PROFOUND

Precision Surgery without incision

CORPORATE PRESENTATION | November 2026

NASDAQ: PROF | TSX: PRN

Forward-Looking Statements

This presentation includes forward-looking statements regarding Profound and its business which may include, but is not limited to, the expectations regarding the efficacy of Profound's ablation technologies for prostate disease, uterine fibroids, adenomyosis, palliative pain treatment, desmoid tumors, and osteoid osteoma; Profound's expectations for future revenues/financial results, including revenue and gross margin for the 12 months ended December 31, 2026; and the success of Profound's commercialization strategy and activities for TULSA-PRO® and Sonalleve®. Often, but not always, forward-looking statements can be identified by the use of words such as "plans", "is expected", "expects", "scheduled", "intends", "contemplates", "anticipates", "believes", "proposes" or variations (including negative variations) of such words and phrases, or state that certain actions, events or results "may", "could", "would", "might" or "will" be taken, occur or be achieved. Such statements are based on the current expectations of the management of Profound. The forward-looking events and circumstances discussed in this presentation may not occur by certain specified dates or at all and could differ materially as a result of known and unknown risk factors and uncertainties affecting the Company, including risks regarding the medical device industry, regulatory approvals, reimbursement, economic factors, the equity markets generally and risks associated with growth and competition. Although Profound has attempted to identify important factors that could cause actual actions, events or results to differ materially from those described in forward-looking statements, there may be other factors that cause actions, events or results to differ from those anticipated, estimated or intended. No forward-looking statement can be guaranteed. Other factors and risks that may cause actual results to differ materially from those set out in the forward-looking statements are described in Profound's Annual Report on Form 10-K and other filings made with U.S. and Canadian securities regulators, available at www.sedarplus.com and www.sec.gov. Except as required by applicable securities laws, forward-looking statements speak only as of the date on which they are made and Profound undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events, or otherwise, other than as required by law.

TULSA-PRO and SONALLEVE are registered trademarks of Profound Medical Corp.

Two iMRI Platforms: TULSA-PRO® & Sonalleve®

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Flagship

TULSA-PRO®



Indications: Cleared for ablation of prostate tissue (malignant and benign) in U.S., Europe, Canada, Saudi Arabia, India, Australia/New Zealand, UAE, UK, Qatar, Chile, Singapore, Malaysia, Thailand, Philippines, Indonesia, Vietnam, and South Korea.

Opportunistically Advancing

SONALLEVE®

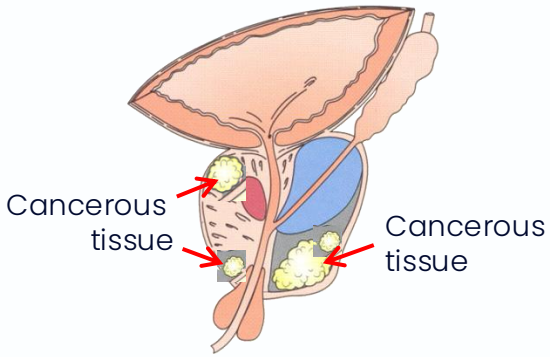


Indications: Adenomyosis, uterine fibroid, pain palliation of bone metastases, desmoid tumors, and osteoid osteoma. Cleared or approved in Europe, Canada, China, and Saudi Arabia. FDA HDE in U.S. for osteoid osteoma.

TULSA-PRO U.S. Market Opportunity

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PCa

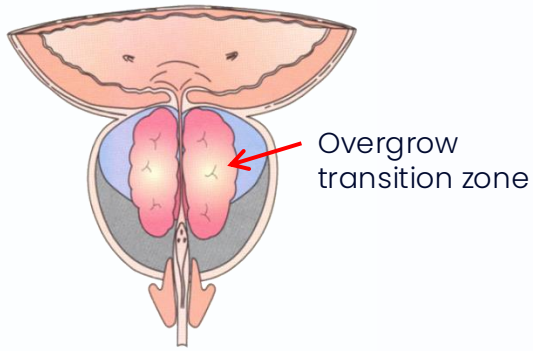


~85% Multifocal [1]

~15% Unifocal [1]

~200,000 [2,3]	Addressable Cases Annually
~$8,000 [4]	Average Procedure Price
$1.6 Billion	Annual TAM (U.S.)

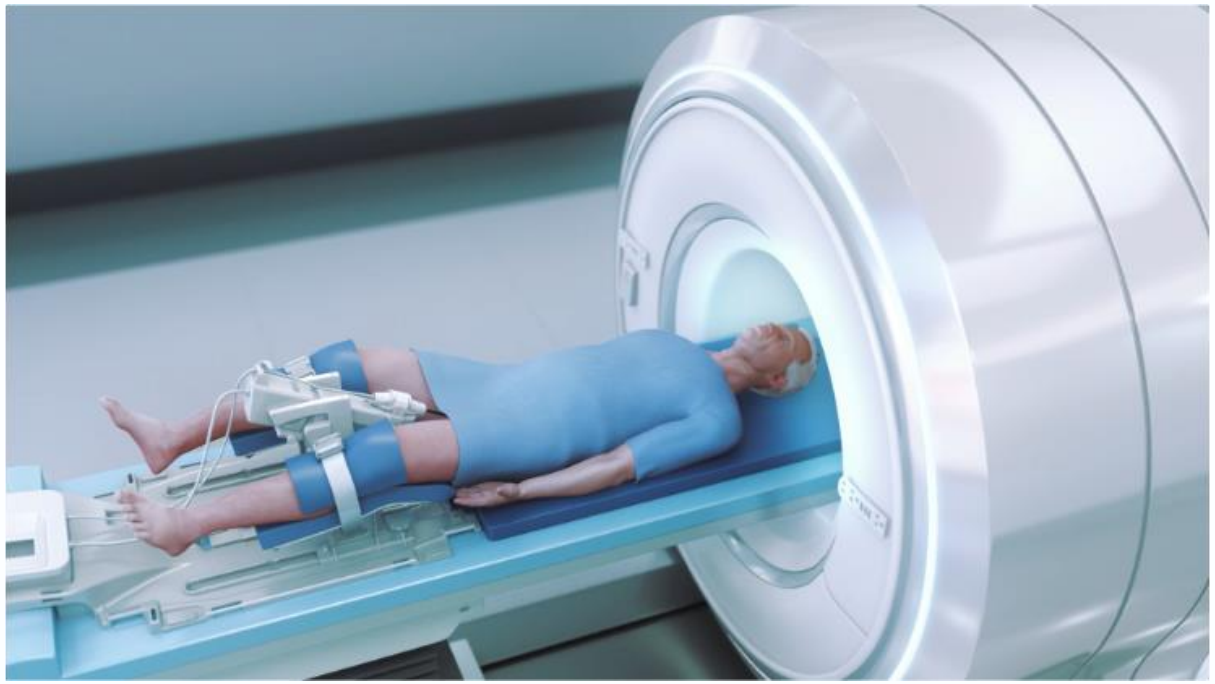
BPH / Hybrid



~400,000 [3]	Addressable Cases Annually
~$8,000 [4]	Average Procedure Price
$3.2 Billion	Annual TAM (U.S.)

