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): May 13, 2022

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)

900 Island Drive
Redwood City, California 94065
(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

Beginning on May 13, 2022, representatives of PROCEPT BioRobotics Corporation (the "Company") intend to make presentations at investor conferences and in other forums and these presentations may include the information contained in Exhibit 99.1 attached to this Current Report on Form 8-K. A copy of certain of the presentation slides containing such information that may be disclosed by the Company is attached as Exhibit 99.1 to this report and the information set forth therein is incorporated herein by reference and constitutes a part of this report.

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.

Exhibit No.	Description
99.1	Presentation of PROCEPT BioRobotics Corporation, dated May 13, 2022
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: May 5, 2022

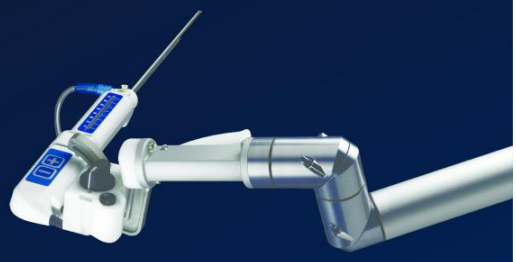
By: /s/ Alaleh Nouri
Alaleh Nouri
Chief Legal Officer and Secretary

PROCEPT BioRobotics

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 From 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

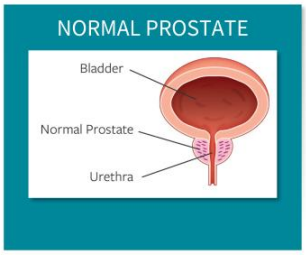
Abbott Vascular, Guidant, GE Aircraft Engines

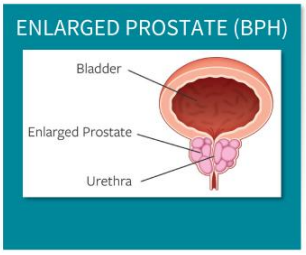
Agenda

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.





#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

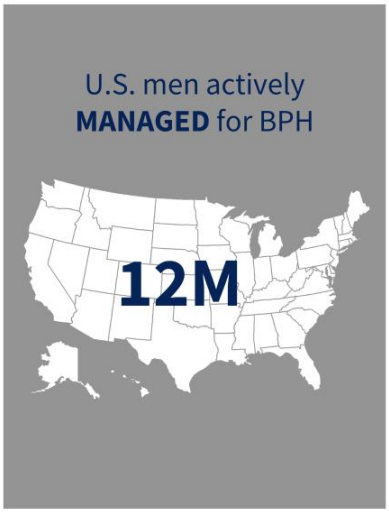
~40M
Men in the U.S. that currently have BPH

2x
Men >65 years old in the U.S. expected to double in the next 10 years

Roehrborn, CG, Rosen, RC. Medical therapy options for aging men with benign prostatic hyperplasia: focus on alfuzosin 10 mg once daily. Clinical Interventions in Aging 2008:3(3).
Bouhadana, et al. Patient Perspectives on Benign Prostatic Hyperplasia Surgery: A Focus on Sexual Health. J Sex Med 2020;1 – 5
2014, Ortman, An Aging Nation: The Older Population in the United States

Loughlin, K. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6.
Vuichoud, C, Loughlin, K. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6.
MS Health NDTI Urology Specialty Profile, July 2012-June 2013

Large Market & Significant Unmet Need



4.3M **WATCHFUL WAITERS**
- Choose to do nothing and suffer BPH symptoms

6.7M **PHARMACEUTICALS** **$16B**
- Suffer dosing adjustments and side effects

1.1M **PHARMACEUTICAL FALLOUT** **$3B**
- Delay surgery despite medication failure

400K **SURGERIES PER YEAR** **$1B**
- Compromise between safety and efficacy outcomes

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

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 interventions[1]

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

[1]Aquablation 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.
Based on company's internal estimates.

PROCEPT BioRobotics

CLINICAL DATA REVIEW

BARRY TEMPLIN
SVP, Clinical & Medical Affairs

Unmet Need in Surgical Intervention

BPH size ranges: AUA Guidelines: Surgical Management of BPH/Lower Urinary Tract Symptoms (2018, amended 2019, 2020) Published 2018, Amended 2019, 2020.

