Forward-looking Statements

Certain statements in this presentation and oral statements made during this meeting may contain "forward-looking statements" within the meaning of applicable securities laws, including the “safe harbour provisions” of the Securities Act (Ontario), with respect to Profound Medical Corporation ("Profound" or the "Company"). Such statements include all statements other than statements of historical fact contained in this presentation, such as statements that relate to the Company’s current expectations and views of future events. Often, but not always, forward-looking statements can be identified by the use of words such as “may”, “will”, “expect”, “anticipate”, “predict”, “aim”, “estimate”, “intend”, “plan”, “seek”, “believe”, “potential”, “continue”, “is/are likely to”, “is/are projected to” or the negative of these terms, or other similar expressions, as well as future or conditional verbs such as “will”, “should”, “would”, and “could” intended to identify forward-looking statements. These forward-looking statements include, among other things, statements relating to expectations regarding future clinical trials, expectations regarding regulatory approvals, expectations regarding the safety and efficacy of its product, expectations regarding the use of its product and its revenue, expenses and operations, plans for and timing of expansion of its product and service offerings, future growth plans, ability to attract and develop and maintain relationships with suppliers, manufacturers, physicians/clinicians, etc., ability to attract and retain personnel, expectations regarding growth in its product markets, competitive position and its expectations regarding competition, ability to raise debt and equity capital to fund future product development, and anticipated trends and challenges in Profound’s business and the markets in which it operates.

Forward-looking statements involve known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of the Company to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. The results, performance and achievements of the Company will be affected by, among other things, the risks and uncertainties discussed in the “Risk Factors” section in the Company’s Annual Information Form dated April 20, 2018, such as successful completion of clinical trial phases with respect to Profound’s device, obtaining regulatory approvals in relevant jurisdictions to market Profound’s device, risks related to the regulation of Profound (including the healthcare markets, lack of funding may limit the ability to commercialize and market Profound’s products, fluctuating input prices, international trade and political uncertainty, healthcare regulatory regime in relevant jurisdictions may affect the Company’s financial viability, reimbursement models in relevant jurisdictions may not be advantageous), competition may limit the growth of Profound, if the Company breaches any of the agreements under which it licenses rights from third parties, Profound could lose license rights that are key to its business, loss of key personnel may significantly harm Profound’s business and past performance is not indicative of future performance, and such other risks detailed from time to time in the other publicly filed disclosure documents of the Company which are available at www.sedar.com. The Company’s forward-looking statements are made only as of the date of this presentation and, except as required by applicable law, Profound disclaims any obligation to update any forward-looking statements, whether as a result of new information, future events or results or otherwise, unless required by applicable law. There can be no assurance that forward-looking statements will prove to be accurate, as actual results and future events could differ materially from those anticipated in such statements. Accordingly, and because of the above-noted risks, uncertainties and assumptions, readers should not place undue reliance on forward-looking statements due to the inherent uncertainty in them.

TULSA-PRO and SONALLEVE are registered trademarks of Profound Medical Corp.
**Profound Medical**: Providing incision free surgery, customized to each patient and delivered with precision

Enhanced Diagnosis and Targeted Identification
- MP-MRI
- MR Guided Biopsy
- Genomics

Therapy capable of being:
- Customized to each patient’s anatomy and pathology
- Precisely planned
- Delivered with precision
Prostate Treatment
MR-Guided Transurethral Ablation of Prostate Ultrasound Thermal Energy & Precise Real Time Process Control

**TULSA-PRO**

Precise ablation with millimeter accuracy
- Real-Time MR Imaging
- Real-Time process control of ablation using MR temperature map and robotically driven arm

Customized treatment to meet each patient's particular need
- Urologist defines region of ablation
- Full gland to targeted therapy for localized cancer
- BPH

Safety by design
- Ablate from Inside-prostate; safer than outside-through rectum, able to treat prostates >140 cc
- Actively protects urethra and rectum via cooling
- MR and Ultrasound heating are safe modalities

Two hour procedure time
TULSA Technology Offers Ablative **Flexibility**

- **Whole Gland Ablation**
- **Targeted Ablation**
- **Salvage Therapy post Radiation Therapy Failure**
- **BPH**

- Treatment – natural follow-on to MRI guided diagnosis and MRI guided biopsy to diagnose disease with precision
- Outpatient procedure – patients discharged within 24 hours
- Customized treatment plan to each prostate anatomy and pathology
- Real-time MRI guidance and control ensures accurate ablation to 1.3 mm precision
- Inside-Prostate approach allows for treatment of large prostates > 140 ml
**From Open Surgery to Incision-Free Surgery**