1. Mazzucchelli R, Scarpelli M, Cheng L, Lopez-Beltran A, Galosi AB, Kirkali Z, Montironi R: Pathology of prostate cancer and focal therapy ('male lumpectomy'). Anticancer Res 29: 5155-5161, 2009
2. Does not include the **>3.5 million men** in the U.S. who have been diagnosed with prostate cancer and have not been treated (https://seer.cancer.gov/statfacts/html/prost.html)
3. Based on Company's internal estimates of applicability of TULSA-PRO technology
4. Approximate current fee Profound charges on a per-procedure basis for TULSA-PRO consumables, lease of medical devices, and services associated with extended warranties

The TULSA Procedure™



https://profoundmedical.com/wp-content/uploads/2025/05/106885B-TULSA-PRO-3D-ANIMATION-compressed.mp4

Incisionless
Non-invasive transurethral treatment

AI-Powered Planning
Treatment planning optimized by software

Real-Time MRI Guidance
MRI guidance and live thermometry

Closed-Loop Control
Software continuously monitors and adjusts treatment

Robotic Precision
Supervised/autonomous robotics with demonstrated precision 0.1 ± 1.3 mm

Protects Critical Structures
Controlled heating to kill temperature (55–57°C) while protecting surrounding anatomy

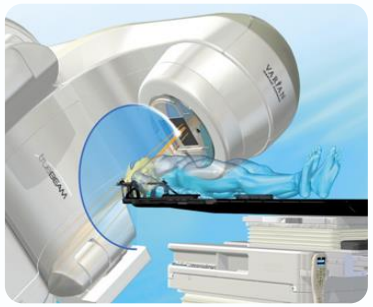
TULSA's Unique 'Regional Ablation' Approach

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Whole-gland treatments

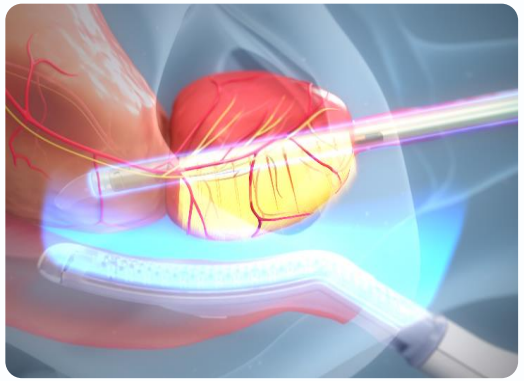


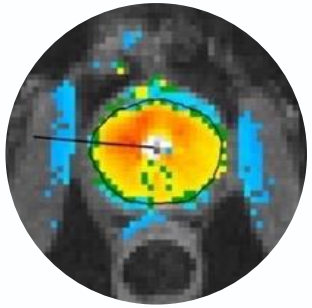
Robotic Laparoscopic Prostatectomy



Radiation

Regional TULSA: **Whole-gland, focal, or anything in between**



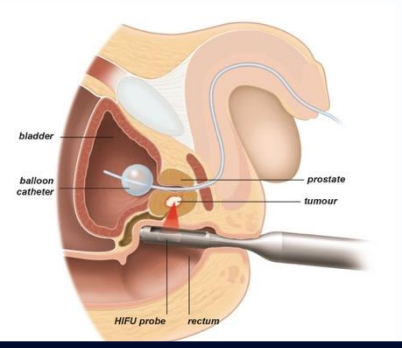


Whole-gland

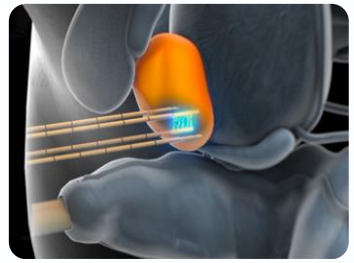


Partial-gland

Focal therapies, typically treat **<25% of gland**



High Intensity Focused Ultrasound, HIFU



Irreversible Electroporation, IRE

Malignant prostate disease is usually a multi-focal disease; disease management typically require whole-gland or near-whole-gland ablation

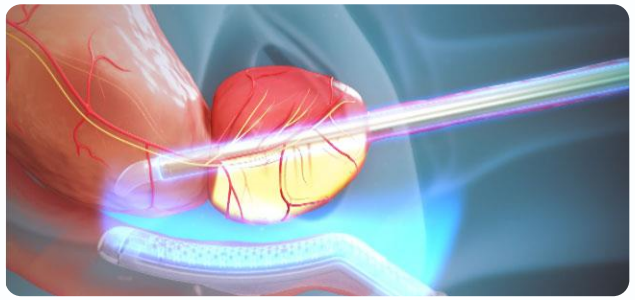
The Energy Source Matters

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1 TULSA uses less energy

TULSA	Heats tissue to 57°C	0.02 Kcal per cc
HIFU	Heats tissue to >100°C	0.2 Kcal per cc
Histotripsy	Mechanically liquifies tissue	7.97 Kcal per cc

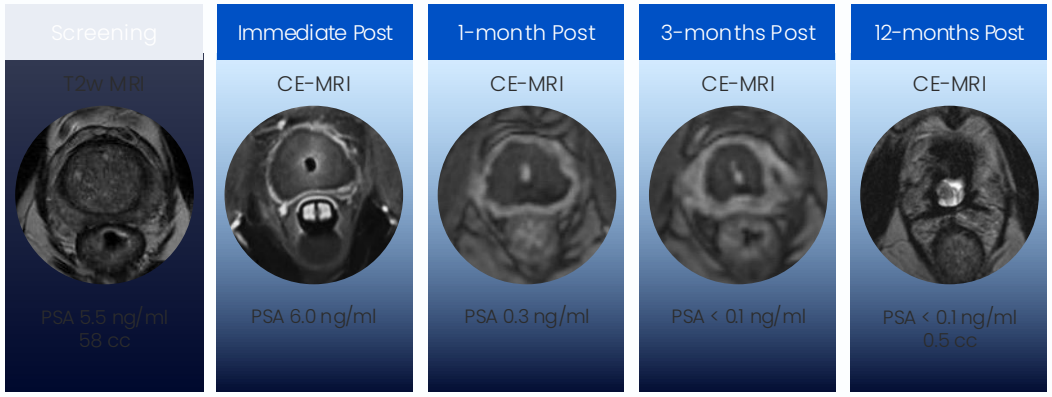
2 TULSA gently kills more targeted tissue, faster