PVP = Photovaporization of Prostate (GreenLight)
PUL = Prostatic Urethral Lift (UroLift)

Clinically Validated Efficacy, Durability and Safety

Independent of Prostate Size, Shape and Surgeon Experience

WATER STUDY

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

WATER II STUDY

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

OPEN WATER STUDY

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

Data on file. WATER, WATER II, and OPEN WATER clinical studies. WATER: Aquablation n=116. TURP n=65.

Safety

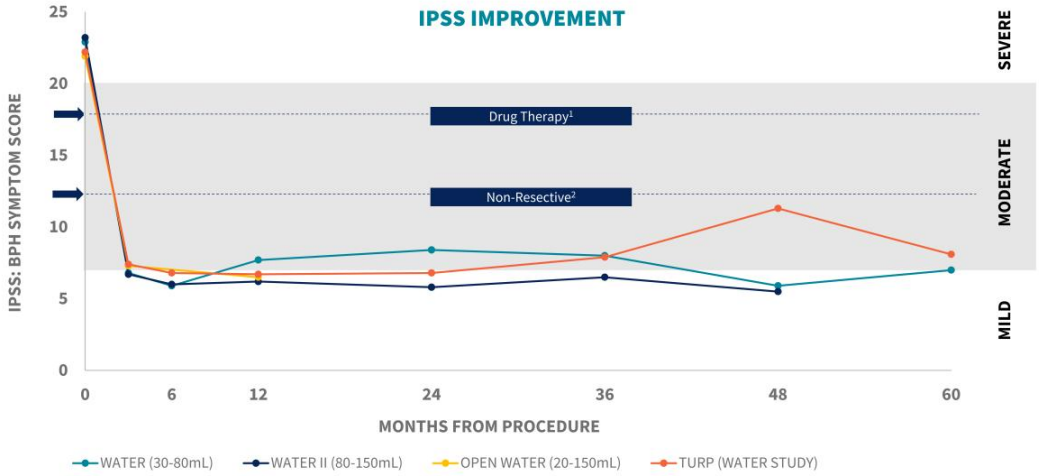
Low Rates of Irreversible Complications in ALL Prostates

		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			

Data on file. WATER, WATER II, and OPEN WATER clinical studies.

Efficacy and Durability

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



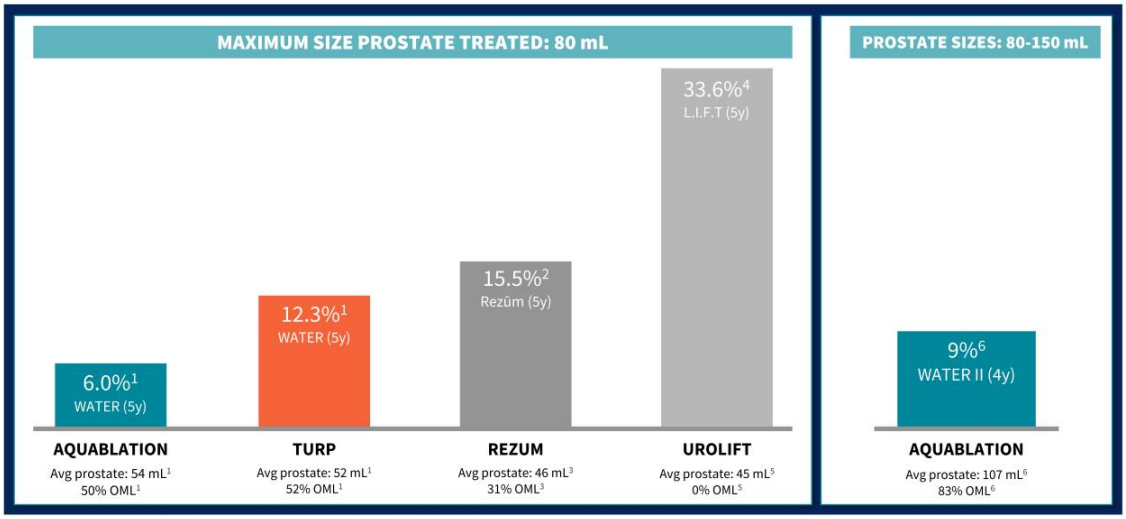
1. Drug therapy generally provides IPSS reduction of approximately 5 points.
2. Non resective surgery generally provides IPSS reduction of approximately 10 points

