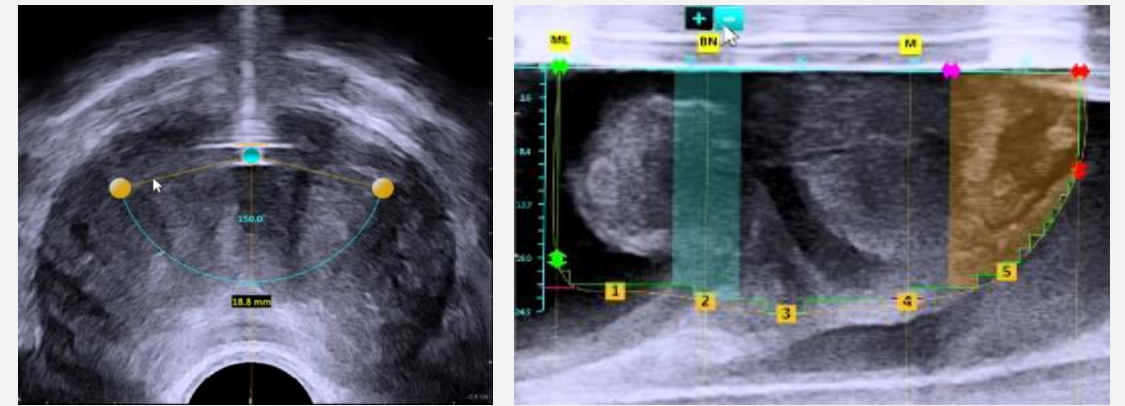
1. Gillig P. et al. Three-year outcomes after Aquablation® therapy compared to TURP: results from a blinded randomized trial. Can J Urol. 2020 Feb;27(1):10072-10079.
2. Desai M, et al. Aquablation for benign prostatic hyperplasia in large prostates (80-150 cc): 2-year results. Canadian Journal of Urology. 27(2):10147-10153. Apr 2020.
3. Bach T. et al. First Multi-Center All-Comers Study for the Aquablation Procedure. J Clin Med. 2020 Feb;9(2): 603.

SIMULTANEOUS IMAGING



Visualization of the entire prostate through cystoscope and ultrasound

INTRAOPERATIVE SURGICAL PLANNING



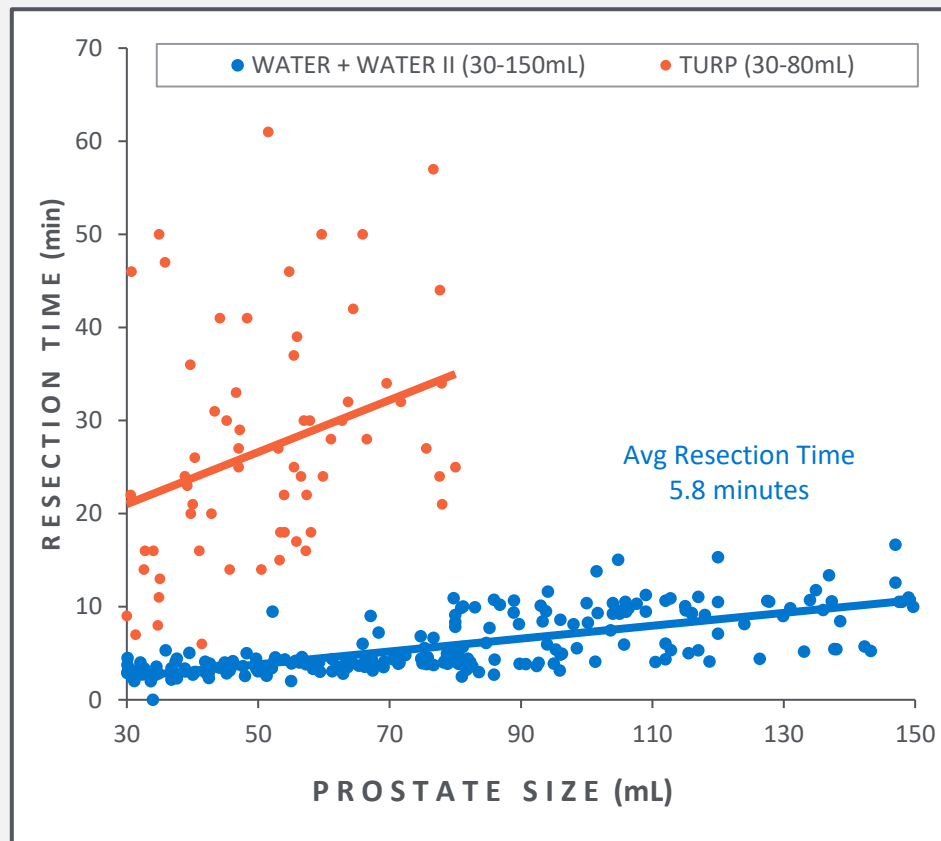
Identify critical anatomy and customize resection contour

