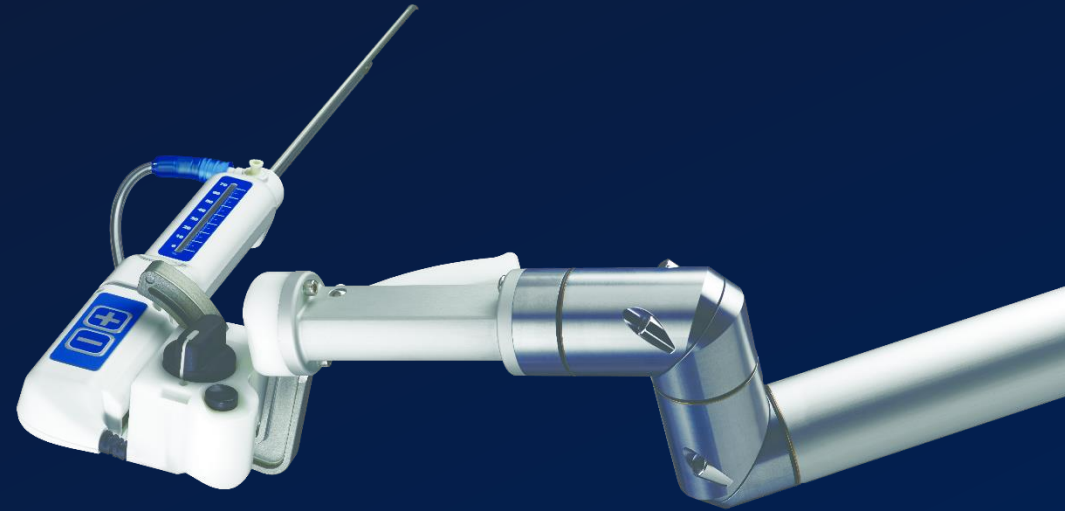




INVESTOR EVENT

2022 American Urology Association
Annual Meeting

May 13, 2022





Safe Harbor Statement

This presentation contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, including the expected financial results of PROCEPT BioRobotics Corporation (the “Company”). Words such as “anticipates,” “believes,” “expects,” “intends,” “projects,” “anticipates,” and “future” or similar expressions are intended to identify forward-looking statements. Any forward-looking statements made by us in this presentation speaks only as of the date on which it was made and are based on management’s current expectations of future events, assumptions, estimates, and beliefs, and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. Factors that could cause actual results to differ materially from those described in the forward-looking statements include, among others: (i) the rate and degree of market adoption of the AQUABEAM Robotic System and Aquablation therapy, (ii) the establishment of consistent and favorable payment policies for Aquablation therapy, (iii) the rate of growth of the commercial sales and marketing organization and the ability to manage this anticipated growth, (iv) the impact on volumes of elective procedures performed by health care providers and hospital medical device budgets including as a result of the COVID-19 pandemic and recovery, (v) the effects of increased competition as well as innovations by new and existing competitors in the market for treatments for benign prostatic hyperplasia, (vi) the ability to obtain the required regulatory approvals and clearances to market and sell the AQUABEAM Robotic System in certain other countries, (vii) the development and protection of future innovation, (viii) dependence on a limited number of third-party suppliers for components of the AQUABEAM Robotic System, and (ix) the maintenance of intellectual property rights and the ability to operate the business without infringing the intellectual property rights and proprietary technology of third parties.

This presentation and the accompanying oral presentation also contain estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we compete are necessarily subject to a high degree of uncertainty and risk.

Factors that could cause actual results to differ materially from those contemplated in this presentation can be found in the Risk Factors section of the Company’s public filings with the Securities and Exchange Commission (“SEC”), including the Company’s annual report on Form 10-K filed with the SEC on March 22, 2022, and any current and periodic reports filed thereafter, available at www.sec.gov.

Because forward-looking statements are inherently subject to risks and uncertainties, you should not rely on these forward-looking statements as predictions of future events. All statements other than statements of historical fact are forward-looking statements. Except to the extent required by law, the Company undertakes no obligation to update or review any estimate, projection, or forward-looking statement. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in the Company’s business. In light of the foregoing, investors are urged not to rely on any forward-looking statement or third-party data in reaching any conclusion or making any investment decision about any securities of the Company.



Use of Non-GAAP Financial Information

In addition to financial information presented in accordance with U.S. generally accepted accounting principles ("GAAP"), this presentation and the accompanying oral statements include certain non-GAAP financial measures, which include non-GAAP Adjusted EBITDA. The Company defines Adjusted EBITDA as earnings before interest expense, taxes, depreciation and amortization and stock-based compensation. The Company believes that presenting Adjusted EBITDA provides useful supplemental information to investors about the Company in understanding and evaluating its operating results, enhancing the overall understanding of its past performance and future prospects, and allowing for greater transparency with respect to key financial metrics used by its management in financial and operational decision making. However, there are a number of limitations related to the use of non-GAAP measures and their nearest GAAP equivalents. For example, such measures may exclude significant expenses required by GAAP to be recognized in our financial statements. Other companies may calculate non-GAAP measures differently, or may use other measures to calculate their financial performance, and therefore any non-GAAP measures the Company uses may not be directly comparable to similarly titled measures of other companies. Non-GAAP financial measures are not a substitute for or superior to measures of financial performance prepared in accordance with GAAP and should not be considered as an alternative to any other performance measures derived in accordance with GAAP. Any non-GAAP measure is presented for supplemental informational purposes only and should not be considered a substitute for or superior to financial information presented in accordance with GAAP. A reconciliation of these measures to the most directly comparable GAAP measures is included at the end of this presentation.



Proven Leadership Team



REZA ZADNO, PhD

President &
CEO

Avedro, Visiogen,
PercuSurge, Cardiac
Pathways



KEVIN WATERS

EVP, Chief Financial
Officer

Accuray, Conceptus,
Laserscope
(Greenlight), VISX



SHAM SHIBLAQ

EVP, Chief Commercial
Officer

Intuitive Surgical,
Conceptus, Invuity,
Analogic



BARRY TEMPLIN

SVP, Clinical &
Medical Affairs

Abbott Vascular,
Guidant, GE Aircraft
Engines



Agenda

1

Introduction – 10 min

Reza Zadno, CEO

2

Clinical Data Review – 10 min

Barry Templin, SVP, Clinical & Medical Affairs

3

Financial Review – 5 min

Kevin Waters, CFO

4

Commercial Strategy – 5 min

Sham Shiblaq, Chief Commercial Officer

5

Surgeon Panel with Q&A – 60 min

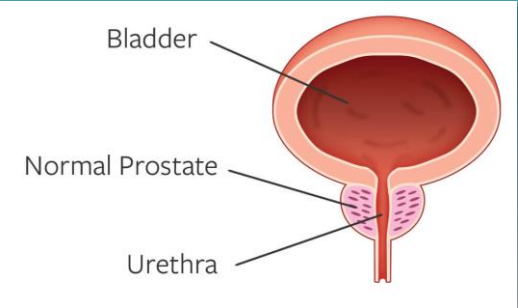
Dr. Dean Elterman / Dr. Brian Helfand / Dr. Pratik Desai



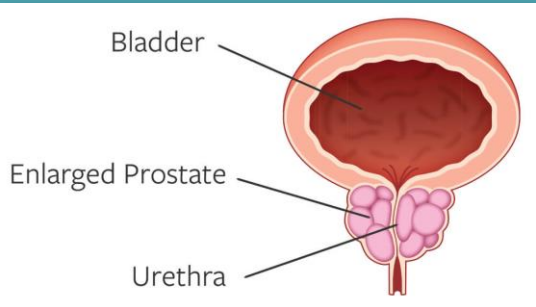
Benign Prostatic Hyperplasia (BPH)

A Significant Men's Health Disease in the U.S.

NORMAL PROSTATE



ENLARGED PROSTATE (BPH)



#1

Reason men visit the urologist



1 in 2

Estimated men ages 51-60 have BPH and prevalence increases over time



99%

Men with BPH say symptoms impact Quality of Life



~40M

Men in the U.S. that currently have BPH



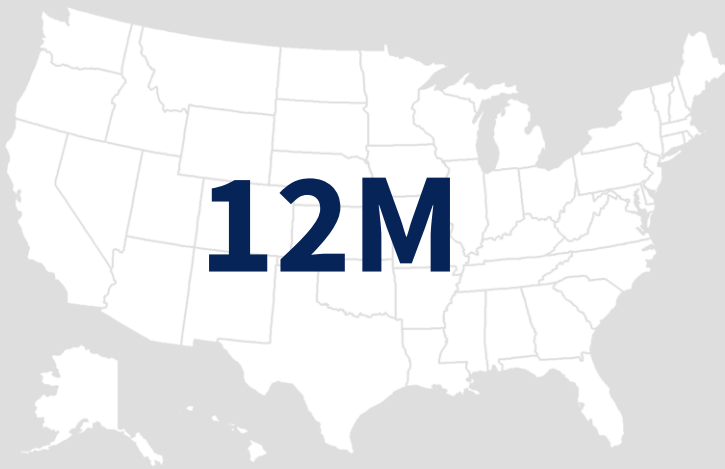
2x

Men >65 years old in the U.S. expected to double in the next 10 years



Large Market & Significant Unmet Need

U.S. men actively
MANAGED for BPH



4.3M

WATCHFUL WAITERS

- ▶ Choose to do nothing and suffer BPH symptoms

6.7M

PHARMACEUTICALS

- ▶ Suffer dosing adjustments and side effects

\$16B

1.1M

PHARMACEUTICAL FALLOUT

- ▶ Delay surgery despite medication failure

\$3B

400K

SURGERIES PER YEAR

- ▶ Compromise between safety and efficacy outcomes

\$1B

8.2M

Actively
TREATED
for BPH



~\$20B

U.S. BPH
Surgical Market
Opportunity

All numbers are approximate.

Vuichoud, C, Loughlin, K. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6.

Data on File, PROCEPT BioRobotics

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Aquablation Therapy:

Uniquely Positioned to Become the BPH Treatment of Choice for All Prostate Sizes and Shapes

A BPH therapy that addresses the compromise between safety and efficacy of alternative surgical interventions¹

FIRST-OF-ITS-KIND TECHNOLOGY

- ▶ Image guidance
- ▶ Customized treatment planning
- ▶ Robotic surgery
- ▶ Heat-free waterjet

COMPELLING CLINICAL EVIDENCE

- ▶ Strong and growing base of clinical evidence – 100+ peer-reviewed publications
- ▶ Only BPH technology randomized against TURP, the historical standard of care for surgical intervention

FAVORABLE REIMBURSEMENT & KOL SUPPORT

- ▶ Favorable U.S. reimbursement with coverage for 100% of eligible Medicare patients
- ▶ Strong societal support and inclusion in clinical guidelines

PROVEN COMMERCIAL STRATEGY

- ▶ Well-defined customer base and efficient sales infrastructure
- ▶ Capital equipment with recurring disposable and service revenues

AQUABEAM®
— ROBOTIC SYSTEM —



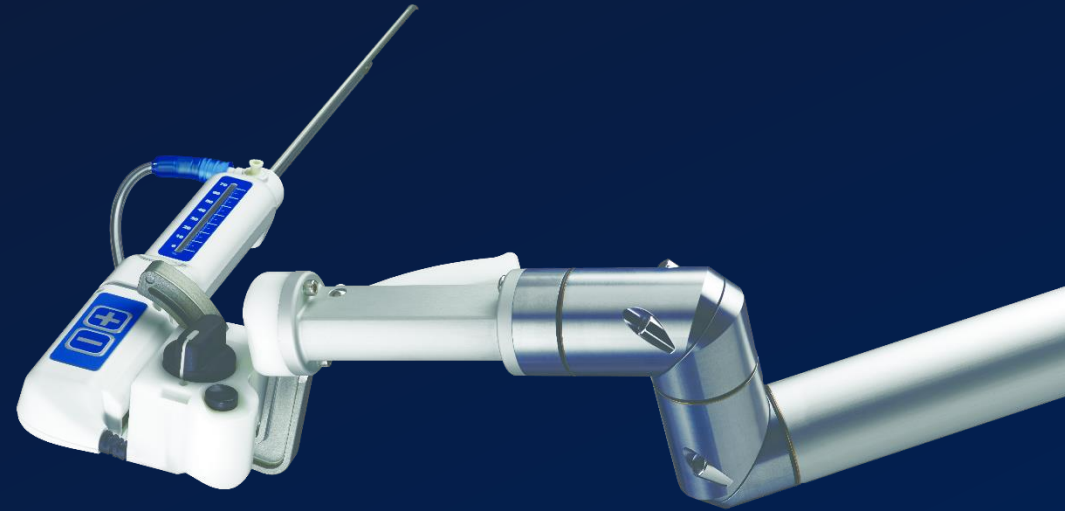
¹Aquablation therapy provides long-lasting relief with low rates of complications. Gilling, P, et al. Three-Year Outcomes after Aquablation Therapy Compared to TURP: Results from a Blinded Randomized Trial. Can J Urol. 2020 Feb;27(1):10072-10079.. Bhojani, N, et al. Aquablation for Benign Prostatic Hyperplasia in Large Prostates (80-150 cc): 1-Year Results. Urology. 2019 Jul;129:1-7.