- TULSA focused to a blade, not a small single spot like with HIFU, heats a large volume of tissue quickly
- TULSA ablates ~1-2 cc tissue / min; HIFU ~0.1-0.2 cc / min
- TULSA heating does not boil or char the tissue

3 TULSA ablation leads to tissue shrinkage

TULSA	>90% Reduction, from 39 to 3.8 cc	K191200
HIFU	60% Reduction, from 22.7 cc to 9.0 cc	K153023



4 TULSA kills the cell DNA

- TULSA thermally coagulates tissue, denatures proteins, cauterizes blood vessels, no bleeding, no live cells within the ablation volume
- Early Histosonics reports show concerning signals and limited data

Hyperprogression and Systemic Metastasis of Cholangiocarcinoma after Histotripsy Therapy

From: Zachary T. Berman, MD
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Adam M. Burgoyne, MD, PhD
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Oncology (A.M.B.), Department of Medicine, and Division of Surgical Oncology (B.M.C.), Department of Surgery, Moores Cancer Center, University of California, San Diego, San Diego, CA.

BRIEF REPORT · Articles in Press, 108576, February 06, 2026

VASCULAR INJURY AFTER HISTOTRIPSY: A CASE SERIES OF HEMORRHAGE AND PSEUDOANEURYSM COMPLICATIONS IN HUMAN PATIENTS

Joseph A. Breuer, MD, MS [1] · Mishal Mendiratta-Lala, MD [2] · Fred T. Lee, Jr., MD [3] · ... · Steven S. Raman, MD [5] · J.Louis Hinshaw, MD [3] · Nadine Abi-Jaoudeh, MD [1] ... Show more

Hyperprogression of metastases

- Published case of rapid cancer progression after histotripsy
- No published long-term oncologic outcomes from Phase II trials

Bleeding

- 4/139 (3%) serious vascular injuries
- 1/4 fatal

Award Winning TULSA AI Software

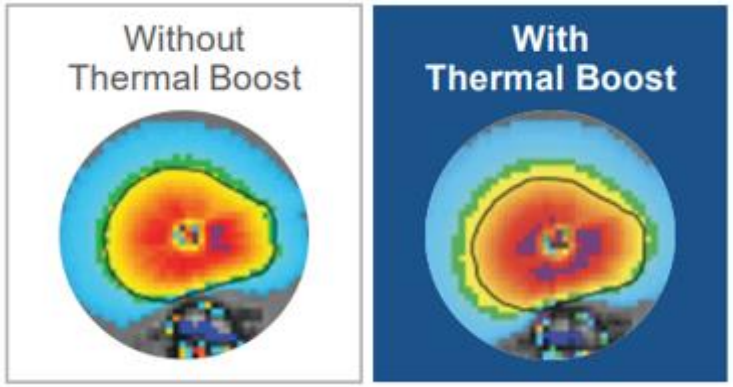


Recognized for image-guided therapy innovation

1 Thermal Boost

Ablation confidence

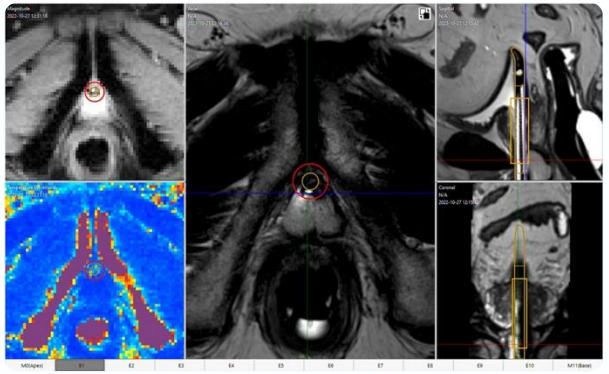
- On-demand increase of target temperature to increase dose to target lesion and more reliably heat to deep target boundaries
- Used in 50% of cases: MRI visible lesions and larger prostate areas



2 Contouring Assistant

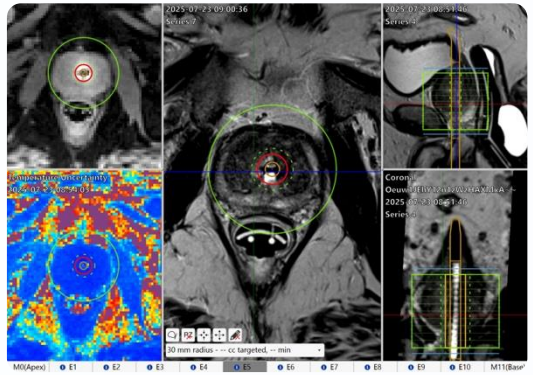
Manual Contouring:

- Time-consuming
- Repetitive
- Operator-dependent



Contouring Assistant 2.0[1]:

- Prescribed automatically
- Superior to urologists
- Similar to expert radiologists