CONSISTENCY

ROBOTIC EXECUTION FOR PREDICTABLE AND REPRODUCIBLE RESECTION

SIZE AND SHAPE-INDEPENDENT RESECTION

Average resection time = 5.8 minutes



CONTROL

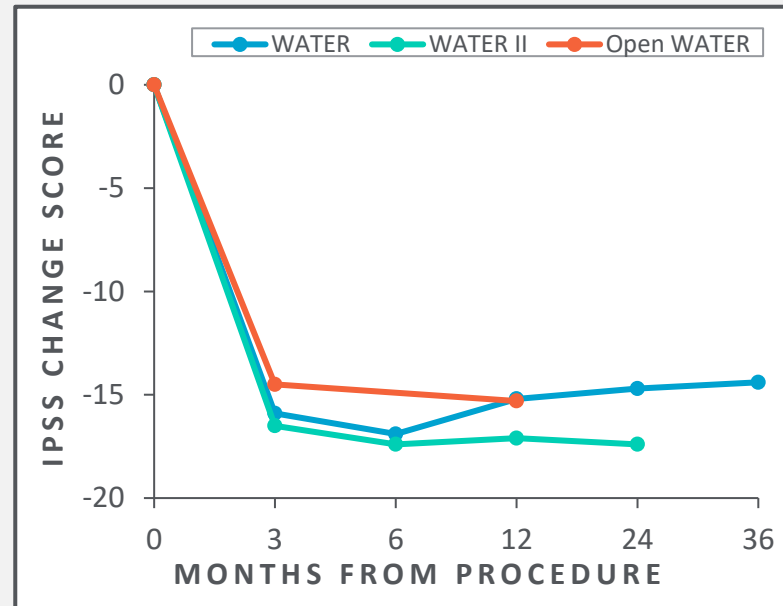
MINIMIZE VARIABLES THAT IMPACT OUTCOMES

LOW RATES OF IRREVERSIBLE COMPLICATIONS

SAFETY OUTCOMES	WATER & WATER II (30-150mL)	OPEN WATER (20-150mL)
Continence Preservation	99%	99%
Erectile Function Preservation	100%	100%
Ejaculatory Function Preservation	86%	92%