CLINICAL DATA REVIEW

BARRY TEMPLIN

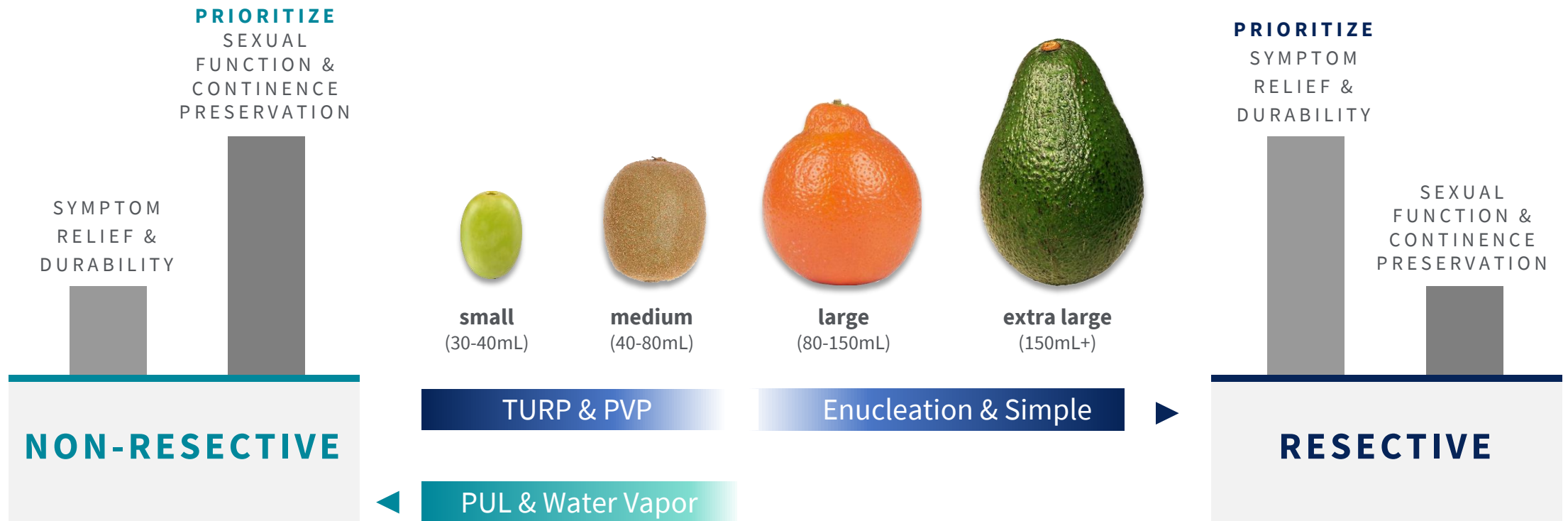
SVP, Clinical & Medical Affairs





Unmet Need in Surgical Intervention

UNMET NEED:
SAFETY & EFFICACY IN ALL PROSTATES
ALL SIZES, ALL SHAPES





Clinically Validated Efficacy, Durability and Safety

Independent of Prostate Size, Shape and Surgeon Experience



n = 181

Only FDA pivotal study randomized to gold standard TURP for prostates

30 – 80 mL

- ▶ **Superior safety compared to TURP** due to low irreversible complications
- ▶ **Superior symptom relief** for subset of patients with prostates ≥ 50 mL



n = 101

Only prospective multicenter study successfully completed for large prostates

80 – 150 mL

- ▶ Only treatment for large prostates with a low irreversible complication rate
- ▶ **Size independent procedure**
- ▶ **Significant symptom relief** in large prostates



n = 178

First multicenter all-comers study with real-world results in prostates

20 – 150 mL

- ▶ Validates **safety and efficacy in a real-world** setting
- ▶ Minimal exclusion criteria



American
Urological
Association



European
Association
of Urology



Canadian
Urological Association

NICE National Institute for
Health and Care Excellence



Safety

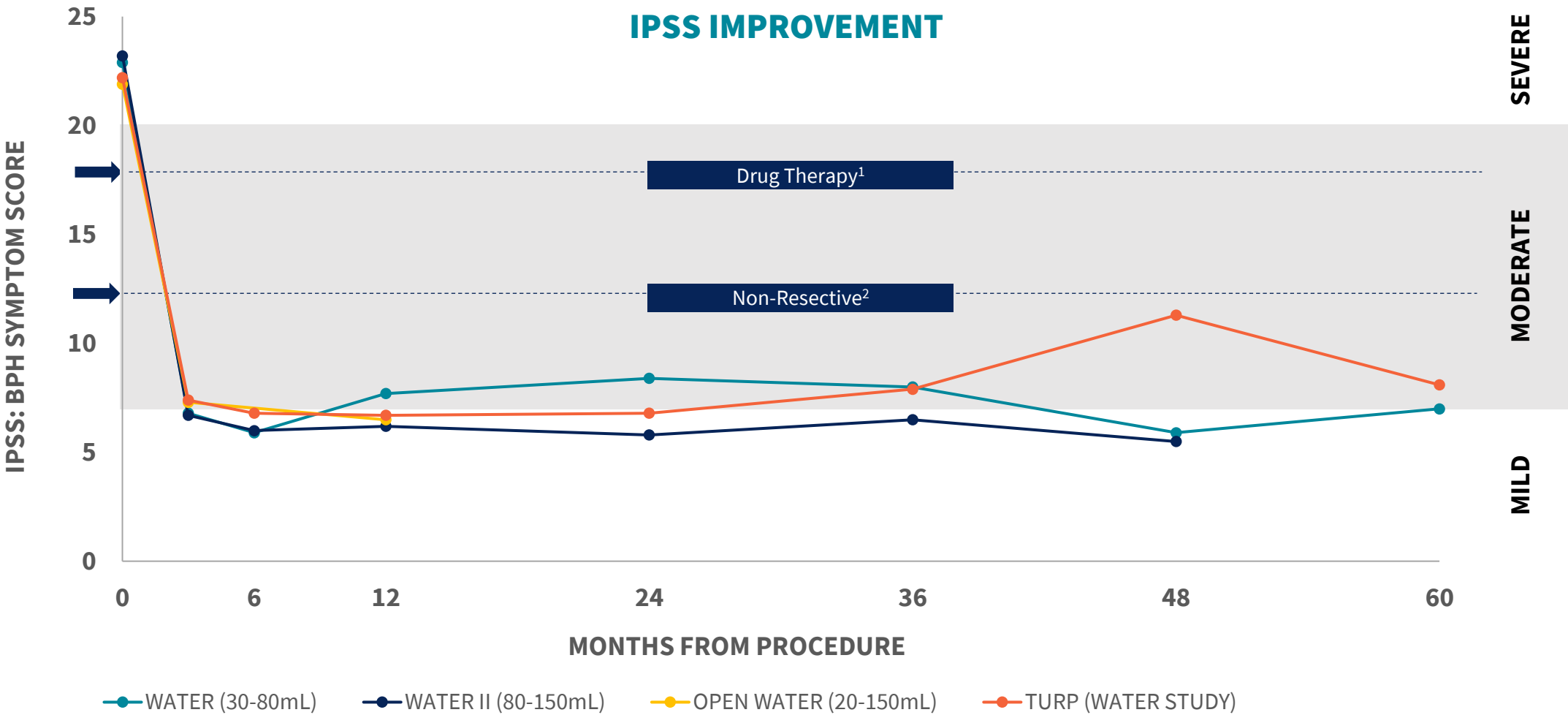
Low Rates of Irreversible Complications in ALL Prostates

		WATER		WATER II	OPEN WATER
		Aquablation	TURP		
Mean Prostate Size		54 mL	52 mL	107 mL	59 mL
Obstructive Median Lobe		50%	52%	83%	59%
Irreversible Complications	Incontinence	0.0%	0.0%	2.0%	0.0%
	Erectile dysfunction	0.0%	0.0%	0.0%	0.0%
	Ejaculatory dysfunction	6.9%	24.6%	14.9%	8.4%
	Statistical Significance: $p < 0.05$				



Efficacy and Durability

Similar Outcomes to TURP, *but* Across ALL Prostates in Both Clinical and Commercial Studies

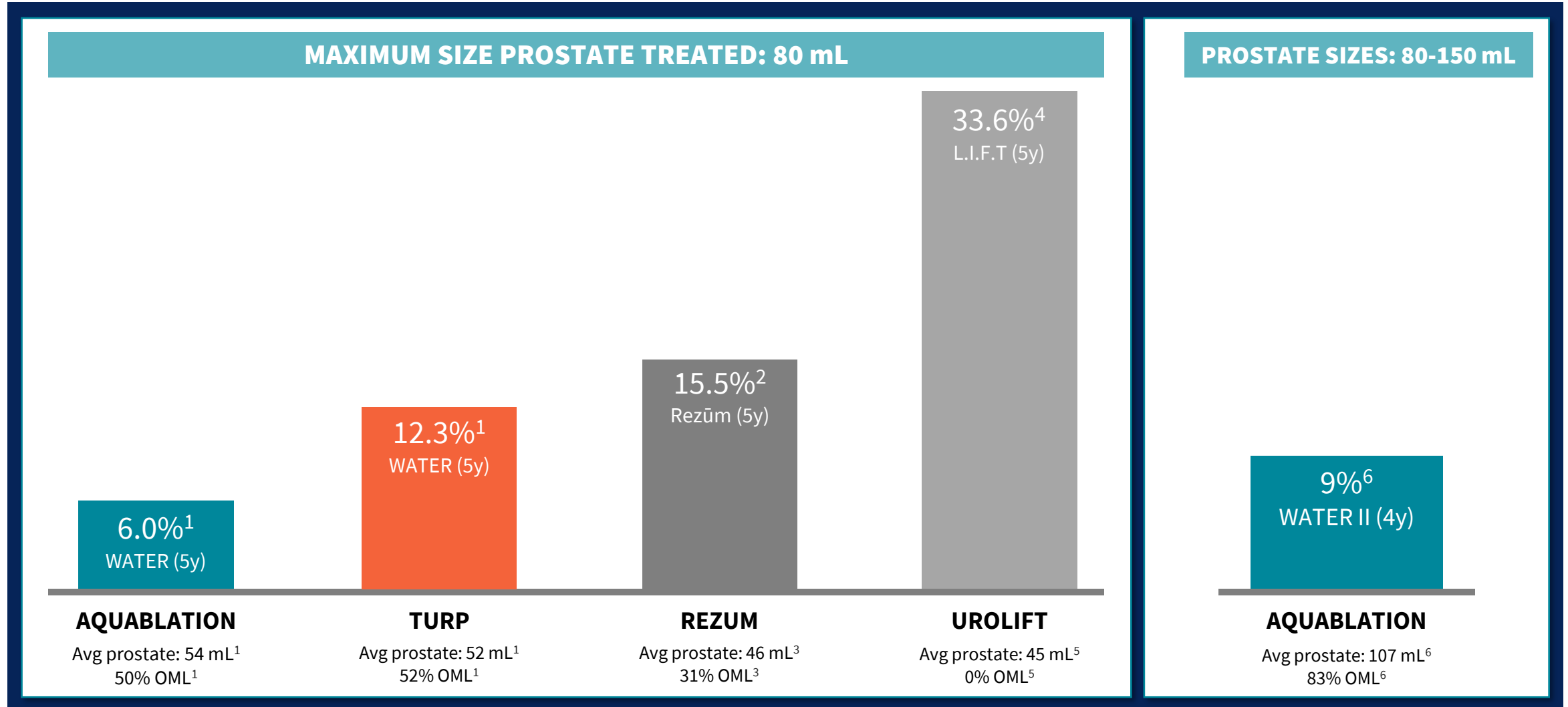


1. Drug therapy generally provides IPSS reduction of approximately 5 points.
2. Non resective surgery generally provides IPSS reduction of approximately 10 points
Roehrborn CG, et al. Five-year results of the prospective randomized controlled prostatic urethral L.I.F.T. study. Can J Urol. 2017 Jun;24(3):8802-8813.