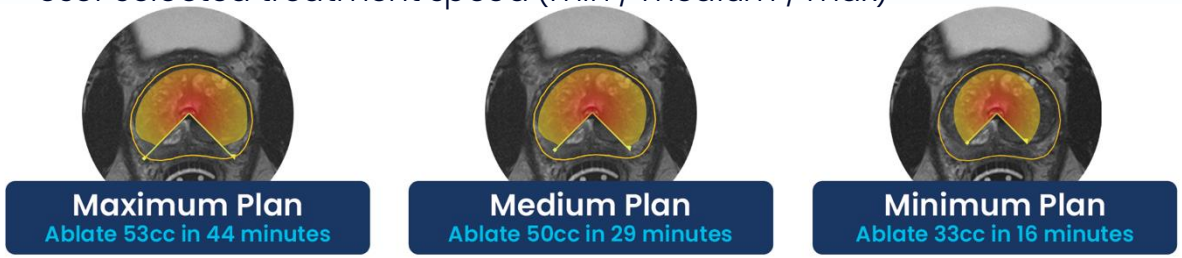


1. Raman S, et al. J Vasc Interv Radiol. 2026;37(4 Suppl):108056. Abstract 49.

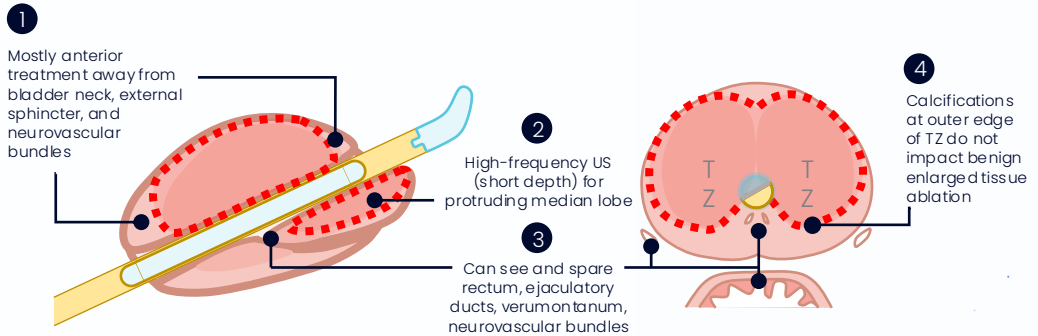
3 Streamlined Ablation Workflow

Software module designed to simplify treatment planning for enlarged prostate tissue

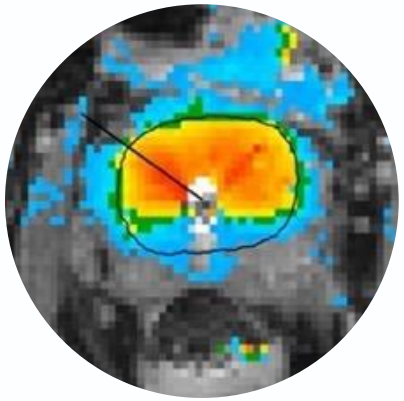
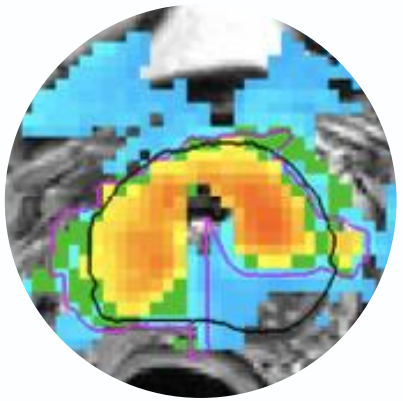
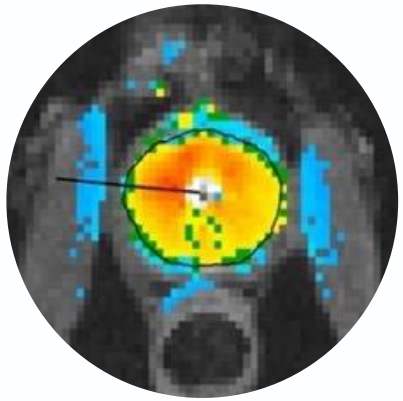
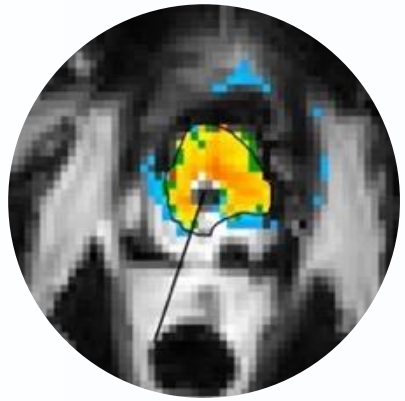
- Single click treatment plans using Contouring Assistant AI
- User selected treatment speed (min / medium / max)



Ablation of Transition Zone Region Prescription



70+ Peer-Reviewed Publications & 200+ Clinical Presentations

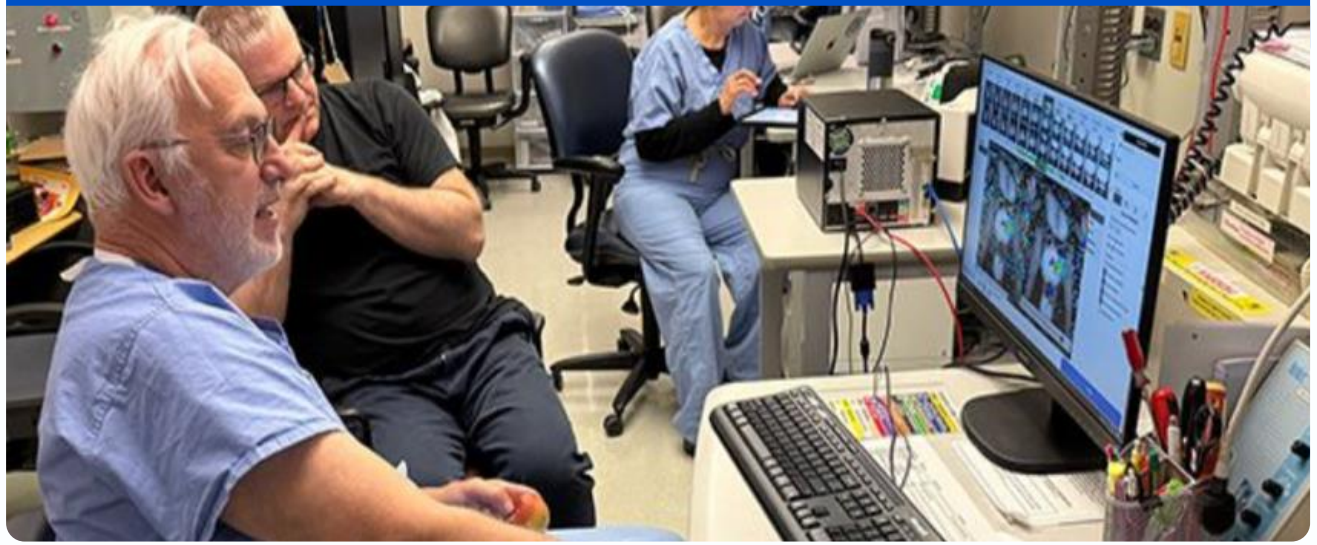
Partial Gland Ablation			Whole Gland Ablation	
Benign	Organ Confined Prostate Cancer			Salvage / Palliative
Large prostate BPH, > 200 cc treated successfully	Hybrids with low grade cancer and BPH	Lesion-targeted ablation	Whole-gland, customized for QOL	Post radiation failure
				
Number of segment specific clinical peer-reviewed publications:				
3	3	13	16	8
Sponsored and investigator-initiated clinical trials:				
International CARE Registry				
TYKS-BPH	Elterman; Lumiani; Busch	FARP RCT	TACT (pivotal trial)	TYKS-sTULSA
		ENFORCE RCT	CAPTAIN RCT	

