# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**Washington, D.C. 20549**

# FORM 8-K

**CURRENT REPORT**
**Pursuant to Section 13 or 15(d)**
**of the Securities Exchange Act of 1934**
**Date of Report (Date of earliest event reported): February 26, 2026**

# PROCEPT BIOROBOTICS CORPORATION
**(Exact name of registrant as specified in its charter)**

| Delaware | 001-40797 | 26-0199180 |
|---|---|---|
| (State or other jurisdiction of incorporation) | (Commission File Number) | (IRS Employer Identification Number) |

**150 Baytech Drive**
**San Jose, California 95134**
**(Address of principal executive offices, including Zip Code)**

**Registrant's telephone number, including area code: (650) 232-7200**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| **Common Stock, $0.00001 par value per share** | **PRCT** | **The Nasdaq Stock Market LLC** |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 7.01 Regulation FD Disclosure**

PROCEPT BioRobotics Corporation (the "Company") will host an Investor Day on February 26, 2026 at the NASDAQ Headquarters in New York City beginning at 8:00 a.m. Eastern Time. A copy of the Investor Day presentation is furnished as Exhibit 99.1 to this report and is incorporated herein by reference and constitutes a part of this report.

A live and an archived recording of the Investor Day will be available on the "Investors" section of the Company's website at https://ir.procept-biorobotics.com.

The information included under Item 7.01 in this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed to be incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits

| Exhibit No. | Description |
|---|---|
| 99.1 | Investor Day Presentation dated February 26, 2026. |
| 104 | Cover Page Interactive Data File, formatted in Inline XBRL. |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**PROCEPT BIOROBOTICS CORPORATION**

Date: February 26, 2026

By: /s/ Alaleh Nouri
Alaleh Nouri
EVP, Chief Legal Officer and Secretary

PROCEPT BioRobotics®

# Welcome to 2026 Analyst Day


**Matt Bacso**
VP, Investor Relations



## Safe Harbor Statement

This presentation and accompanying oral presentation contain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including the expected financial 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 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 s 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 acceptance of the AQUABEAM and HYDROS Robotic Systems and Aquablation therapy and descriptions of the Company's revenues, gross margin, profitability, operating expenses, or procedure growt installed base growth, (ii) the establishment and maintenance of consistent and favorable payment policies for Aquablation therapy, (iii) the rate of growth of the commercial sales and marketing organ 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, (v) the effects of increased competition as well as innovations by new and existing competitors in the market for competitive treatments, (vi) the ability to obtain the required regulatory approvals and clearances to market and se products 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 our products (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, (x) the successful comple clinical trials and (xi) the adoption of our technology for expanding or additional indications.

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 a 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 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 Annual Report on Form 10-K filed with the SEC on February 26, 2026 and subsequent quarterly reports on Form 10-Q, 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-lookin 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 any forward-looking statement or third-party data in reaching any conclusion or making any investment decision about any securities of the Company.

This presentation regarding the Company shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of these securities in any state or jurisdiction in such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction. Sales and offers to sell PROCEPT BioRobotics securities wi be made in accordance with the Securities Act of 1933, as amended, and applicable SEC regulations, including prospectus requirements.





## Use of Non-GAAP Financial Information

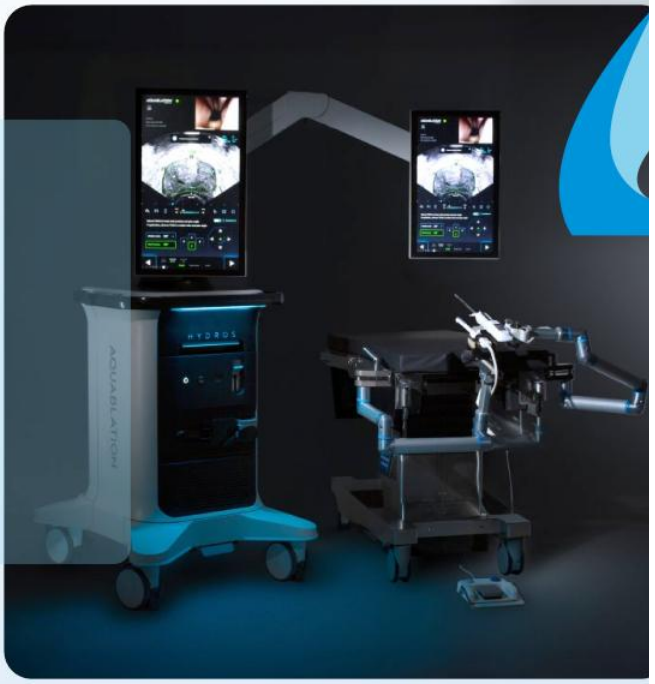
In addition to financial information presented in accordance with U.S. generally accepted accounting principles ("GAAP"), this presentation and the accompanying oral statements inc certain non-GAAP financial measures, which include non-GAAP Adjusted EBITDA. The Company defines Adjusted EBITDA as net income (loss) earnings before interest expense, taxes, depreciation and amortization and stock-based compensation expense. The Company believes that presenting Adjusted EBITDA provides useful supplemental information to investo 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 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 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 us

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 pre
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 f
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 t
measures to the most directly comparable GAAP measures is included at the end of this presentation.



PROCEPT BioRobotics®

# The Next Chapter for PROCEPT




**Larry L Wood**
Chief Executive Officer

# A Large, Underpenetrated BPH Market with a Disciplined Path to Growth

**~40 MILLION**
U.S. men living with BPH

**8M** treated or previously treated with medication

**6.7M** actively on medication | **1.1M** discontinued drug therapy

**~400K**
annual BPH surgical procedures

**~10%** Aquablation penetration

- BPH is significantly undertreated
- Many patients fear the procedure more than their condition
- Delaying treatment significantly impacts QOL

1. Vuichoud C, Loughlin KR. Benign prostatic hyperplasia: epidemiology evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6. PMID: 26497338.
2. Based on management estimates and data provided by AcuityMD, De Release, US market estimates, Q4 2024 – Q3 2025

## PROCEPT Biorobotics Stands on a Strong Foundation

Game-changing Technology

Deep Clinical Evidence Base

### The Next Chapter

- Accelerate Procedure Growth
- Drive Path to Profitability
- Advance Evidence and Innovation

We are now moving from establishing Aquablation® as a therapy to leading BPH treatm

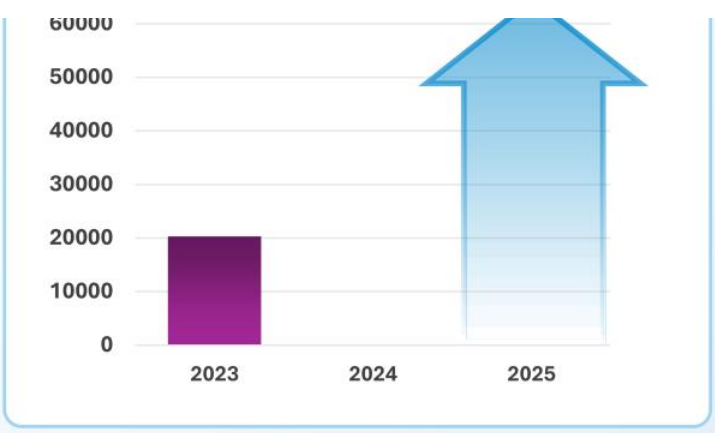
Data on File at PROCEPT BioRobotics

PROC

## Growing Procedures and Install Base Paired With Strong Reimbursemen

### Worldwide Aquablation Procedures

**>125K** patients treated worldwide



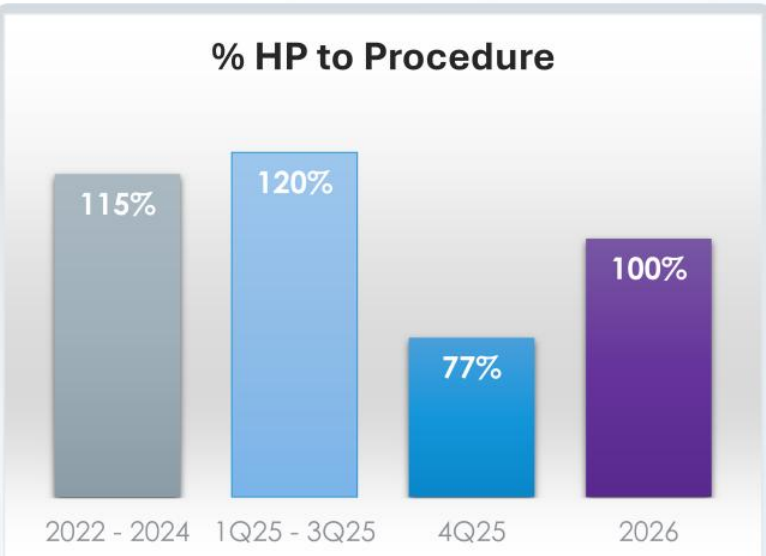

>900 global install base

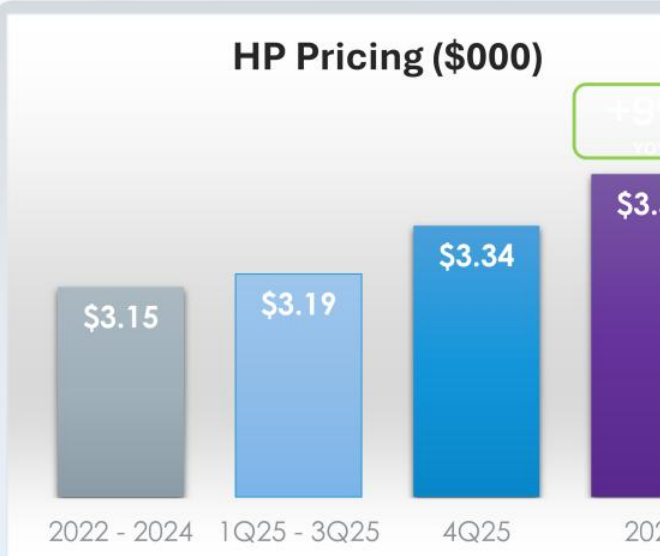
Category I Reimburseme
as of January 1, 2026

Aquablation is ready to move to the standard of care

Data on File at PROCEPT BioRobotics

## Benefits of Improved Organizational Discipline

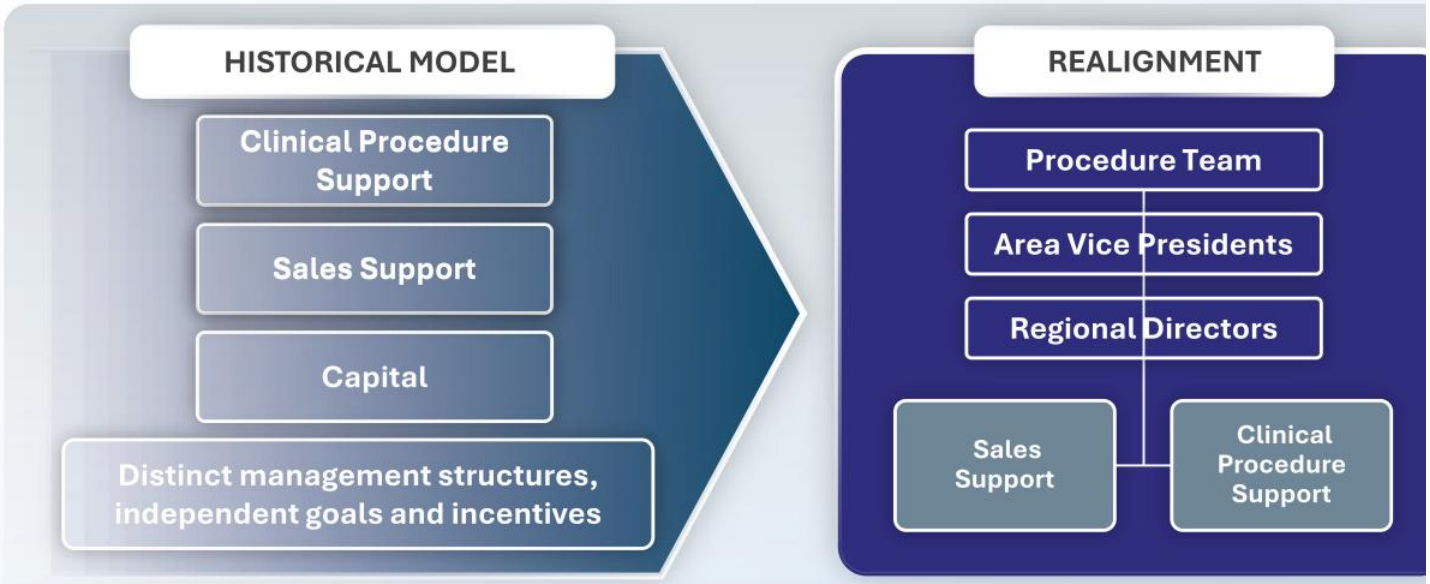



Two positive structural effects: Higher-than-expected ASP and improved quality and predictability of revenue

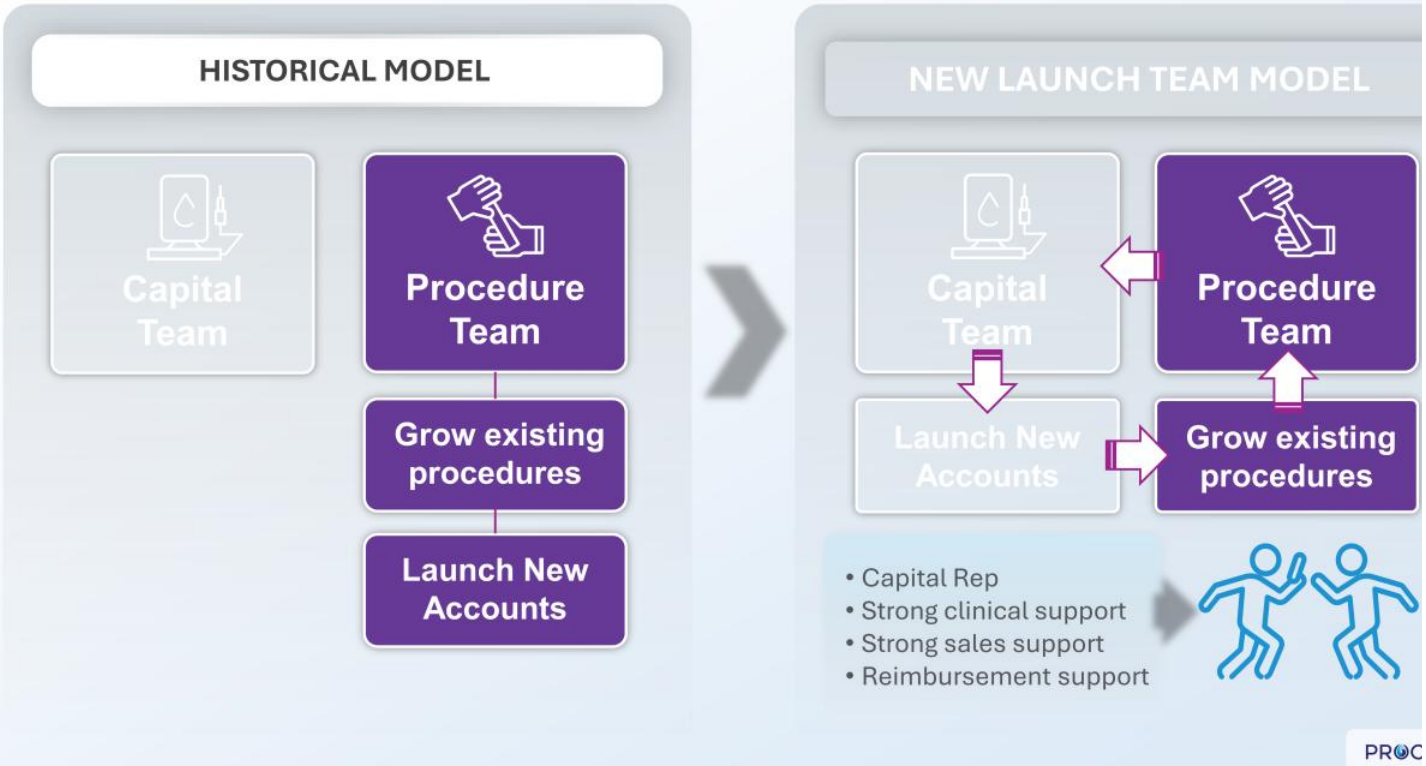
Data on File at PROCEPT BioRobotics

## Realignment of the Commercial Organization




This realignment enables a single point of accountability at the regional level and drives focus on procedure growth

## We Have Formed Dedicated Launch Teams




## We Have Formed Dedicated Launch Teams


~50% reduction in time from PO to first ten cases

The net result is a dedicated launch tea of experts who standardize the pathwa for training, reimbursement, and patien education in new accounts

Data on File at PROCEPT BioRobotics

PRO

ACCELE PROCED

## Greenfield Placements Remain Core to Capital Revenue


Alternative capital acquisition strategies enable us to expand access to additional customer groups

PRO

PROCEPT BioRobotics®

# Making the Clinical Case for Aquablation




## Supported by a Robust Body of Evidence

*Five-year outcomes for Aquablation therapy compared to TURP: results from a double-blind, randomized trial in men with LUTS due to BPH*

Peter J. Gilling, MD,[1] Neil Barber, MD,[2] Mohamed Bidair, MD,[3] Paul Anderson, MD,[4] Mark Sutton, MD,[5] Tev Aho, MD,[6] Eugene Kramolowsky, MD,[7] Andrew Thomas, MD,[8] Ronald P. Kaufman, Jr., MD,[9] Gopal Badlani, MD,[10] Mark Plante, MD,[11] Mihir Desai, MD,[12] Leo Doumanian, MD,[13] Alexis E. Te, MD,[14] Claus G Roehrborn, MD[15]

Aquablation Therapy in Large Prostates (80-150 mL) for Lower Urinary Tract Symptoms Due to Benign Prostatic Hyperplasia: Final WATER II 5-Year Clinical Trial Results

Naeem Bhojani,[1,*] Mo Bidair,[2] Eugene Kramolowsky,[3] Mihir Desai,[4] Leo Doumanian,[4] Kevin C. Zorn,[5] Dean Elterman,[6] Ronald P. Kaufman Jr,[6] Gregg Eure,[7] Gopal Badlani,[8] Mark Plante,[9] Edward Uchio,[10] Greg Gin,[10] Ryan Paterson,[11] Alan So,[11] Claus Roehrborn,[12] Jay Motola,[13] Steven Kaplan,[13] and Mitch Humphreys[14]

WATER III: A Prospective, Partially Randomized Trial of Aquablatio Therapy Versus Transurethral Laser Enucleation of the Prostate fo Treatment of Lower Urinary Tract Symptoms

*Manuel Ritter, Johannes Stein, Neil Barber, Jas Kalsi, Rick Popert, Edward Bass, Robert Németh, Matthias Schmid, Simon Gloger, Burkhard Ubrig, Arkadiusz Miernik, Christian Gratzke*

Prostatic Disease & Male Voiding

**Aquablation at 4-years: Real World Data From the Largest Single-center Study With Associated Outcomes Follow-up**

Olamide O. Omidele, Alexandra S. Siegal, Reza Roshandel, Alexis E. Te, and Steven A. Kaplan

Journal of Clinical Medicine

*Article*

**First Multi-Center All-Comers Study for the Aquablation Procedure**

Thorsten Bach [1,*], Peter Gilling [2], Albert El Hajj [3], Paul Anderson [4] and Neil Barber [5]

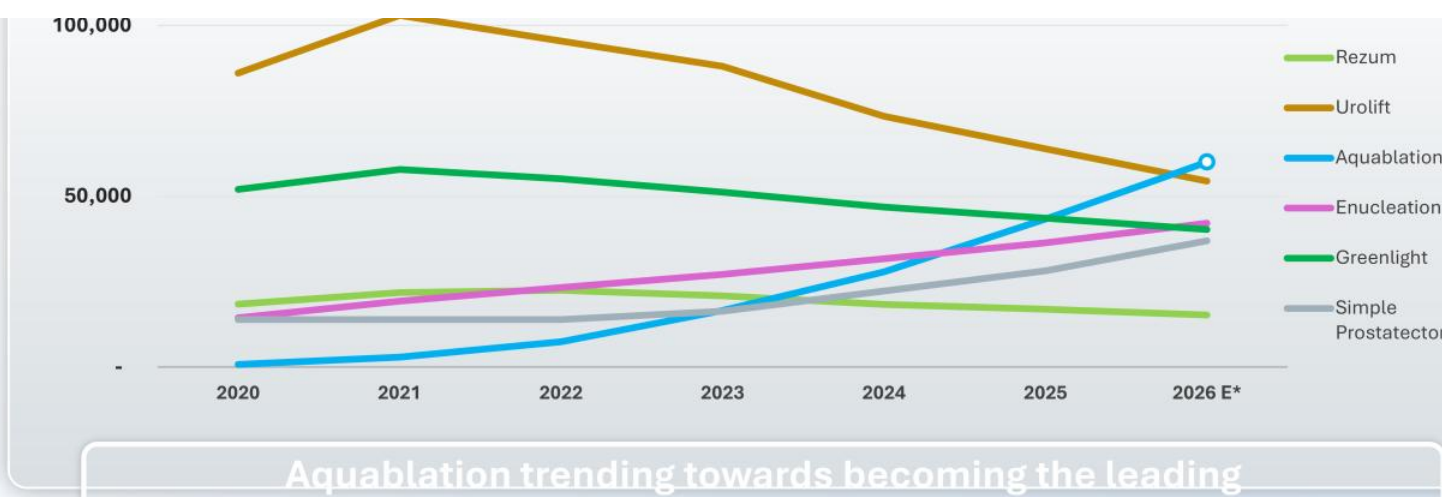
Original Article

**Aquablation for benign prostatic hyperplasia: prostate size relevance and bleeding events across 6 years**

**Data from thousands of patients published with ~250 PubMed citations**

## Aquablation is Growing Within the BPH Category

**All BPH Volume Trends (Excluding TURP)**

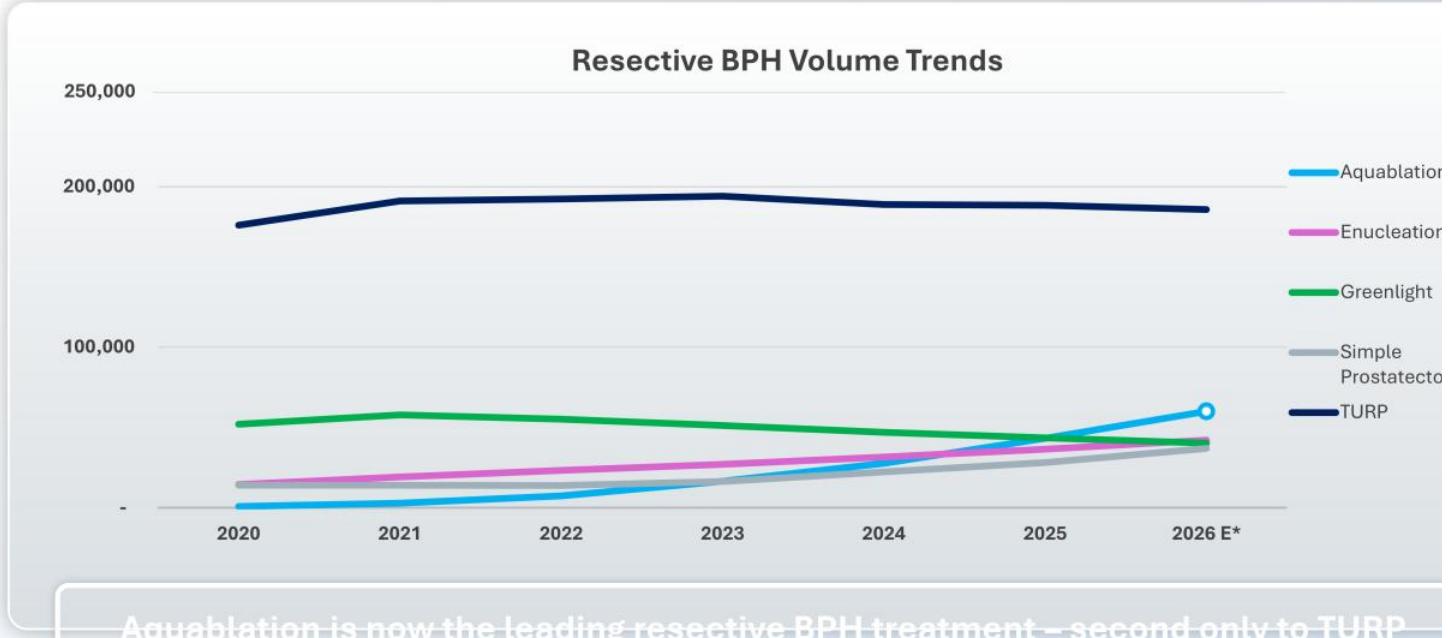



**Aquablation trending towards becoming the leading modern surgical BPH treatment**

Data on File at PROCEPT BioRobotics
Based on management estimates and data provided by AcuityMD, Dec 19, 2026 DataRelease, US market estimates,Q4 2024 – Q3 2025. FY 2025 and 2026 volumes for competitive procedures are estimates based on historical data.