<table>
<thead>
<tr>
<th>SURGERY TYPE</th>
<th>FULL PROSTATE REMOVAL</th>
<th>FLEXIBLE: FULL PROSTATE OR TARGETED CANCER ABLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasiveness</td>
<td>Reduced</td>
<td>Incision free</td>
</tr>
<tr>
<td>Recovery time</td>
<td>Reduced</td>
<td>Day surgery</td>
</tr>
<tr>
<td>Clinical outcome</td>
<td>Improved recovery time</td>
<td>Improved, Customized, Precise</td>
</tr>
<tr>
<td>Surgeon skill</td>
<td>Dependent</td>
<td>Closed loop process control automation</td>
</tr>
<tr>
<td>Cost of Surgery</td>
<td>Higher</td>
<td>Lower</td>
</tr>
</tbody>
</table>

From Open Surgery to Incision-Free Surgery.

- **Open Prostatectomy**
  - 1970
- **Laparoscopic Prostatectomy**
  - 1982
- **Robotic Laparoscopic Prostatectomy**
  - 1992
  - 1993
- **Incision Free Targeted Surgery**
  - 2001
  - 2012
  - 2017
TULSA-PRO Addressing Unmet Needs

Unmet needs
1. Intermediate risk patients
   1. Active lives, side effects matter
   2. Comorbid, surgery carries risks
   3. MR visible lesion
2. Low risk patients
   1. Also have BPH
   2. Want an intervention
   3. Active lives
3. Salvage therapy patients
4. Early stage disease, Gleason Score (GS) = 3+3 but genetic testing indicates aggressive disease

TULSA does not preclude any additional intervention if needed in the future
Enables **Targeted to Whole-Gland Treatment**

- Over 90% of prostate cancers present with multi-focal lesions
- 20-40% of patients have their disease confined to one side of the prostate

- Multi-focal nature of prostate cancer requires that clinicians have tools that can provide them precise, safe and effective partial to whole gland range of treatment

Ablation Efficacy: Confirming Ablation of MR Visible Lesion

Clinical Histology (gold standard)

- Treat-and-resect clinical study, targeting MRI-visible lesion with TULSA (n=5)
- TULSA followed by Radical Prostatectomy on same day
- Histology confirmed complete ablation of target lesion to prostate capsule, accuracy 0.4 ± 1.7 mm

Study Population – Low & intermediate risk prostate cancer patients, ≥ 65 years old (n=30)

Well-tolerated favorable safety profile with minor impact on urinary, erectile and bowel function at 12 months
1. 0/30 urinary incontinence (pads) at 12 months
2. 0/30 rectal fistula or bowel urgency
3. 21/30 patients potent pre-treatment → 20/29 potent at 12 months (ED def: IIEF Q2 ≥ 2)
4. Prostate volume reduced 88%
5. PSA decreased 90%
6. Total cancer core length reduced by 75% - by prostate TRUS biopsy at 12 months

Treatment accuracy – Median thermal ablation accuracy & precision: 0.1 ± 1.3 mm

Ultrasound treatment time – Median 36 min for 44 cc prostate volume
**TACT Pivotal Trial: Full Prostate Volume Ablation (99%)**

To support FDA application, enrollment completion Feb 2018

**Study Population:** Low & intermediate risk patients, 45 – 80 years old, n=110, 13 clinical sites

**Primary Endpoints**
- Safety – Frequency and severity of adverse events
- Efficacy – PSA reduction ≥ 75%
  - Proportion of patients achieving PSA nadir ≤ 25% of the pre-treatment baseline value
  - Performance goal for the success proportion is 50% of patients

**Secondary Endpoints**
- Prostate volume reduction on MRI at 12 months, PSA nadir – % patients with PSA ≤ 0.5 ng/ml, PSA stability – % patients with PSA ≤ 0.5 ng/ml at 12 months
- Prostate TRUS biopsy – % patients with negative biopsy at 12 months
- Erectile function – Change in % patients with IIEF-5 ≥ 17, Erection firmness sufficient for penetration – Change in % patients with IIEF Q2 ≥ 2
- Urinary incontinence – Change in % patients using ≥ 1 pad / day
- Quality of life – IPSS, IIEF-15 & EPIC-50
- Targeting accuracy – Accuracy and precision of conformal thermal ablation of target prostate volume

Based on a preliminary analysis performed by the Company, of the first 63 evaluable patients, the median PSA reduction to-date is 93%, and 92% (58 out of 63) have achieved the PSA reduction success proportion – January 2018

Additional data to be presented at AUA on May 19, 2018
SONALLEVE

Technology platform for:
  • Uterine Fibroid Treatment
  • Bone Metastasis Pain
  • Pediatric bone
  • Hyperthermia

Over 200 publications from leading US and European clinicians and hospitals

CE Marked
In normal commercial use, over 85% of patients experienced sustained symptom improvement.