Data on file. WATER, WATER II, and OPEN WATER clinical studies.
McVary KT, et al. Final 5-Year Outcomes of the Multicenter Randomized Sham-Controlled Trial of a Water Vapor Thermal Therapy for Treatment of Moderate to Severe Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia. J Urol. 2021 Apr 19



Surgical & Medical Retreatment from FDA Trials



1. Gillig PJ et al. Five-year outcomes for Aquablation therapy compared to TURP: results from a double-blind, randomized trial in men with LUTS due to BPH. *Can J Urol*. 2022 Feb
2. McVary, et al. Final 5-year outcomes of the multicenter randomized sham-controlled trial of Rezūm water vapor thermal therapy for treatment of moderate-to-severe lower urinary tract symptoms secondary to benign prostatic hyperplasia. *J Urol*. 2021 Apr 19
3. McVary et al. Minimally Invasive Prostate Convective Water Vapor Energy Ablation: A Multicenter, Randomized, Controlled Study for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia *J Urol* 2016 May 1
4. McVary et al. A Tower of Babel in Today's Urology: Disagreement in Concepts and Definitions of Lower Urinary Tract Symptoms/Benign Prostatic Hyperplasia Re-Treatment. *J Urol*. 2020 Aug 1
5. Roehrborn et al The Prostatic Urethral Lift for the Treatment of Lower Urinary Tract Symptoms Associated with Prostate Enlargement Due to Benign Prostatic Hyperplasia: The L.I.F.T. Study *J Urol* 2013 Dec 1
6. Bhojani et al. Abstract of "Aquablation for benign prostatic hyperplasia in large prostates (80-150cc) 4 year results" *Journal of Urology* Vol. 207, No. 5S, Supplement, Saturday, May 14, 2022



Safety

Real-world Low Rates of Irreversible Complications in ALL Prostates

		WATER		WATER II	OPEN WATER
		Aquablation	TURP		
Mean Prostate Size		54 mL	52 mL	107 mL	59 mL (20-150 mL)
Obstructive Median Lobe		50%	52%	83%	59%
Irreversible Complications	Incontinence	0.0%	0.0%	2.0%	0.0%
	Erectile dysfunction	0.0%	0.0%	0.0%	0.0%
	Ejaculatory dysfunction	6.9%	24.6%	14.9%	8.4%
	Statistical Significance: $p < 0.05$				



Resective Surgery: Summary of Key Safety Data

		TURP ^{1,2}	PVP ^{1,2}	Enucleation ^{1,2,3}	Simple Prostatectomy ^{1,2,4}
General Prostate Size Treated		< 80mL	< 80mL	> 80mL	> 100mL
Irreversible Complications	Incontinence	As high as 2%	As high as 2%	As high as 33%	As high as 8%
	Erectile dysfunction	As high as 14%	As high as 20%	As high as 8%	As high as 3%
	Ejaculatory dysfunction	As high as 89%	As high as 50%	As high as 77%	As high as 90%

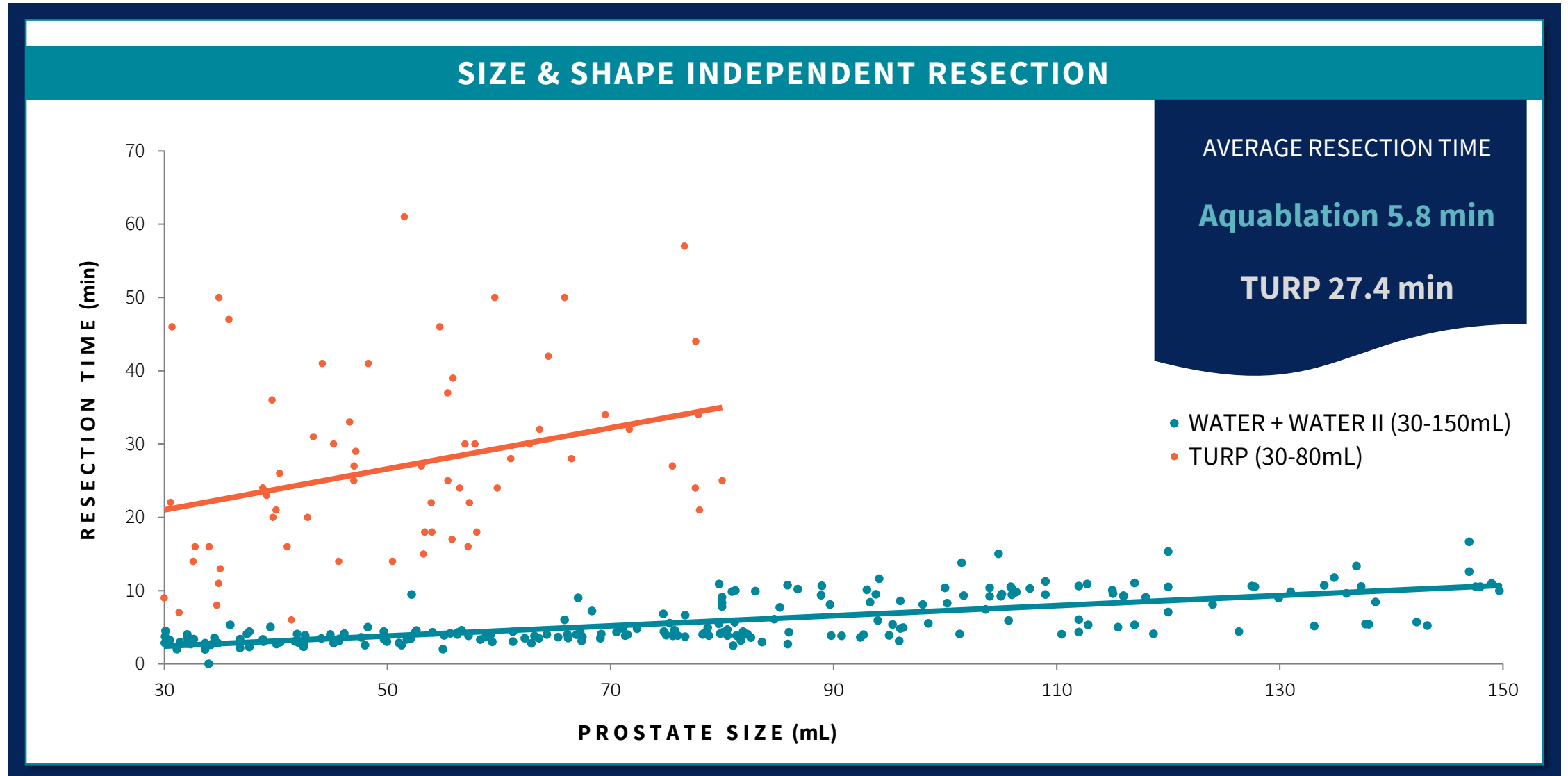
¹Leong et al. Minimizing Sexual Dysfunction in BPH Surgery. Current Sexual Health Reports (2019) 11:190–200

²Comiter et al. Urinary incontinence after prostate treatment. Up to Date; Last update May 2020.

³Sapetti, J, et al. Urinary incontinence after HOLEP: Incidence, evolution and predictive factors. Prog Urol. 2019 Feb;29(2):101-107

⁴Khera, M. Simple Prostatectomy. Medscape. 2018.

Data reported in each category is not head-to-head.

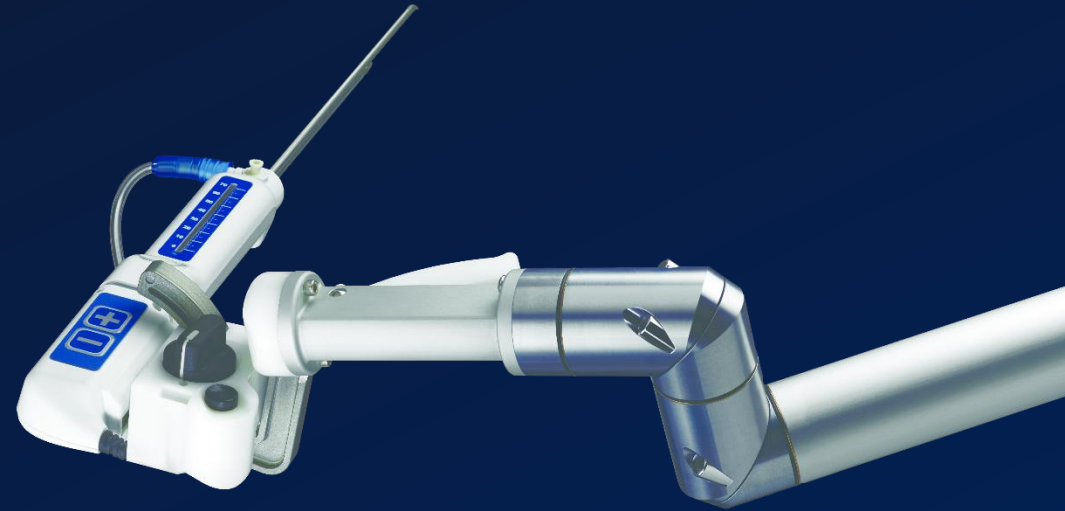




FINANCIAL REVIEW

KEVIN WATERS

Chief Financial Officer





1Q22 Earnings Recap

\$14.2M

(+97% y/y)

WORLDWIDE
REVENUE

22

(+47% y/y)

U.S. AQUABEAM
SYSTEMS SOLD

~\$350K

(+17% y/y)

U.S. A AQUABEAM
AVG SELLING PRICE

5.6

(+81% y/y)

U.S. MONTHLY
UTILIZATION

93

(+35% y/y)

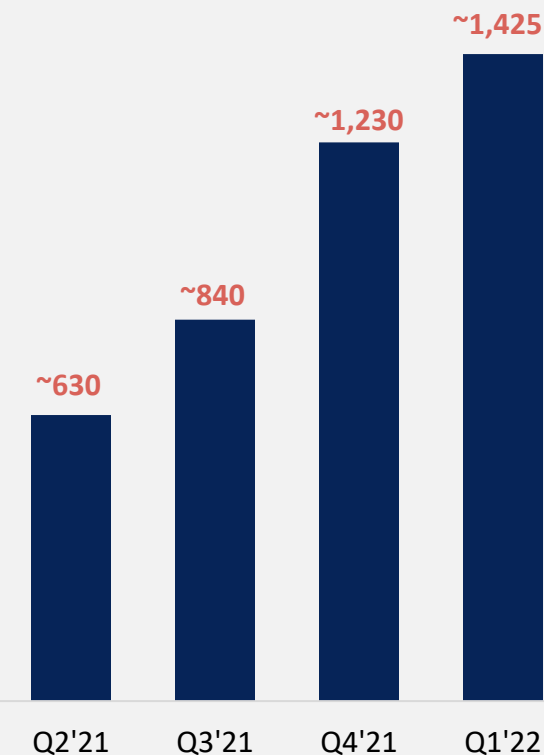
U.S. AQUABEAM
INSTALL BASE

~175M

(~75% Coverage)

TOTAL COVERED
LIVES^{1,2}

U.S. HANDPIECES SOLD

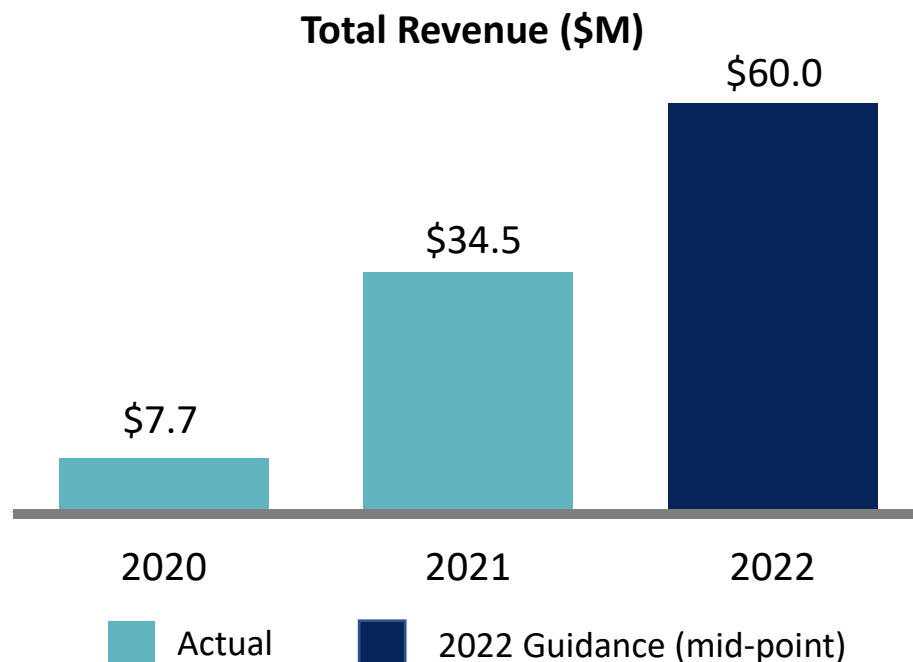


(1) Includes Medicare, Aetna, Cigna, Anthem, Humana, HCSC, Emblem Health, BCBS Massachusetts, CareFirst, BCBS North Dakota, Independence BCBS, and Medical Mutual of Ohio