PROC

# Aquablation is Closing the Gap with TURP

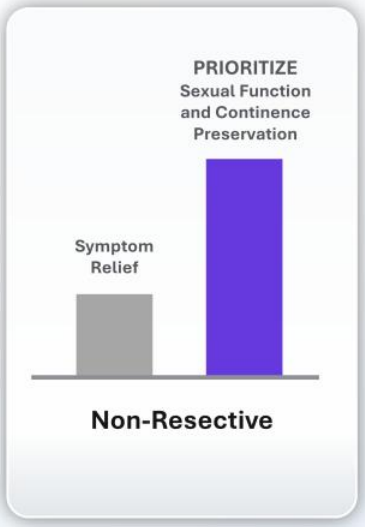



**Aquablation is now the leading resective BPH treatment – second only to TURP**

Data on File at PROCEPT BioRobotics
Based on management estimates and data provided by AcuityMD, Dec 19, 2026 DataRelease, US market estimates,Q4 2024 – Q3 2025. FY 2025 and 2026 volumes for competitive procedures are estimates based on historical data.

PROC

# Aquablation Delivers a Complete Solution Across All Prostate Sizes



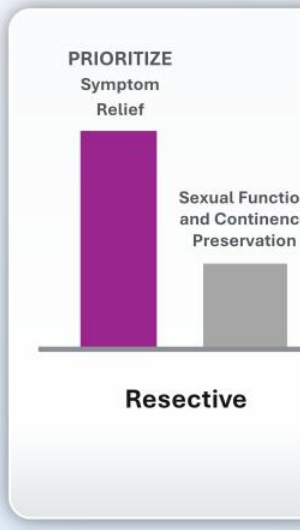

TURP & PVP

MIST

Enucleation & Simple

AQUABLATION®

**A COMPLETE SOLUTION FOR BPH**



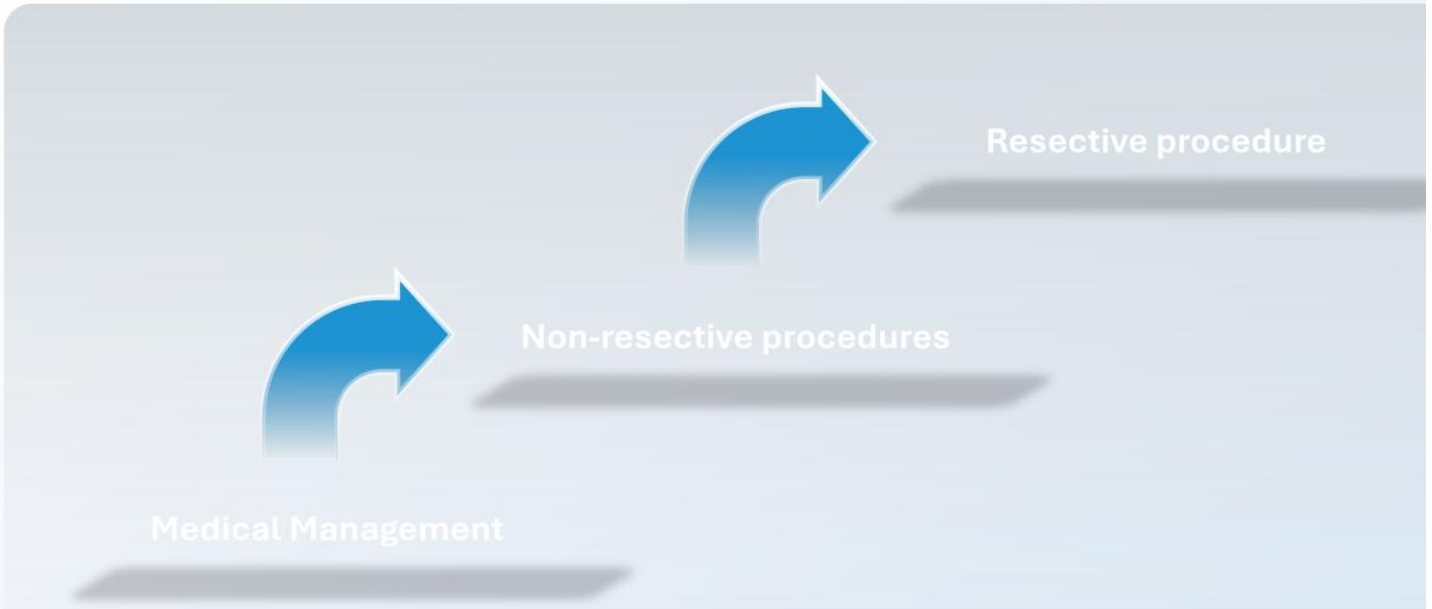

Complete Symptom Relief

Preserved Sexual and Urinary Function

One Procedure Only

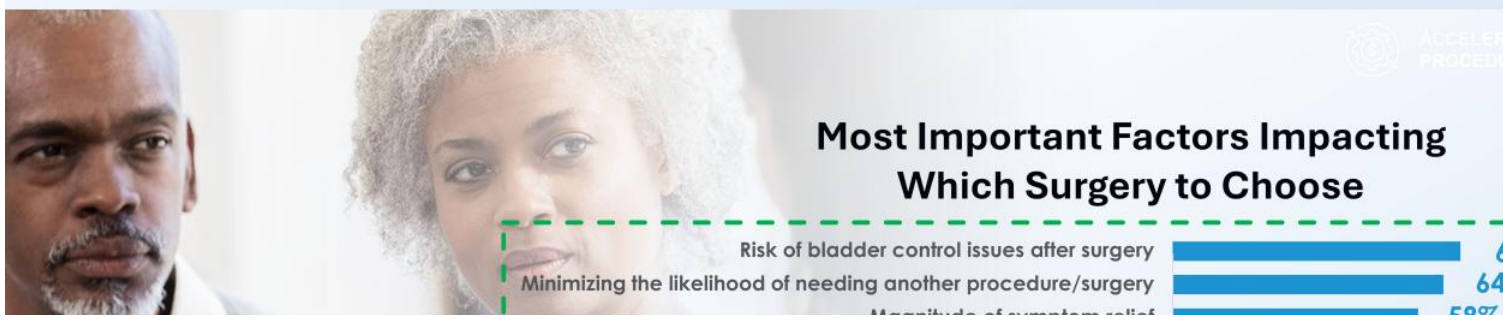
PVP = Photovaporization of Prostate; MIST: Minimally Invasive Surgical Technology; BPH size ranges: AUA Guidelines: Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia (BPH): AUA Guideline Amendment 2023; Tanneru et al: An Indirect Comparison of Newer Minimally Invasive Treatments for Benign Prostatic Hyperplasia: A Network Meta-Analysis Model, Journal of Endourology, 2020

# Physicians Often Take a Stepwise Approach to Treatment

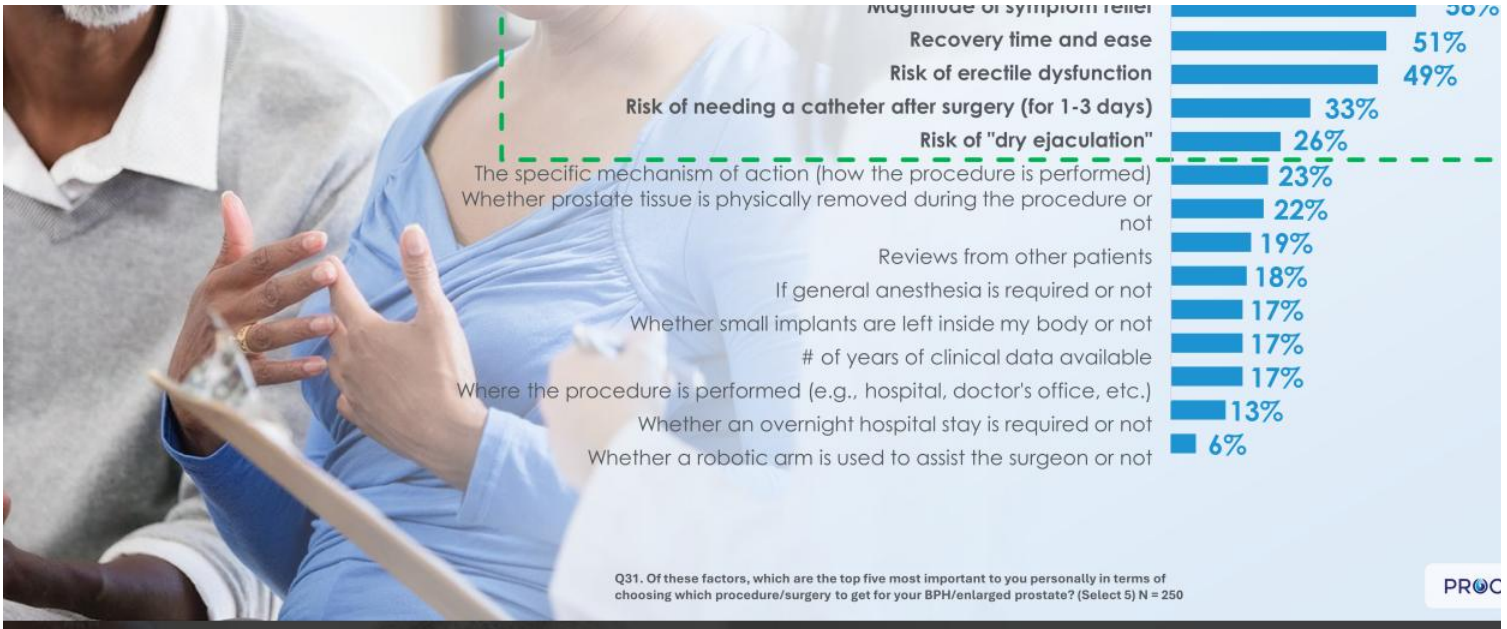


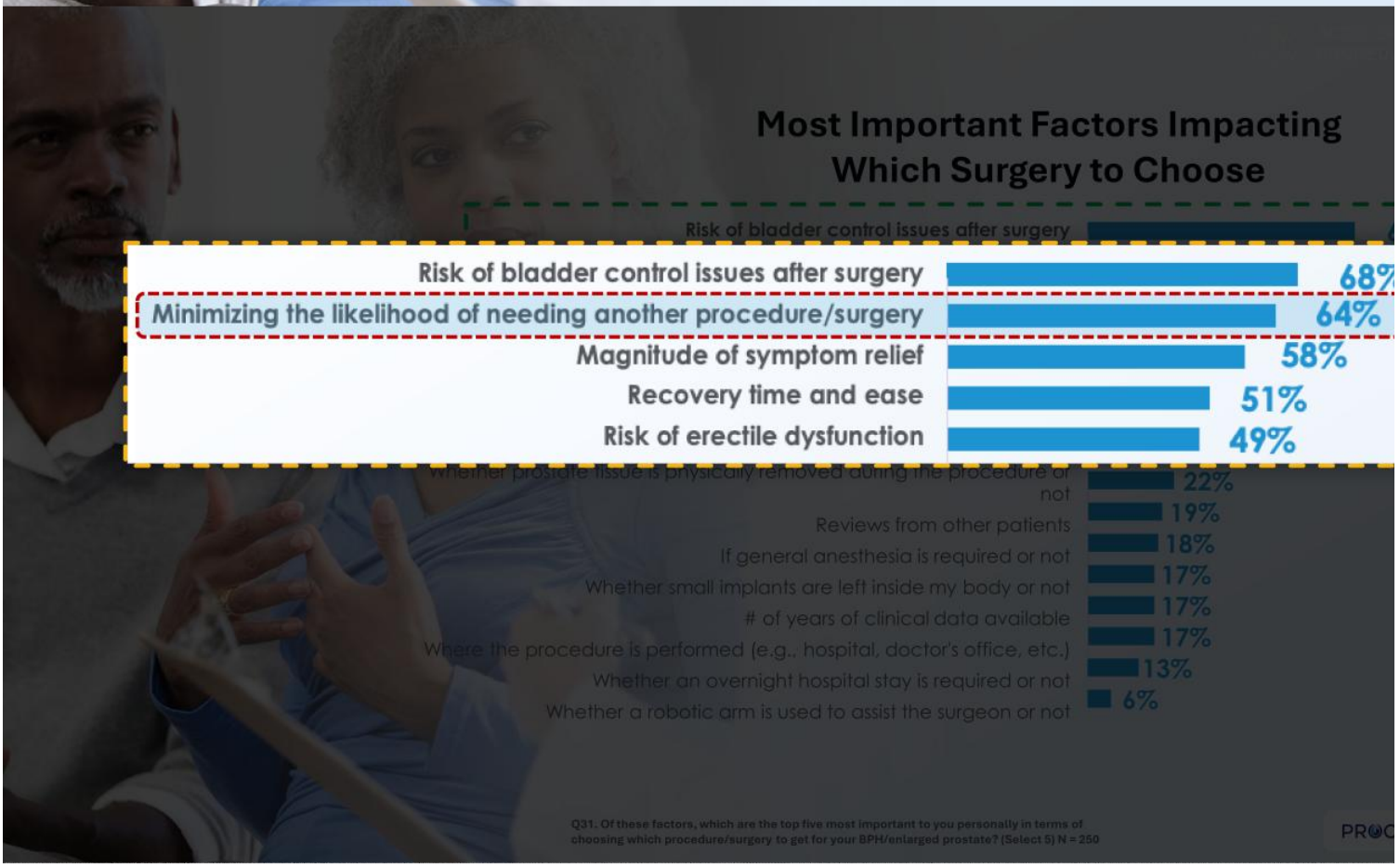

Physicians Start with the Least Invasive Option, Then the Next Least Invasive Optio

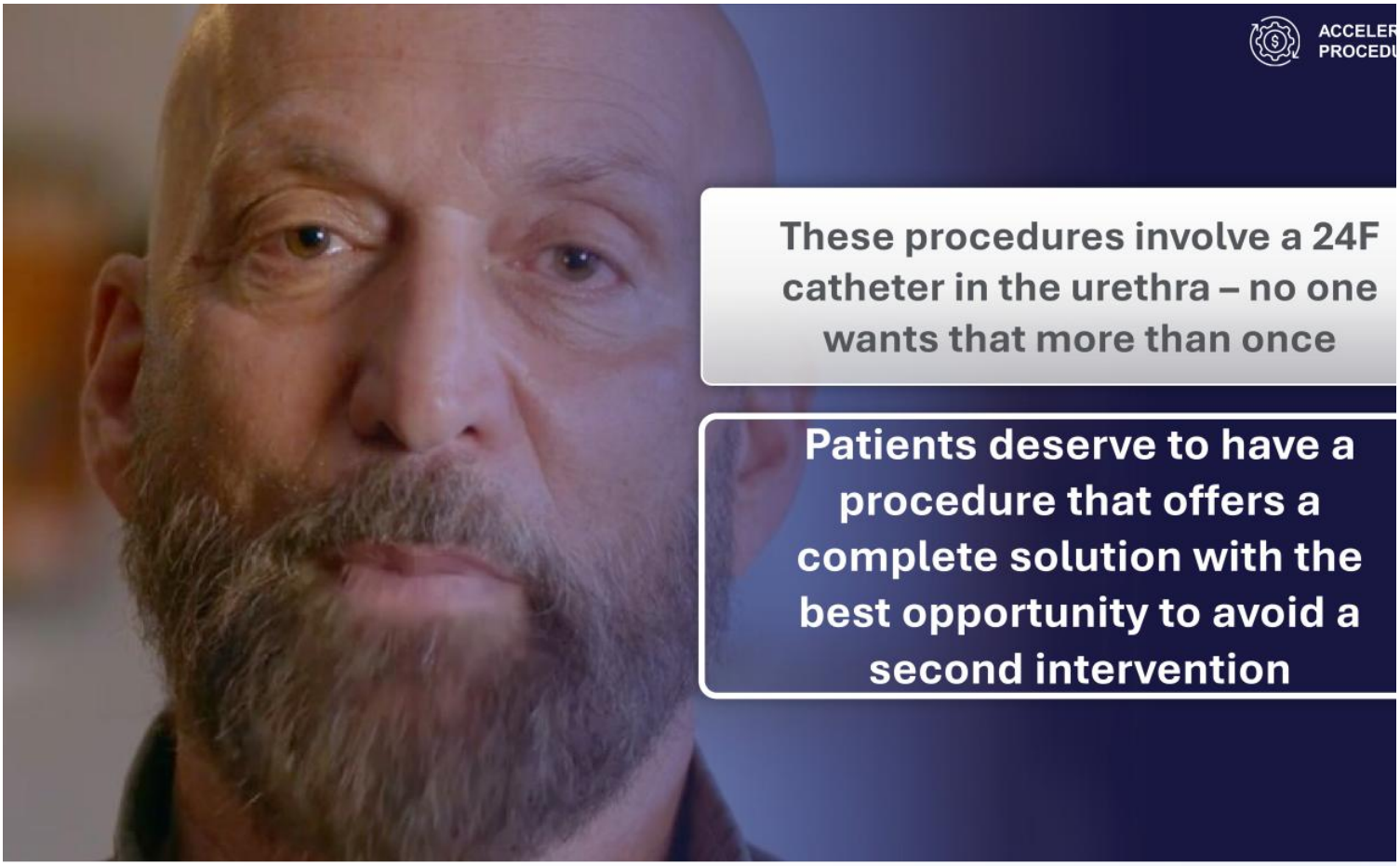
Market research data on file



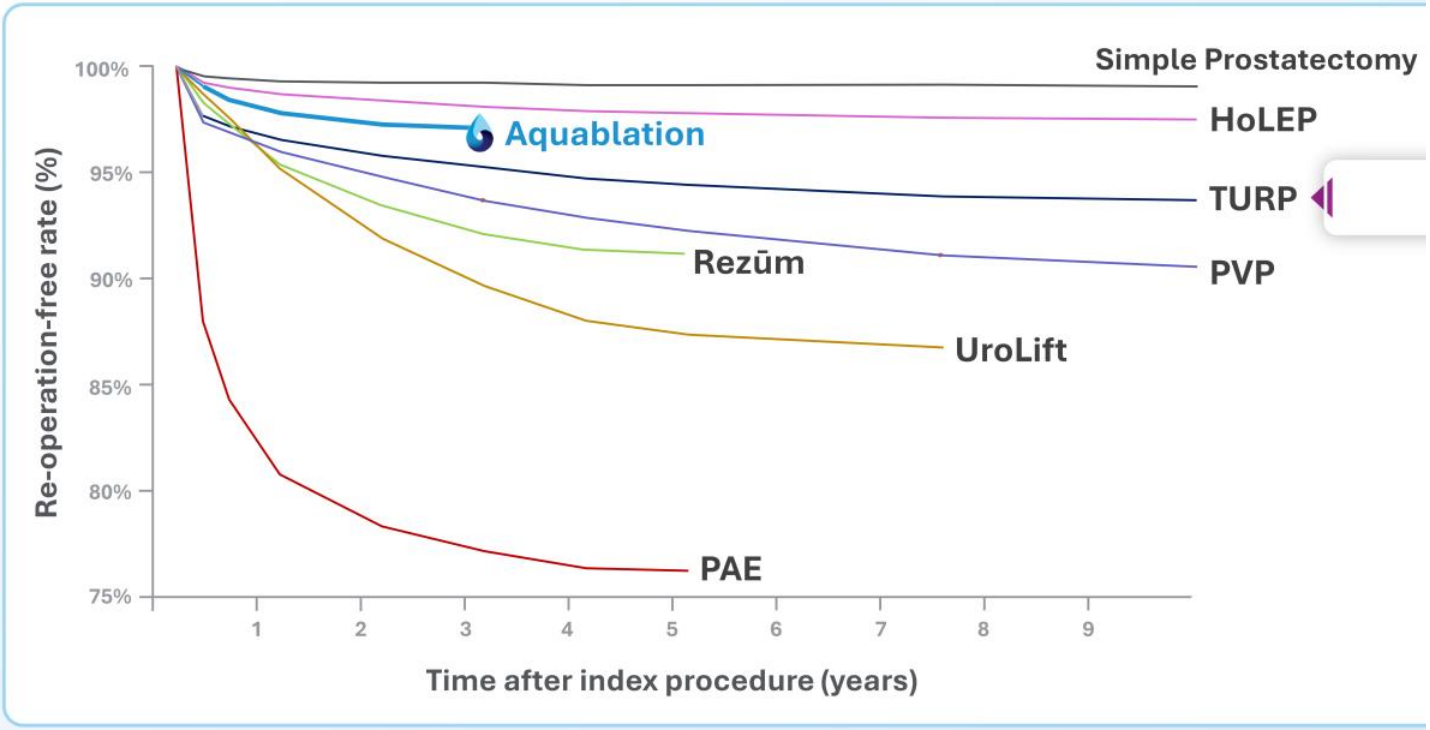
## Most Important Factors Impacting Which Surgery to Choose