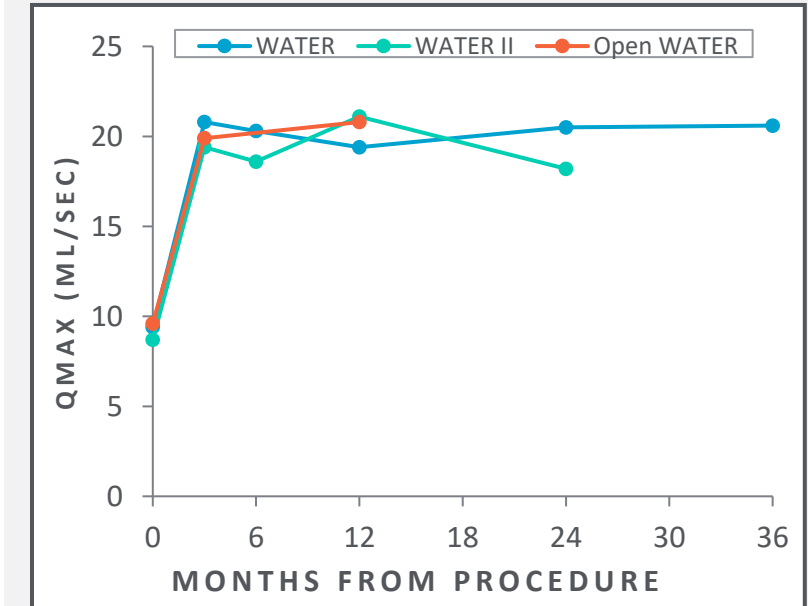
SYMPTOM RELIEF

Average IPSS improvement = 16 points



FLOW IMPROVEMENT

Average Qmax improvement = 11 mL/sec



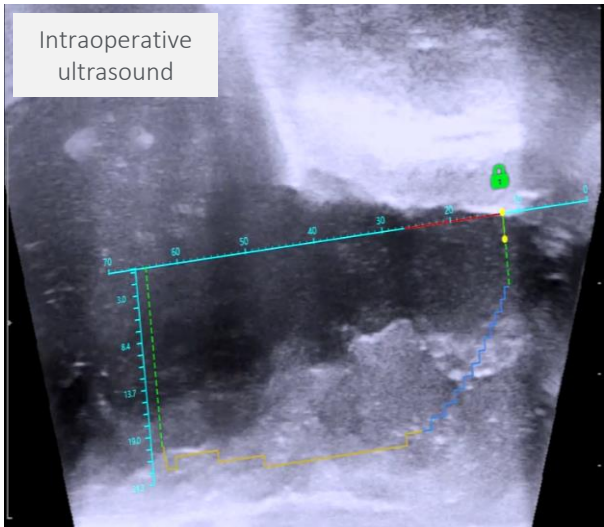
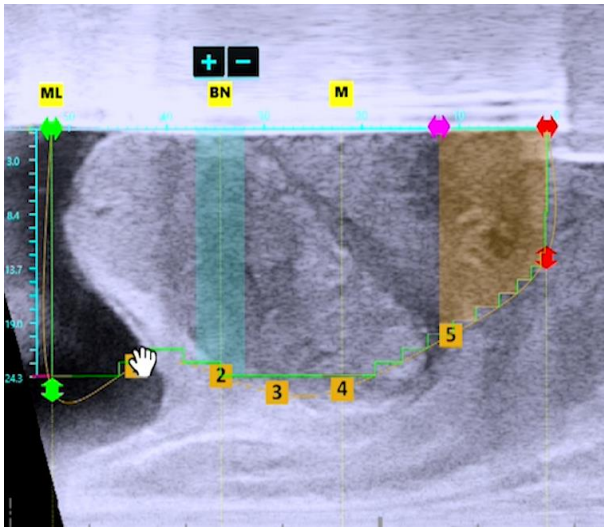
AQUABLATION THERAPY PROCEDURE | ANIMATION



Note: Animation does not represent full draping required during Aquablation therapy.