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

NOT HEAD-TO-HEAD STUDIES
EXCEPT FOR WATER STUDY



1. Gilling 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

Surgical retreatment is any intervention to treat recurrent LUTS, including clip removal for UroLift
OML = obstructive median lobe

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			

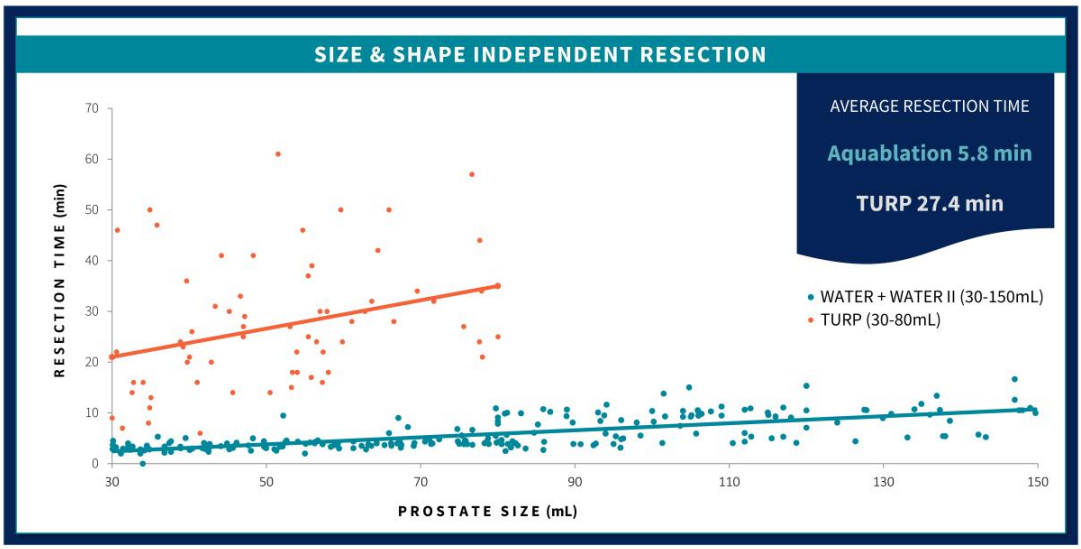
Data on file. WATER, WATER II, and OPEN WATER clinical studies.

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%**

[1]Leong et al. Minimizing Sexual Dysfunction in BPH Surgery. Current Sexual Health Reports (2019) 11:190–200
[2]Comiter et al. Urinary incontinence after prostate treatment. Up to Date; Last update May 2020.
[3]Sapetti, J, et al. Urinary incontinence after HOLEP: Incidence, evolution and predictive factors. Prog Urol. 2019 Feb;29(2):101-107
[4]Khera, M. Simple Prostatectomy. Medscape. 2018.
Data reported in each category is not head-to-head.

Automated Robotic Execution



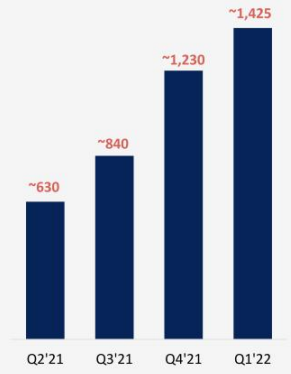
PROCEPT BioRobotics

FINANCIAL REVIEW

KEVIN WATERS
Chief Financial Officer

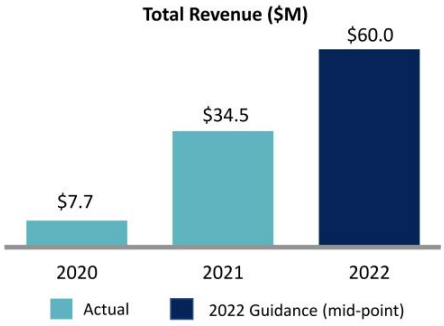
1Q22 Earnings Recap

$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]	



