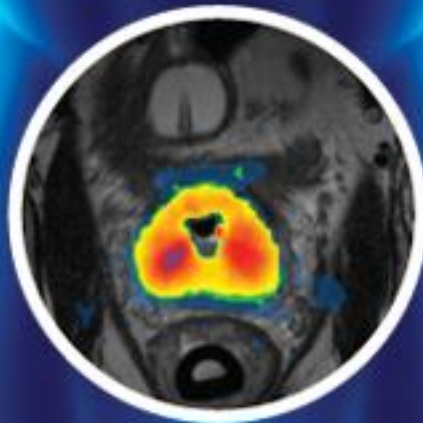


PROFOUND MEDICAL CORP.

Incision Free Ablation of Diseased Tissue

April 2017



TSXV:PRN

Forward-Looking Statements

This presentation and oral statements made during this meeting regarding Profound and its business which may include, but are not limited to, the expectations regarding the efficacy of Profound's technology in the treatment of prostate cancer. 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 each entity. 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 pharmaceutical industry, 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. 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.

Investment Highlights

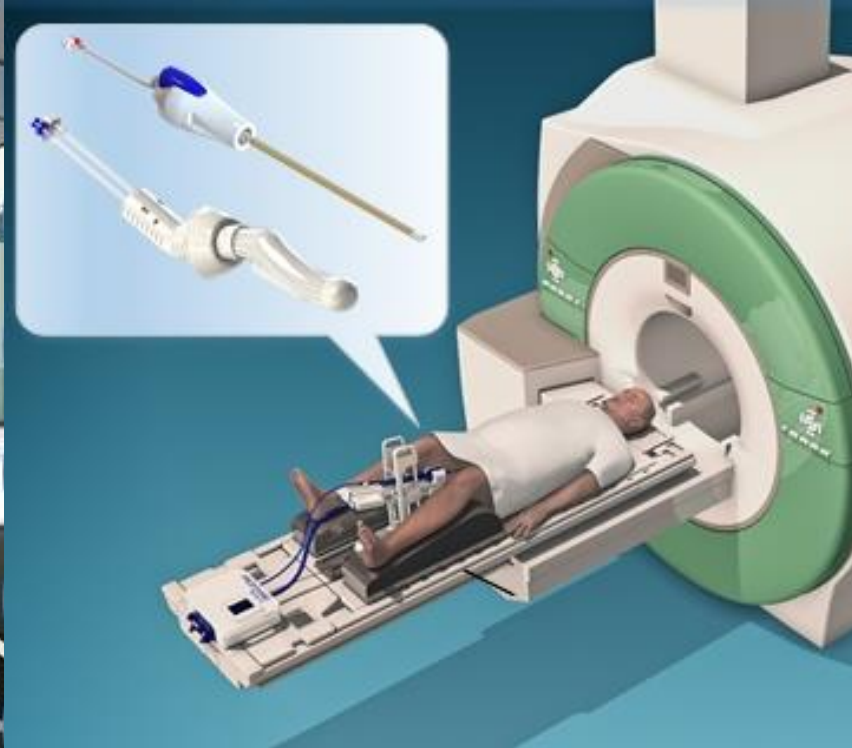
- Incision free ablation of abnormal prostate in a single, two hour procedure
- Real time MR imaging & thermometry guiding a robotic arm & intelligent software to ablate abnormal tissue as defined by the physician
 - Safe
 - Precise
 - Customized
 - Minimizes of side effects
- Razor/razor blade model with high-value, single use disposable
- > 500,000 prostate cancer patients per year in US and Europe, 5.8 Million patients on active surveillance
- Commenced pilot commercial launch in Europe in January 2017
Commenced TACT pivotal trial in September 2016 for US approval
- Agreements in place with Siemens and Philips for sales and marketing

