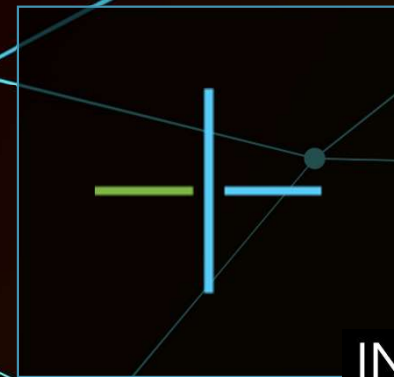


Exablate Prostate

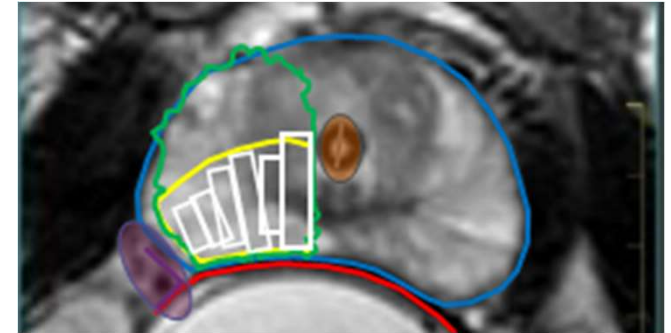
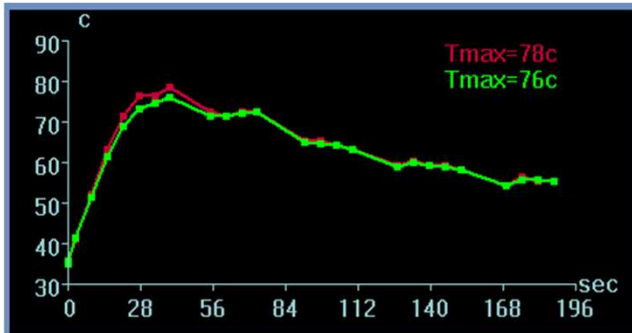
Designed for Optimal
Precision and Control



INSIGHT-TEC



EXABLATE PROSTATE IS DESIGNED FOR OPTIMAL PRECISION AND CONTROL



MR-Guidance

- Real-time thermometry
- Real-time anatomical imaging
- Contrast-enhanced confirmation of final ablated volume

Transrectal Transducer

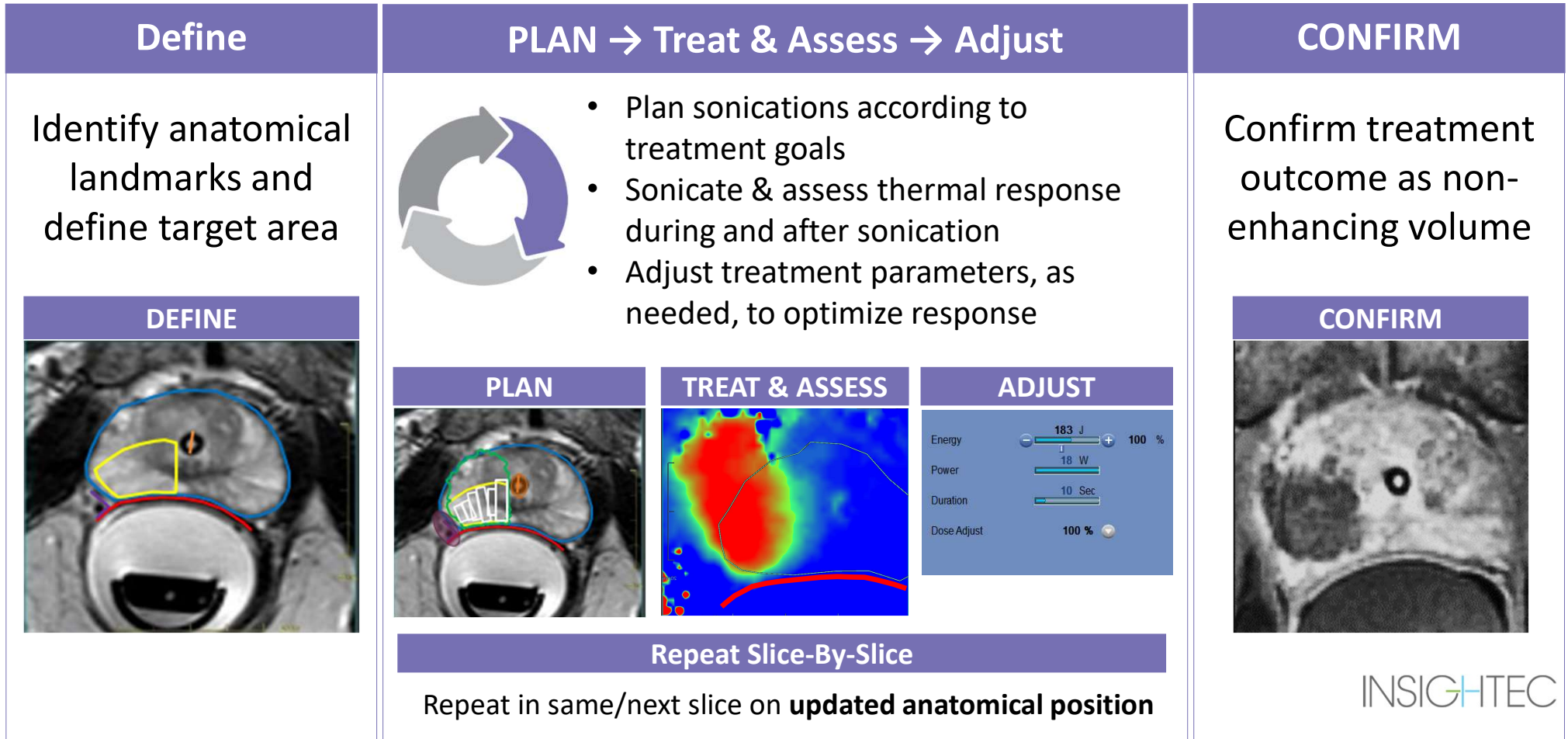
- Flexible spot size and location enabled by 2.3MHz frequency & high elements density (990)
- Sharp beam edge near NVB's, sphincters and urethra
- Rectal cooling system
- Automatic electrical & robotic steering