(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

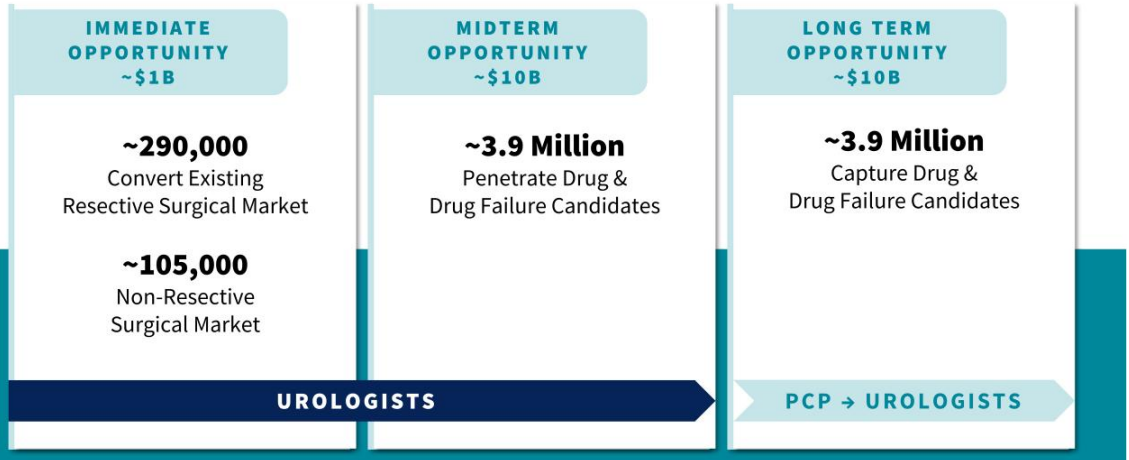
(1) 2022 financial guidance issued on May 5, 2022
(2) 2022 operating expense guidance includes approximately $12.5 million in stock-based compensation expense
(3) See appendix for reconciliation of non-GAAP financial measures

PROCEPT BioRobotics

COMMERCIAL STRATEGY

SHAM SHIBLAQ
Chief Commercial Officer

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

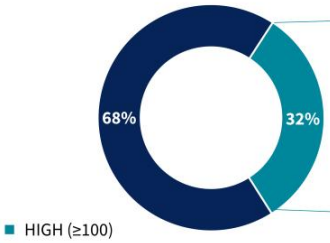


U.S. Commercial Opportunity: Segmentation

Target High-Volume Hospitals

US HOSPITALS BY ANNUAL BPH RESECTIVE VOLUME (2019)

~2,700 Total Resective Hospitals

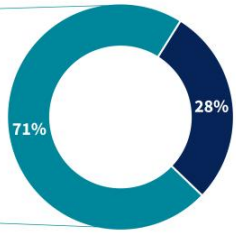


INITIAL TARGET
860 High Volume Hospitals
Annual Resective Volume ≥100

- HIGH (≥100)
- LOW (<100)

RESECTIVE PROCEDURE SHARE BY HOSPITAL TYPE (2019)

>250,000 Hospital Based Resective Procedures

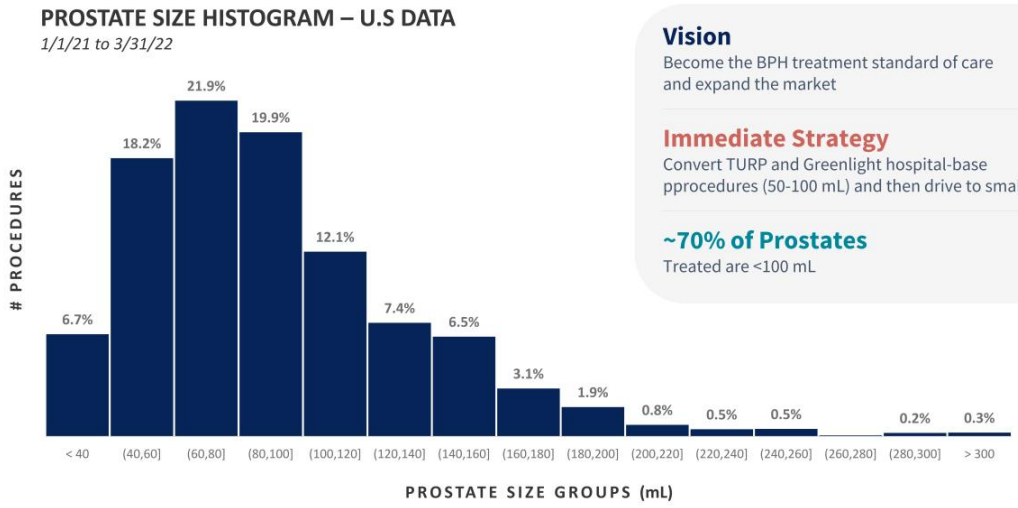


~180K Resective Procedures
Avg. Annual Resective Volume = 200
Monthly Avg. = 17.4

30% OF HOSPITALS GENERATE 70% OF RESECTIVE BPH PROCEDURES

Data on File, PROCEPT BioRobotics

Aquablation Treated Prostate Sizes – U.S.