(2) As of May 13, 2022



2022 Financial Guidance



	Actual FY21	Guidance FY22 ¹
Revenue	\$34.5 million	\$58 to \$62 million
Revenue growth (y/y)	348%	68% - 80% (implied)
Gross Margin	46%	47% to 49%
Operating Expenses	\$70 million	Approximately \$106 million ²
Adjusted EBITDA Loss		\$63 to \$60 million ³

TOTAL CASH & CASH EQUIVALENTS BALANCE OF \$284.3M AND DEBT BALANCE OF \$50M AS OF MARCH 31, 2022

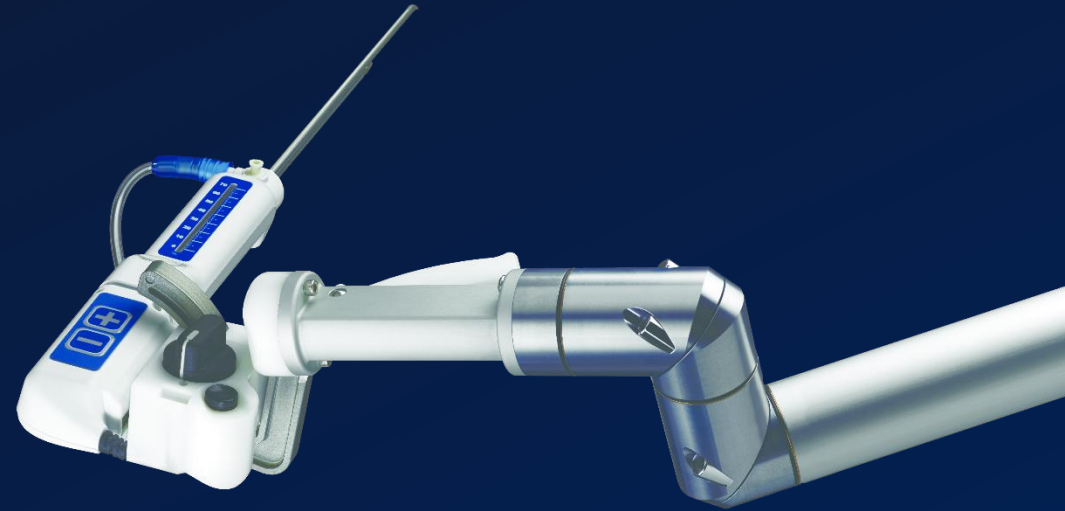
- (1) 2022 financial guidance issued on May 5, 2022
- (2) 2022 operating expense guidance includes approximately \$12.5 million in stock-based compensation expense
- (3) See appendix for reconciliation of non-GAAP financial measures



COMMERCIAL STRATEGY

SHAM SHIBLAQ

Chief Commercial Officer





U.S. Commercial Opportunity: **8.2M** Available Patients

IMMEDIATE OPPORTUNITY

~\$1B

~290,000

Convert Existing
Resective Surgical Market

~105,000

Non-Resective
Surgical Market

MIDTERM OPPORTUNITY

~\$10B

~3.9 Million

Penetrate Drug &
Drug Failure Candidates

LONG TERM OPPORTUNITY

~\$10B

~3.9 Million

Capture Drug &
Drug Failure Candidates

UROLOGISTS

PCP → UROLOGISTS

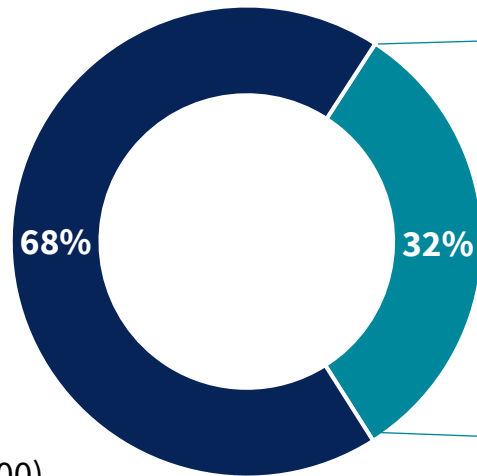


U.S. Commercial Opportunity: Segmentation

Target High-Volume Hospitals

US HOSPITALS BY ANNUAL BPH RESECTIVE VOLUME (2019)

~2,700 Total Resective Hospitals

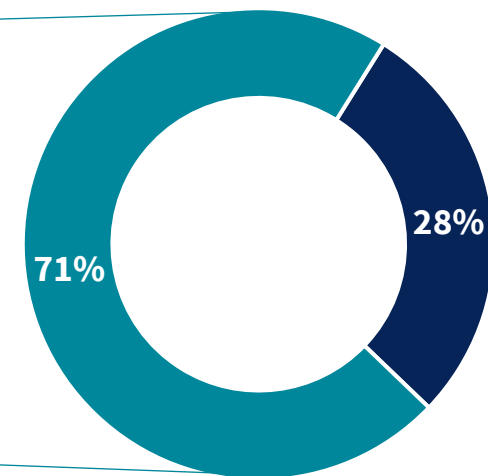


- HIGH (≥100)
- LOW (<100)

INITIAL TARGET
860 High Volume
Hospitals
Annual Resective
Volume ≥100

RESECTIVE PROCEDURE SHARE BY HOSPITAL TYPE (2019)

>250,000 Hospital Based Resective Procedures



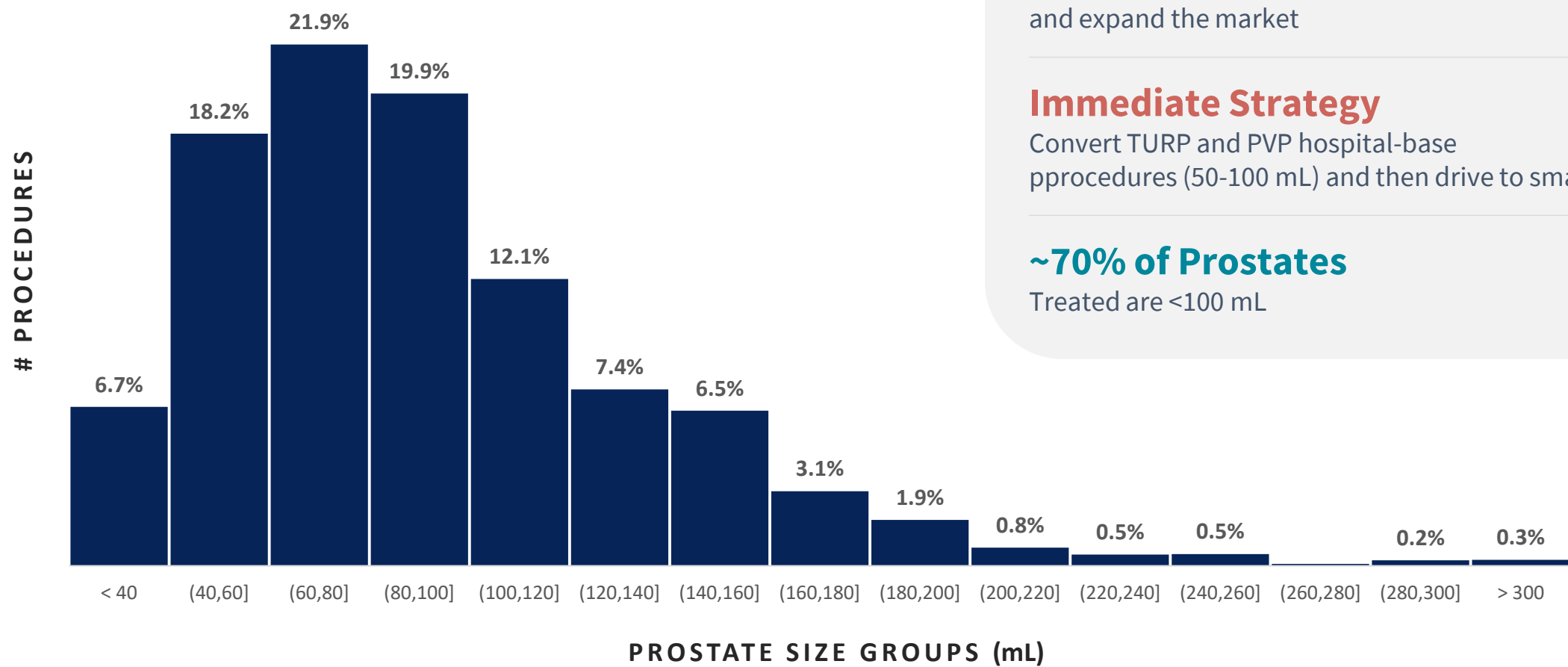
~180K Resective
Procedures
Avg. Annual Resective
Volume = 200
Monthly Avg. = 17.4

30% OF HOSPITALS GENERATE 70% OF RESECTIVE BPH PROCEDURES



Aquablation Treated Prostate Sizes – U.S.

PROSTATE SIZE HISTOGRAM – U.S DATA
1/1/21 to 3/31/22



Vision

Become the BPH treatment standard of care and expand the market

Immediate Strategy

Convert TURP and PVP hospital-base pprocedures (50-100 mL) and then drive to smaller glands

~70% of Prostates

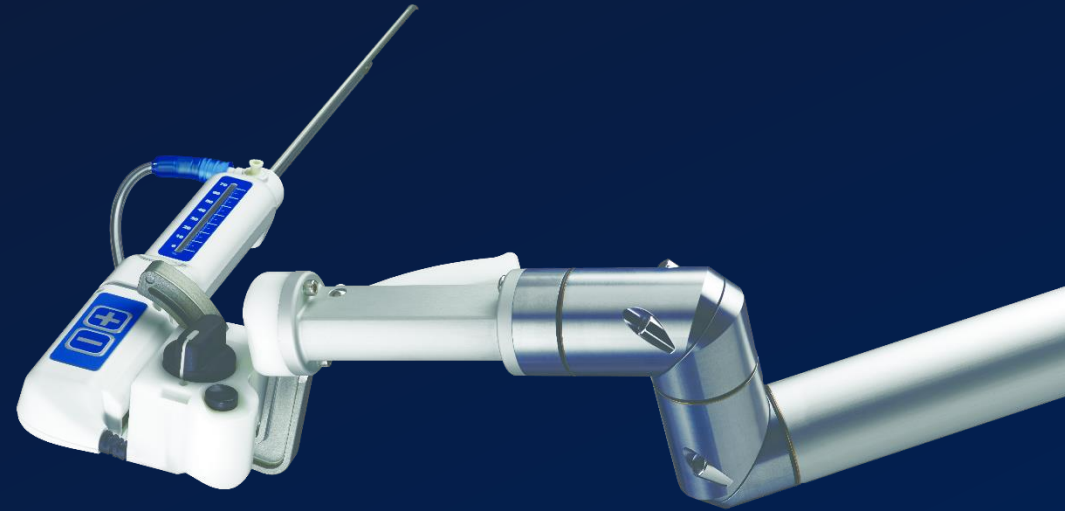
Treated are <100 mL



SURGEON PANEL

2022 American Urology Association
Annual Meeting

May 13, 2022





Introductions



Dean Elterman, MD

University of Toronto

Toronto, Canada



Brian Helfand, MD, PhD

Northshore University
Health System

Chicago, IL



Pratik Desai, MD

Potomac Urology

Woodbridge, VA



Dean Elterman, MD

University of Toronto

Toronto, Canada



Disclosures

- *Boston Grants/Research Support: Boston Scientific, Pfizer, Clarion*
- *Speakers Bureau/Honoraria: Allergan, Astellas, Coloplast, Boston Scientific, Ferring, Medtronic, Clarion, PROCEPT BioRobotics*
- *Consulting: Medtronic, BSCI, Coloplast, Axonics, PROCEPT BioRobotics*
- *Investigator: BSCI, Meditate, Medeon, Zenflow, Medtronic, Axonics, PROCEPT BioRobotics*

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An honorarium is provided by PROCEPT BioRobotics to the speakers for this presentation.