The Future

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TULSA is the best suited technology to continue to grow as AI becomes more prolific and interest in new concepts, including telesurgery, increases

The TULSA Procedure



Dr Klotz treating TULSA patient, Dr Emberton observing | March 2026

Efficiency

4 / day

Potential treatment capacity

Scalability

6 / day

Potential with AI software

Versatility

Multiple indications

One dedicated TULSA day

Robotic Prostatectomy





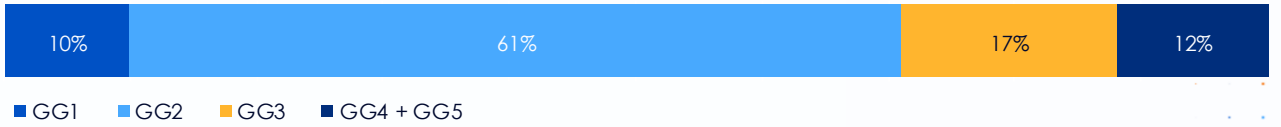
TULSA-PRO Use Metrics | Q3-2026

- 98% of patients treated underwent ablation of malignant prostate tissue; of those, 9% had coexisting malignant and benign enlarged prostate tissue
- 42% of ablations were whole-gland, with the remainder sub-total but more than half the gland, hemi-ablations or focal therapy
- All grades of malignant tissue treated
- Prostates treated to-date as small as 7cc and as large as 283cc

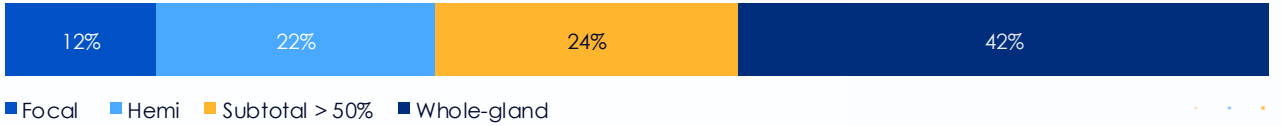
Prostate Condition



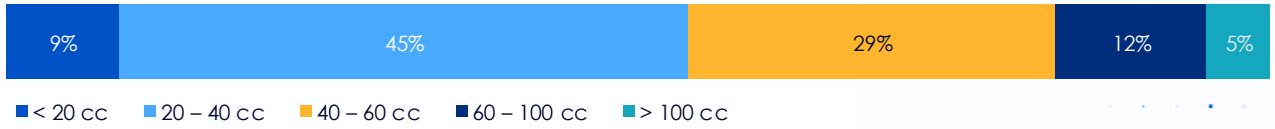
Ablation of Malignant Prostate Tissue



Regional Ablation



Prostate Size



2027 U.S. Reimbursement, Final Rule

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	Malignant & Benign Tissue	Prostate Cancer			BPH			
Procedure	TULSA	RARP	HIFU	Cryo	TURP	HoLEP	Aquablation	PAE
CPT Code	55882	55866	55880	55873	52601	52649	52597	37243
Urology APC	Level 7	Level 2 Laparoscopic	Level 6	Level 6	Level 5	Level 5	Level 6	Level 3 Endovascular
Hospital Payment	**$15,342**	**$12,126**	**$10,688**	**$10,688**	**$6,191**	**$6191**	**$10,688**	**13,086**
Y/Y $	$1,863	$1,266	$1,016	$1,016	$713	$713	$1,016	$1,292
Y/Y %	13.8%	11.7%	10.5%	10.5%	13.0%	13.0%	10.5%	11.0%
ASC Payment	**$11,698***	**$5,028**	**$4,903**	**$7,900**	**$2,702**	**$2,702**	**$7,413**	**$7,223**
Y/Y $	$824	-$93	-93	502	-$28	-$28	$463	$1,804
Y/Y %	7.6%	-1.8%	-1.9%	6.8%	-1.0%	-1.0%	6.7%	33.3%
Physician Payment Day of Procedure	$510	$1,058	859	$672	$512	$641	$535	$479
Physician Payment 90-Day Follow-ups	$358	$0	$0	$0	$0	$0	$0	$358
Total Physician Payment to 90 Days	**$868**	**$1,058**	**$859**	**$672**	**$512**	**$641**	**$535**	**$837**
Y/Y $	-$30	-$29	-$25	-$20	-$17	-$19	-$16	$16
Y/Y %	-3.3%	-2.7%	-2.8%	2.8%	-3.2%	-2.9%	-3.0	1.8%
Physician Office Payment Day of Procedure	$9,240			$5,450				$8,272
Physician Office Payment 90-Day Follow-ups	$358			$0				$358
Total Physician Office Payment to 90 Days	**$9,598**	N/A	N/A	**$5,450**	N/A	N/A	N/A	**$8,630**
Y/Y $	-$463			-$270				$227
Y/Y %	-4.6%			-4.7%				2.7%

Conversion rate of $32.95485 / RVU (2027 Final Rule for Qualifying APM Participant)

*Represents an **increase of 70.4%** over the 2027 Proposed Rule ($6,866) for ASC Payment