Magnitude of symptom relief 58%
Recovery time and ease 51%
Risk of erectile dysfunction 49%
Risk of needing a catheter after surgery (for 1-3 days) 33%
Risk of "dry ejaculation" 26%
The specific mechanism of action (how the procedure is performed) 23%
Whether prostate tissue is physically removed during the procedure or not 22%
Reviews from other patients 19%
If general anesthesia is required or not 18%
Whether small implants are left inside my body or not 17%
# of years of clinical data available 17%
Where the procedure is performed (e.g., hospital, doctor's office, etc.) 17%
Whether an overnight hospital stay is required or not 13%
Whether a robotic arm is used to assist the surgeon or not 6%
Q31. Of these factors, which are the top five most important to you personally in terms of choosing which procedure/surgery to get for your BPH/enlarged prostate? (Select 5) N = 250


Most Important Factors Impacting Which Surgery to Choose
Risk of bladder control issues after surgery 68%
Minimizing the likelihood of needing another procedure/surgery 64%
Magnitude of symptom relief 58%
Recovery time and ease 51%
Risk of erectile dysfunction 49%
not 22%
Reviews from other patients 19%
If general anesthesia is required or not 18%
Whether small implants are left inside my body or not 17%
# of years of clinical data available 17%
Where the procedure is performed (e.g., hospital, doctor's office, etc.) 17%
Whether an overnight hospital stay is required or not 13%
Whether a robotic arm is used to assist the surgeon or not 6%
Q31. Of these factors, which are the top five most important to you personally in terms of choosing which procedure/surgery to get for your BPH/enlarged prostate? (Select 5) N = 250




## Patients Want One Procedure Only




Rubin B, et al. National review of re-operation rates for modern benign prostatic hyperplasia procedures using a live claims database. Abstract IP03-06.
Study Design: Retrospective observational study utilizing the TriNetX database (2004–2024), AUA 2025 from University of Vermont

PROCEPT BioRobotics®

# Our Innovation Portfolio




## HYDROS® System: Next Generation Robotic Platform


### HYDROS: The First AI-Enabled Robotic Platform for BPH

- **AI-Interpreted Live Ultrasound Guidance:** Personalized treatment planning combined with surgeon judgment
- **Robotic Resection:** Precise, reproducible tissue removal while protecting critical anatomy
- **Designed for Scalable Adoption:** Streamlined workflow that enables broader adoption across care settings

HYDROS is a feature-rich platform that enables a hybrid case support model

We expect HYDROS to represent the majority of the install base by the end of 2026

Global expansion of HYDROS underway –
UK launch has begun

Continued pipeline investment

International represents an untapped opportunity and a more meaningful growth contributor over time

Data on File at PROCEPT BioRobotics

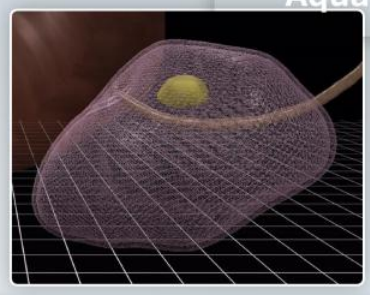
## The Next Frontier: Prostate Cancer

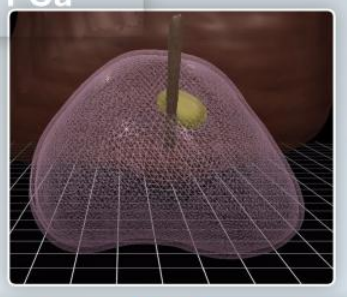
### Prostate Cancer

A Strategic Adjacency

- Technology
- Installed Base
- Commercial Infrastructure

Aquablation PCa



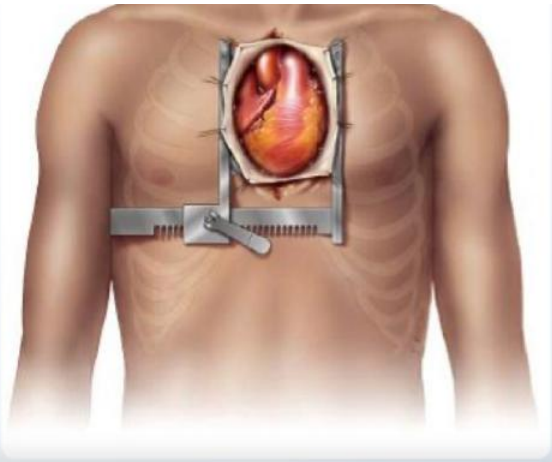


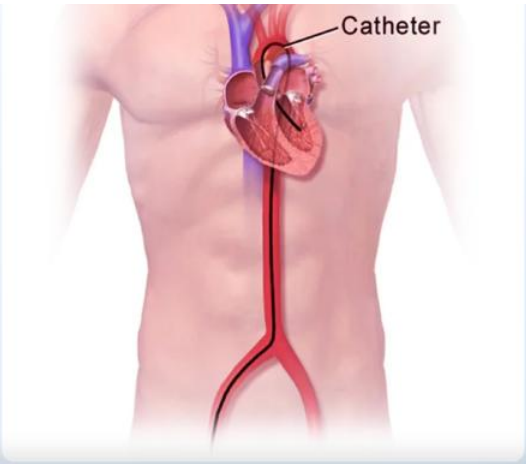


## This is an Area That is Very Familiar To Me

Open Heart Surgery (AVR)

Transcatheter Valve Replacement (TAVR)





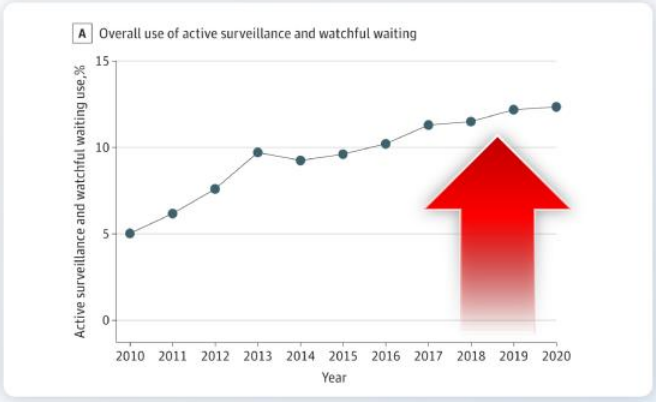

Watchful waiting was common until the suffering became unbearable

PROC

ADVANCE
AND INNO

## The fastest growing treatment for prostate cancer :

## ACTIVE SURVEILLANCE!




### Radical Prostatectomy

- Majority of men experience **severe erectile dysfunction**
- **25-33% rate** of Urinary Incontinence at 1 year

>60% of patients ultimately get treated with a radical prostatectomy or radiatio

Trends in Active Surveillance for Men With Intermediate-Risk Prostate Cancer. Marshall et al. JAMA 2024; Hamdy, F. C., Donovan, J. L., Lane, J. A., Metcalfe, C., Davis, M., Turner, E. L., Martin, R. M., et al. (2023). Fifteen-Year Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer. New England Journal of Medicine, 388(17), 1547–1558. DOI: 10.1056/NEJMoa2214122. Donovon et al NEJM 2016; 2. Bridge et al Eur Urol Open Sci 2024

PROC


We believe Aquablation will play a meaningful role in the treatment of prostate cancer

WATER IV PCa STUDY

## Multiple Initiatives to Drive Differentiated Growth Across the Horizon

**Drive Procedure Growth Through Improved Execution**

~40 MILLION
U.S. men living with BPH

8M treated or previously treated with medication

6.7M actively on medication | 1.1M discontinued drug therapy

~400K annual BPH surgical procedures

~10% Aquablation penetration

**Educate Patients That Waiting Isn't Winning**

~40 MILLION
U.S. men living with BPH

8M treated or previously treated with medication

6.7M actively on medication | 1.1M discontinued drug therapy

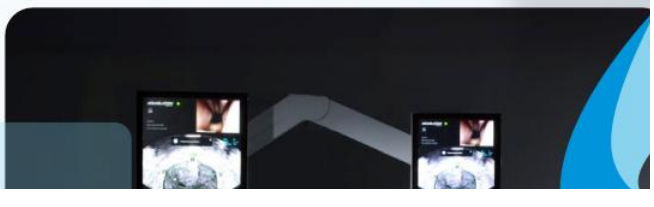
~400K annual BPH surgical procedures

**Expand Applications**

Prostate Cancer Opportunity

1. Vuichoud C, Loughlin KR. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6. PMID: 26497338.
2. Based on management estimates and data provided by AcuityMD, Dec 19, 2026 Data Release, US market estimates, Q4 2024 – Q3 2025

PROCEPT BioRobotics®



# Unlocking Growth: A Closer Look

**Pooja Sharma Rao**
Chief Marketing and Strategy Officer




## Driving an Acceleration in Procedure Growth

### The Next Chapter:

- Accelerate Procedure Growth
- Drive Path to Profitability
- Advance Evidence and Innovation

### The Pathway to Growth

- Sales force realignment
- Dedicated launch teams
- **Share capture through strong clinical differentiation**
- **Targeted patient education and engagement programs**

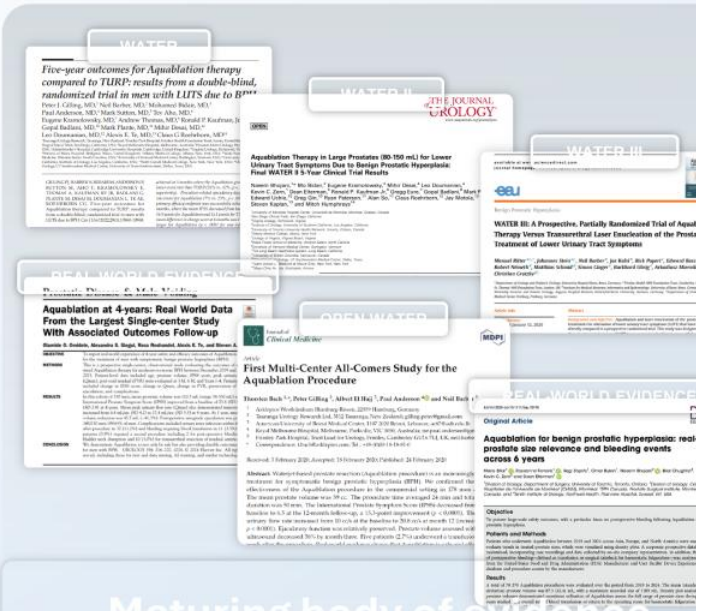
**The engine around BPH lays a foundation on which we can launch a prostate cancer application**

# We Believe This is an Important Inflection Point

**>125K** patients treated worldwide

**>900** global install base

Category I Reimbursement




Data on File at PROCEPT BioRobotics

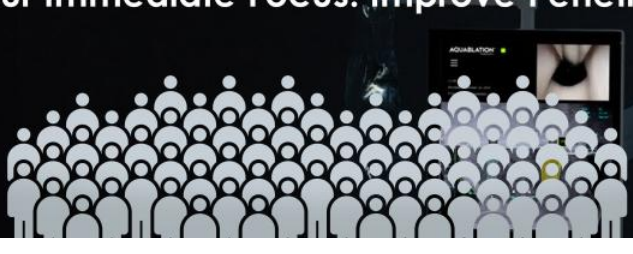
# Our Approach Starts Intentionally with Building Belief in Aquablation with Clinicians and Practices

**This sequencing reflects lessons learned**

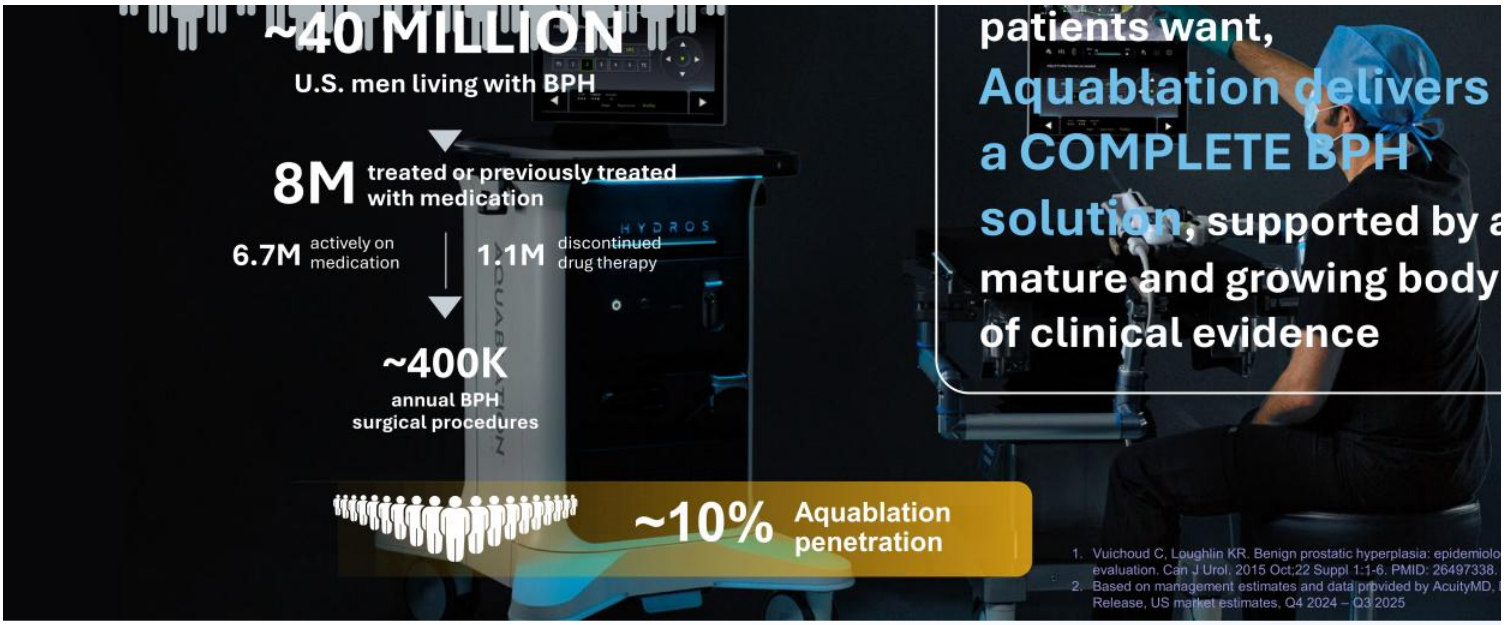
- Establish the therapy
- Become the Procedure of Choice
- Targeted patient education as an accelerant

**Patients need to encounter physicians and care teams who believe in the differentiation of Aquablation therapy**

# Our Immediate Focus: Improve Penetration of Aquablation into the Surgical Segm



**Grounded in what**



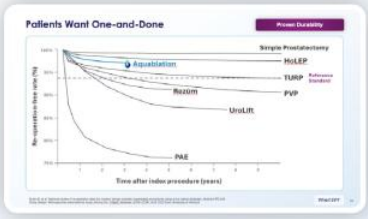



1

PATIENTS WANT:
Complete Symptom Relief


2

PATIENTS WANT:
Preserved Sexual and Urinary Function




3

PATIENTS WANT:
One Procedure Only

Aquablation is a COMPLETE Solution for BPH patients

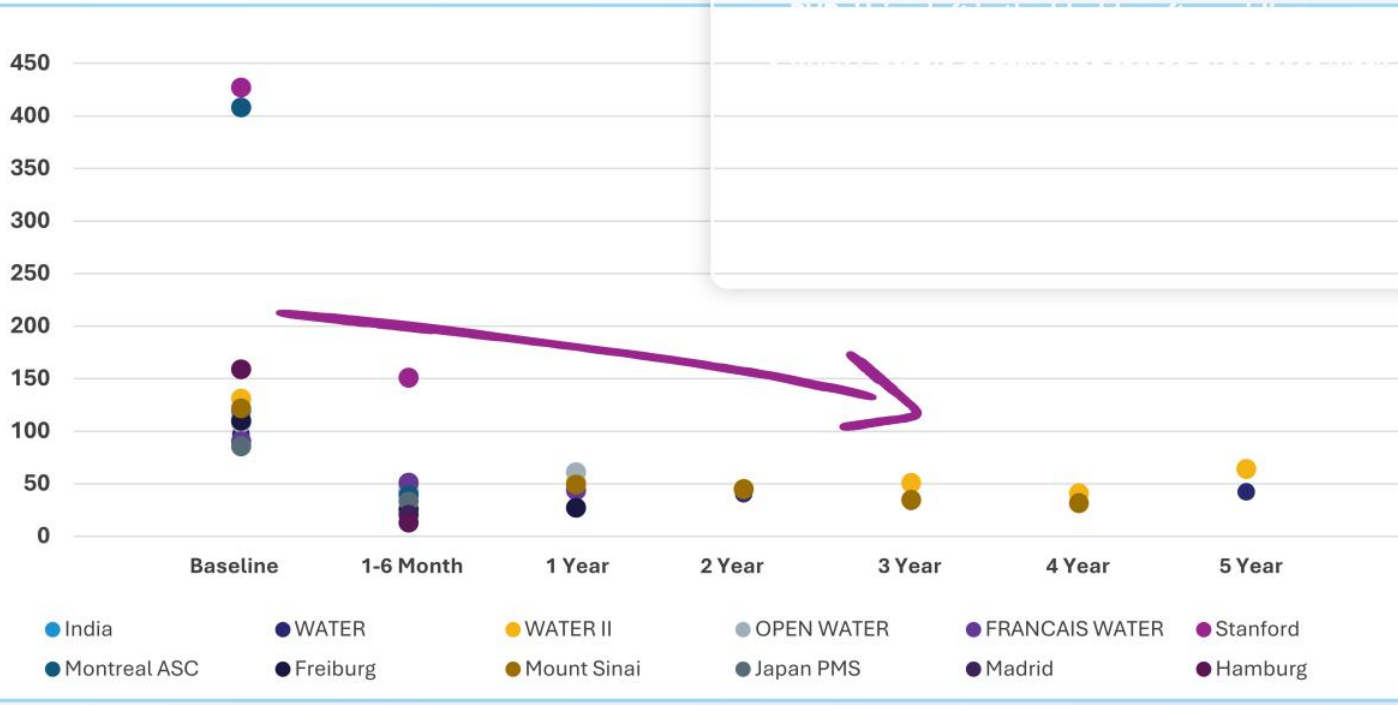
Market research data on file

PROC

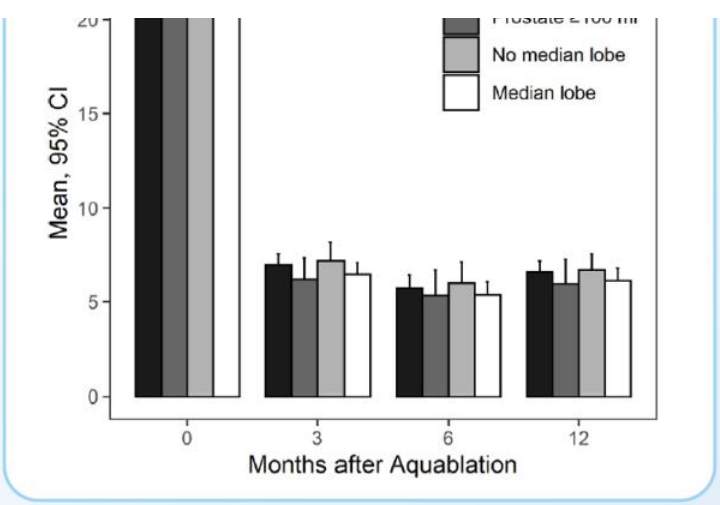
# Symptom Reduction: International Prostate Symptom Score Results