Vision
Become the BPH treatment standard of care and expand the market

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

~70% of Prostates
Treated are <100 mL

Data on File, PROCEPT BioRobotics

PROCEPT BioRobotics

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*

The views expressed in this presentation are those of the presenter and do not necessarily reflect the views or policies of PROCEPT BioRobotics or its subsidiaries. No official endorsement by PROCEPT BioRobotics or any of its subsidiaries of any vendor, products or services contained in this presentation is intended or should be inferred.

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

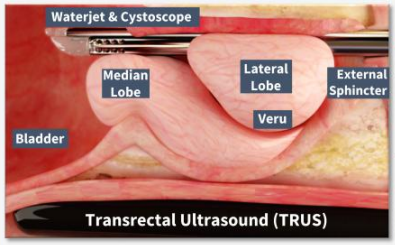
Robotic execution of the waterjet along the treatment plan results in standardized outcomes and operative experience

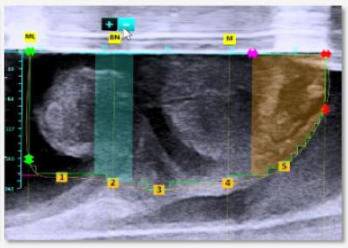
Heat-Free Waterjet Resection

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

AQUABEAM®
ROBOTIC SYSTEM

Real-Time Image Guidance

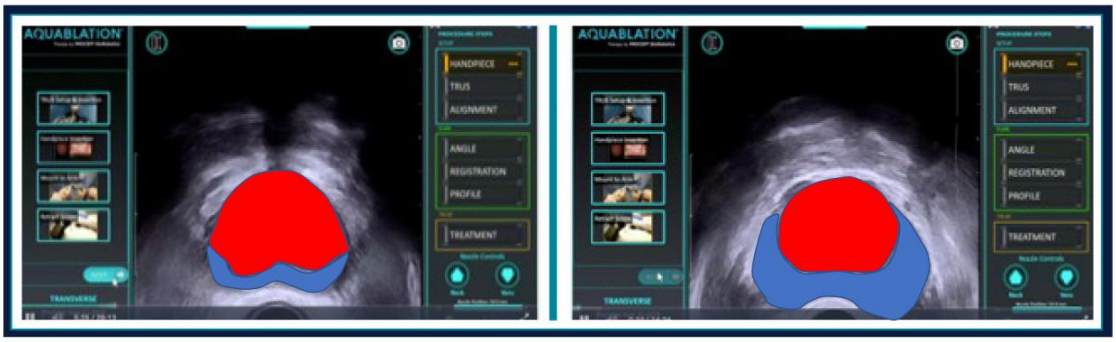




CYSTOSCOPY + TRANSRECTAL ULTRASOUND

MULTI-DIMENSIONAL VIEW OF THE TREATMENT AREA

Visualize Treatment Area

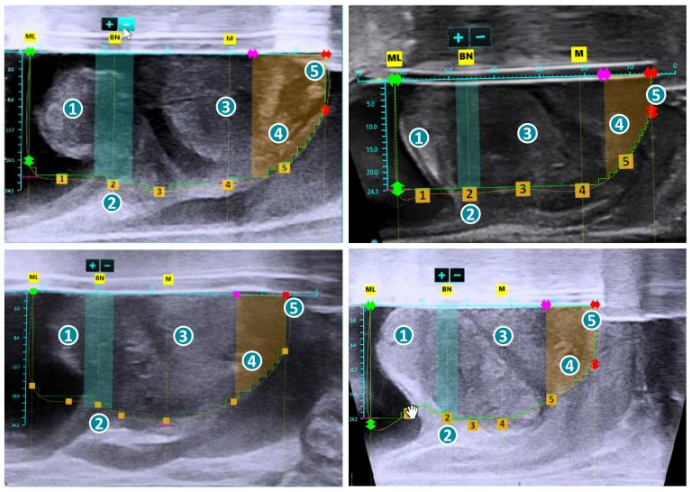


Personalized Treatment Planning

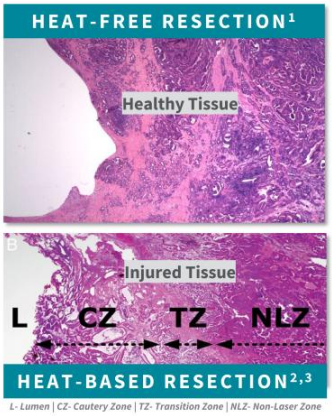
IDENTIFY CRITICAL ANATOMY

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



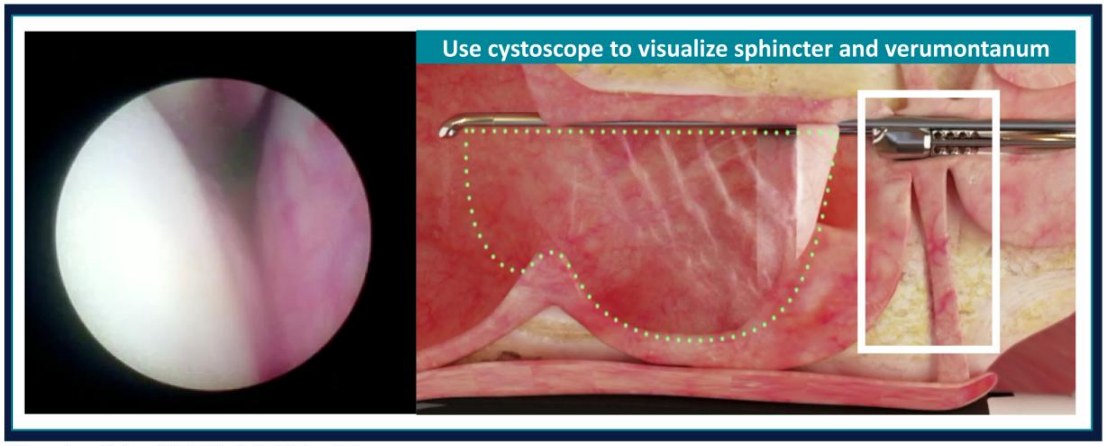
L- Lumen | CZ- Cautery Zone | TZ- Transition Zone | NLZ- Non-Laser Zone

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

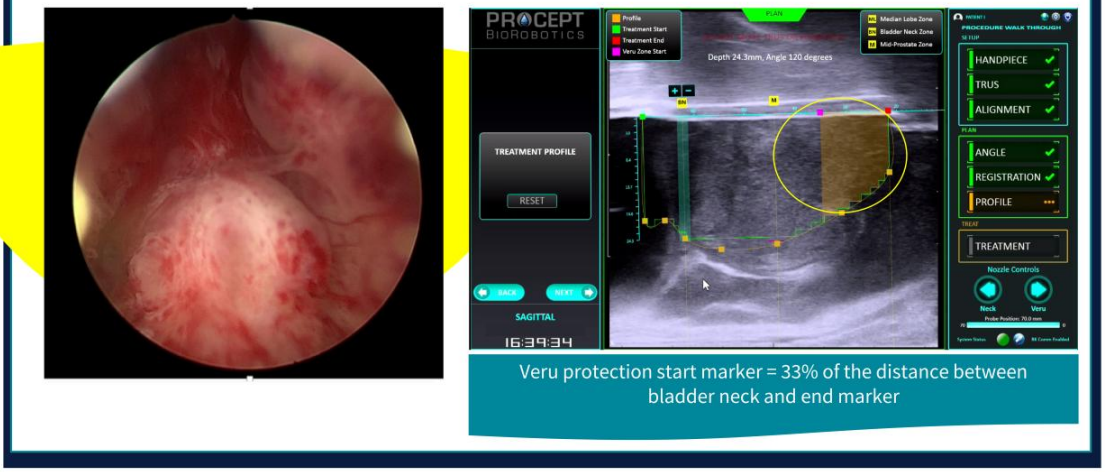
1. Data on file at PROCEPT BioRobotics
2. Malek et al. Photoselective Vaporization Prostatectomy: Experience With a Novel 180 W 532 nm Lithium Triborate Laser and Fiber Delivery System in Living Dogs, The Journal of Urology, Volume 185, Issue 2, 2011, Pages 712-718, ISSN 0022-5347,
3. Bruyère F, et al.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