The Only Image-Guided, Heat-Free, Automated Robotic Therapy for BPH



Real-Time Image Guidance

Intraoperative ultrasound imaging combined with cystoscopic visualization provide a multidimensional view of the treatment area



Personalized Treatment Planning

Advanced planning software allows the surgeon to map the treatment contour by identifying tissue to preserve and resect



Automated Robotic Execution

Robotic execution of the waterjet along the treatment plan results in standardized outcomes and operative experience



Heat-Free Waterjet Resection

Heat-free waterjet precisely removes prostate tissue and minimizes thermal damage to surrounding tissue

AQUABEAM®
— ROBOTIC SYSTEM —

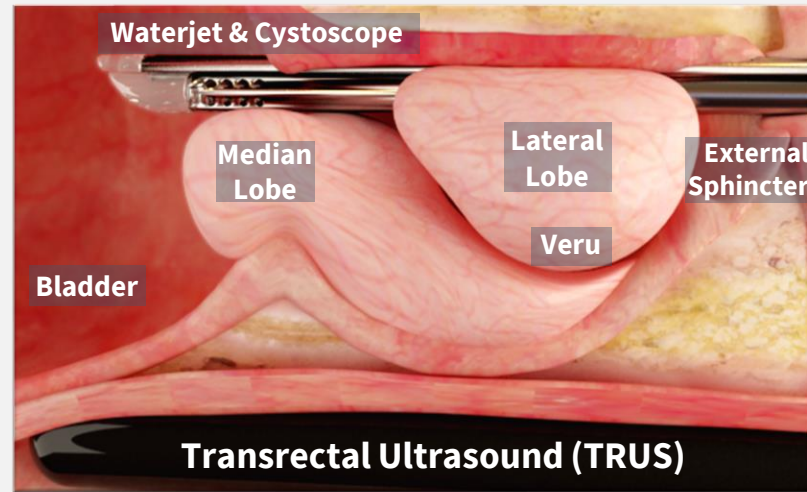




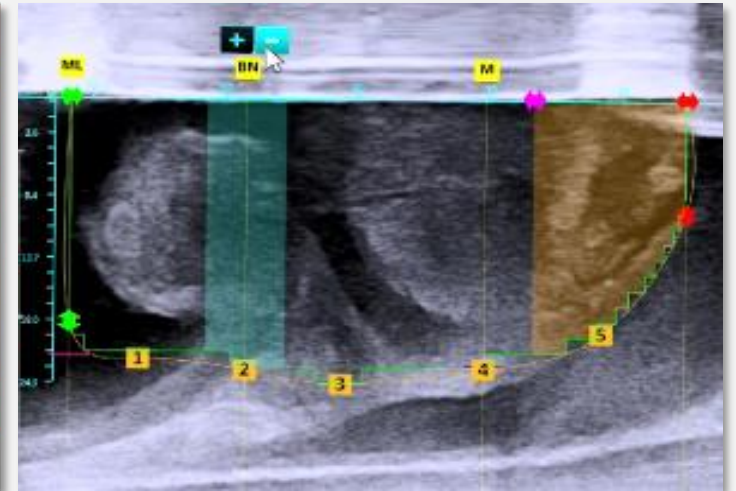
Real-Time Image Guidance



CYSTOSCOPY



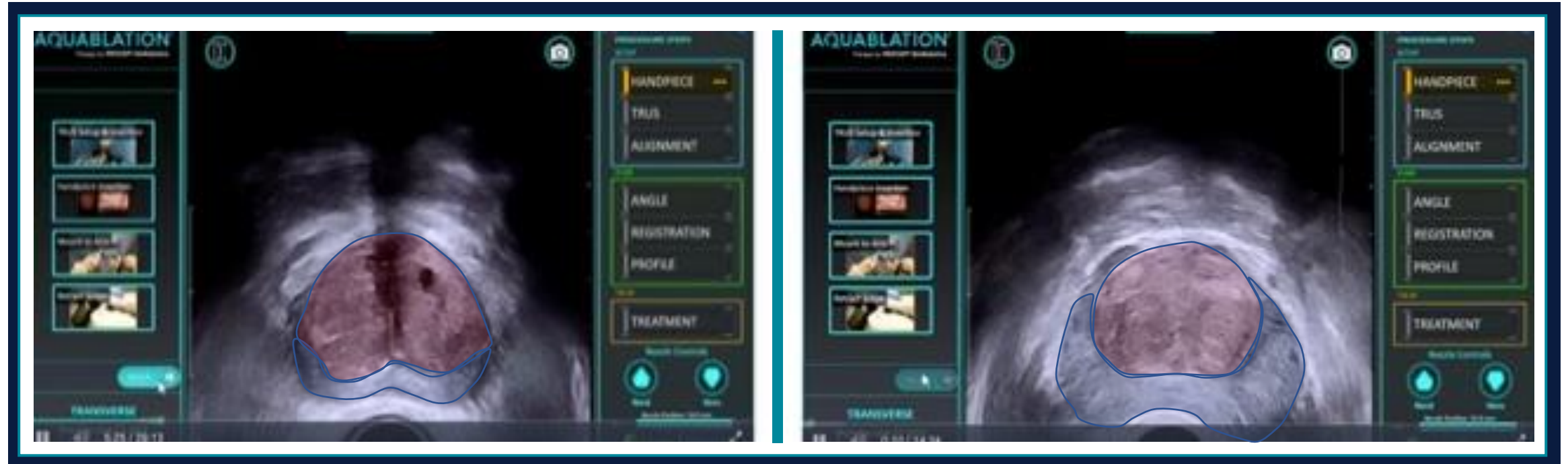
TRANSRECTAL ULTRASOUND



MULTI-DIMENSIONAL VIEW OF THE TREATMENT AREA



Visualize Treatment Area



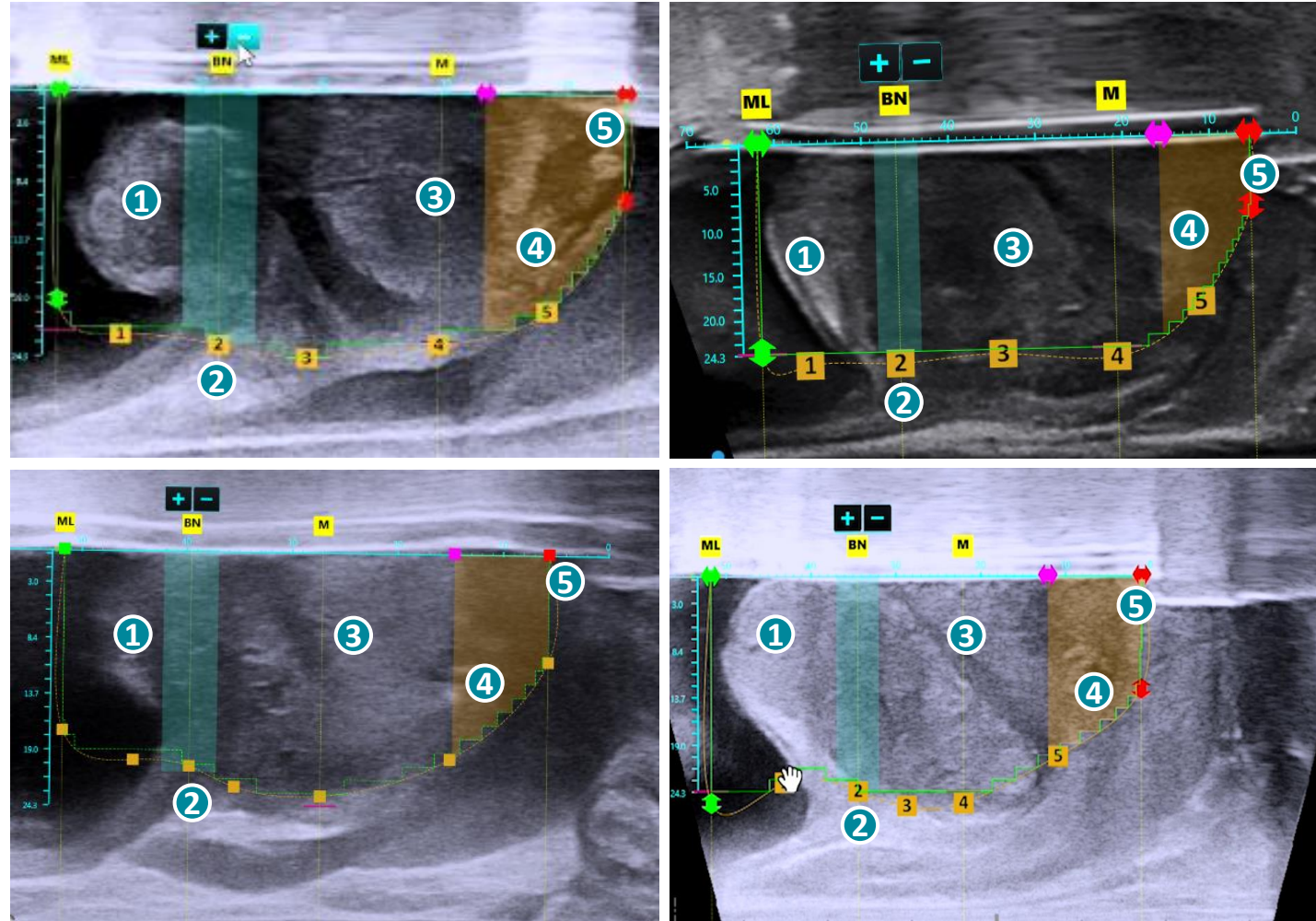


Personalized Treatment Planning

IDENTIFY CRITICAL ANATOMY

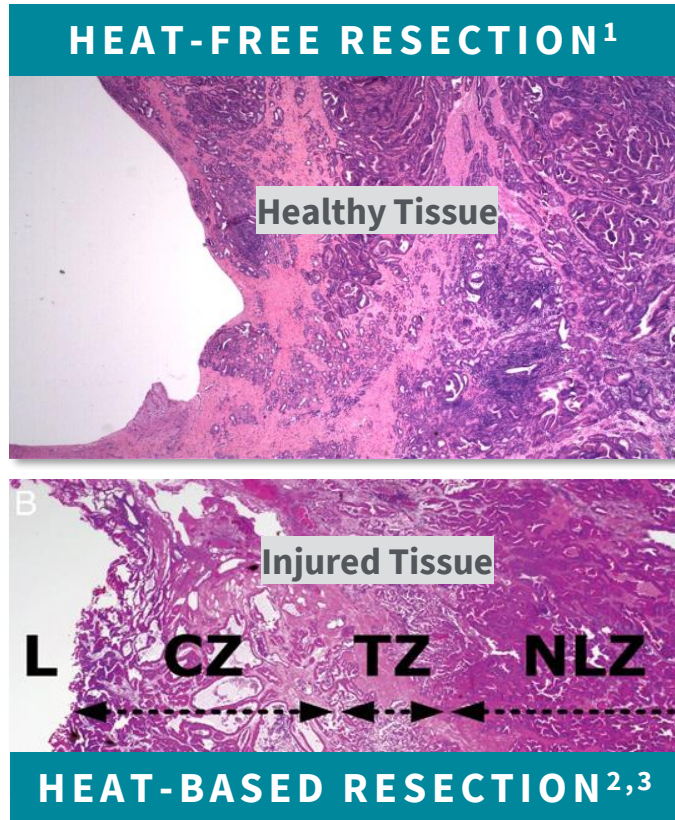
- 1 MEDIAN LOBE | RESECT
- 2 BLADDER NECK | PRESERVE
- 3 LATERAL LOBE | RESECT
- 4 VERUMONTANUM | PRESERVE
- 5 EXTERNAL SPHINCTER | PRESERVE

CREATE TREATMENT CONTOUR





Heat-Free Waterjet Resection



L- Lumen | CZ- Cautery Zone | TZ- Transition Zone | NLZ- Non-Laser Zone

Heat-based options can lead to thermal injury and result in:

- ▶ Highly variable depth of tissue penetration
- ▶ Necrosis which may extend deeper than cavity created
- ▶ Potential for unintended prostate capsule perforation
- ▶ Potential damage to nerve bundle responsible for erectile function
- ▶ Delayed healing of prostatic urethra

1. Data on file at PROCEPT BioRobotics

2. Malek et al. Photoselective Vaporization Prostatectomy: Experience With a Novel 180 W 532 nm Lithium Triborate Laser and Fiber Delivery System in Living Dogs, The Journal of Urology, Volume 185, Issue 2, 2011, Pages 712-718, ISSN 0022-5347,