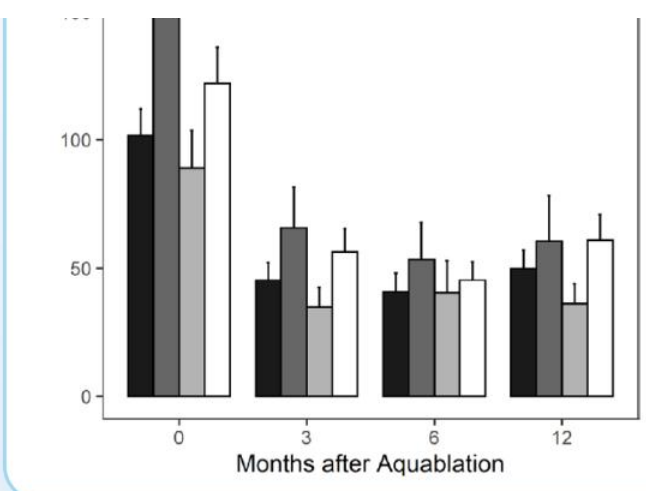

India, 20-118, n=47, *Desai et al;* WATER, 30-80ml, n=116, *Gilling et al;* Urodynamics, 30-80ml, n=43, *Pimentel et al;* WATER II, 80-150ml, n=101, *Bhojani et al;* OPEN WATER, 20-148ml, n=178, *Bach et al;* FRANCAIS WATER, 30-80ml, n=30, *Misrai et al;* Focal Bladder Neck Cautery, 20-263ml, n=2,089, *Elterman et al;* HoLEP vs Aquablation Hematuria Risk, 56±25ml, n=167, *Gloger et al;* Very Large Prostates, 151-362ml, n=36, *Helfand et al;* Jacksonville, 27-223ml, n=55, *Kasraeian et al;* Lebanon, 13-148ml, n=59, *Labban et al;* Hong Kong AUR, 61±16ml, n=20, *Yee et al;* Stanford AUR and CUR, 29-250ml, n=113, *Burton et al;* UK Day Case, 22-120ml, n=40, *Ng et al;* Montreal ASC, 41-270ml, n=60, *Zorn et al;* Freiburg Aquablation vs HoLEP, 55±19ml, n=16, *Michaelis et al;* Mount Sinai, 38-330ml, n=330, *Omidele et al;* Hamburg, 20-154ml, n=118, *Bach et al;* Japan PMS, 33-242ml, n=103, *Hinata et al;* Madrid Aquablation vs HoLEP, 72±35ml, n=75, *Quintas et al;* Potomac Urology, 22-263ml, n=812, *Marhamati et al;* Aquablation 5 Year Trend, 20-657, n=36,555, *Elterman et al*

# Post Void Residual Results

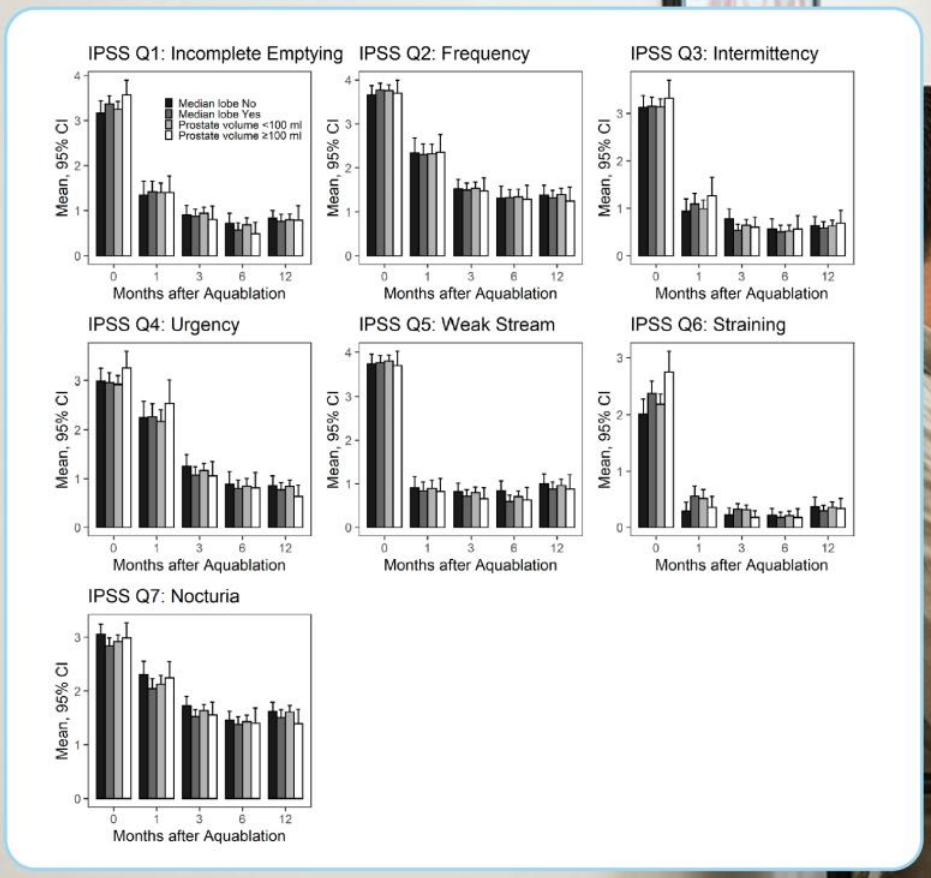


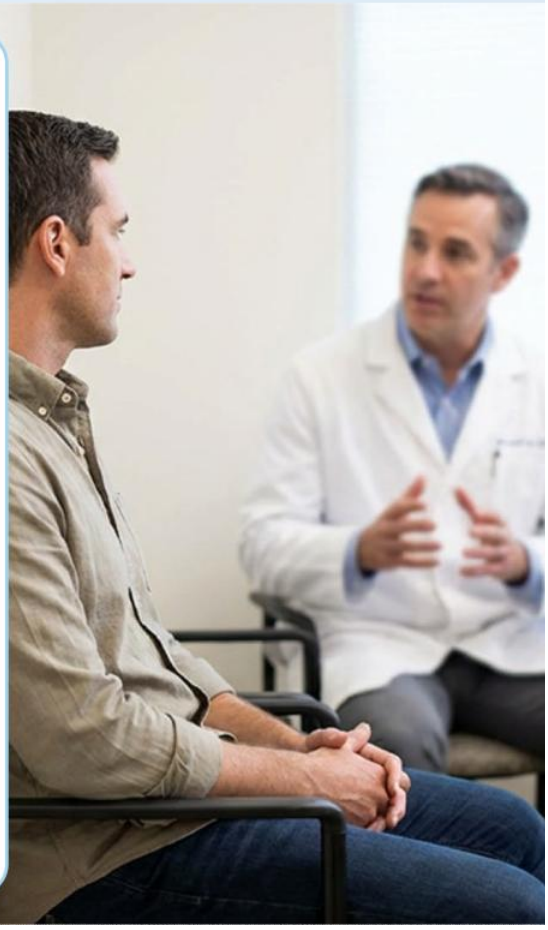

India, 20-118, n=47, *Desai et al;* WATER, 30-80ml, n=116, *Gilling et al;* Urodynamics, 30-80ml, n=43, *Pimentel et al;* WATER II, 80-150ml, n=101, *Bhojani et al;* OPEN WATER, 20-148ml, n=178, *Bach et al;* FRANCAIS WATER, 30-80ml, n=30, *Misrai et al;* Focal Bladder Neck Cautery, 20-263ml, n=2,089, *Elterman et al;* HoLEP vs Aquablation Hematuria Risk, 56±25ml, n=167, *Gloger et al;* Very Large Prostates, 151-362ml, n=36, *Helfand et al;* Jacksonville, 27-223ml, n=55, *Kasraeian et al;* Lebanon, 13-148ml, n=59, *Labban et al;* Hong Kong AUR, 61±16ml, n=20, *Yee et al;* Stanford AUR and CUR, 29-250ml, n=113, *Burton et al;* UK Day Case, 22-120ml, n=40, *Ng et al;* Montreal ASC, 41-270ml, n=60, *Zorn et al;* Freiburg Aquablation vs HoLEP, 55±19ml, n=16, *Michaelis et al;* Mount Sinai, 38-330ml, n=330, *Omidele et al;* Hamburg, 20-154ml, n=118, *Bach et al;* Japan PMS, 33-242ml, n=103, *Hinata et al;* Madrid Aquablation vs HoLEP, 72±35ml, n=75, *Quintas et al;* Potomac Urology, 22-263ml, n=812, *Marhamati et al;* Aquablation 5 Year Trend, 20-657, n=36,555, *Elterman et al*

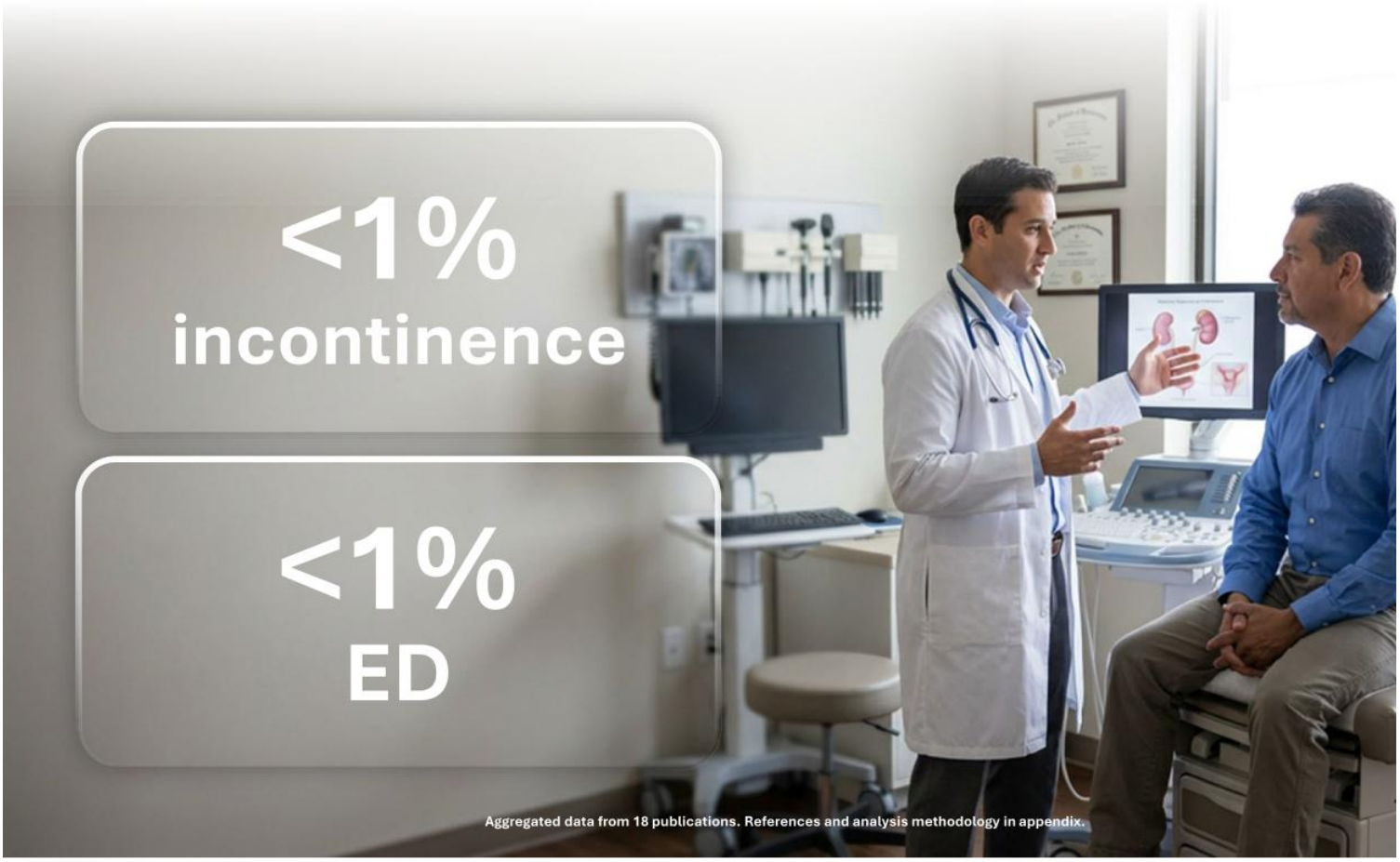



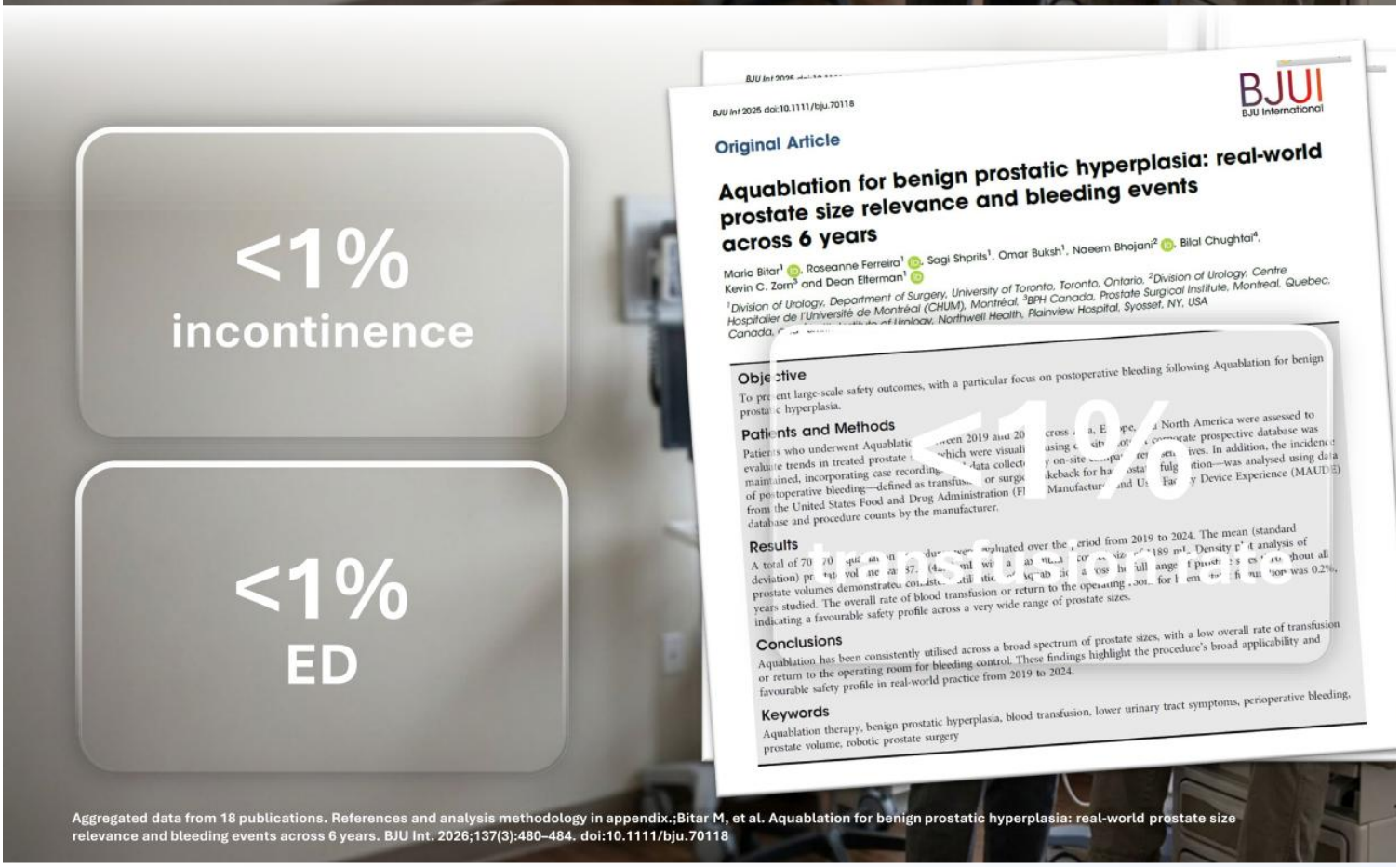

Elterman D, Gilling P, Boehrborn C et al, Meta-analysis with individual data of functional outcomes following Aquablation for lower urinary tract symptoms due to BPH in various prostate anatomies. BMJ Surg Interv Health Technologies 2021.



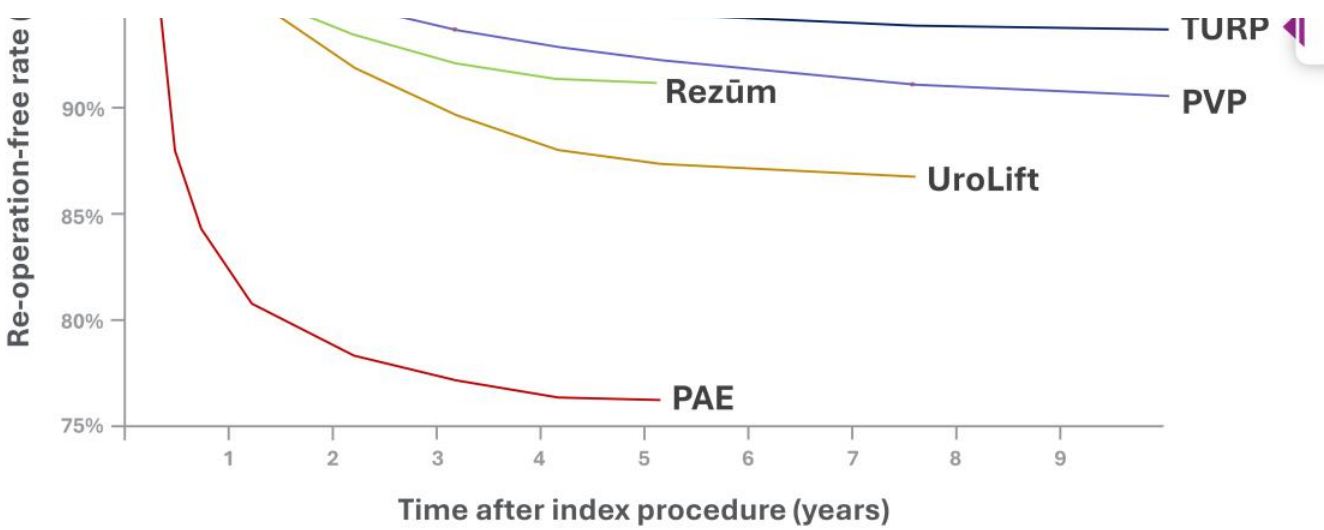



Aggregated data from 18 publications. References and analysis methodology in appendix.




Aggregated data from 18 publications. References and analysis methodology in appendix.;Bitar M, et al. Aquablation for benign prostatic hyperplasia: real-world prostate size relevance and bleeding events across 6 years. BJU Int. 2026;137(3):480–484. doi:10.1111/bju.70118

## Patients Want One Procedure Only




Rubin B, et al. National review of re-operation rates for modern benign prostatic hyperplasia procedures using a live claims database. Abstract IP03-06.
Study Design: Retrospective observational study utilizing the TriNetX database (2004–2024), AUA 2025 from University of Vermont

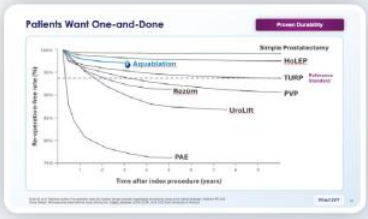


1

PATIENTS WANT:
Complete
Symptom Relief


2

PATIENTS WANT:
Preserved Sexual and
Urinary Function



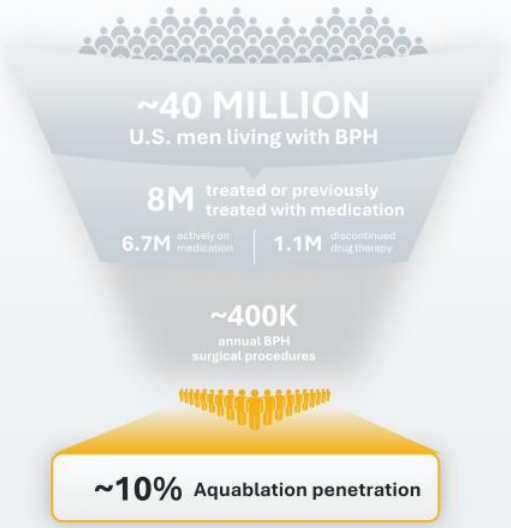

3

PATIENTS WANT:
One Procedure Only

Aquablation is a COMPLETE Solution for BPH patients

Market research data on file

# Improving Penetration of Aquablation Within the Surgical Segmer




1 **Misalignment:** In patient priorities and physician assumptions

2 **Surgeon Comfort With Legacy Procedures**

3 **Low Patient Awareness:** Minimal awareness of Aquablation as a differentiated option

We see both as opportunities and responsibilities to lead through education and execution

Data Analysis on File at PROCEPT BioRobotics

PRO

# A Complete BPH Solution Through the Lens of What Matters Most to Patients


PRO


# A Complete BPH Solution Through the Lens of What Matters Most to Patients



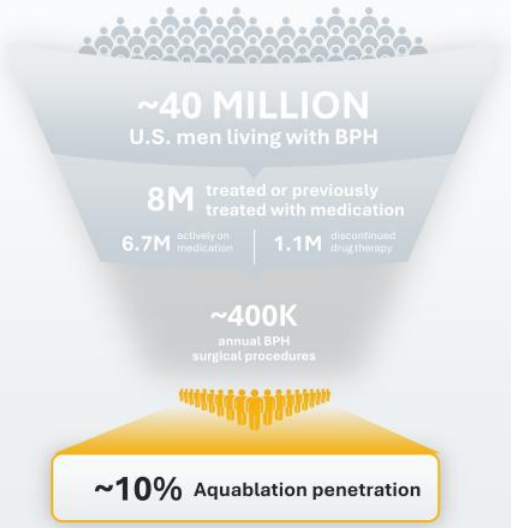
# Operationalizing Our Clinical Differentiation

**Standardize and strengthen the message**

**Operationalize that message:**

- Selling tools
- Packaged research insights highlighting what BPH patients prioritize
- Peer-to-peer education programs