TULSA-PRO™ Device Technology

CONTROL ROOM



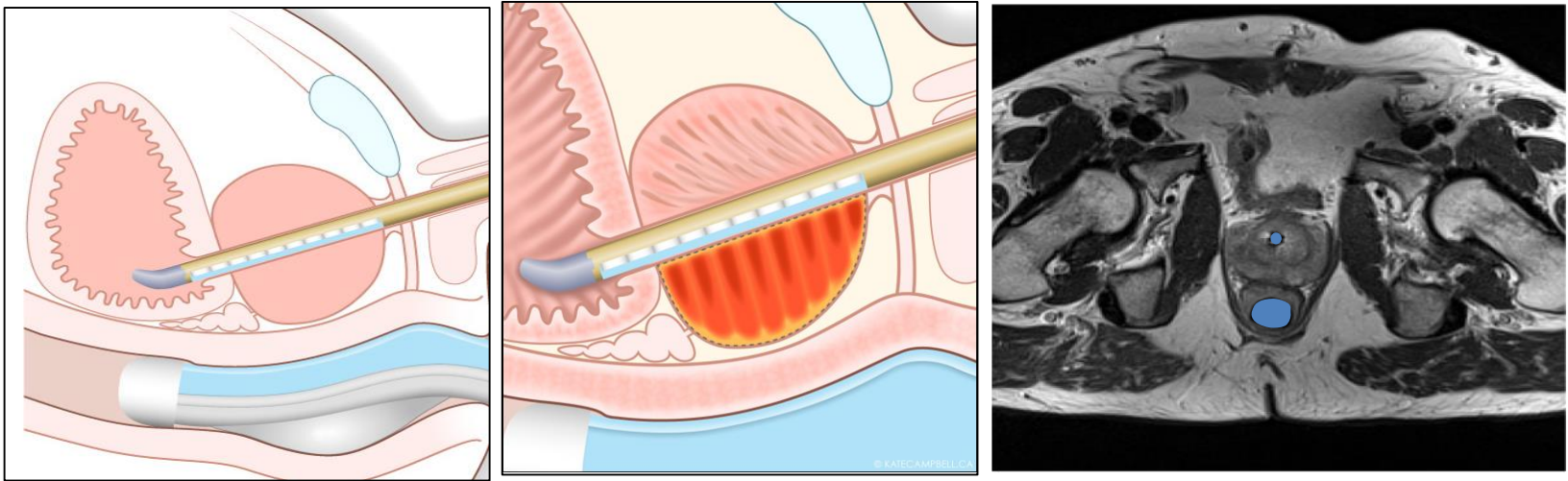
SCAN ROOM



Inherently Designed to Minimize Side Effects

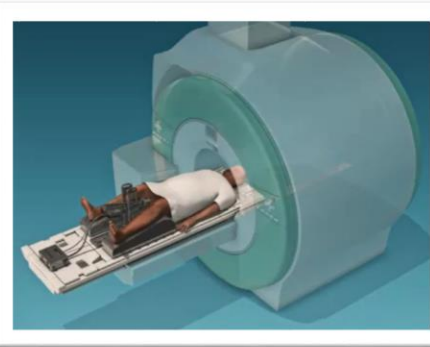
TULSA ablation:

- No incision
- Actively protects critical anatomy via cooling
- Precise: robotic, MRI Guidance, real-time temperature guidance & control
- Inside-out: avoiding damage to rectum, urethra and nerves



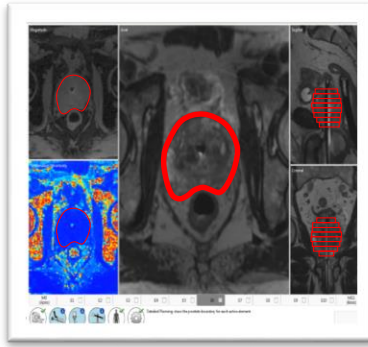
Automated, Precise Ablation from the Inside-Out