AQUABLATION THERAPY RESULTS

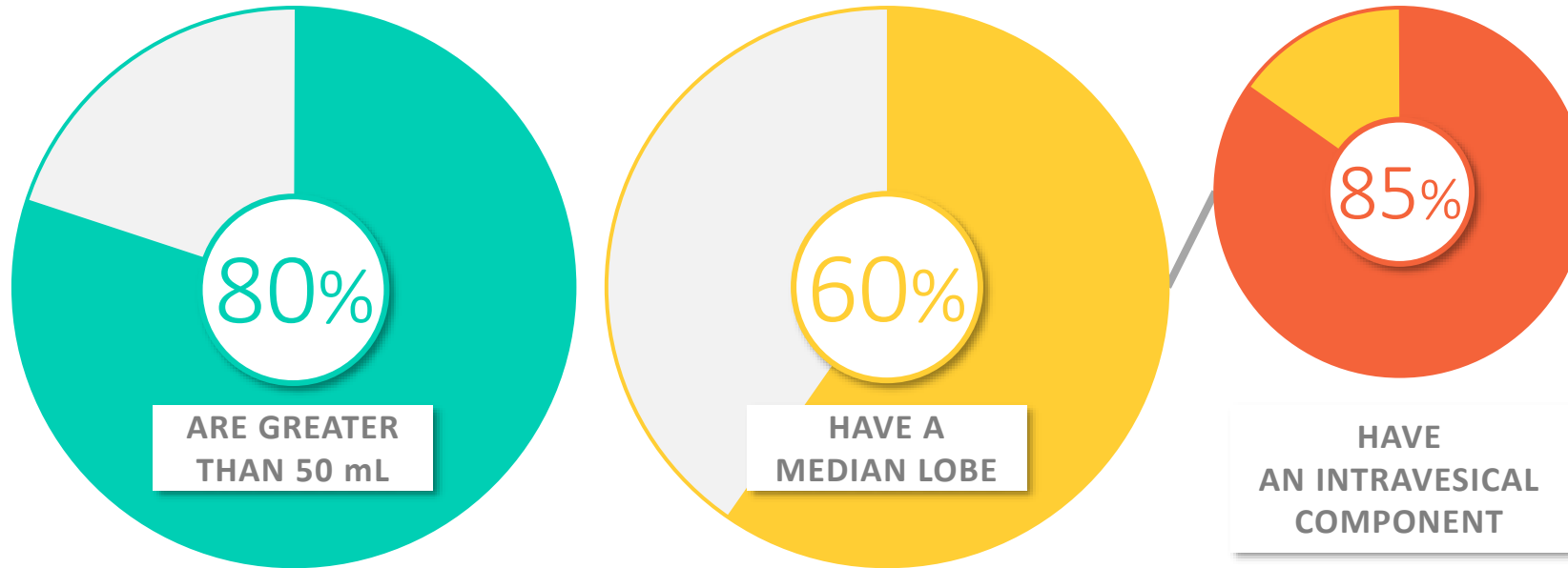
BEFORE
Obstructed Prostatic Urethra



AFTER
Open Prostatic Urethra

Sample results shown here

PROSTATES SKEW LARGE AND HAVE COMPLEX ANATOMY



AQUABLATION®
UNIQUELY SUITED TO TREAT
ALL GLANDS OVER 50 mL

CLINICALLY PROVEN RESULTS

KEY CLINICAL STUDIES



Only FDA pivotal study randomized to TURP, the gold standard



Only successful FDA multicenter study for large prostates



Largest commercial study evaluating safety and efficacy



AQUABLATION THERAPY

SAFE and EFFECTIVE

The only size and shape independent BPH solution without compromise

SURGICAL PRACTICE GUIDELINES



American
Urological
Association



European
Association
of Urology

NICE National Institute for
Health and Care Excellence



Canadian
Urological Association