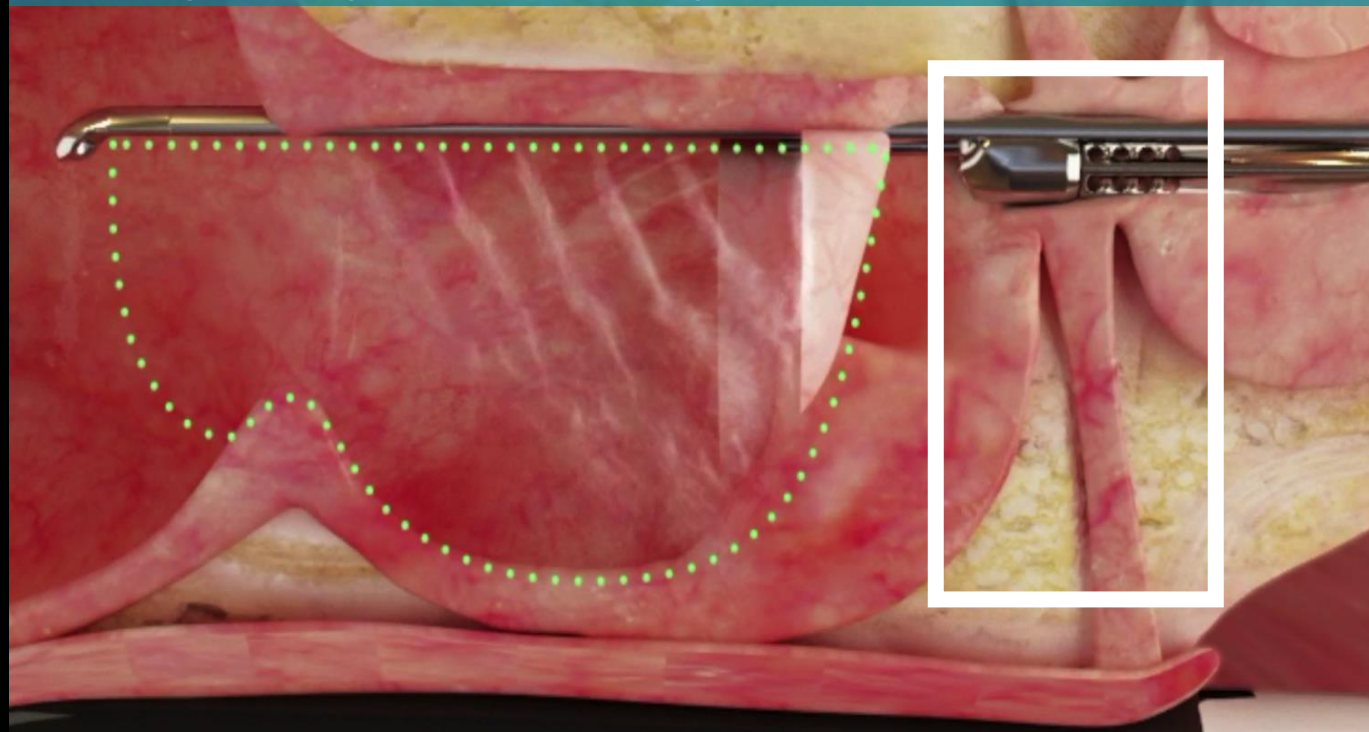
3. Bruyère F, et al. Penetration depth with the XPS GreenLight laser assessed by contrast enhanced ultrasonography. J Endourol. 2013 Oct;27(10):1282-6. doi: 10.1089/end.2013.0368. Epub 2013 Aug 21.



Sphincter Protection for Continence Preservation



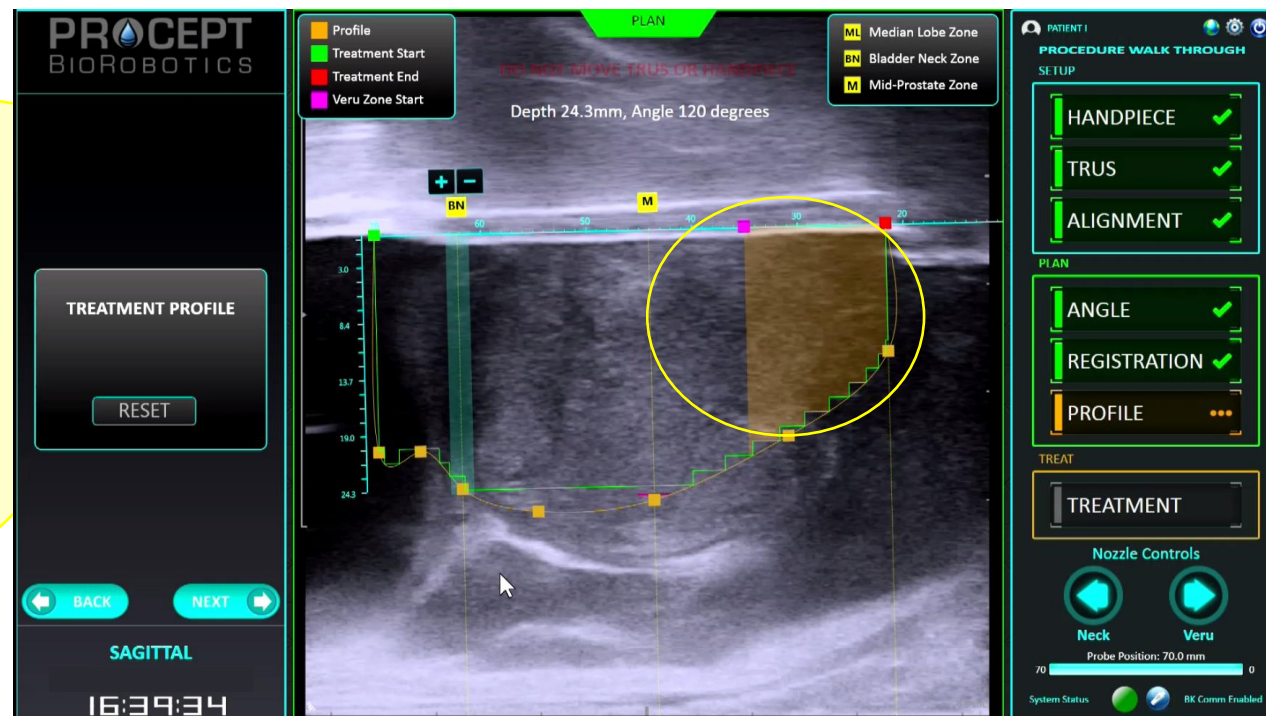
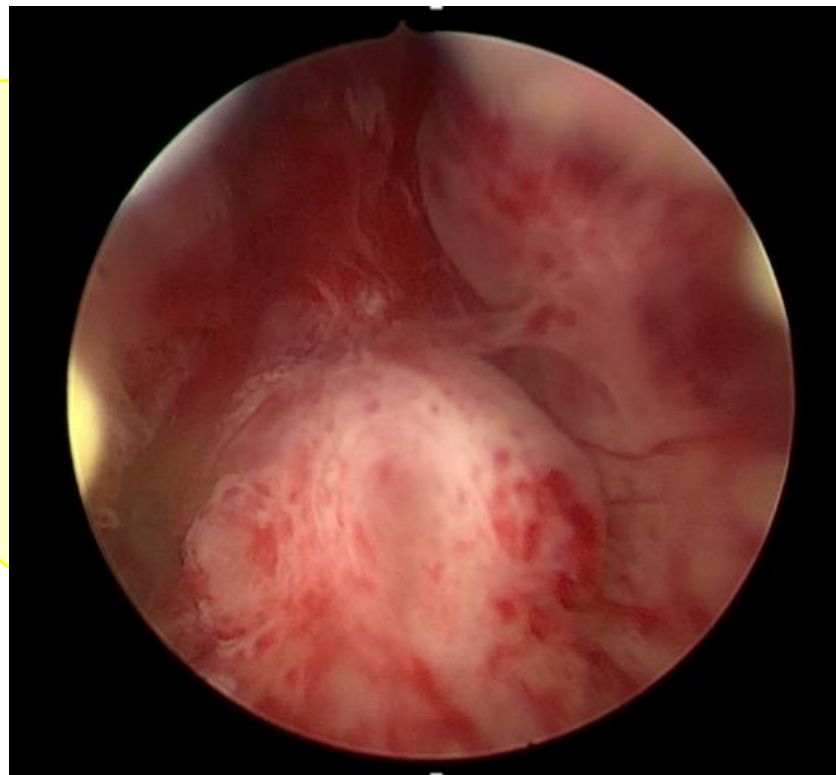
Use cystoscope to visualize sphincter and verumontanum



Video courtesy of Professor T.Bach, Asklepios Westklinikum Hamburg



Veru Protection Zone for Ejaculation Preservation

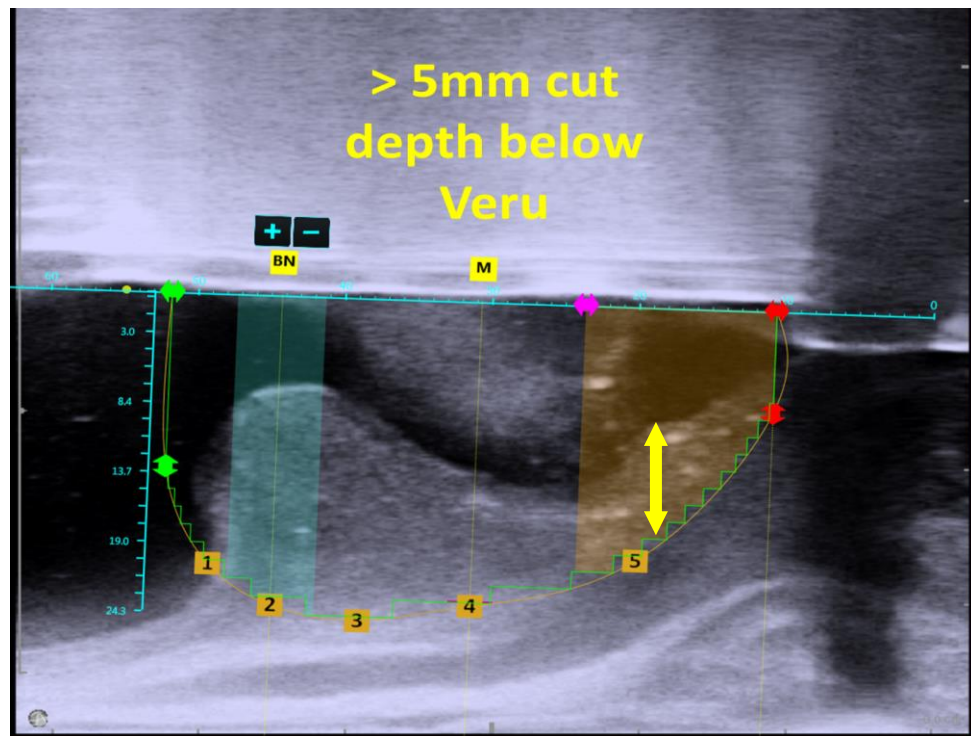


Veru protection start marker = 33% of the distance between bladder neck and end marker