Utilization: Growing Installed Base

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Installed Base

59
Q3-2024

70
Q3-2025

98
Q3-2026

Top-Tier U.S. Hospitals

Opinion leaders, validation, reimbursement cost calculations, publications

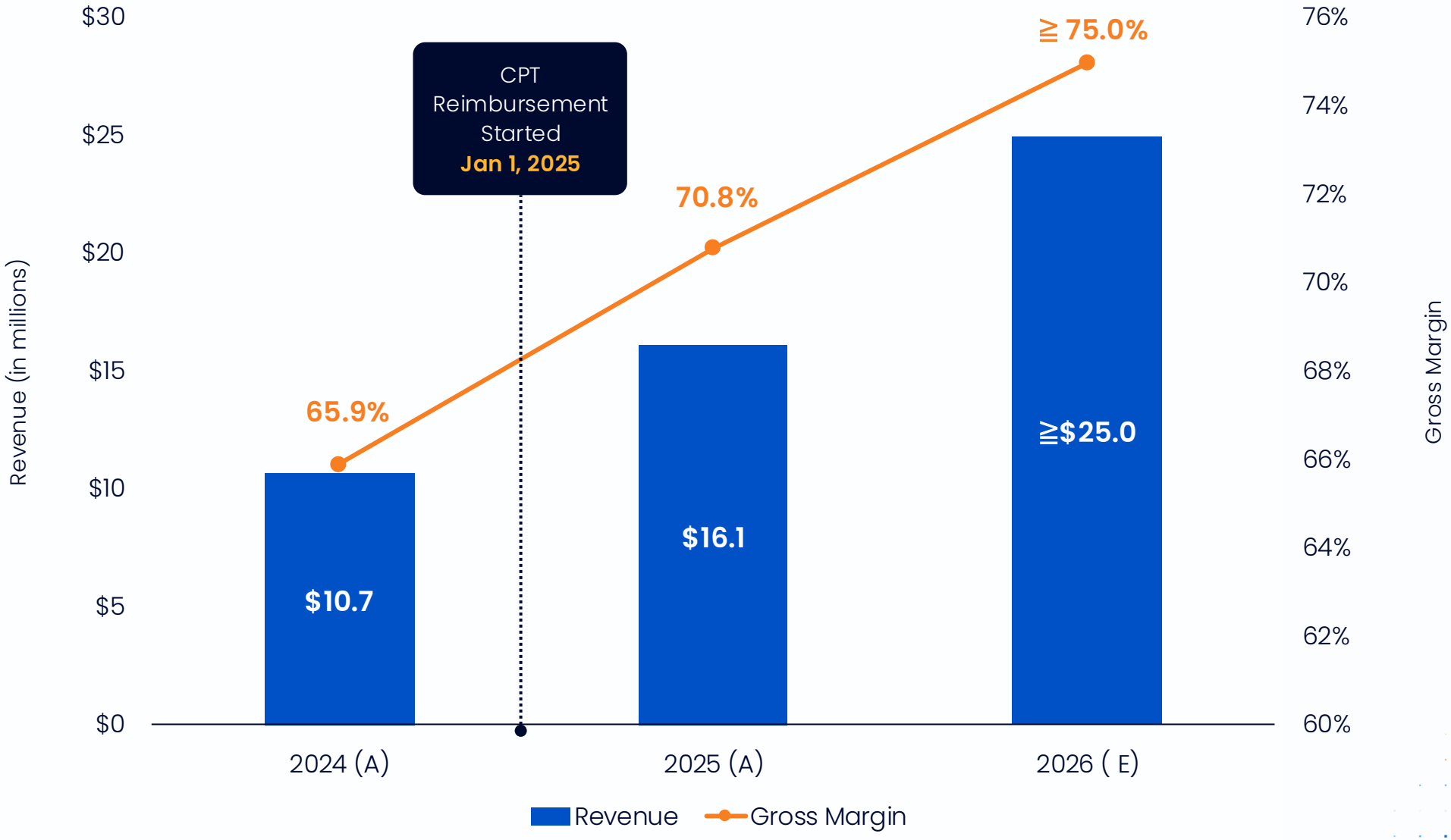
Cleveland Clinic
UT Southwestern Medical Center
Mayo Clinic
IU Health
The University of Chicago
UF Health Shands
UC San Diego
The University of Texas MD Anderson Cancer Center
Massachusetts General Hospital Cancer Center
utmb
NIH
BWH
MGH 1811
Houston Methodist
WellSpan Health
Johns Hopkins Medicine
AdventHealth
Mount Sinai
Banner Gateway Medical Center
Yale Cancer Center
Atrium Health
UCSF Health
Stanford Health Care
UCLA Health
SSM Health

Early U.S. Adopters/Independent Centers

Opinion leaders, procedure volume

Integrative Urology
Busch Center
Scionti Prostate Center
The Urology Place
Arizona State Urological Institute
RadNet

Utilization: Growing Revenues & Strong Gross Margin



CAPTAIN: 1st Fully-Enrolled RCT of Whole-Gland Ablation vs. Robotic Radical Prostatectomy

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Aug 2025 ✓ **Recruitment complete**
211 treated, 23 sites

90 days ✓ **Peri-operative outcomes**
Manuscript at European Urology

Mar 2026 ✓ **6-month outcomes**
Presented at EAU 2026

RSNA 2026 **12-month outcomes**
Unveiling primary safety endpoint and histological outcomes at RSNA

2027 **12-month publication**
Primary safety endpoint
+ 1 clinical publication per quarter

Aug 2028 **3-year primary efficacy**
Freedom from salvage treatment

90-DAY OUTCOMES STATISTICALLY SIGNIFICANT TULSA (n=148) vs robotic prostatectomy (n=63)

PUBLICATION Submitted to *European Urology*, the highest-impact urology journal.

0.29 vs 1.20 **days admitted** No medically necessary overnight stay after TULSA	**0 vs 125 mL** **blood loss** No procedural blood loss with TULSA	**10 vs 19** **days to return to work** Less time off after TULSA	**16 days** **of lower pain** Lower pain scores, days 1–16
0.7% vs 6.3% **hospitalization** Due to complications	**0.0 vs 0.65 cm** **flaccid penile shortening** At 1 month	**30 days** **better overall health** And quality-of-life, mobility, independence and usual activities after TULSA	**14 vs 8** **catheter days** Near-whole-gland; 2–7 days if focal