~100 PUBLICATIONS IN TOP UROLOGY JOURNALS



IMPACT
FACTOR

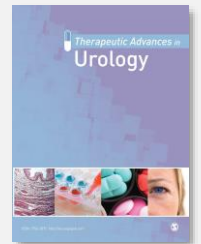
17.298



5.157



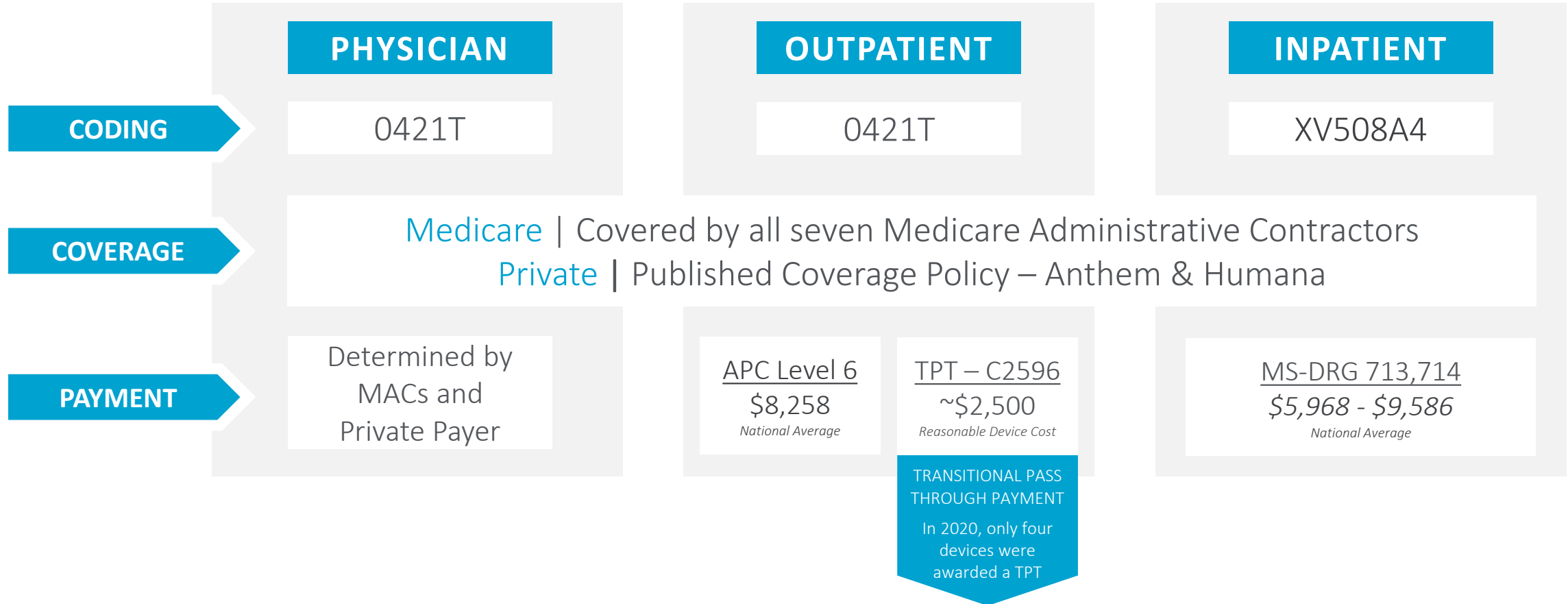
4.524



3.029

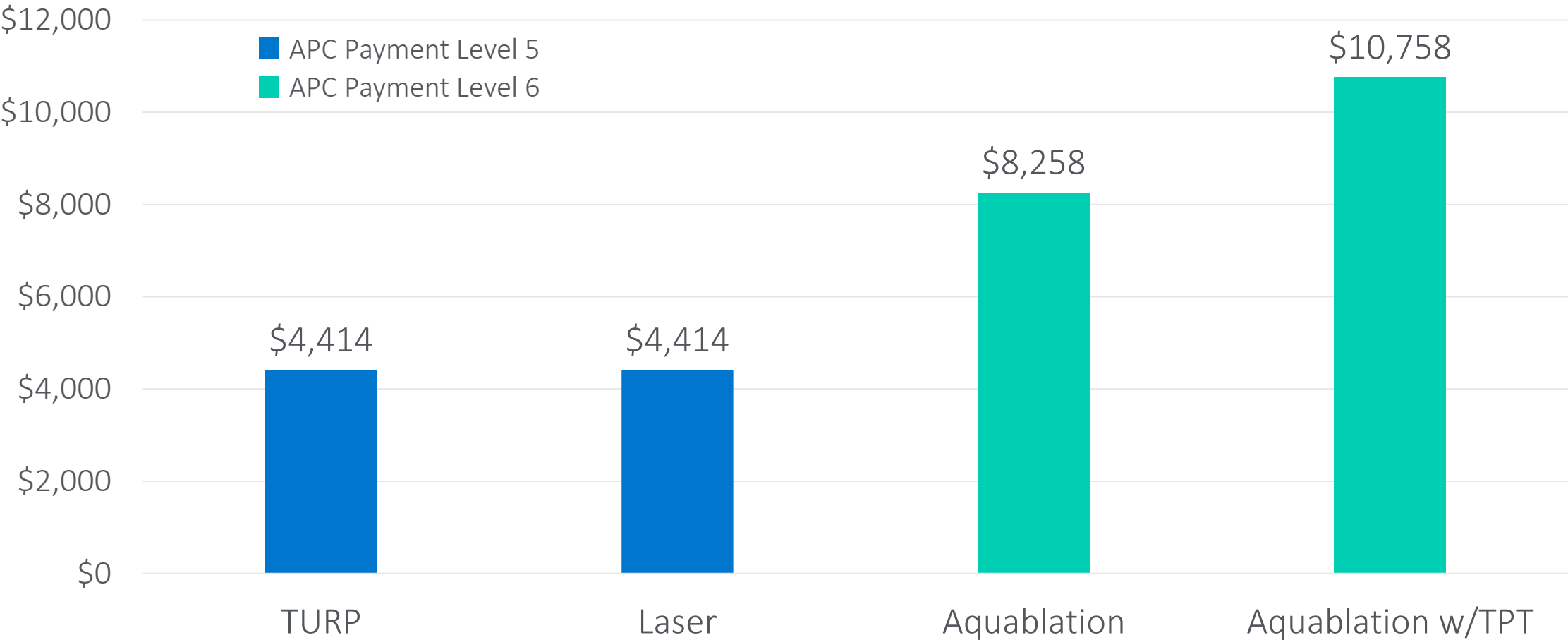
1. Gilling P. et al. Three-year outcomes after Aquablation® therapy compared to TURP: results from a blinded randomized trial. Can J Urol. 2020 Feb;27(1):10072-10079.
2. Desai M, et al. Aquablation for benign prostatic hyperplasia in large prostates (80-150 cc): 2-year results. Canadian Journal of Urology. 27(2):10147-10153. Apr 2020.
3. Bach T. et al. First Multi-Center All-Comers Study for the Aquablation Procedure. J Clin Med. 2020 Feb;9(2): 603.
Aquablation therapy provides long term symptom relief with low rates of complications^{1,2,3}
Publication count – PubMed search on December 15, 2020