<table>
<thead>
<tr>
<th>Months post-procedure</th>
<th>Patients available for follow-up</th>
<th>Symptom improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Improved</td>
</tr>
<tr>
<td>3 months</td>
<td>105</td>
<td>90 (85.7%)</td>
</tr>
<tr>
<td>6 months</td>
<td>99</td>
<td>92 (92.9%)</td>
</tr>
<tr>
<td>12 months</td>
<td>89</td>
<td>78 (87.6%)</td>
</tr>
</tbody>
</table>

Durability of the therapeutic effect compared to other uterine preserving treatments:

<table>
<thead>
<tr>
<th>Need for alternative treatment</th>
<th>@ 12 month</th>
<th>@ 24 month</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myomectomy</td>
<td>10.6 %</td>
<td>13-16.5 %</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>UAE (Uterine Artery Embolization)</td>
<td>7-10 %</td>
<td>12.7-23.7 %</td>
<td>5,6,7</td>
</tr>
<tr>
<td>MR-HIFU/MRgFUSNPV &gt;60%</td>
<td>6 %</td>
<td>13 %</td>
<td>8</td>
</tr>
</tbody>
</table>
Sonalleve: Bone Metastasis Pain Therapy
Non-invasive alternative to radiotherapy

Most patients with slow growing tumors develop bone metastasis in the later stage of the disease. Bone changes and malformations irritate nerve endings creating significant pain for patients.

- Radiotherapy standard of care for bone mets, but 20-30% of patients do not respond
- Sonalleve as non-invasive alternative to radiotherapy
- Heating of bone surface, ablation of periosteal nerves
- Quick pain relieve in 2-3 days, vs. radiotherapy typical 3 weeks
Pediatrics: Osteoid osteoma
• Very painful, benign bone tumor in children and young adults
• MR-HIFU very effective, immediate pain relief and bone restructuring
• Standard of care is radiofrequency ablation (RFA, invasive)

Pediatrics: Desmoid tumors (Fibromatosis)
• Benign aggressively growing tumors, everywhere in the body
• Can cause severe (bulk) symptoms
• Surgery (+/- radiotherapy) is standard of care, but high risk of recurrence
• Successful MR-HIFU treatments presented as individual case studies

Hyperthermia
• Increase tumor sensitivity to Radiation and Chemo Therapy
• Local heating to 40 – 43°C, precise control of temperature and lesion size
• Adjuvant therapy to chemotherapy or radiation therapy
• Enabling technology for Local Drug Delivery
Commercialization
Strong **Global Network** of Clinical Partners

- **Indicates** TULSA-PRO site
- **Indicates** Sonalleve site
- **Indicates** Sonalleve & TULSA-PRO site
• Strategic Partnerships: expanded and existing collaborations with MR partners will drive revenue:
  • Capital Sales
  • Co-selling
  • Co-marketing
• Build direct sales to drive procedure adoption and disposable sales
• Focus Sonalleve sales in Asian market and academic hospitals in North America and Europe. Focus TULSA-PRO in Europe
Reimbursement Environment

**US**

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>APPROXIMATE HOSPITAL PAYMENT</th>
<th>APPROXIMATE SURGEON PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic Radical Prostatectomy</td>
<td>$10,000</td>
<td>$1,450</td>
</tr>
<tr>
<td>Radiation Therapy (IMRT Simple, 40 Sessions)</td>
<td>$20,000</td>
<td>Fee bundled into primary APC</td>
</tr>
<tr>
<td>Brachytherapy</td>
<td>$8,000</td>
<td>$2,200</td>
</tr>
<tr>
<td>Cryoablation</td>
<td>$10,000</td>
<td>$800</td>
</tr>
</tbody>
</table>

**Germany**

TULSA-PRO part of DRG payment to the hospital 3,963 Euros as of January 2018

* Payment is the sum of the indicated APC/CPT codes
** Payments are for Medicare patients. Private payer payments for these procedures will vary and may result in higher payments than published Medicare rates.
European Pilot Commercial Launch

Revenue Ramp

- Q1-2017: CDN $600,000
- Q2-2017: CDN $800,000
- Q3-2017: CDN $1,400,000
- Q4-2017: CDN $2,000,000

First-time revenue recognition
Precise
Customized
Safe

Incision-free Procedures
Real-Time MR guided treatments

1. Precise
2. Customized
3. Safe

Prostate disease treatment from ‘Inside-Prostate’
- CE marked
- FDA expected 2019

Treatment from ‘Outside-In’
- Uterine Fibroids
- Bone Metastasis
- CE marked
- China FDA expected in 2018