12-MONTH OUTCOMES
Presenting at RSNA, November 29 – December 2, 2026

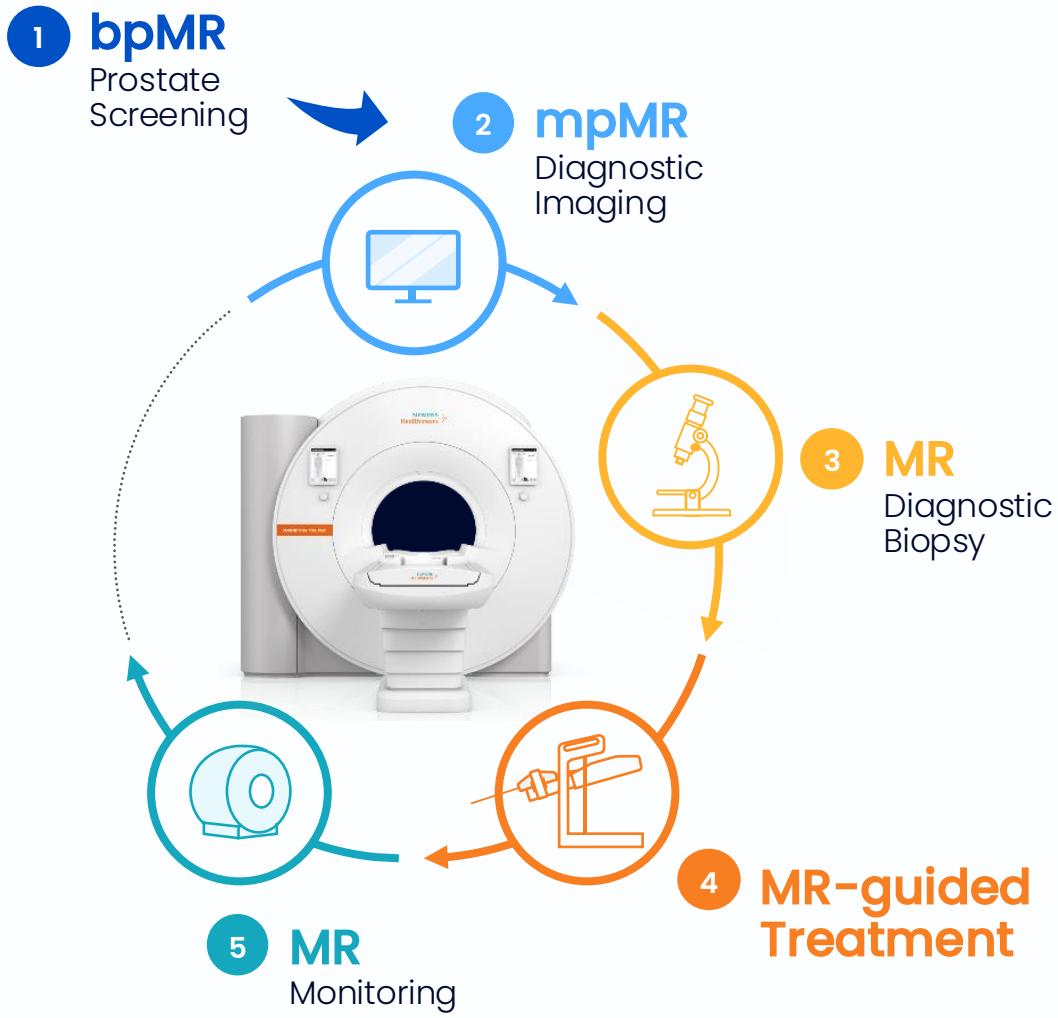
CAPTAIN designed for Level 1 data, society guidelines and positive coverage

- **FDA IDE study**
- **Level 1 data (NCT05027477):** Randomized 2:1 vs robotic prostatectomy, intermediate-risk (GG 2–3), broad population, not focal
- **Guideline endpoints:** Superior continence + erectile function at 1 yr; Non-inferior freedom from salvage at 3 yrs
- **Durable evidence:** follow-up to 10 years

Level 1 comparative evidence: the basis for Hayes Report, NCCN and payer coverage decisions

MR-Centered Prostate Care Pathway is Here

Use of MRI to diagnose & biopsy a patient has increased based upon positive guideline recommendations

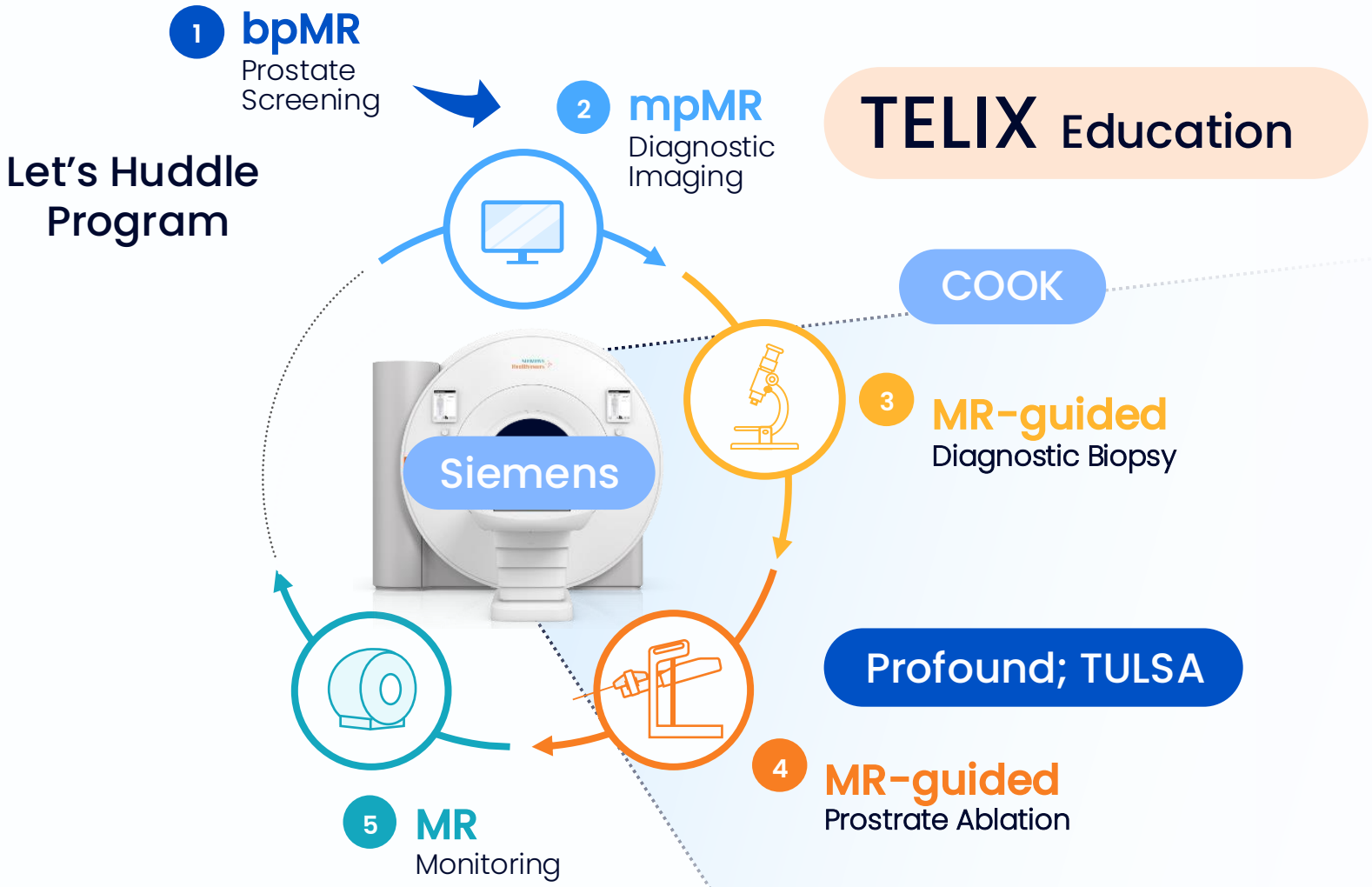


1. Prostate screening – men 50 years of age or older, screen for prostate disease using bpMRI & PSA density
2. Use of multi-parametric MRI as part of prostate cancer diagnostics. Today ~60% of patients get a diagnostic MRI as compared to ~10% just 5 years ago.*
3. Real-time MR guided biopsy using MR compatible needles is fast and accurate. Clinically more relevant – mostly transperineally, but transrectal is also possible
4. Treat wide variety of patients including malignant and benign prostate tissue. Pivotal clinical data in patients with prostate cancer, and Phase I/II clinical data in patients with BPH already exists. New AI-based software for improved workflow is in development.
5. MRI is regarded as the best way to monitor patients post treatment.