REIMBURSEMENT LANDSCAPE



AMA Current Procedural Terminology (CPT) Manual-2020
CMS-1736-FC CY 2021 Medicare Program: Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM);
CY 2021 Medicare Hospital Outpatient Prospective Payment System (CMS-1736-FC) Addendum B
CMS-1735-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2021 Rates
IPPS FY 2021 Final Rule Tables and Correction Notice Tables; table 1A-1E, table 5
ICD-10-PCS Codebook 2021

2021 OUTPATIENT PAYMENT RATES



AMA Current Procedural Terminology (CPT) Manual-2020
CMS-1736-FC CY 2021 Medicare Program: Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM);
CY 2021 Medicare Hospital Outpatient Prospective Payment System (CMS-1736-FC) Addendum B

PROSTATES COME IN ALL SIZES & SHAPES



*Size-Independent
References in Appendix



Therapy by PROCEPT BioRobotics

RISK AND SAFETY INFORMATION

All surgical treatments have inherent and associated side effects. The most common side effects are mild and transient and may include mild pain or difficulty when urinating, discomfort in the pelvis, blood in the urine, inability to empty the bladder or a frequent and/or urgent need to urinate, and bladder or urinary tract infection. Other risks include ejaculatory dysfunction and a low risk of injury to the urethra or rectum where the devices gain access to the body for treatment. For more information about potential side effects and risks associated with Aquablation therapy, speak with your urologist or surgeon. No claim is made that the AQUABEAM® Robotic System will cure any medical condition, or entirely eliminate the diseased entity. Repeated treatment or alternative therapies may sometimes be required. For more detailed information on risks, side effects, and contraindications refer to the IFU.

Indications for Use: United States, Canada, and Hong Kong

The AQUABEAM® Robotic System is intended for the resection and removal of prostate tissue in males suffering from lower urinary tract symptoms due to benign prostatic hyperplasia.

Indications for Use: Rest of World

The AQUABEAM® Robotic System is intended for the resection and removal of prostate tissue in males suffering from lower urinary tract symptoms.

Appendix

CLINICALLY PROVEN OUTCOMES



OUTCOMES

Superior safety and non-inferior efficacy compared to TURP
Sub-group of prostates over 50 mL were SUPERIOR in safety AND efficacy over TURP