Sophisticated Software

- Automatic & editable beam sculpting according to treatment plan
- Immediate and cumulative visualization of thermal response
- Motion detection & correction



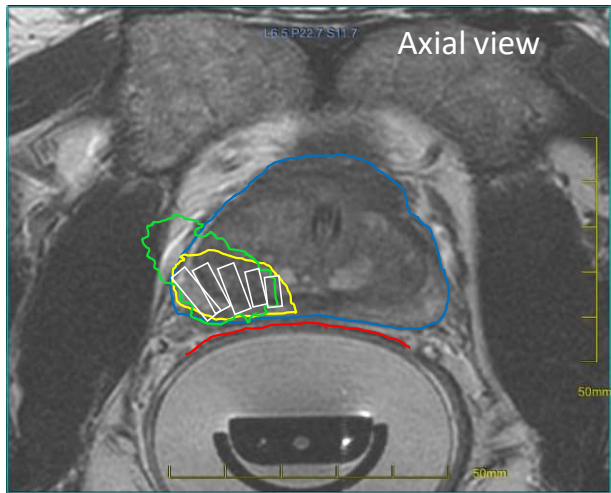
EXABLATE PROSTATE TREATMENT FLOW





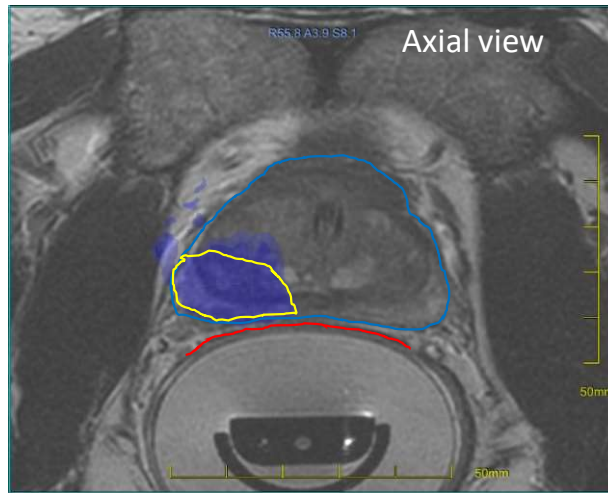
CASE REVIEW: SAFELY TREAT NEAR NVB AND RECTAL WALL

Treatment plan



- Target area
- Planned sonications
- Estimated thermal effect

Cumulative thermal response



- Target area
- Equivalent to 43°C for 8,000 minutes
- Equivalent to 43°C for 240 minutes *the threshold for ablation of soft tissue*

Final ablated volume



Case 43009

INSIGHTEC



CLINICAL TRIAL

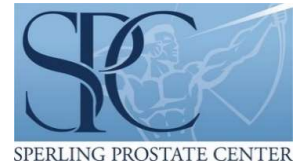
- Completed 101 treatments (@2 year follow up)
- GG2-3 MR visible tumors
- Luminary, leading sites