# Improving Penetration of Aquablation Within the Surgical Segmer



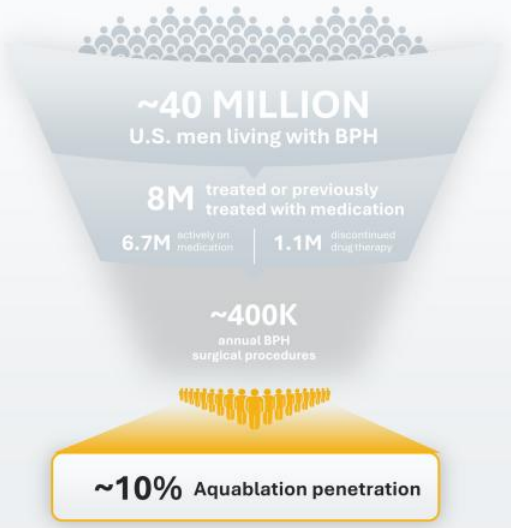

1 **Misalignment:** In patient priorities and physician assumptions

2 Surgeon Comfort With Legacy Procedures

3 **Low Patient Awareness:** Minimal awareness of Aquablation as a differentiated option

Data Analysis on File at PROCEPT BioRobotics

# We Start With Patients Considering Alternative Surgical Options




OBJECTIVE:

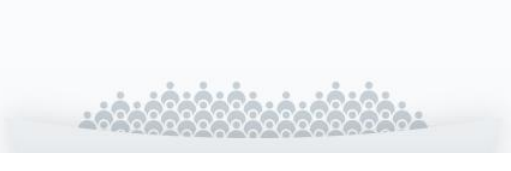
**Share capture within existing surgical market**

APPROACH:

- In-practice education tools (treatment comparison guides, short videos for consult rooms)
- Digital ads for patients searching surgical terms
- Patient testimonials reinforcing clinical differentiation


Data Analysis on File at PROCEPT BioRobotics

# Then Expand to Dissatisfied Medically Managed Patients



Alpha Blockers **Tamsulosin:**

**Short-term side effects include:**

**Long-term side effects includ**


changes

Combination Therapy

5-alpha reductase inhibitors (5-ARIs) **Finasteride:**


**Short-term side effects include:**
- Erectile dysfunction

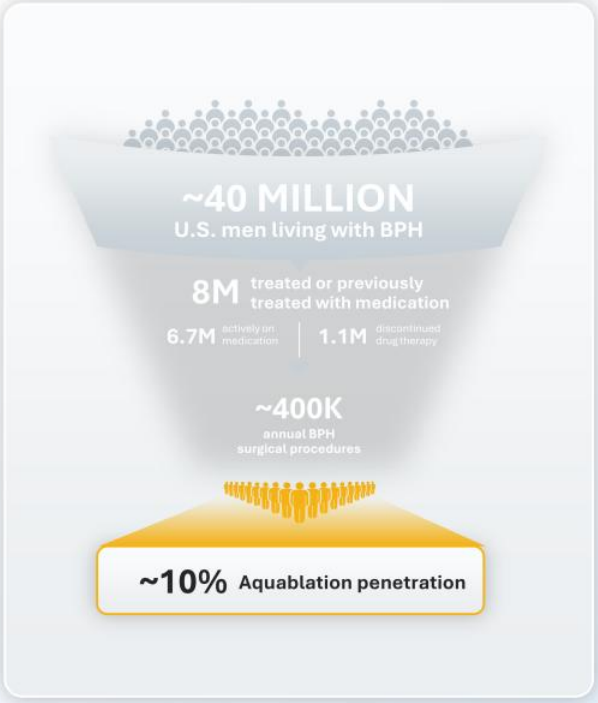
**Long-term side effects includ**
- Sexual adverse effects may persist

Contemporary studies suggest BPH medications m
negatively affect mental and psychological status
sexual function, and overall health

Data Analysis on File at PROCEPT BioRobotics
Bortnick EM, Simma-Chiang V, Kaplan SA. Long-term Consequences of Medical Therapy for Benign Prostatic Hyperplasia. Rev Urol. 2019;21(4):154-157.

PRO

## Then Expand to Dissatisfied Medically Managed Patients




OBJECTIVE:

**Educate patients already frustrated with medication and under care of a urologist**

APPROACH:

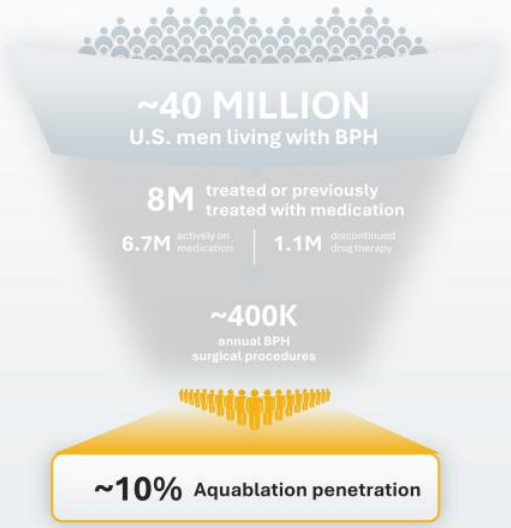
- Digital engagement (social media, search, educational email)
- Symptom self-assessment tools
- Geo-targeted digital ads around Aquablation centers
- Direct-to-consult scheduling links

Google

Data Analysis on File at PROCEPT BioRobotics

PRO

## Then Expand to Dissatisfied Medically Managed Patients




**~20%**
Of BPH Patients

**Request specific BPH procedures by name**

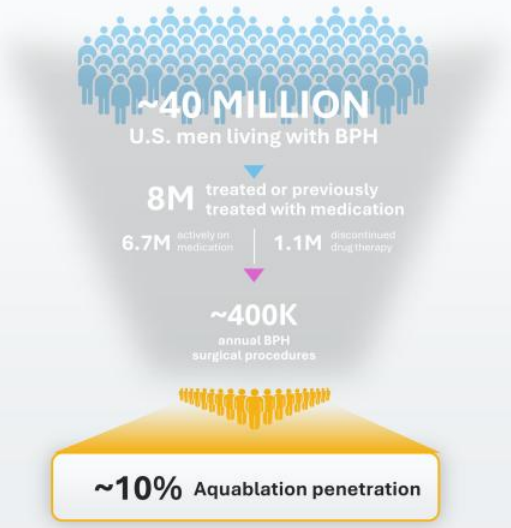
**>70%**
Of Urologists

**Consider patient requests if efficacy is similar**

Data Analysis on File at PROCEPT BioRobotics

PROC

## Long-Term, We Can Broaden Our Educational Efforts




OBJECTIVE:
**Build broader awareness only after conversion pathways are validated**

APPROACH:
- Broader therapy development campaigns
- Patient webinars & community education

MEN'S HEALTH
AWARENESS MONTH

Data Analysis on File at PROCEPT BioRobotics

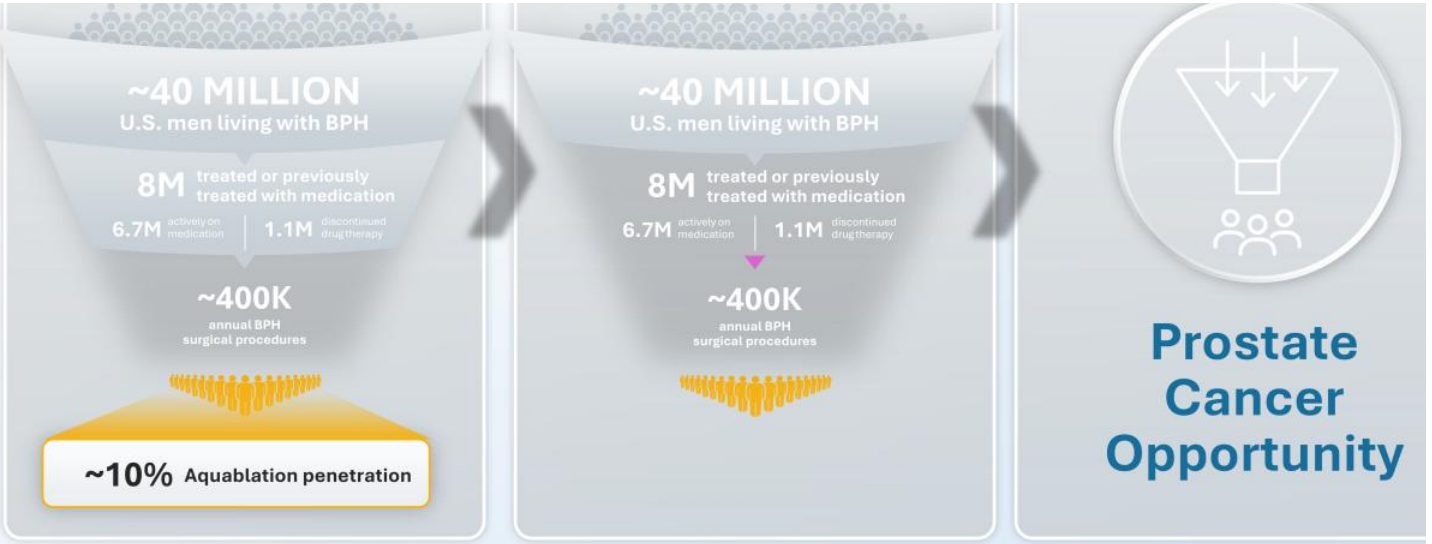
PROC

## Multiple Initiatives to Drive Differentiated Growth Across the Horizon

Drive Procedure Growth Through Improved Execution

Educate Patients That Waiting Isn't Winning

Expand Applications




1. Vuichoud C, Loughlin KR. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6. PMID: 26497338.
2. Based on management estimates and data provided by AcuityMD, Dec 19, 2026 Data Release, US market estimates, Q4 2024 – Q3 2025

PROCEPT BioRobotics®

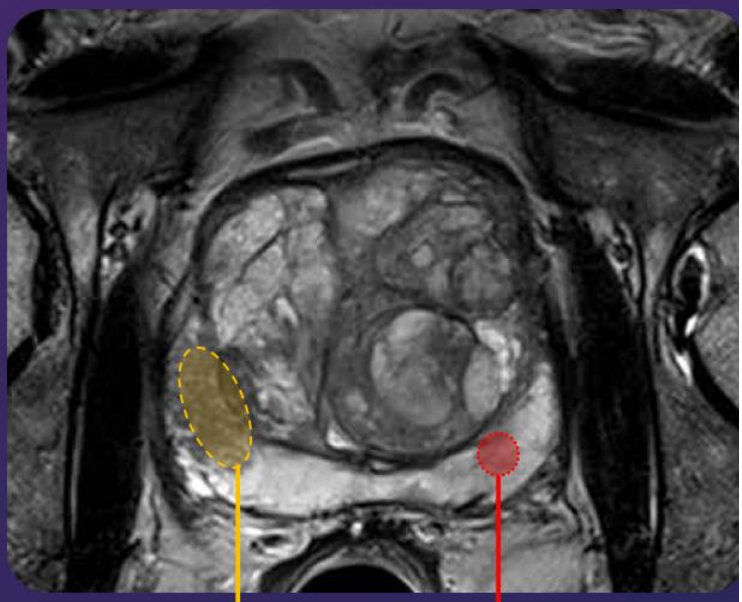
# Prostate Cancer: Our Next Frontier

**Barry Templin**
Chief Technology Officer

# Prostate Cancer Is A Multifocal Disease Requiring A Whole Gland Treatment

**Prostate cancer is not a focal disease, and focal treatment is limited**

**>40% of patients with GG2** cancer on one side of the prostate had **unidentified GG2 cancer** on the other side at final pathology[1]




1. Johnson et al Cancer 2019

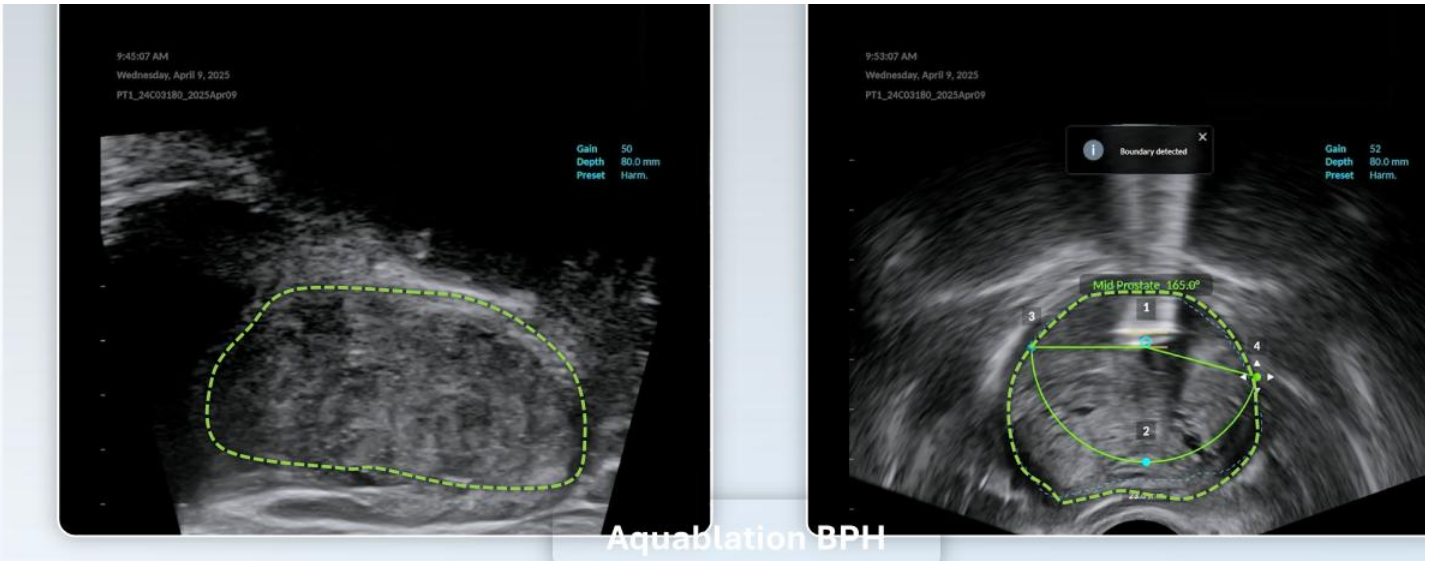
# Methodical Approach in Evidence Development

FEASIBILITY › FOUNDATIONAL › PIVOTA

| | PRCT001.A | Endeavor Health Series | PRCT002 | Retrospective Study | PRCT001.B | WATER IV |
|---|---|---|---|---|---|---|
| | Prospective, Feasibility | Retrospective, Foundational | Prospective, Foundational | Retrospective, Foundational | Prospective, Foundational | Prospective Randomized |
| Cancer Patient Profile | GG 1 – 2 | GG 1 | GG 1 – 2 | Salvage RP in previous Aquablation patients | GG 1-3 | GG 1-3<br>RCT vs RP |
| Cohort Size (n=) | 5 | 1,445 | 22 | 14 | 119 | 280 |
| Primary Research Aim | Safety and CTC characterization | Cancer progression characterization | Procedural safety & cancer progression precursor to WATER IV | Evidence that salvage RP is feasible following an Aquablation BPH or PCa procedure | Procedural development & cancer progression | Pivotal study efficacy & sa |

RP = Radical Prostatectomy  CTC = circulating tumor cells  GG = Grade Group  RCT = Randomized Control Trial