Video courtesy of Professor T.Bach, Asklepios Westklinikum Hamburg

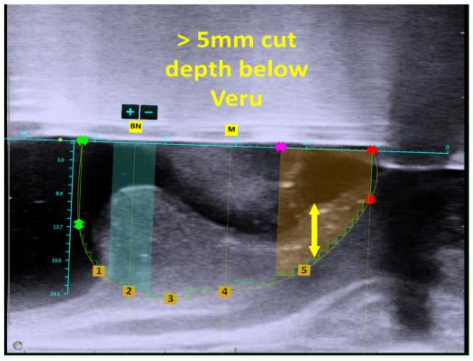
Veru Protection Zone for Ejaculation Preservation



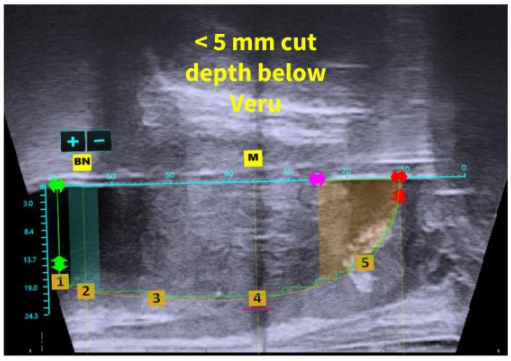
Veru protection start marker = 33% of the distance between bladder neck and end marker

Veru Protection Zone | Depth of Resection

GREATER RISK OF ANEJACULATION

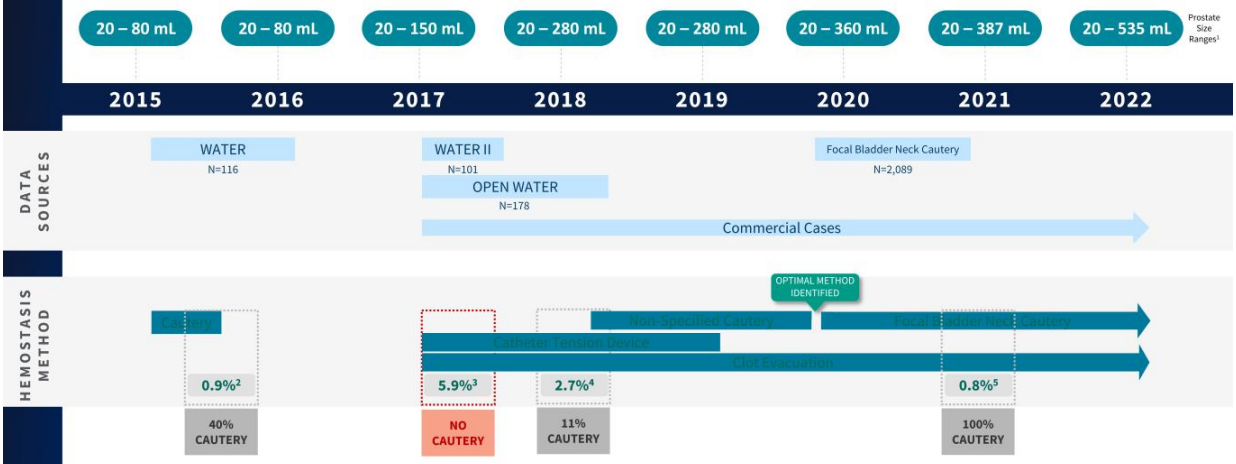


LOWER RISK OF ANEJACULATION



Nguyen D, et al. Predictors of Anejaculation after Aquablation Procedure. Prostatic Disease and Male Voiding Dysfunction. 2021

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

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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