Memorial Sloan Kettering
Cancer Center™



BRIGHAM AND
WOMEN'S HOSPITAL

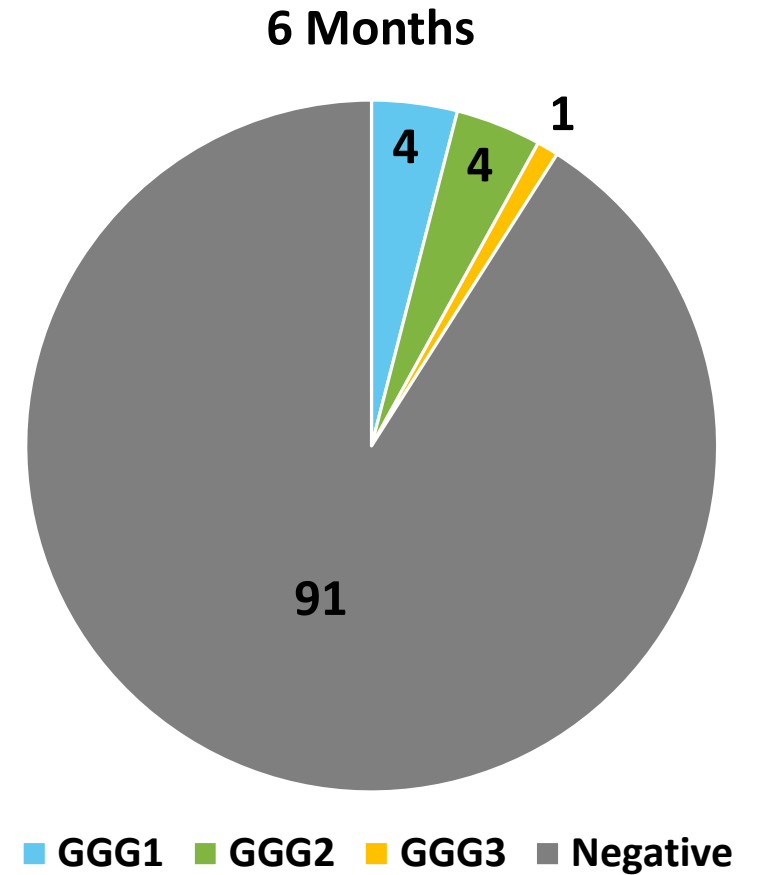


INSIGHTEC



BIOPSY RESULTS

Positive Biopsy Results Within the Planned ROT by Gleason Grade at 6 Months			
Positive Biopsy Results Within the Planned ROT / Gleason Grade Group		Exablate	
		N	%
Yes	Gleason \leq 6 (3+3) / GGG 1	4	4.0
	Gleason 7 (3+4) / GGG 2	4	4.0
	Gleason 7 (4+3) / GGG 3	1	1.0
	Total	9	8.9
No	Total	92	91.1
Totals	Total	101	100.0





EXABLATE vs. FT FDA LABELING & SOC DATA

	Prostatectomy ¹⁻⁴	Whole-Gland HIFU ⁵⁻⁷	FOCAL ONE ⁸	TULSA-PRO ⁹	Exablate
Positive Biopsy / Histology	16-24% (Surgical margin)	39-41% (@12 months)	37% (@12 months)	35% (@12 months)	~20% (@24 months)
Erectile Dysfunction (Erections insufficient for penetration)	79% (Range: 25-100%)	58% (Range: 38-67%)	45%	20-25% (Grade 2 medication indicated; no grade 3)	21%
Urinary Incontinence (Moderate to severe)	15% (Range: 0-50%)	3% (Range: 3-22%)	12%	2.6% (Grade 2 pads indicated; no grade 3)	1%
Urethral Stricture (Moderate to severe)	9% (Range: 3-26%)	15% (Range: 9-35%)	N/A	2.6%	1%
GI Toxicity (Moderate to severe)	15% (Range: 0-24%)	7% (Range: 1-21%)	N/A	None	None

References:

1. ProtecT, Hamdy *et al* 2016
2. RCT, Yaxley *et al Lancet* 2016
3. Thompson (Chair) *et al*, AUA prostate cancer clinical guideline update panel, J Urol 2007
4. Resnick *et al*, Prostate Cancer Outcomes Study (PCOS), NEJM 2013
5. FDA IDE Study DEN15001 (Sonablate 450)
6. FDA IDE Study K153023 (Ablatherm)
7. Crouzet *et al*, Whole-gland HIFU, Eur Urol 2014
8. FDA IDE Study K172721 (FOCAL ONE)
9. TACT – TULSA-PRO Ablation Clinical Trial for FDA 510(k)



SITE REQUIREMENTS

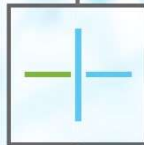
- Treatment team: Radiologist/IR, Urologist, Anesthesiologist, Nurse, MR technician
- GE MR meeting Exablate System requirements, and
 - Screening – 3T mp-MRI *or* 1.5T MRI with an endorectal coil
 - Treatment - 3T *or* 1.5T with GE cardiac coil
- MR-compatible anesthesia equipment
- Access to CT scanner
- Access to mapping biopsy and localization pathology reading
- Urinary catheter (Foley or SPC - in certain cases)







INSIGHTEC



Thank You!

STEPUP.
Make a Difference.

INSIGHTEC