# A Typical BPH Surgical Technique: Planning

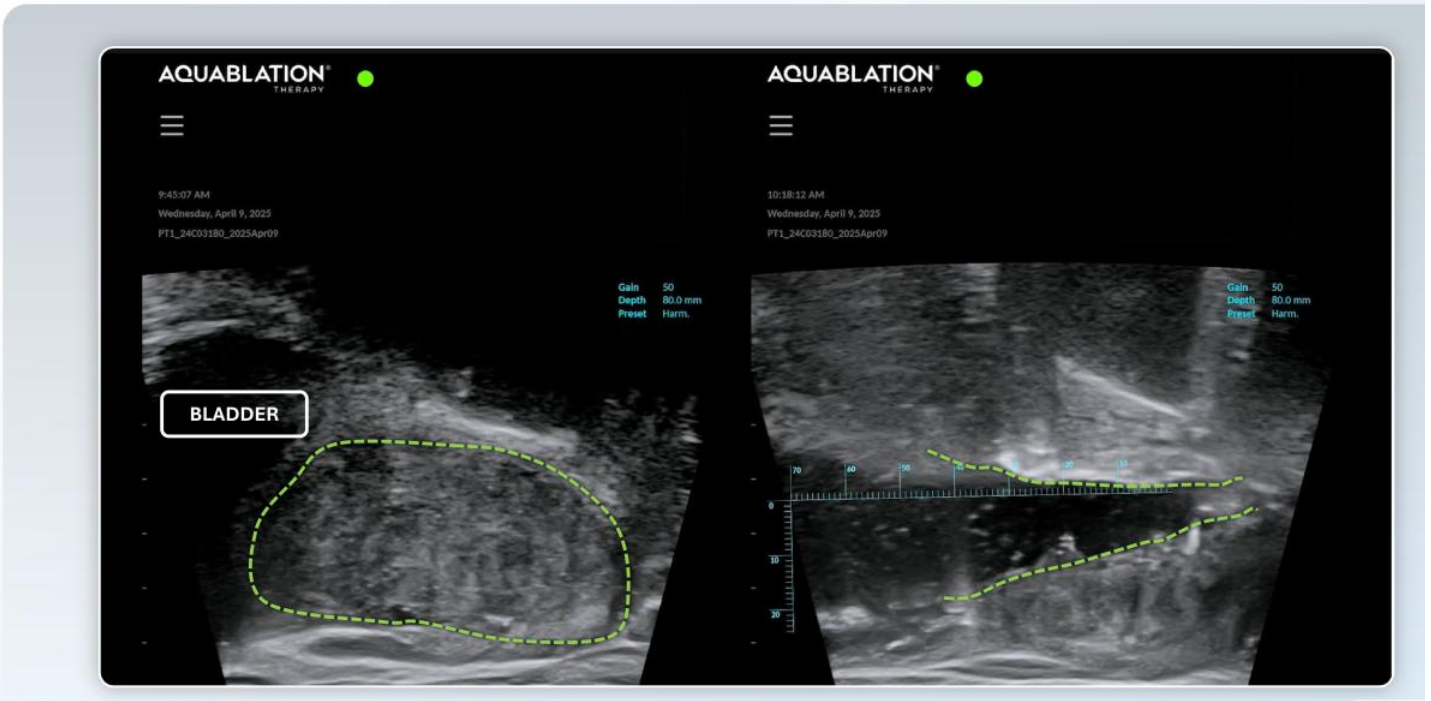




Aquablation BPH

PROC

## BPH Resection With Aquablation Results in a Large Unobstructed Channe

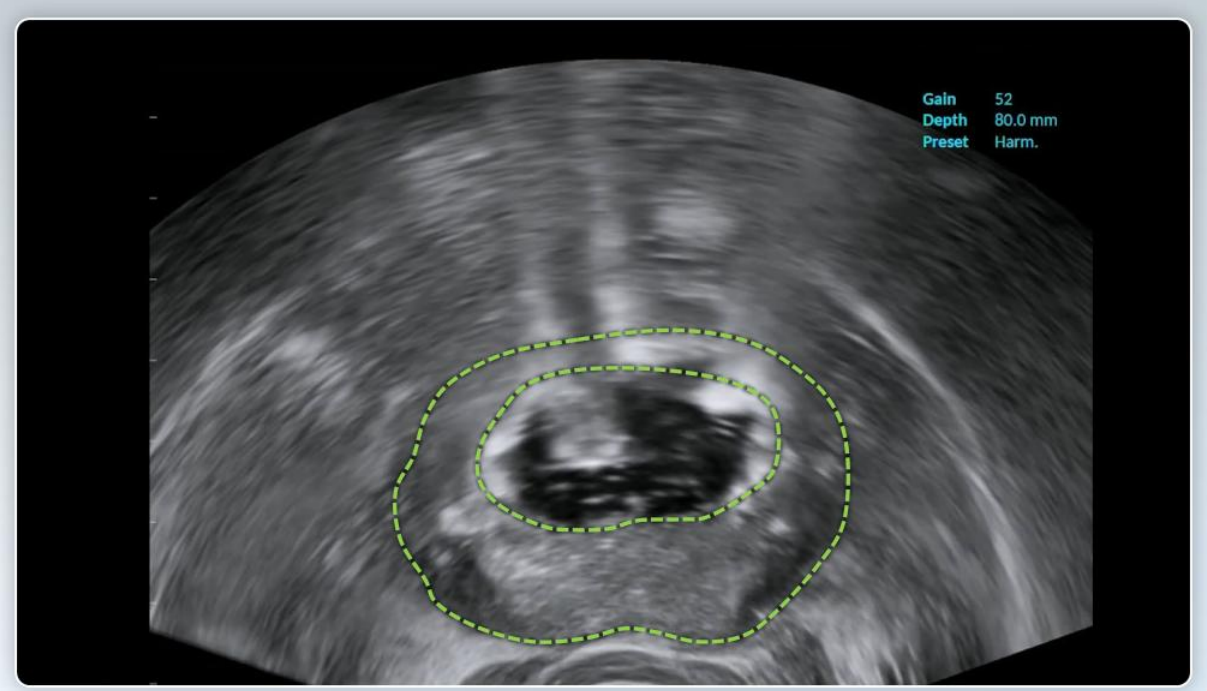
### Sagittal view




PROC

## BPH Resection With Aquablation Results in a Large Unobstructed Channe

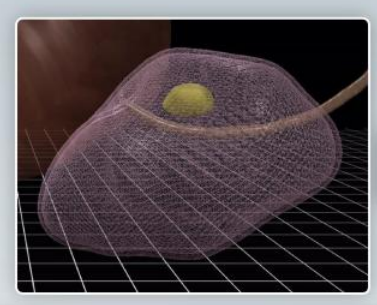
### Transverse view



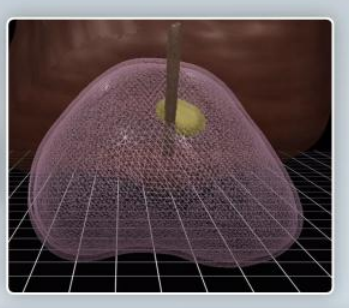

PROC

## Planning for a Prostate Cancer Case with Aquablation

### MRI Details to Help Inform Surgical Approach



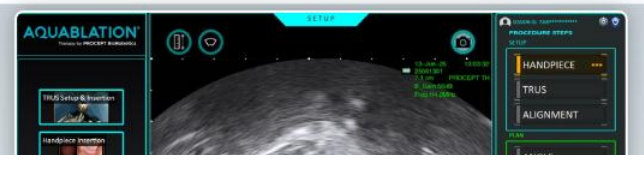
Aquablation PCa

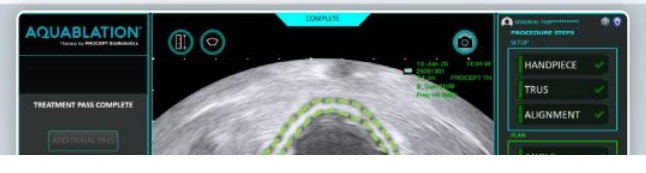




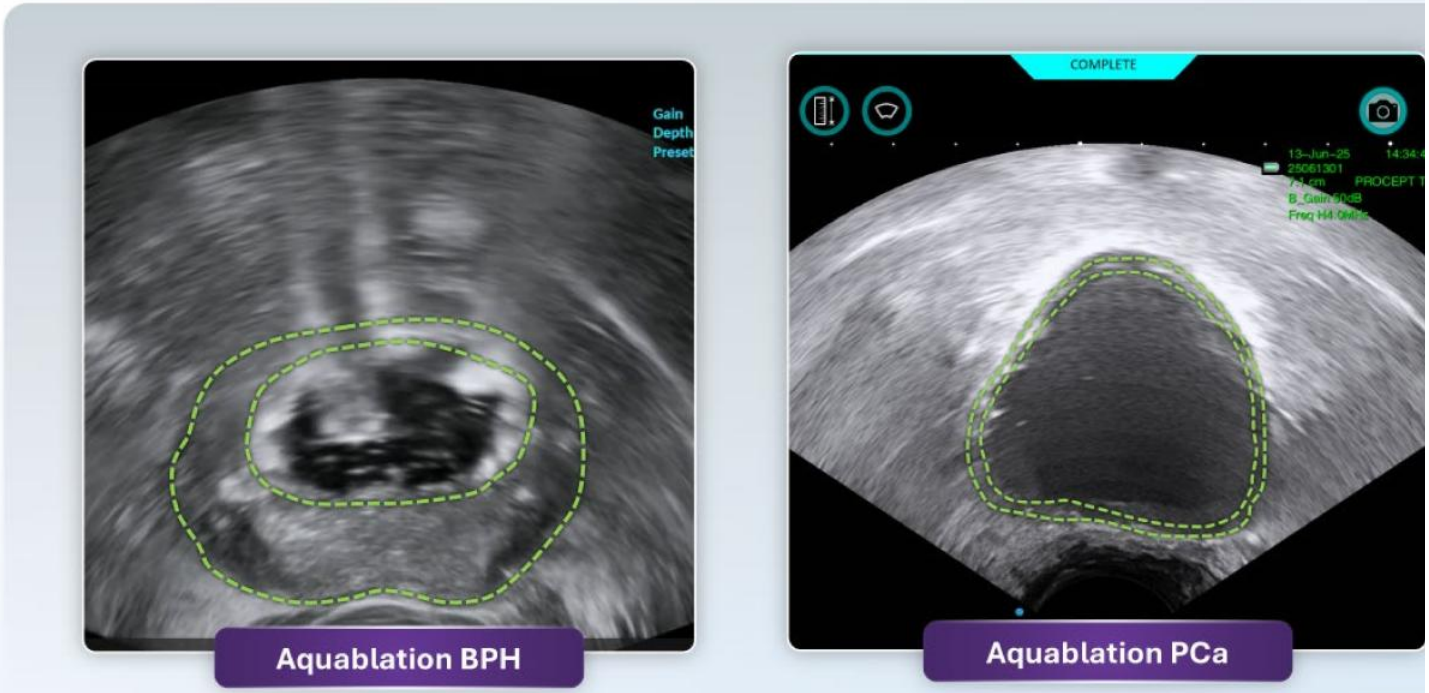
PROC

## Aquablation for Prostate Cancer Achieves Whole Gland Resection While Sparing the Capsule



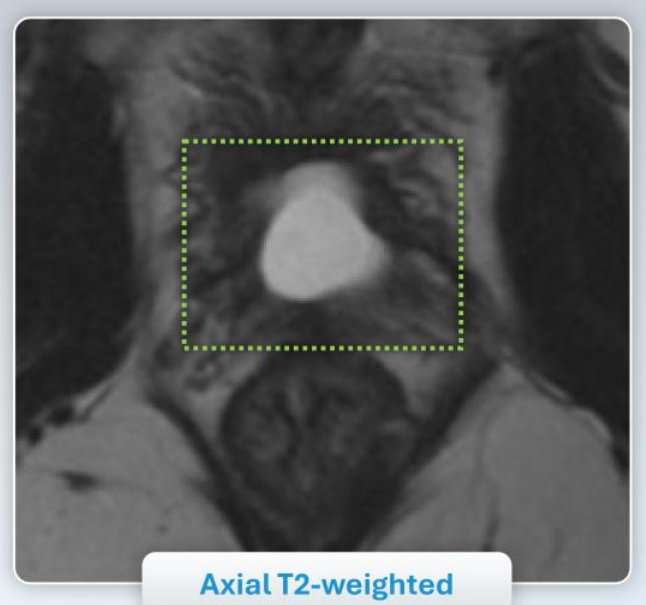




## Aquablation's Versatility Can Deliver an Appropriate Procedure f both BPH and PCa Patients

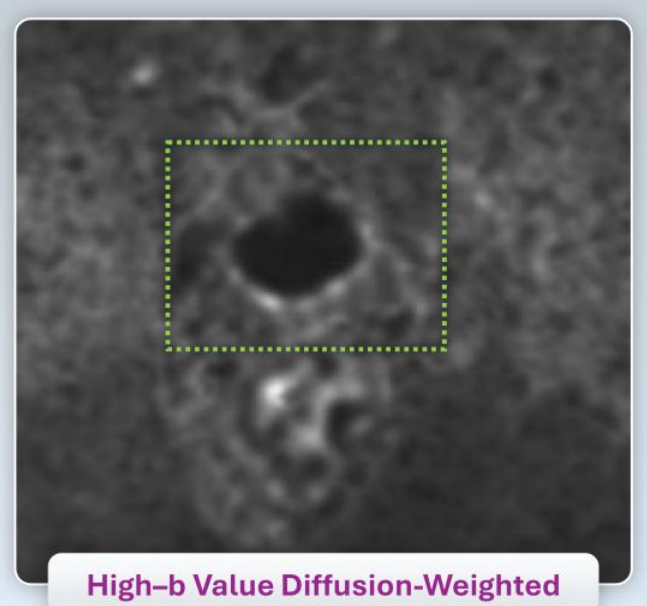


# Post Aquablation Prostate Cancer Resection: 6M MRI

## MRI Confirmation of Tissue Removal



Axial T2-weighted



High–b Value Diffusion-Weighted

# We Are Taking a Methodical Approach in Evidence Developmen

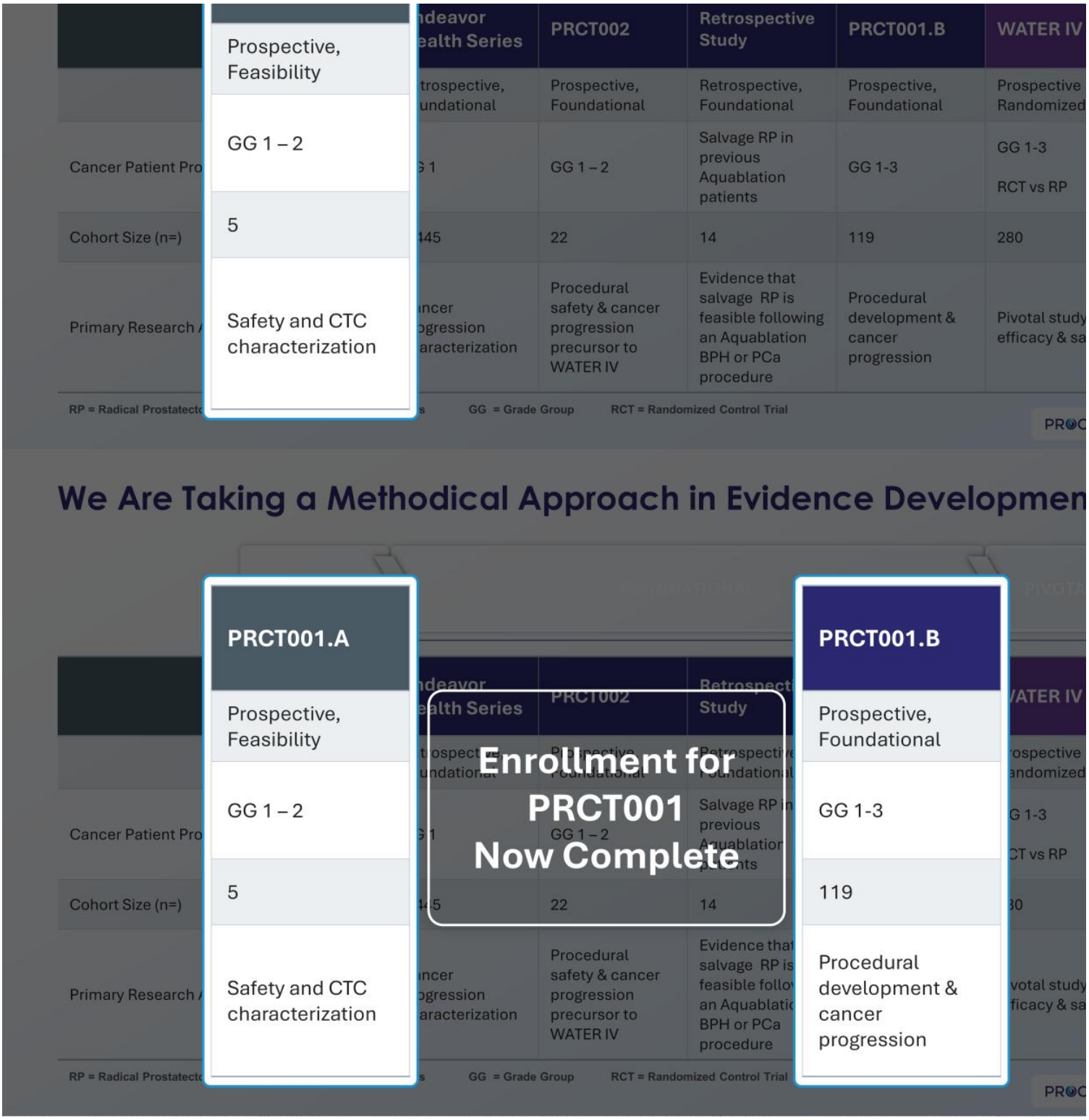
FEASIBILITY | FOUNDATIONAL | PIVOTA

| | PRCT001.A | Endeavor Health Series | PRCT002 | Retrospective Study | PRCT001.B | WATER IV |
|---|---|---|---|---|---|---|
| | Prospective, Feasibility | Retrospective, Foundational | Prospective, Foundational | Retrospective, Foundational | Prospective, Foundational | Prospective Randomized |
| Cancer Patient Profile | GG 1 – 2 | GG 1 | GG 1 – 2 | Salvage RP in previous Aquablation patients | GG 1-3 | GG 1-3<br>RCT vs RP |
| Cohort Size (n=) | 5 | 1,445 | 22 | 14 | 119 | 280 |
| Primary Research Aim | Safety and CTC characterization | Cancer progression characterization | Procedural safety & cancer progression precursor to WATER IV | Evidence that salvage RP is feasible following an Aquablation BPH or PCa procedure | Procedural development & cancer progression | Pivotal study efficacy & sa |

RP = Radical Prostatectomy  CTC = circulating tumor cells  GG = Grade Group  RCT = Randomized Control Trial


# We Are Taking a Methodical Approach in Evidence Developmen


PRCT001.A

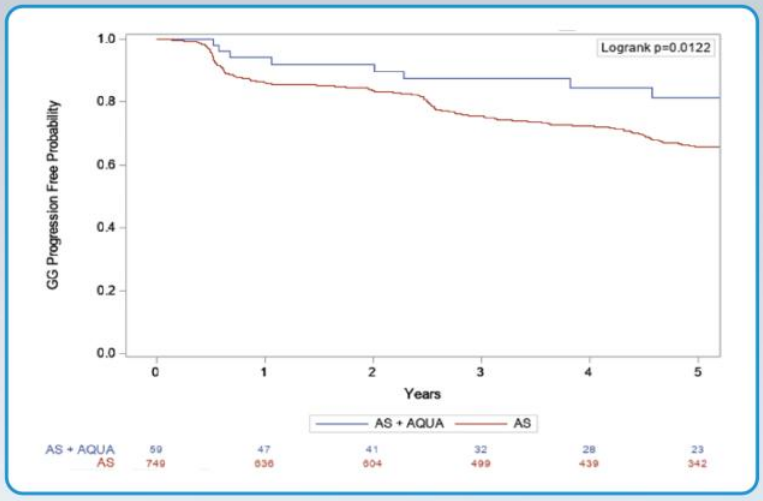

Prospective, Feasibility
GG 1 – 2
5
Safety and CTC characterization
PRCT002
Retrospective Study
PRCT001.B
WATER IV
Prospective, Foundational
Retrospective, Foundational
Prospective, Foundational
Prospective Randomized
Salvage RP in previous Aquablation patients
GG 1-3
GG 1-3
RCT vs RP
22
14
119
280
Procedural safety & cancer progression precursor to WATER IV
Evidence that salvage RP is feasible following an Aquablation BPH or PCa procedure
Procedural development & cancer progression
Pivotal study efficacy & sa
RP = Radical Prostatect
GG = Grade Group
RCT = Randomized Control Trial
We Are Taking a Methodical Approach in Evidence Developmen
PRCT001.A
Prospective, Feasibility
GG 1 – 2
5
Safety and CTC characterization
PRCT001.B
Prospective, Foundational
GG 1-3
119
Procedural development & cancer progression
Enrollment for PRCT001 Now Complete

## We Are Taking a Methodical Approach in Evidence Developmen

| | PRCT001.A | Endeavor Health Series | PRCT001.B |
|---|---|---|---|
| | Prospective, Feasibility | Retrospective, Foundational | Prospective, Foundational |
| Cancer Patient Pro | GG 1 – 2 | GG 1 | GG 1-3 |
| Cohort Size (n=) | 5 | 1,445 | 119 |
| Primary Research | Safety and CTC characterization | Cancer Progression characterization | Procedural development & cancer progression |

RP = Radical Prostatect

## ENDEAVOR Health Series: Aquablation Significantly Slowed the Progression of Cancer




**By removing a moderate amount of prostate tissue, Aquablation delayed the natural progression of cancer in this study**


CANADIAN JOURNAL OF UROLOGY

Tech Science Press

Doi:10.32604/cju.2025.073852 Published Online: 19 January 2026

ARTICLE

*Aquablation for LUTS due to BPH in men with localized prostate cancer*

James T. Kearns,* Cecilia Chang, Chi Wang, Christopher Ward, Henry M. Dunnenberger, Kristian Novakovic, Alexander P. Glaser, Brian T. Helfand

Division of Urology, Endeavor Health, Evanston, IL 60201, USA

**44%**

**Fewer upgrades at 5 years compared to Active surveillance**

## The PRCT001 Study: Demographics Reflected the Typical Profile of PCa Where Majority of Patients Had Cancer in the Peripheral Zone

### Patient Demographics

| | |
|---|---|
| Age (years old) | 66.4 ±6.7 |

### Anatomy & Procedure Details

| | |
|---|---|
| **Prostate Vol. Avg** | **65.3 ± 31.5** |

| Grade-Group | |
|---|---|
| GG1 | 36% (44/124) |
| GG2 | 61% (76/124) |
| GG3 | 3% (4/124) |
| Patients with MR visible lesion (≥PIRADS 3) | 77% (95/124) |
| Percent Patients with IPSS ≥ 8 | 100% (124/124) |
| IPSS | 17.4 ±6.7 |

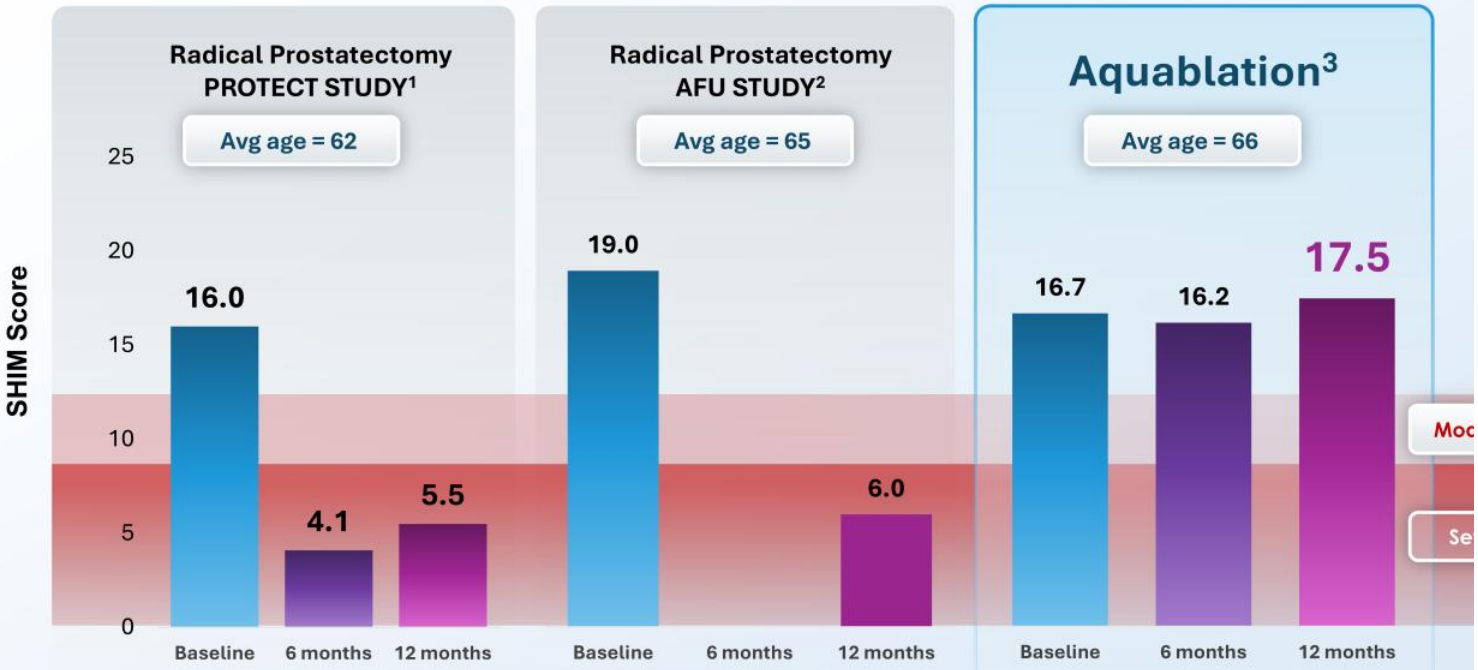
| Cancer Location | |
|---|---|
| Transitional Zone | 32% (24/75) |
| Peripheral Zone | 57% (43/75) |
| Transitional Zone + Peripheral Zone | 7% (5/75) |
| Zone not specified | 4% (3/75) |
| LOS (days) | 1.3 ± 1.1 |
| Cath Duration (days) | 2.3 ± 2.2 |

**124** Prostate Cancer Patients Treated

**90** Patients with 6 mo follow up

**37** Patients with 12 mo follow up

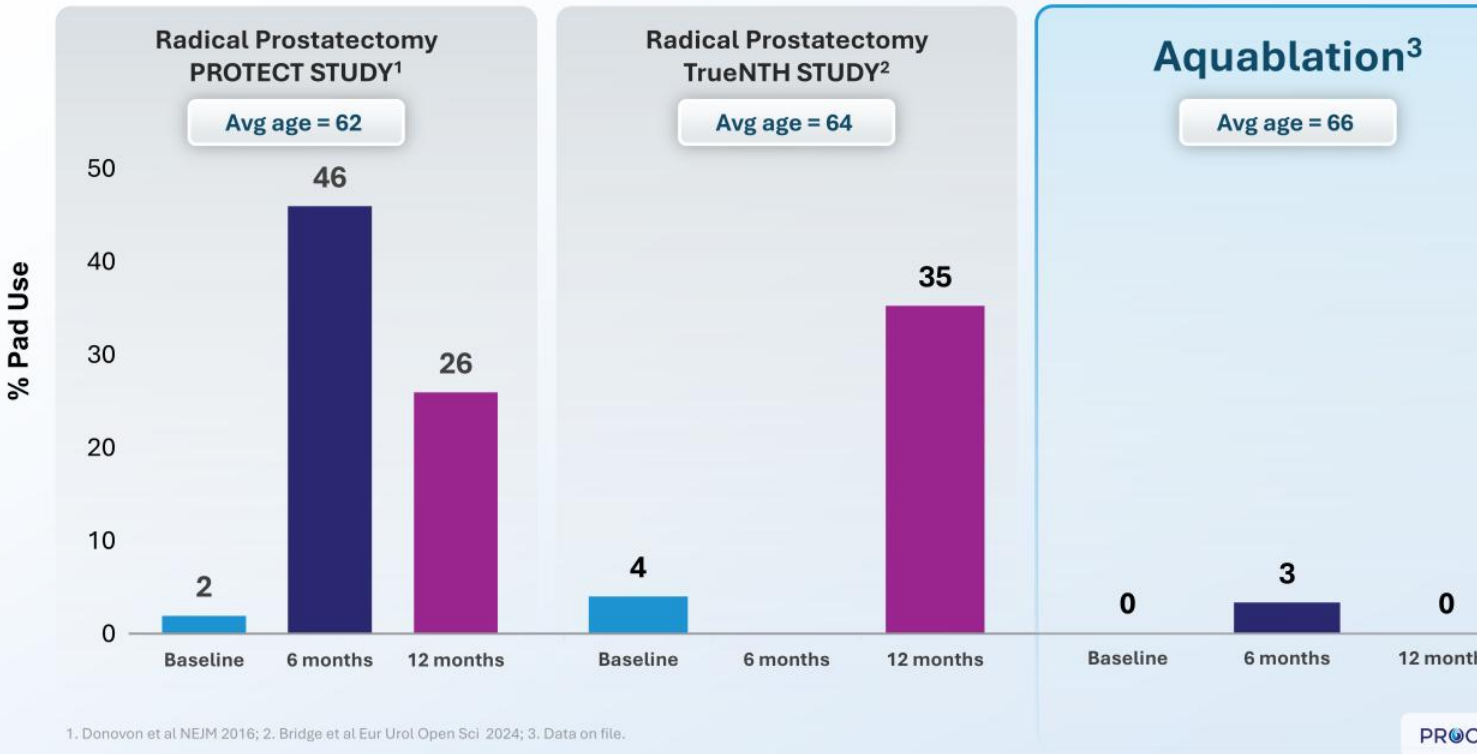
## PRCT001 Study: Aquablation Patients Had Stable Erectile Function Through 12 Months