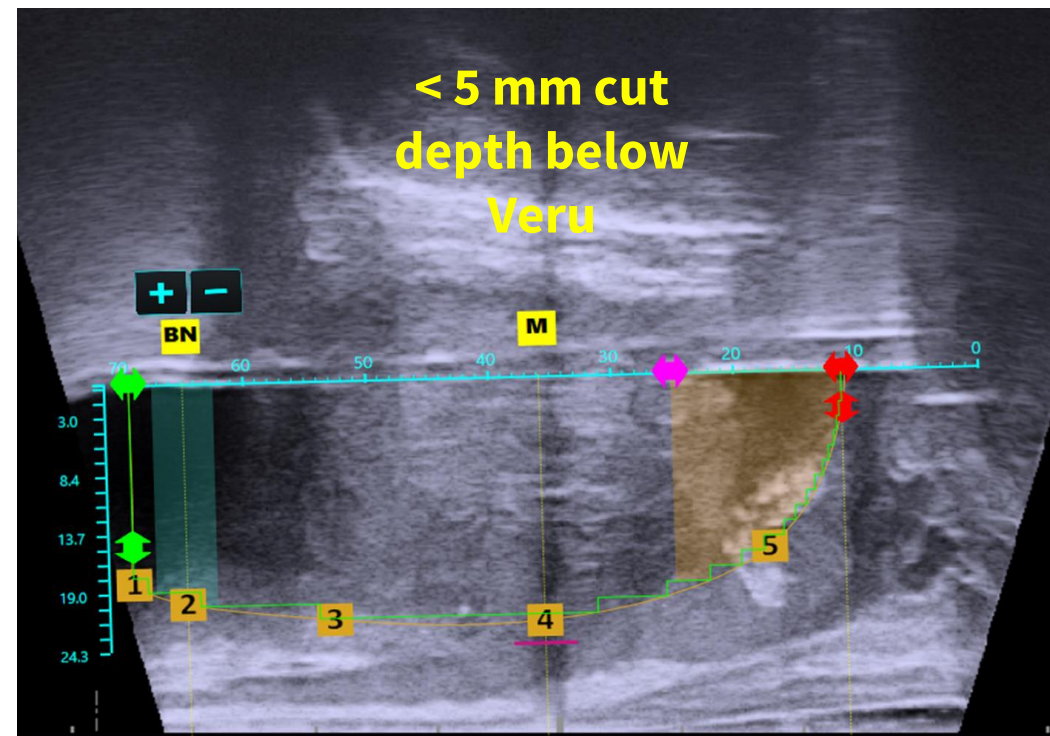


Veru Protection Zone | Depth of Resection

GREATER RISK OF ANEJACULATION

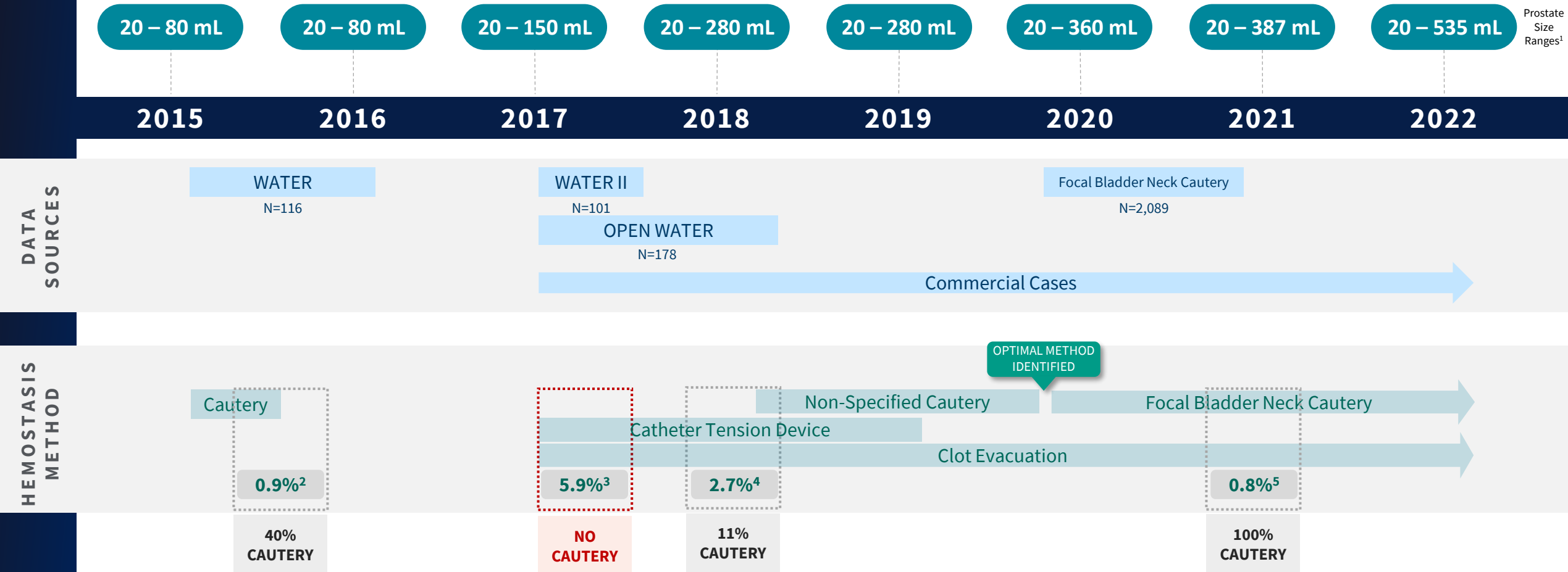


LOWER RISK OF ANEJACULATION





Evolution of Hemostasis



1. Data on file at PROCEPT BioRobotics
2. WATER transfusion rate
3. WATER II transfusion rate pre-discharge and additional 4% at 30 days
4. OPEN WATER transfusion rate
5. Elterman et al 2021



Brian Helfand, MD, PhD

Northshore University
Health System

Chicago, IL



Disclosures

Consultant: PROCEPT BioRobotics

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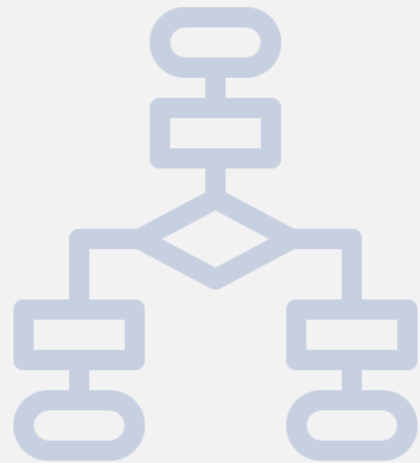


Shift in Practice

THEN

Patient counseling **requires** a *Treatment Algorithm*

- Size
- Median lobe
- Anterior tissue
- Antithrombotics
- Catheter duration
- Antegrade ejaculation
- Durability
- Catheter duration



NOW

Treatment Algorithm **not needed**

- Patient counseling simplified
- Practice consolidation





Patient Experience

SEXUAL FUNCTION

Magnitude of function preserved
Longevity of function preservation

MEDICATION USE

Ability to get off medication

RECOVERY

Speed to discharge
Time in OR post operatively
Pain and dysuria

CATHETER TIME

Time with catheter post-operatively

URINARY OUTCOMES

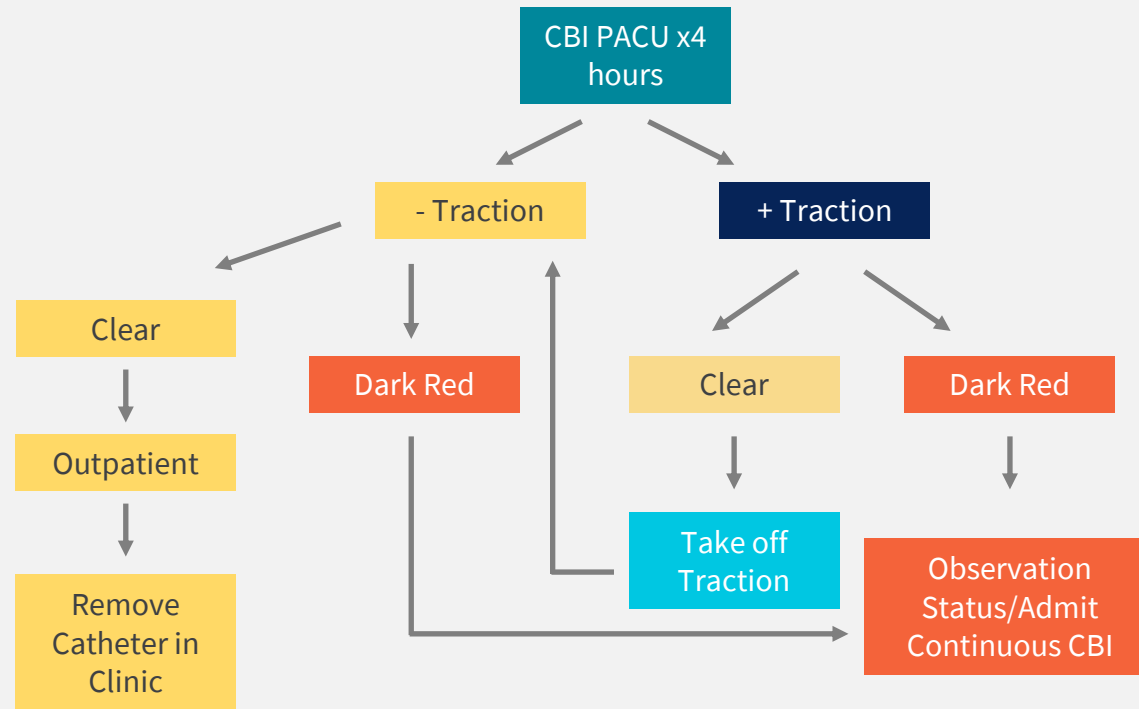
Magnitude of symptom reduction
Speed to symptom reduction



Same Day Discharge with Aquablation Therapy

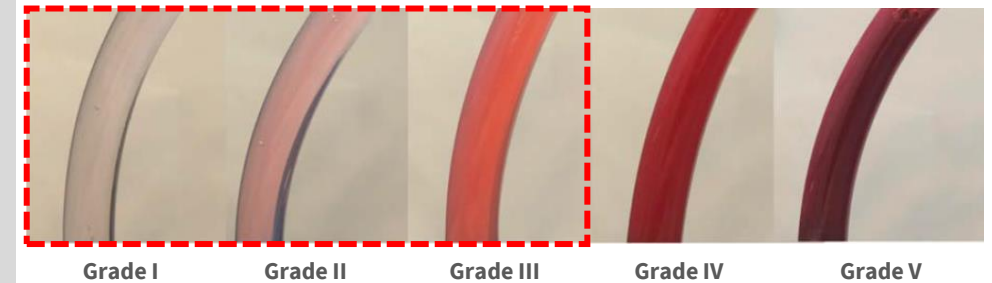
- ▶ Well-established hemostasis method resulting in **0.8% transfusion rate** in over 2,000 patients¹
- ▶ Confidence in hemostasis and need for COVID outpatient resulted in studying **same day discharge**
- ▶ Consecutive patients from Dec 1, 2020 to April 15, 2021 were offered Aquablation on outpatient basis

DISCHARGE ALGORITHM



HEMATURIA SCALE

Stout et al. Urology 2020



1. Elterman D. et al. Focal Bladder Neck Caution Associated with Low Rate of Post Aquablation Bleeding. CJU 2021 Apr.
2. Helfand. (2021). Aquablation Therapy Day Case Feasibility [White Paper] PROCEPT BioRobotics

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Same Day Discharge with Aquablation Therapy

RESULTS

- ▶ 87% successfully underwent day-case Aquablation therapy
- ▶ 0% readmissions or transfusions
- ▶ 0% of patients required home irrigation

	Day-Case (n=20)	23-Hour Observation (n=3)
Average Age (SD)	64.8 (4.8)	65.3 (6.65)
Average TRUS Volume (SD)	99.87 (50.69)	180.67 (158.35)
Average Intraprostatic Protrusion Length mm (SD)	5.07 (9.40)	8.41 (11.17)
Average AUA-SI Score (SD)	18.5 (9.2)	17.8 (6.4)
Average QoL Score (SD)	3.7 (0.9)	3.0 (1.7)
Average PSA ng/ml (SD)	5.22 (6.51)	8.85 (3.78)
Average Resection Time (SD)	8.22 (1.33)	14.50 (5.62)

CONCLUSION

While there is a trend for 23-hour hospital observation for men with very large prostates, **Aquablation therapy is feasible for most men as a day-case procedure** when they meet the noted hematuria criteria and medication considerations.



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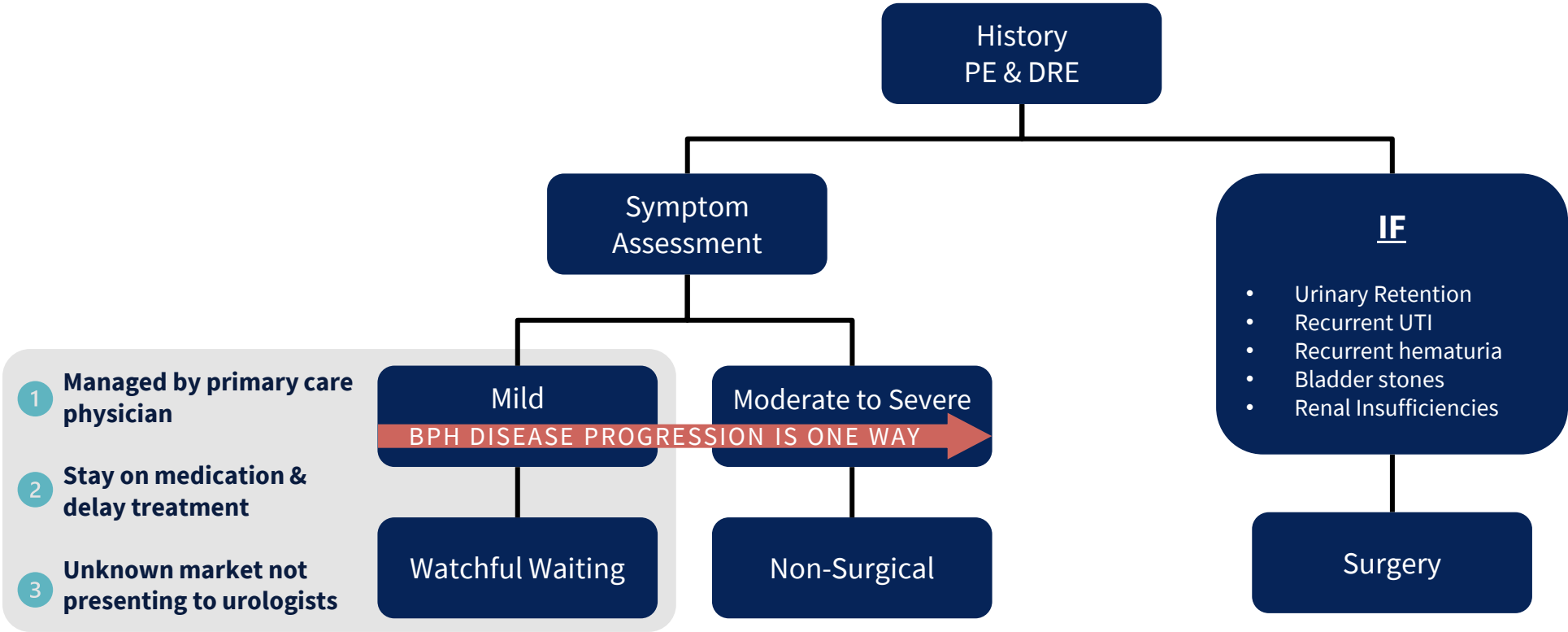
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Undertreated & Sidelined Patients