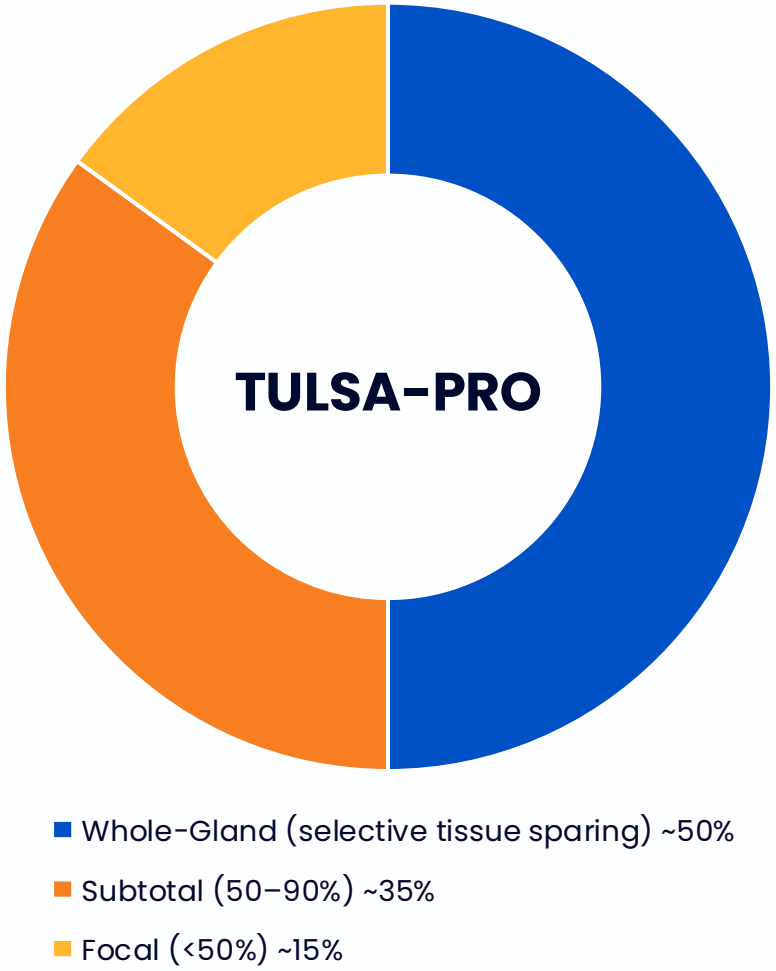
* Based on Company's extrapolation of external data

Profound Partnerships: Next iMRI Catalysts

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One Platform.
Many Treatment Approaches.



No other technology spans this clinical application:

- From whole-gland ablation, to focal, to everything in between
- Almost any target prostate tissue location
- Multifocal or unifocal disease
- Malignant and/or benign prostate tissue
- Almost any prostate size

The Vision: An iMRI Suite Beside Every Robotic Surgery Suite in the Country

PROFOUND

Surgical Robot

General surgery
hernia, gallbladder, bariatric, GERD, liver pancreas

Gynecology surgery
hysterectomy, endometriosis resection, myomectomy, pelvic organ prolapse

Urology surgery
★ Radical prostatectomy, bladder, kidney

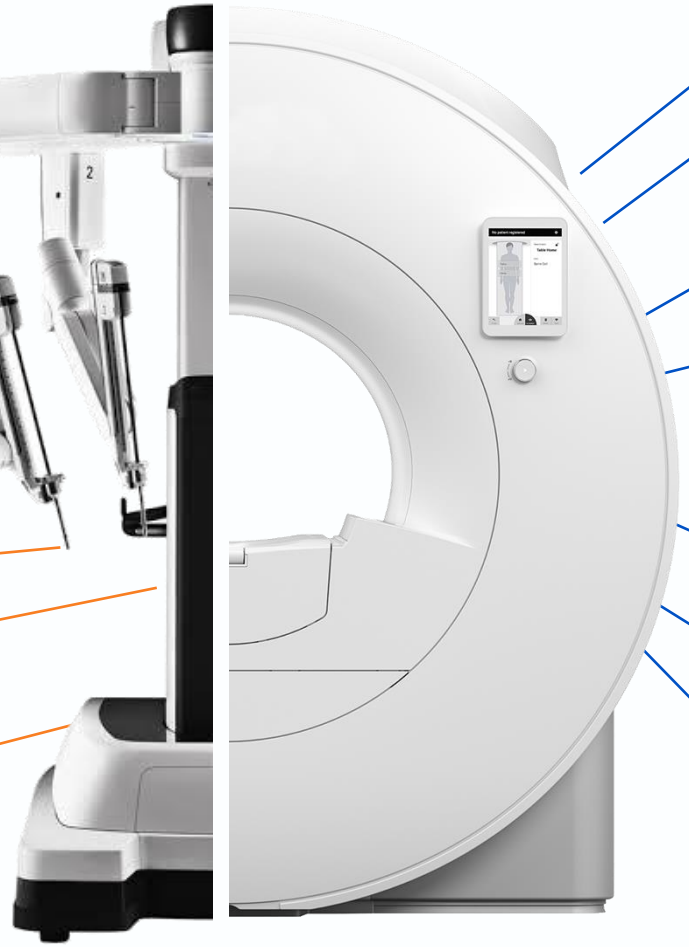
Colorectal surgery
colon and rectal conditions

Bariatric surgery
gastric bypass, sleeve gastrectomy, etc.

Thoracic surgery
lungs, esophagus, thymus gland

Cardiac surgery
coronary artery bypass surgery, mitral valve repair.

Head and neck surgery
mouth and throat surgery



iMRI

Diagnostic biopsy

Urology surgery (TULSA-PRO)
malignant prostate and/or benign enlarged prostate tissue

Gynecology surgery (Sonalleve)
uterine fibroids, adenomyosis

Orthopedic oncological surgery (Sonalleve)
pain palliation of bone metastases, desmoid tumors, osteoid osteoma

Neurosurgery
Essential tremor, Parkinson's

General surgery
?

Incisionless Telesurgery
?