Safe and effective without significant increase in procedure or resection time

Safe and effective without significant increase in procedure or resection time

DESCRIPTION

Only FDA pivotal study randomized to the gold standard

Only successful FDA multicenter study for large prostates

Largest commercial trial evaluating safety and efficacy

DESIGN

Prospective, double-blind, randomized controlled clinical trial

Prospective, multicenter clinical trial

Prospective, multicenter, all-comer trial

POPULATION

Prostates 30 – 80 mL
N = 181
17 Sites | US, UK, AU, NZ

Prostates 80 – 150 mL
N = 101
16 Sites | US and CA

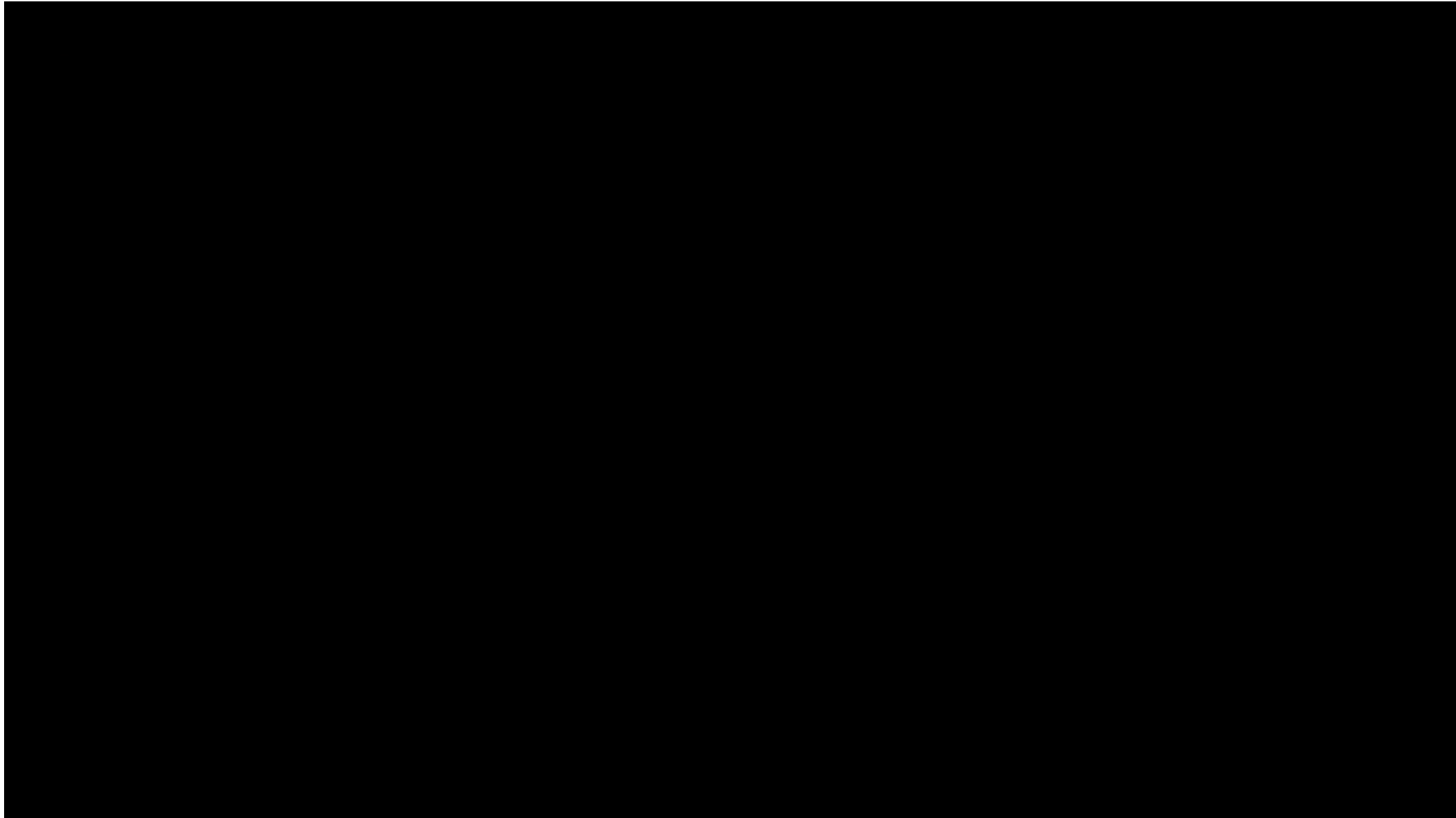
Prostates 20 – 150 mL
N = 178
6 Sites | DE, AU, NZ, UK, LB

Gilling P. et al. Three-year outcomes after Aquablation® therapy compared to TURP: results from a blinded randomized trial. Can J Urol. 2020 Feb;27(1):10072-10079

Desai M, et al. Aquablation for benign prostatic hyperplasia in large prostates (80-150 cc): 2-year results. Canadian Journal of Urology. 27(2):10147-10153. Apr 2020

Bach T. et al. First Multi-Center All-Comers Study for the Aquablation Procedure. J Clin Med. 2020 Feb;9(2): 603.