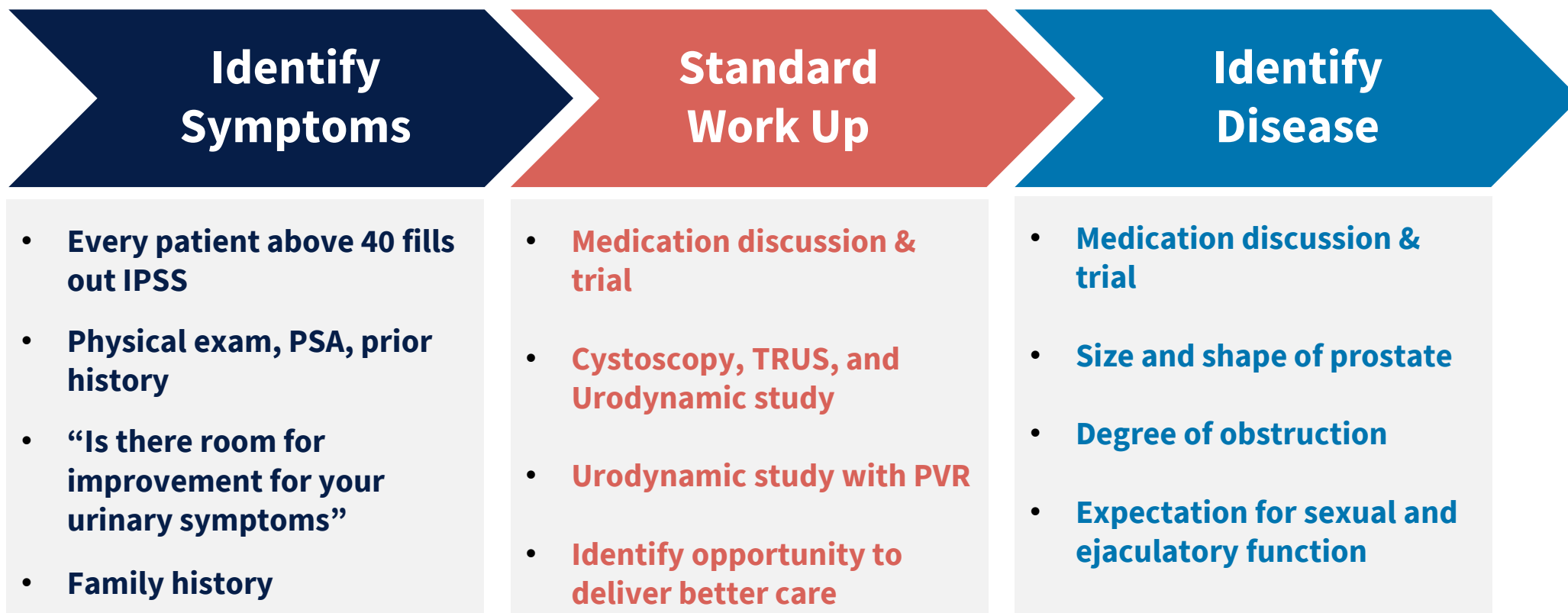
Rigidly following the guidelines **prevents accounting for patient individuality**

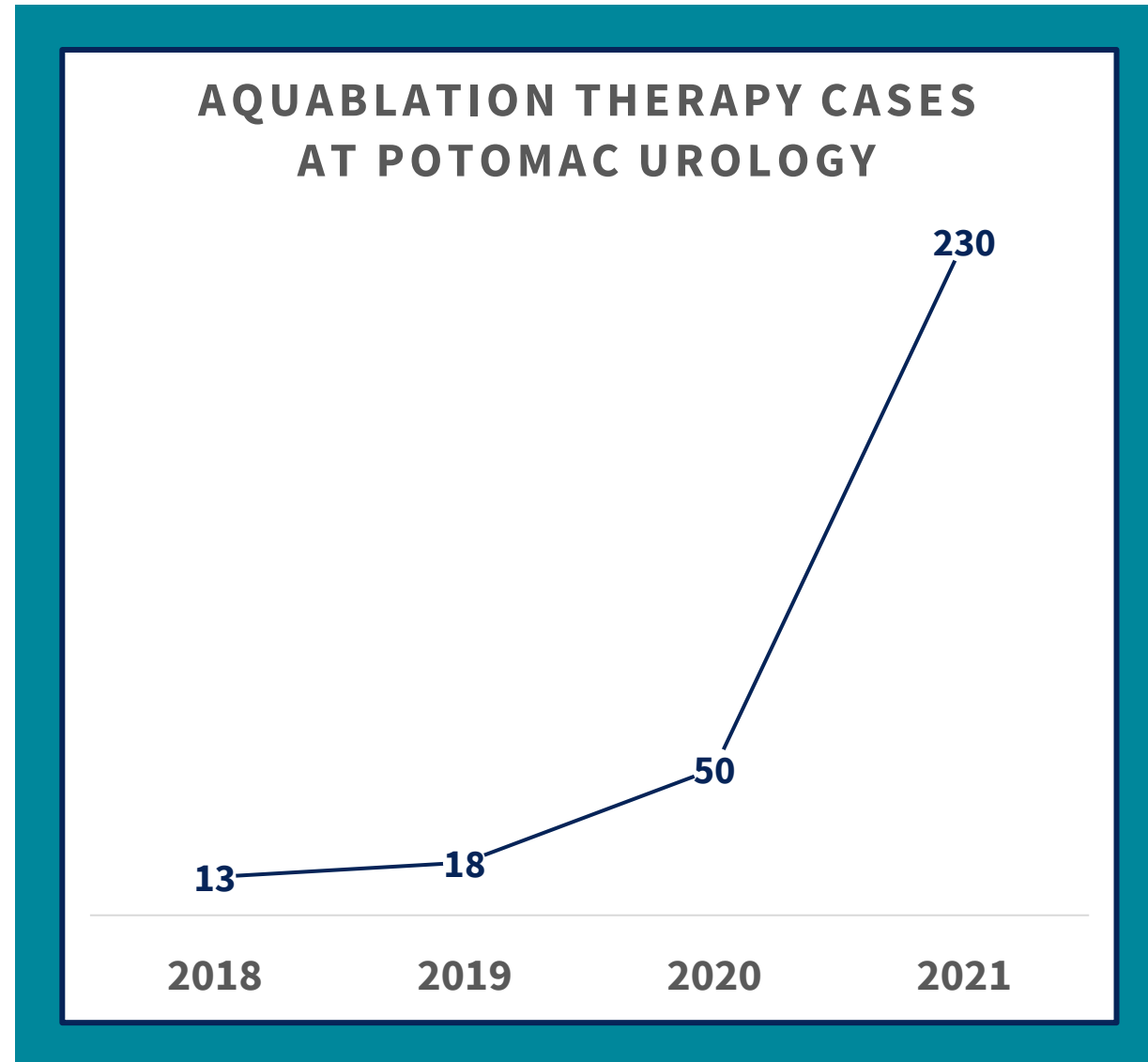




Standardized Process Flow

Develop a **scalable** process focused on patient needs

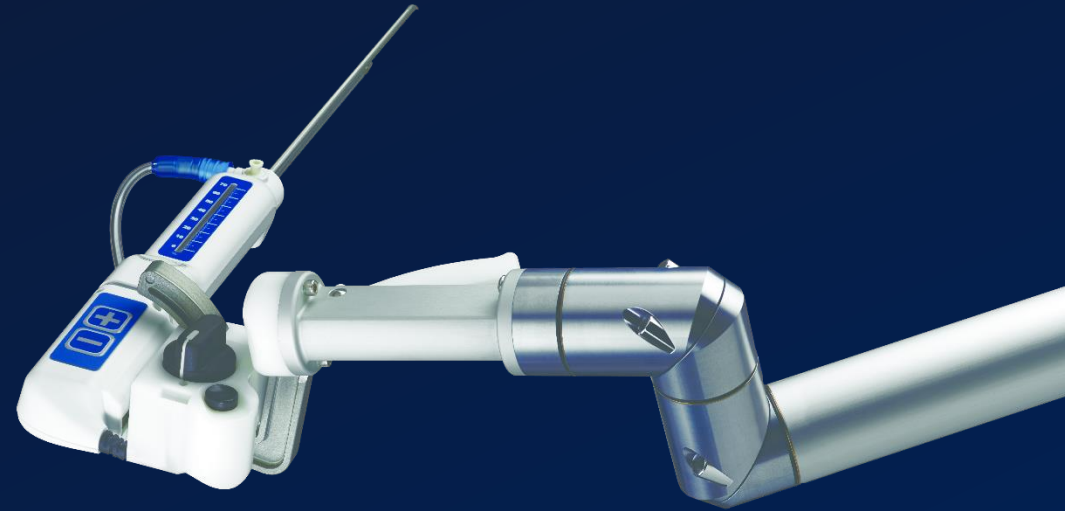






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BIOBOTICS

THANK YOU





	WATER: FDA RANDOMIZED STUDY (n=181)		WATER II: FDA SINGLE ARM STUDY (n=101)
BASELINE CHARACTERISTICS	AQUABLATION (n=116)	TURP (n=65)	AQUABLATION (n=101)
Age, years, mean (SD)	66.0 (7.3)	65.8 (7.2)	67.5 (6.6)
Body mass index, mean (SD)	28.4 (4.1)	28.2 (4.5)	28.4 (4.2)
Prostate size (TRUS), mL; mean (SD)	54.1 (16.2)	51.8 (13.8)	107.4 (22.1)
Obstructive median lobe, %	50%	52%	83.2%
Prostate-specific antigen, g/dL; mean (SD)	3.7 (3.0)	3.3 (2.3)	7.1 (5.9)
BASELINE QUESTIONNAIRES			
IPSS score, mean (SD)	22.9 (6.0)	22.2 (6.1)	23.2 (6.3)
IPSS QoL, mean (SD)	4.8 (1.1)	4.8 (1.0)	4.6 (1.0)
Sexually active, n (%) [MSHQ-EjD]	93 (80.2%)	54 (83.1%)	77 (76%)
MSHQ-EjD, mean (SD)*	8.1 (3.7)	8.8 (3.6)	8.1 (3.9)
IIEF-5, mean (SD)*	17.2 (6.5)	18.2 (7.0)	15.1 (7.4)
ANTITHROMBOTIC USE			
Anticoagulant, n (%)	2 (1.7%)	2 (3.1%)	4 (4.0%)
Antiplatelet / NSAID, n (%)	15 (12.9%)	6 (9.2%)	21 (20.8%)
Aspirin (≤ 100 mg), n (%)	24 (20.7%)	11 (16.9%)	18 (17.8%)
Any of above, n (%)	41 (35.3%)	19 (29.2%)	43 (42.6%)
BPH MEDICATION USE			
Alpha blocker, n (%)	48 (41.4%)	23 (35.4%)	41 (40.6%)
5-ARI, n (%)	2 (1.7%)	2 (3.1%)	4 (4.0%)
Alpha blocker / 5-ARI, n (%)	23 (19.8%)	14 (21.5%)	29 (28.7%)
Any of above, n (%)	73 (62.9%)	39 (60.0%)	74 (73.3%)

IPSS = International Prostate Symptom Score

QoL = Quality of Life

*Sexually active men



Non-GAAP Reconciliations

RECONCILIATION OF GAAP NET LOSS TO ADJUSTED EBITDA

(in thousands)

(unaudited)

	Three Months Ended March 31,	
	2022	2021
Net loss	\$ (17,185)	\$ (12,822)
Depreciation and amortization expense	758	915
Stock-based compensation expense	1,552	650
Interest income and interest expense, net	1,385	1,450
Adjusted EBITDA	\$ (13,490)	\$ (9,807)

RECONCILIATION OF GAAP NET LOSS TO ADJUSTED

2022 EBITDA Guidance

(in thousands)

(unaudited)

	Low	High
Net loss	\$ (84,400)	\$ (81,400)
Depreciation and amortization expense	3,900	3,900
Stock-based compensation expense	11,900	11,900
Interest income and interest expense, net	5,600	5,600
Adjusted EBITDA	\$ (63,000)	\$ (60,000)