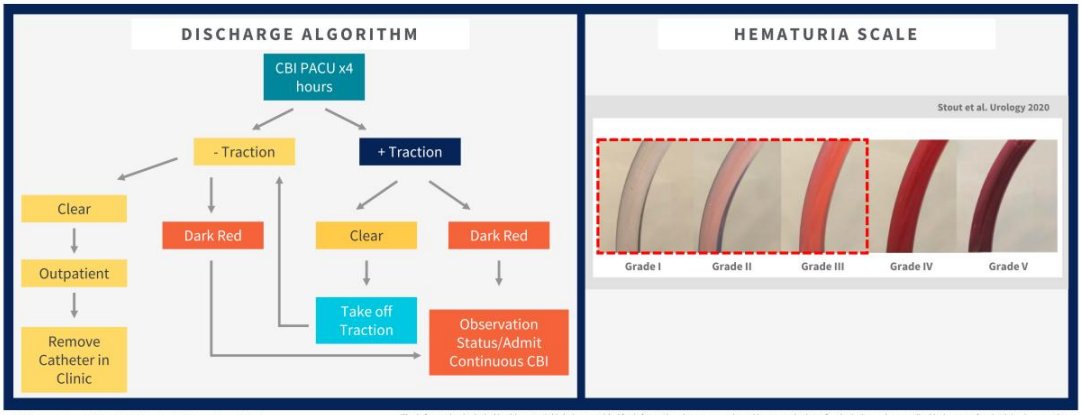
Time with catheter post-operatively

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 patients[1]
- 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



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

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.

Helfand. (2021). Aquablation Therapy Day Case Feasibility [White Paper] PROCEPT BioRobotics

Pratik Desai, MD

Potomac Urology

Woodbridge, VA

Disclosures

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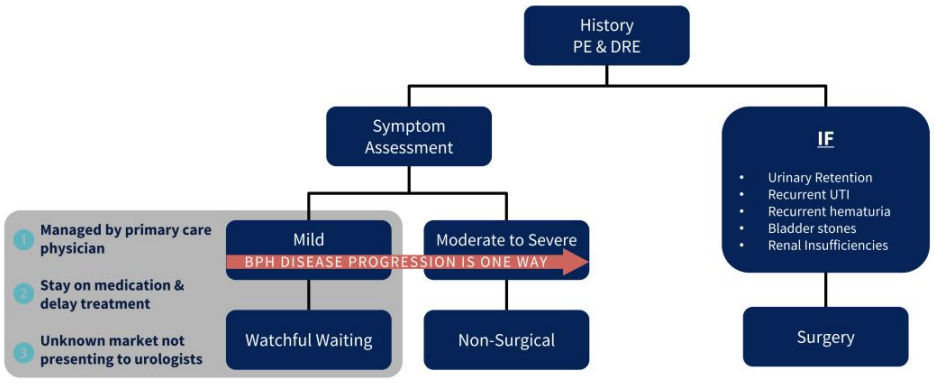
Undertreated & Sidelined Patients

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

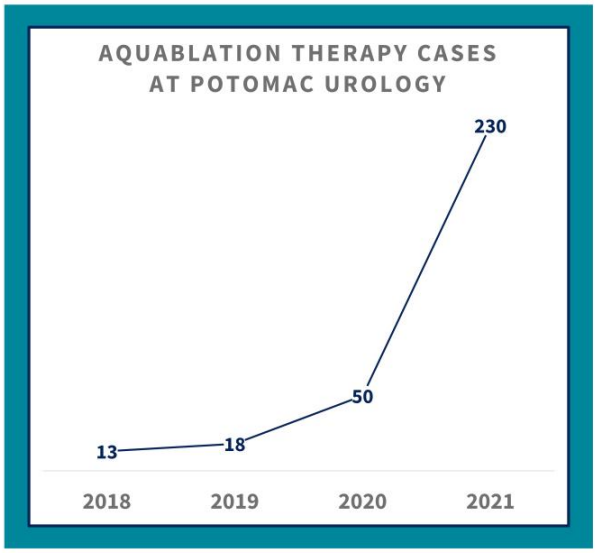


Standardized Process Flow

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

Identify Symptoms	Standard Work Up	Identify Disease
• Every patient above 40 fills out IPSS	• Medication discussion & trial	• Medication discussion & trial
• Physical exam, PSA, prior history	• Cystoscopy, TRUS, and Urodynamic study	• Size and shape of prostate
• "Is there room for improvement for your urinary symptoms"	• Urodynamic study with PVR	• Degree of obstruction
• Family history	• Identify opportunity to deliver better care	• Expectation for sexual and ejaculatory function

Aquablation Therapy Program



PROCEPT BioRobotics

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

MSHQ-EjD = Male Sexual Health Questionnaire – ejaculatory dysfunction
IIEF-5 = International Index of Erectile Function

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)