AQUABLATION THERAPY PROCEDURE | VIDEO



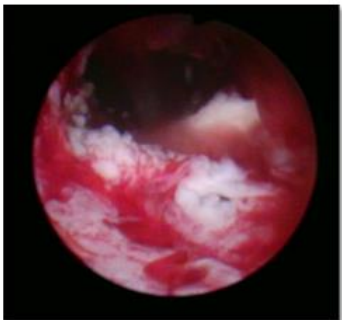
HEMOSTASIS METHOD

- Clot Evacuation
- Removal of “fluffy tissue”
- Focal bladder-neck cautery
- Continuous bladder irrigation

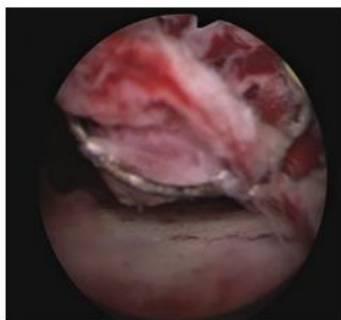


RESULTS

- In 1,116 Aquablation therapy procedures
- Across prostates ranging from 20 to 300 mL
- Aquablation therapy with focal bladder-neck cautery had a 0.6% transfusion rate



FLUFFY TISSUE



USE LOOP TO REMOVE
FLUFFY TISSUE



FOCAL CAUTERY
AT BLEEDERS

- Prostate size range: Data on file at PROCEPT BioRobotics
- Application of BPH Technology for certain size ranges
 - AUA Guidelines: Benign Prostatic Hyperplasia: Surgical Management of Benign Prostatic Hyperplasia/Lower Urinary Tract Symptoms (2018, amended 2019, 2020)
Published 2018, Amended 2019, 2020
- Resecting Claims
 - Sonksen, J, et al. Prospective, randomized, multinational study of prostatic urethral lift versus transurethral resection of the prostate: 12-month results from the BPH6 study. Eur Urol. 2015 Oct;68(4):643-52.
 - Westwood, J, et al. Rezum: a new transurethral water vapour therapy for benign prostatic hyperplasia. Ther Adv Urol. 2018 Nov; 10(11): 327–333.
 - Urology Care Foundation, The Official Foundation of the American Urological Association. Accessed Dec 2019. [https://www.urologyhealth.org/urologic-conditions/benign-prostatic-hyperplasia-\(bph\)](https://www.urologyhealth.org/urologic-conditions/benign-prostatic-hyperplasia-(bph))
- Non-Resecting Claims
 - Westwood, J, et al. Rezum: a new transurethral water vapour therapy for benign prostatic hyperplasia. Ther Adv Urol. 2018 Nov; 10(11): 327–333.
 - Delay, KJ, et al. Ejaculatory dysfunction in the treatment of lower urinary tract symptoms. Transl Androl Urol. 2016 Aug; 5(4): 450–459.
 - Leong, JY. Minimizing Sexual Dysfunction in BPH Surgery. Curr Sex Health Rep. 2019 Sep; 11(3): 190–200.
 - Bachmann, A, et al. 180-W XPS GreenLight laser vaporisation versus transurethral resection of the prostate for the treatment of benign prostatic obstruction: 6-month safety and efficacy results of a European Multicentre Randomised Trial—the GOLIATH study. Eur Urol. 2014 May;65(5):931-42
 - Sapetti, J, et al. Urinary incontinence after HoLEP: Incidence, evolution and predictive factors. Prog Urol. 2019 Feb;29(2):101-107
 - Michalak, J, et al. HoLEP: the gold standard for the surgical management of BPH in the 21st century. Am J Clin Exp Urol. 2015; 3(1): 36-42.
 - Khera, M. Simple Prostatectomy. Medscape. 2018. <https://emedicine.medscape.com/article/445996-print>
- Patient opinion on trade-off
 - Reference for 70% and 82% is Bouhadana, et al. Patient Perspectives on Benign Prostatic Hyperplasia Surgery: A Focus on Sexual Health. J Sex Med 2020;1 – 5



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