1. Donovon et al NEJM 2016; 2. Ploussard et al 2024; 3. Data on file

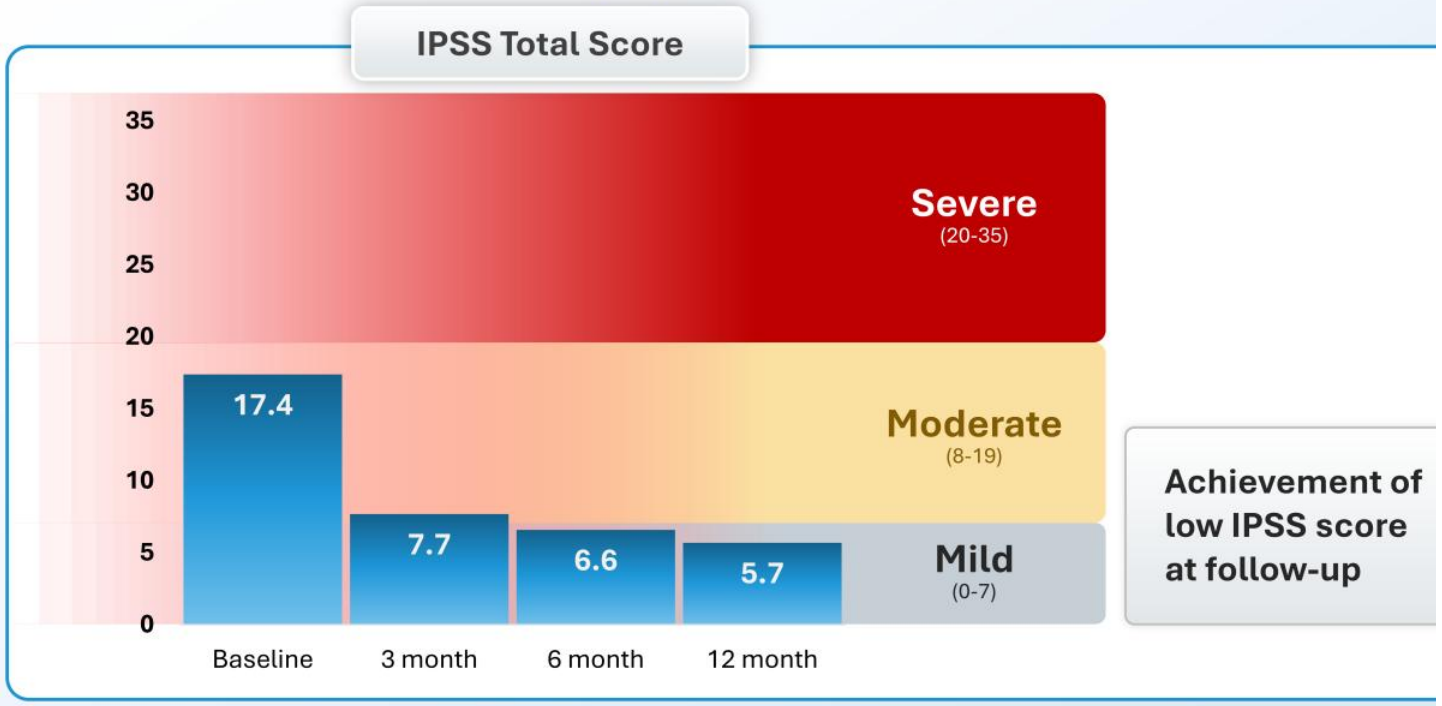
The Sexual Health Inventory for Men (SHIM) is a 5-item, validated questionnaire (also known as IIEF-5) used by urologists to assess erectile dysfunction (ED) severity, with total scores ranging from 1 to 25. A score of 21 or less suggests ED, categorized as: 22-25 (None), 17-21 (Mild), 12-16 (Mild-moderate), 8-11 (Moderate), and 1-7 (Severe).

# The PRCT001 Study: Aquablation Patients Had Low and Sustained Rates of Urinary Incontinence Out to 12 Months

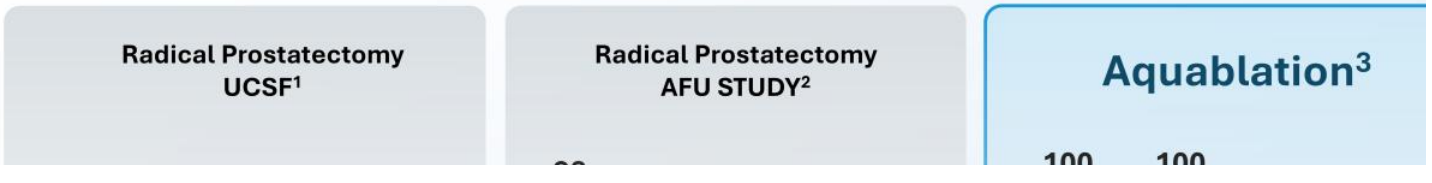


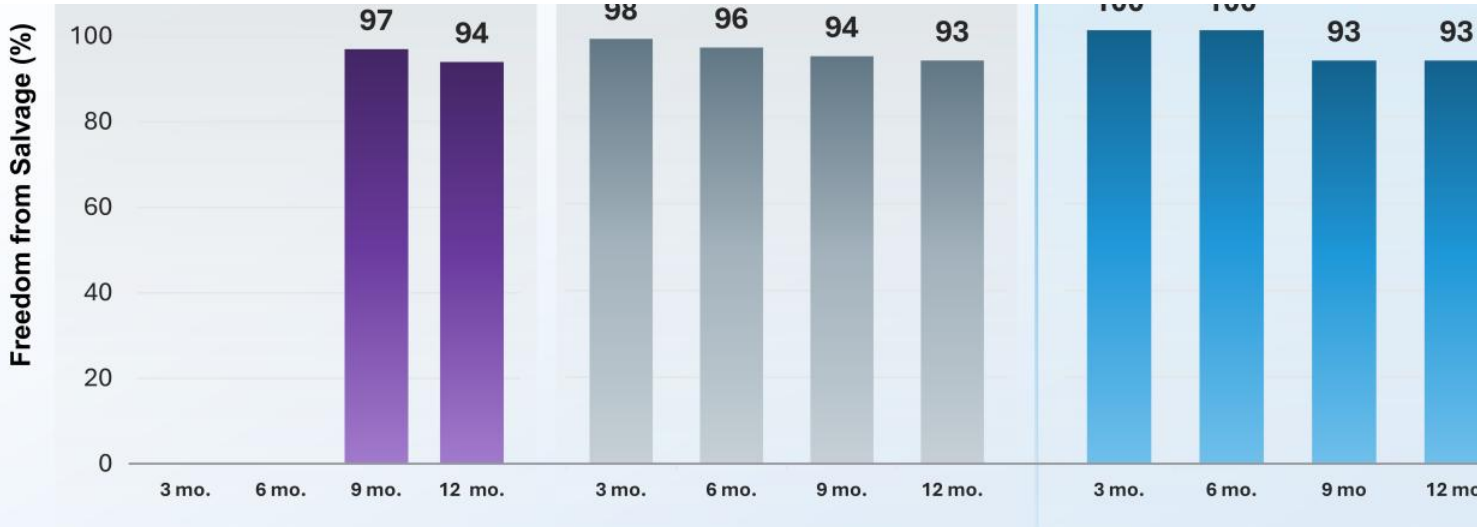

1. Donovon et al NEJM 2016; 2. Bridge et al Eur Urol Open Sci 2024; 3. Data on file.

# The PRCT001 Study: Aquablation Patients Had An Additional Benefit of BPH Symptom Reduction




# The PRCT001 Study: Freedom from Additional (Salvage) Treatment in Aquablation vs Published Radical Prostatectomy Data






1. Szymaniak et al 2023; 2. Ploussard et al 2024; 3. Data on file

PROC

# WATER IV PCa: Aquablation vs. Prostatectomy RCT

## Trial design

**6-Month** Endpoint FDA Analysis

**12-Month** Key Secondary Endpoint

**Ten Year Follow-up** with Annual Comparative Analyses

**Aquablation N = 210**

Follow-up continues regardless of additional treatments

Year

**280 Patients**

**Localized Prostate Cancer Grade Group (GG) 1-3**

**3:1 Randomization**

**Co-Primary Endpoints:**

- Incontinence (pad use)
- Erectile Dysfunction

**No GG* Progression:**

- Biopsy based
- Aquablation arm only

**Long term follow-up will capture the expected true benefit of Aquablation:**
Harm reduction when Aquablation is the first treatment as opposed to prostatectomy

**Annual Secondary Endpoint Evaluations Compare**

- PSA, cancer progression, salvage treatment risk
- Time with incontinence and erectile dysfunction
- Quality of life changes

**Radical Prostatectomy N = 70**

Follow-up continues regardless of additional treatments

Year

PROC

## WATER IV CLINICAL TRIAL

### One year of enrollment progress

**Goal: 280**
randomized patients

**31 global centers**
recruiting as we exited 2025

**Averaging <60 days** from consent to treatment

**On pace to complete all procedures by mid-2026**
significantly faster than anticipated

## Our Technology Enables Expanded Applications Beyond BPH


## We Believe Aquablation Will Play an Important Role in Treatment of Prostate Cancer

1 | 2 | 3

Prostate Cancer is a **multi-focal disease that requires a whole gland treatment**

Aquablation therapy can **treat the whole gland including the peripheral zone**

Growing body of clinical evidenc supports Aquablation can become a frontline option

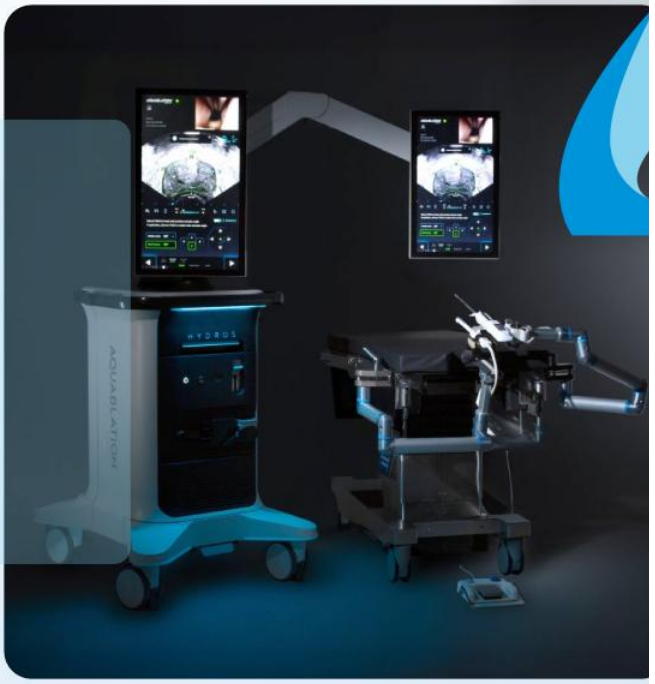
We are the First Company

To receive **FDA-IDE approval to enroll a randomized trial** comparing surgical therapy vs. radical prostatectomy

PROCEPT BioRobotics®

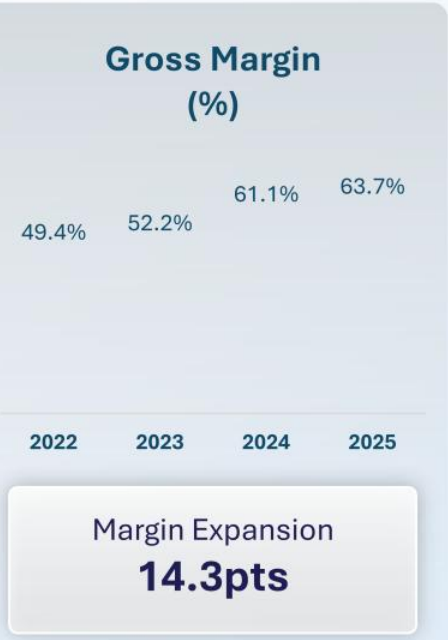
# Financial Update

**Kevin Waters**
Chief Financial Officer



# Strong track record of driving growth, expanding margins and scaling efficiently


Revenue
**+60% CAGR**




Margin Expansion
**14.3pts**


**Improved Operating Leverage**

*Adjusted EBITDA is a financial measure that is not prepared in accordance with generally accepted accounting principles in the United States (GAAP). For more information about the Company's use of non-GAAP financial measures, please see appendix

# Aquablation remains significantly underpenetrated in the U.S.


Procedure
**+80% CAGR**

**~10%** market penetration[1,2]


Install Base
**+63% CAGR**

**~25%** market penetration[1,2]

Market penetration estimates calculated based on market size from the following sources

1. Vuichoud C, Loughlin KR. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6. PMID: 26497338.
2. Based on management estimates and data provided by AcuityMD, Dec 19, 2026 Data Release, US market estimates, Q4 2024 – Q3 2025

PROCEPT BioRobotics®

# Financial Outlook




## 2026 – 2027: Key Financial Metrics

### Strong Revenue Growth

- 2026 revenue guidance[1] of **$390 to $410 million**, representing growth of 27% to 33%
- **25% to 30% annual revenue growth in 2027[1]** driven by increased procedure growth from new and existing accounts, and Hydros replacement cycle as legacy AquaBeam systems age

### Expanding gross margins

- 2026 gross margin **65%[1]**.
- Targeting 2027 gross margin range of **68% to 70%[1]**
- **HP margin** will be tailwind to corporate gross margin expansion

### Improved operating leverage

- 2026 adjusted **EBITDA[1,2] loss** guidance of $30 to $17 million
- 2027 adjusted **EBITDA[1,2] gain** of $25 to $30 million

1. 2026 + 2027 financial guidance issued on February 26, 2026
2. Adjusted EBITDA is a financial measure that is not prepared in accordance with generally accepted accounting principles in the United States (GAAP). For more information about the Company's use of non-GAAP financial measures, please see appendix

## Scalable Revenue Growth Drivers

**Strong Revenue Growth**

**Expanding gross margins**

**Improved operating leverage**

### Commercial execution to drive strong revenue growth

- Incentivize **organic, same facility procedure growth**
- Activate New Account **Launch Teams**
- Handpiece **Pricing Discipline**
- Initiate **Replacement Cycle**
- Explore **operating lease pilots** to expand into additional customer groups

## 2026 Revenue Guidance*

**$390M to $410M**
Total Revenue

**$340M to $359M**
U.S. Revenue

**$50M to $51M**
Int'l Revenue

**$95M to $100M**
System Revenue

**$221M to $235M**
Handpiece + Other Consumable Revenue

**~$24M**
Service Revenue

**$3,500**
Handpiece Price

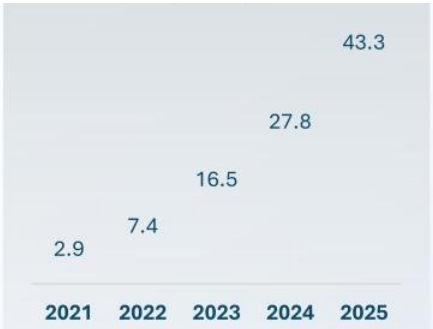
**60,000 to 64,000**
Procedures

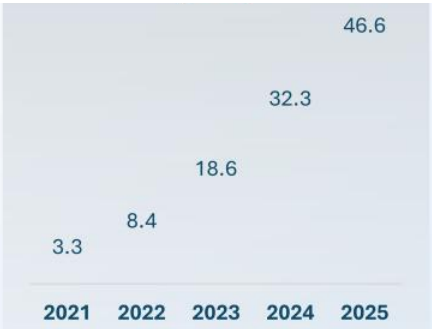
**HPs sold to align with procedure volumes**

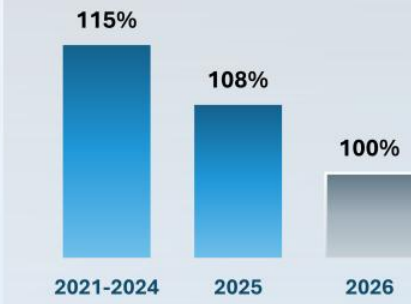
*2026 financial guidance issued on February 25, 2026

## 2026 Guidance* Assumes 1:1 HP to Procedure ratio

| U.S. Procedures (000) | U.S. Handpieces (000) | % Handpieces to Procedures |
|---|---|---|




Handpiece ordering should more closely track procedure volume going forward

*2026 financial guidance issued on February 25, 2026

PROC

# 2026 Procedure Contribution Breakdown to Achieve Low End of Guidance Range*

## 2026 Ending Install Base by Cohort


**~45% of systems sold are still naturally maturing in 2026**

## Procedure Contribution by Cohort


**2025 Cohort will hav full year contributio calendar 2026**

With launches occurring throughout the year, the **202 cohort** contributes for only about half the year

2026 guidance assumes onl modest additional benefit fr **Launch Teams** compared t prior years' launch contribut

*2026 financial guidance issued on February 25, 2026

PROC

# 2026 Revenue Build by Segment*


**Factors To Achieve Low-End Range**

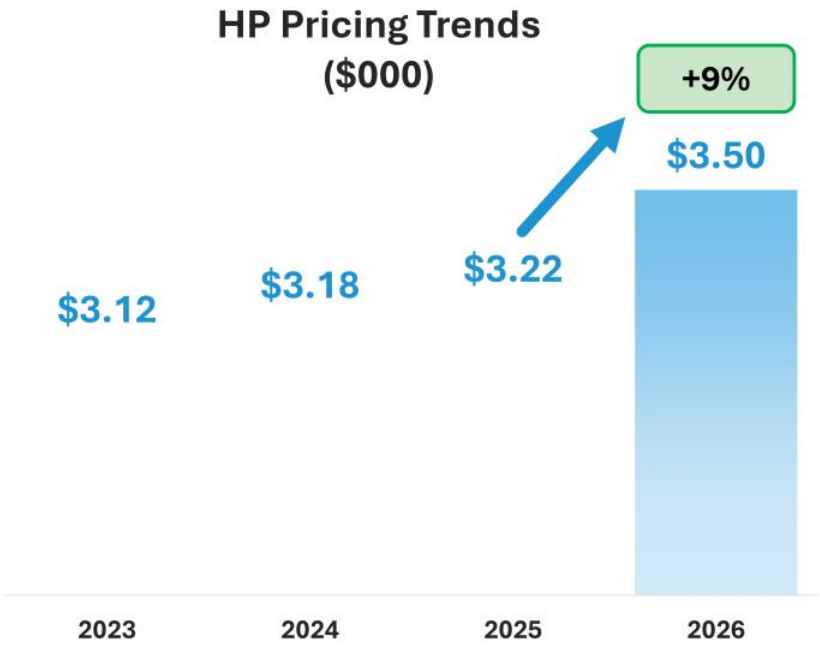
- Modest utilization growth in legacy install base
- Normal procedure contribution from new account launches
- Flat New System Revenue
- Handpiece Pricing Benefit
- International revenue

**Factors To Achieve High-end Range**

- Improved organic procedure growth in legacy install base
- Better than expected replacement sales
- Incremental procedural tailwinds from Launch Team

*2026 financial guidance issued on February 25, 2026

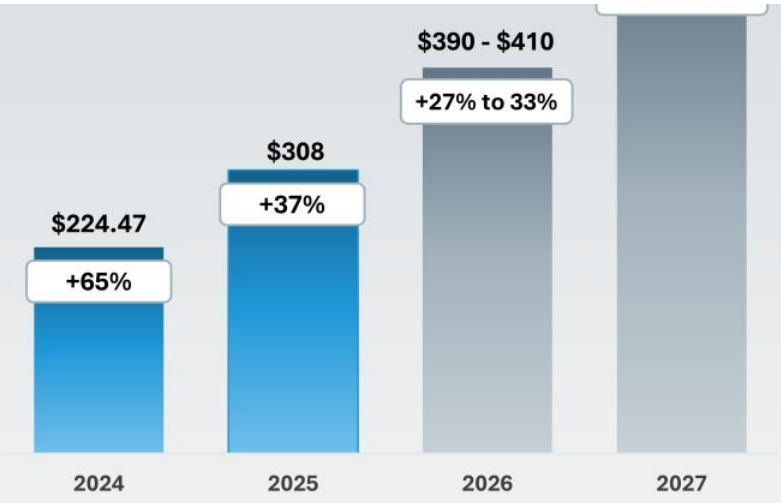
# HP pricing will be meaningful revenue tailwind in 2026*




- **Improved pricing discipline**
- **Increased HP list price on January 1, 2026**
- **Future gross margin tailwind**

*2026 financial guidance issued on February 25, 2026

# Global Revenue Profile*




## 2027 Revenue Drivers

- Growing U.S. Install Base
- Increased Replacement Revenue
- Stable handpiece & system pricing
- Continued penetration of UK + Japan market

*2026 + 2027 financial guidance issued on February 26, 2026

PROC

# Long Term Profitability and EBITDA Expansion


PROC

# Clear Path to Profitability

**Strong Revenue Growth**

**Expanding gross margins**

**Improved operating leverage**

## Operational Efficiencies Driven by

- **HP revenue mix** will be meaningful tailwind to corporate gross margin expansion
- Disciplined HP pricing
- Targeting R&D as percent of sales ratio of mid-teens long-term
- Introduce hybrid clinical support model to scale sales force long-term

# How to Achieve 68% to 70% gross margin by 2027*...

**Handpiece**

- **Favorable Unit Margin**
- HP revenue will be tailwind to multi-year gross margin expansion as percent of global revenue increases

**Capital**

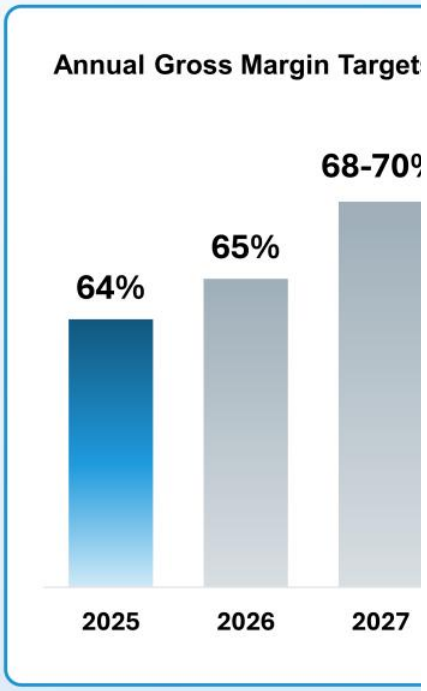
- Declining mix of system revenue will reduce pressure on multi-year gross margin expansion
- Chinese ultrasound supplier is largest tariff exposure

**Tariff Mitigation Strategy**

Working with suppliers to onshore manufacturing

**Tariff exposure expected to stabilize in 2027**

**2025 – $1.3M** **2026E – $5M to $6M** **2027E - $6M**




*2026 + 2027 financial guidance issued on February 26, 2026

# R&D spend will remain robust, but will be meaningful source of future operating leverage*

**Annual R&D Spend**

**R&D as % of Sales**

**Invest in core strategic areas to accelerate innovati & support growth**



- Clinical evidence
- New product development

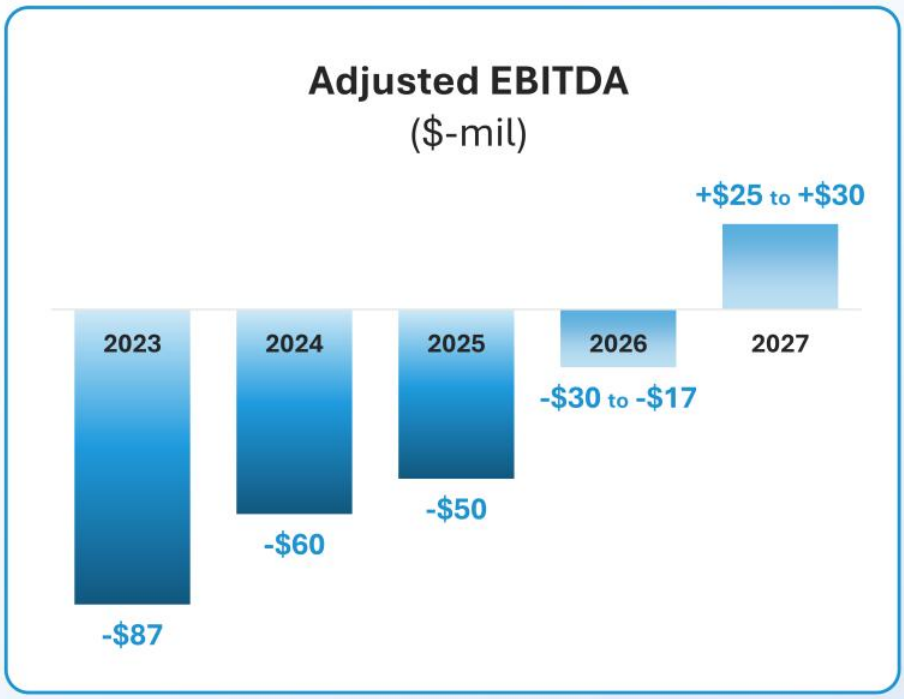
**Revenue growth will outpace R&D spend, improving leverage ratio**

**Majority WATER IV Co will conclude in 2026**

*2026 + 2027 financial guidance issued on February 26, 2026

PROC

## Once positive, adjusted EBITDA[1,2] is expected to achieve sustaine positive momentum

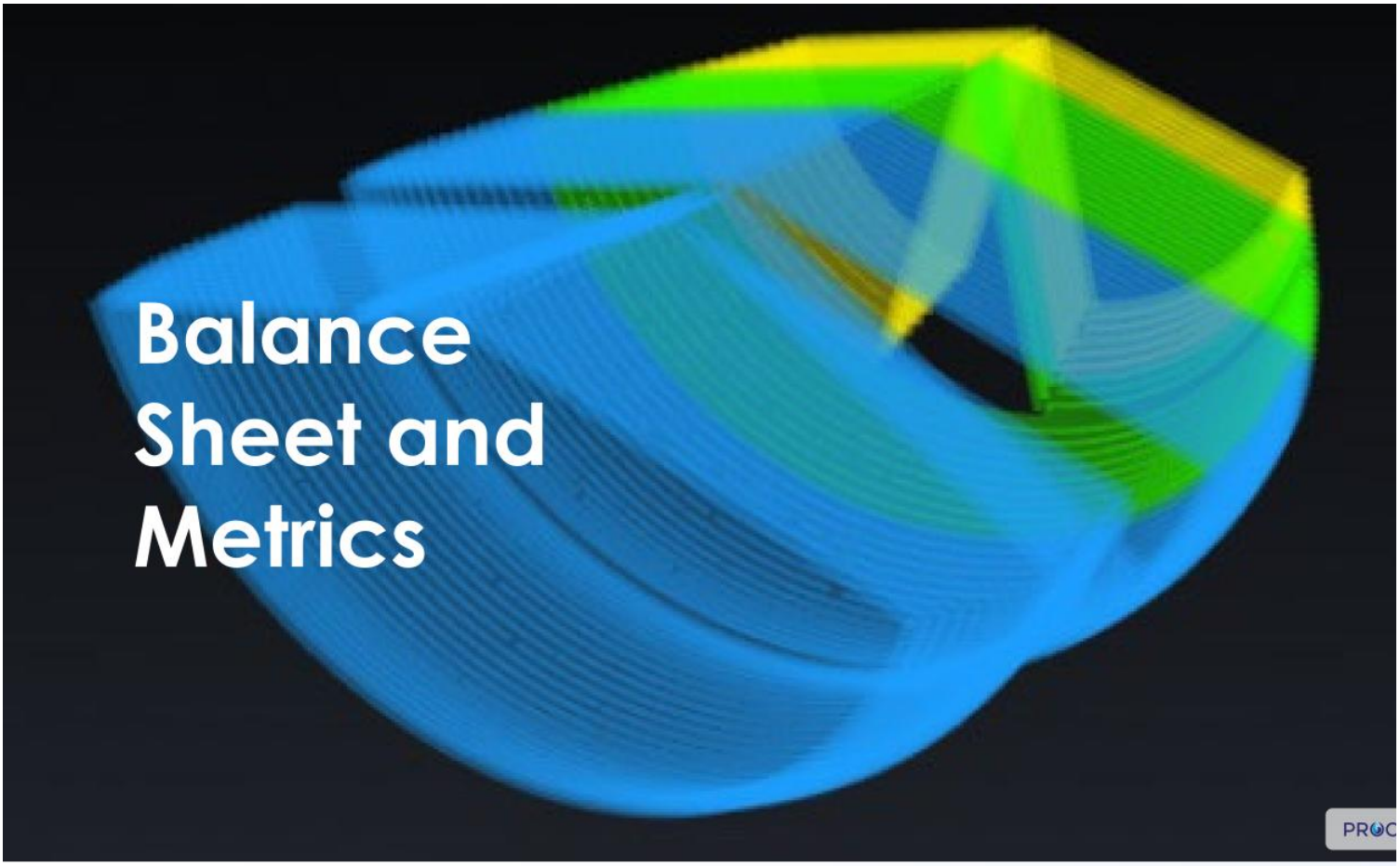



### SG&A Leverage Drivers

- Improved sales force productivity
- Initiate hybrid clinical supp model
- SG&A is expected to drive leverage despite increased marketing investments
- 2026 Guidance Assumes positive EBITDA in 4Q26

1. 2026 + 2027 financial guidance issued on February 26, 2026
2. Adjusted EBITDA is a financial measure that is not prepared in accordance with generally accepted accounting principles in the United States (GAAP). For more information about the Company's use of non-GAAP financial measures, please see appendix

PROC



# Balance Sheet and Metrics

## Strong balance sheet supports scalable growth

### Operating Cash Flow

- Continue to drive working capital improvements
- Meaningful opportunity to reduce Days Inventory on Hand and Day Sales Outstanding
- **Do not expect cash balance to drop below $175 million***

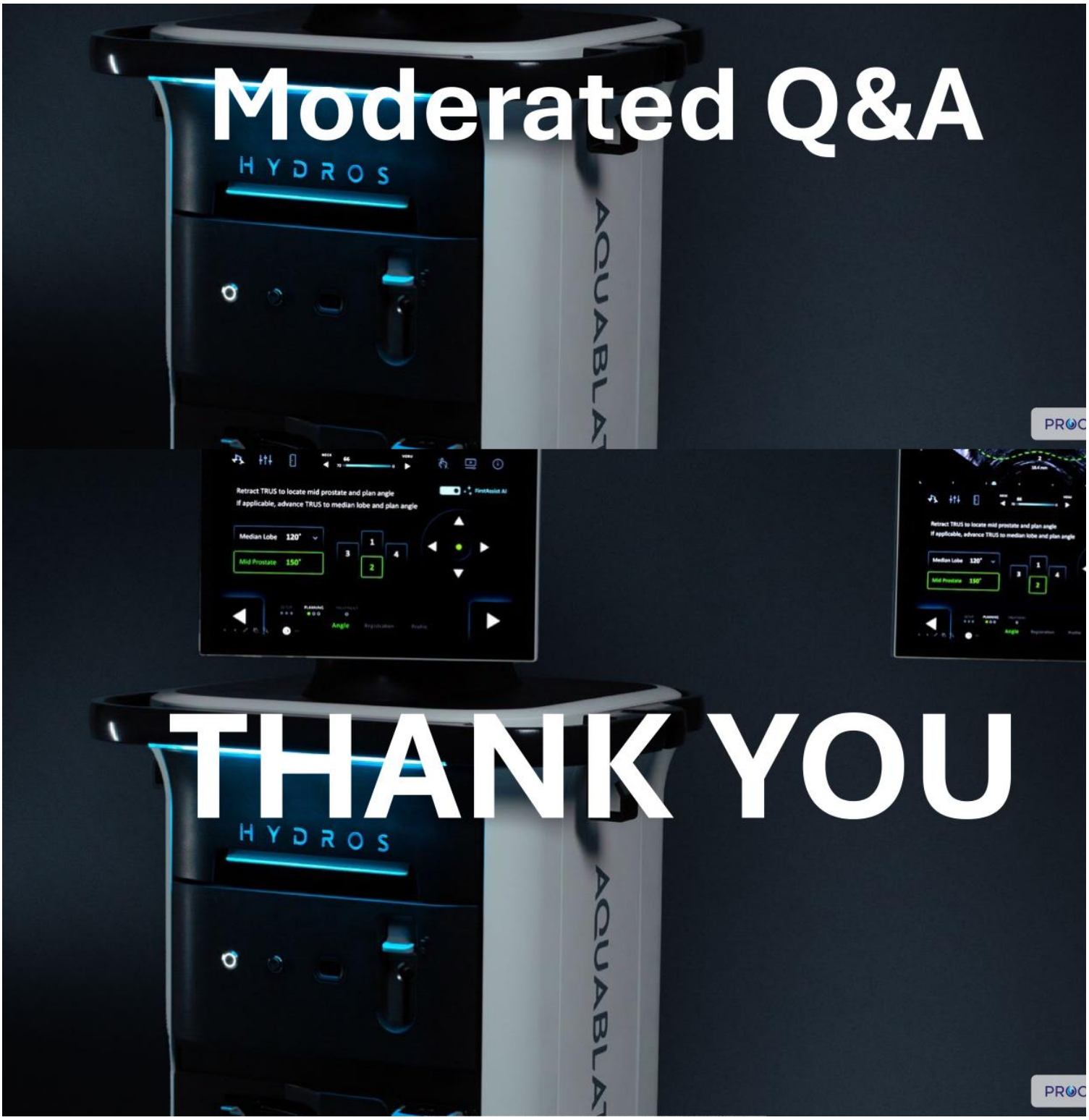
### Capital Spending (PPE)

- Procept requires **little CAPEX investment**
- Existing San Jose headquarters provides meaningful capacity to sc
- **3-4% target**: CAPEX as percent of sales*

### Outstanding Debt

- $52 Million bank loan with extremely attractive rate
- Debt maturity 4Q27
- Procept is positioned to be **cash-flow positive at maturity***

*2026 + 2027 financial guidance issued on February 26, 2026


Moderated Q&A
HYDROS
AQUABLA
Retract TRUS to locate mid prostate and plan angle
If applicable, advance TRUS to median lobe and plan angle
Median Lobe 120°
Mid Prostate 150°
Angle
THANK YOU
HYDROS
AQUABLA

# Appendix - Non-GAAP Reconciliations

**PROCEPT BioRobotics Corporation**
**RECONCILIATION OF GAAP NET LOSS TO ADJUSTED EBITDA**
**(Unaudited, in thousands)**

| | Three Months Ended December 31, | | Twelve Months Ended December 31, | |
|---|---|---|---|---|
| | 2025 | 2024 | 2025 | 2024 |
| Net loss | $ (29,845) | $ (18,856) | $ (95,572) | $ (91,413) |
| Depreciation and amortization expense | 1,709 | 1,453 | 6,390 | 5,234 |
| Stock-based compensation expense | 10,842 | 9,085 | 47,603 | 31,840 |
| Interest (income) and interest expense, net | (1,719) | (2,017) | (8,632) | (6,711) |
| Adjusted EBITDA | $ (19,013) | $ (10,335) | $ (50,211) | $ (61,050) |

**PROCEPT BioRobotics Corporation**
**RECONCILIATION OF GAAP NET LOSS TO ADJUSTED 2026 EBITDA Guidanc**
**(Unaudited, in thousands)**

| | For the Year Ending Decem 2026 | |
|---|---|---|
| | LOW | HI |
| Net loss | $ (91,500) | $ |
| Depreciation and amortization expense | 7,500 | |
| Stock-based compensation expense | 59,000 | |
| Interest (income) and interest expense, net | (5,000) | |
| Adjusted EBITDA | $ (30,000) | $ |

# Risk and Safety Information

All surgical treatments have inherent and associated side effects, some of which may lead to serious outcomes and may require intervention. Individual's outcomes may de on a number of factors, including but not limited to patient characteristics, disease characteristics and/or surgeon behavior. The most common side effects are mild and tra and may include mild pain or difficulty when urinating, discomfort in the pelvis or penis, 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 but are not limited to: anesthesia risk; sexual dysfunction, including ejaculatory or erectile dysfunction; inj the urethra, such as false passage or stricture, or to the rectum, including rectal incontinence/perforation; bladder or prostate capsule perforation; infection, including the potential transmission of blood borne pathogens; bleeding; incontinence; embolism; electric shock/burn; transurethral resection (TUR) syndrome; bladder neck contractur bruising. No claim is made that the AquaBeam Robotic System or HYDROS Robotic System will cure any medical condition, or entirely eliminate the diseased entity. Repeat treatment or alternative therapies may sometimes be required.

Rx Only

# Prostate Cancer Clinical Trial (WATER IV)

**Caution**: Aquablation therapy for the treatment of prostate cancer is limited by federal law to investigational use only. The safety and effectiveness of Aquablation therapy f treatment of prostate cancer has not been established.

# Clinical Data Summary Methodology

Studies with distinct patient cohorts evaluating Aquablation therapy were included, abstracts and unpublished data were excluded; Studies with fewer than 30 patients wer excluded; Data was pulled from 18 Aquablation therapy publications up to January 2025; Listed below; Outcomes of interest were aggregated together, and subsequently weighted based on the studies sample size; Not all publications included all outcomes of interest, and thus were excluded from each respective analysis.

India, 20-118, n=47, Desai et al; WATER, 30-80ml, n=116, Gilling et al; WATER II, 80-150ml, n=101, Bhojani et al; OPEN WATER, 20-148ml, n=178, Bach et al; FRANCAIS WA

30-80ml, n=30, Misrai et al; Very Large Prostates, 151-362ml, n=36, Helfand et al; Jacksonville, 27-223ml, n=55, Kasraeian et al Lebanon, 13-148ml, n=59, Labban et al; Sta
AUR and CUR, 29-250ml, n=113, Burton et al; Montreal ASC, 41-270ml, n=60, Zorn et al; Mount Sinai, 38-330ml, n=330, Omidele et al; Hamburg, 20-154ml, n=118, Bach et a
Japan PMS, 33-242ml, n=103, Hinata et al; Madrid Aquablation vs HoLEP, 72±35ml, n=75, Quintas et al; Israel, 31-138, n=50, Shvero et al; Italy, 43-81, n=109, Amparore et al
Focal Bladder Neck Cautery, 20-263ml, n=2,089, Elterman et al; HoLEP vs Aquablation Hematuria Risk, 56±25ml, n=167, Gloger et al

# Clinical Methodology (Slide 44 & 45)

Categories reflect the top patient priorities identified through patient market research commissioned by PROCEPT BioRobotics and conducted by third-party research organizations. Note: IPSS, Qmax and PVR were all included as measures of the patient priority, magnitude of symptom relief.

**References**


1. Rubin B, et al. Re-operation rates after endoscopic BPH procedures. J Urol. 2025;213(Suppl):e66.06.
2. Tanneru K, et al. Indirect comparison of newer MISTs for BPH. J Endourol. 2021;35:409-416.
3. Ritter M, et al. WATER III: Aquablation vs laser enucleation.
4. Thomas JA, et al. GreenLight XPS vs TURP (GOLIATH). Eur Urol. 2016;69:94-102.
5. Leong JY, et al. Sexual dysfunction in BPH surgery. Curr Sex Health Rep. 2019;11:190-200.
6. Comiter C, et al. Urinary incontinence after prostate treatment. UpToDate. 2020.
7. Sapetti J, et al. Urinary incontinence after HoLEP. Prog Urol. 2019;29:101-107.
8. Khera M. Simple prostatectomy. Medscape. 2018.
9. Chughtai B, et al. iTind RCT for LUTS/BPH. Urology. 2021;153:270-276.
10. Lucca I, et al. Minimally invasive simple prostatectomy: systematic review. World J Urol. 2015;33:563-570.
11. Kaplan SA, et al. Optilume BPH (PINNACLE). J Urol. 2023;210:500-509.
12. McConnell JD, et al. MTOPS: long-term medical therapy outcomes. N Engl J Med. 2003;349:2387-2398.
13. Fiori C, et al. Robotic urethral-sparing simple prostatectomy. Urol Video J. 2022;14:100147.
14. Roehrborn CG, et al. Early experience with PUL vs WVTT (CLEAR). J Urol. 2024;211(Suppl):e752.
15. Gilling P, et al. WATER trial: Aquablation vs TURP. J Urol. 2018;199:1252-1261.
16. Sandhu JS, Bixler BR, Dahm P, et al. Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia (BPH): AUA Guideline amendment 2023. J Urol. 2023;10.1097/JU.0000000000003698.


**Category Criteria**

TURP, as the standard-of-care, is considered the benchmark for the graphic representation.

**Preservation of Continence:** rate of persistent urinary incontinence [2,3,5,6,11,12]

**Durability:** the proportion of patients who go on to receive an additional surgical intervention. Real-world-evidence prioritized as source data, with minimum 3-year follow-up data available in third-party national healthcare database. Non-applicable to BPH medications, due to no definitive treatment. Other unrepresented procedures due to unavailability of 3-year RWE.[1]

**IPSS Symptom Reduction:** reduction in International Prostate Symptom Score (IPSS) from baseline. According to AUA guideline, Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia (2023)[16] – "There is nearly universal agreement that [alpha blockers] are all relatively equally effective in terms of IPSS improvement, with an expected range of improvement of 5-8 points, compared to an expected effect of placebo from 2-4 points." Intermediate group identifies reported symptom reduction values above the range of symptom improvement from medications, but not clinically proven to be comparable to TURP. [2,3,4,9,10,11,12]

**Reduction of Post Void Residual Volume:** reduction in post-void residual volume, in mL [2,3,4,9,11,12,13]

**Qmax Improvement:** peak urinary flow, mL/s [2,3,4,9,10,11,12]

**Recovery Time and Ease:** No single outcome measure to represent post-operative recovery experience is widely available in the literature, or collected using consistent methodology, to apply as the criteria. Therefore, the procedures differentiated from the intermediate group (default) reflect the following:

BPH medications – no post-operative recovery period; Rezum – inferior patient recovery in the CLEAR trial[14]; iTind – additional procedure required to retrieve temporary implant; LEP – rates of post-operative incontinence[3,5,6,7]; Simple prostatectomy – requires invasive surgical access.

**Preservation of Erectile Function:** erectile dysfunction measured according to International Index of Erectile Function (IIEF) after symptoms from immediate postoperative period expected to resolve. [2,5,6,8,9,11,12] Note: TURP as the reference point is categorized as low due to other treatments with lesser (more favorable) reported rates of erectile dysfunction.

**Preservation of Ejaculatory Function:** ejaculatory dysfunction measured according to Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD) at 3 months follow-up.[2,5,6,9,11,12] Note: TURP as the reference point is categorized as low due to other treatments with lesser (more favorable) reported rates of ejaculatory dysfunction.