1



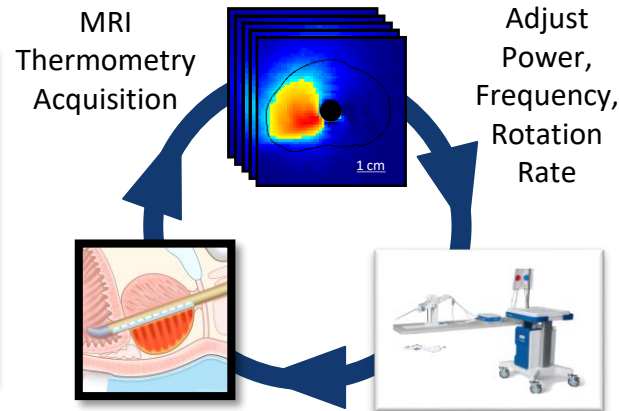
MRI Guided
Device Positioning

2



Precise Treatment
Planning by
Urologist

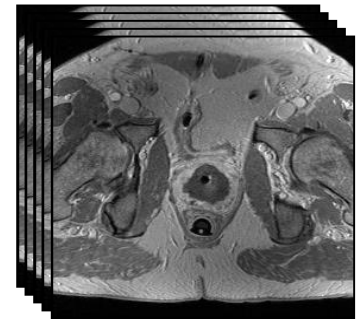
3



Automated Temperature
Feedback Controlled,
Robotically driven

- Controlled Algorithm Target Temp 57° Celsius
- Ablation in 40 minutes

4



Confirmation of
Ablation Margin
with MRI

No Current Standard of Care

MONITORING	MOST COMMON PROCEDURES	
ACTIVE SURVEILLANCE	RADICAL PROSTATECTOMY	RADIATION
Delayed Treatment: in recent study 55% received radical treatment³	Minimally Invasive	No incision
Periodically monitored: biopsy, PSA tests, digital rectal exams, imaging	Excise prostate from outside-In	Radiate from outside-In
10 yr. cost, \$29,000² Impact on patients: psychological distress, periodic invasive and painful tests	No active protection of critical anatomy	Minimal protection of critical anatomy
	High rates of incontinence and impotency	High rates of side effects, including damage to bowels
	<ul style="list-style-type: none"> • Success – surgeon skill • Recovery time – weeks 	<ul style="list-style-type: none"> • Damage to surrounding tissue • Risk of secondary cancers • Delayed onset of side effects • Multiple sessions - 30-60 days • 30% patients fail treatment¹

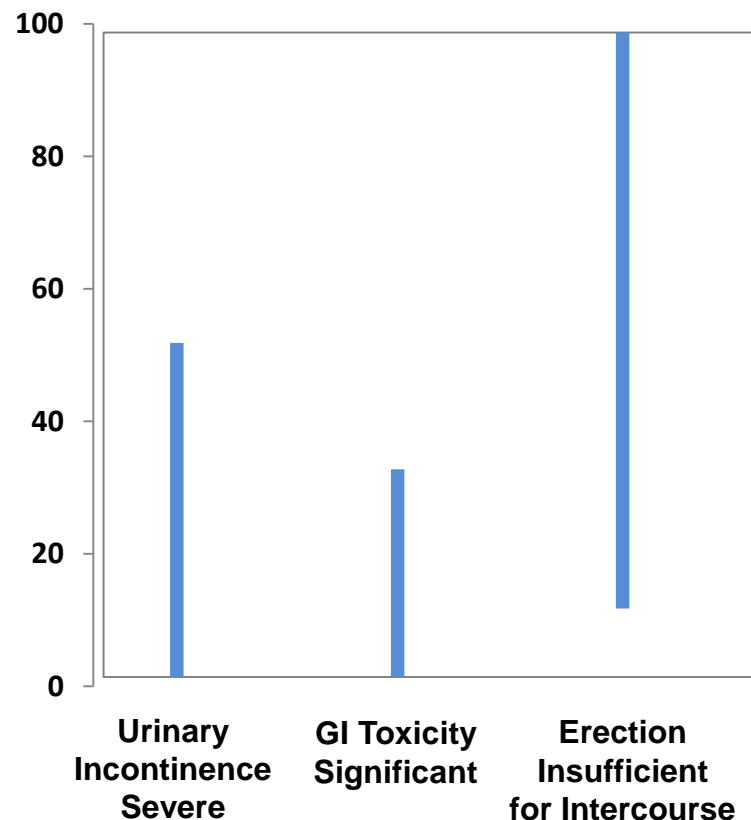
Other less frequent treatments include: HIFU, Cryotherapy, Brachytherapy, Hormone Therapy, Laser...

The Problem: Complication Rates & Side Effects

Functional Outcomes at 2 years¹

	PROSTATECTOMY	RADIODTHERAPY
URINARY INCONTINENCE	No control or frequent urinary leakage	
	10%	3%
	Bothered by dripping or leaking urine	
	11%	2%
BOWEL FUNCTION	Bowel urgency	
	14%	34%
	Bothered by frequent bowel movements, pain, or urgency	
	3%	8%
SEXUAL FUNCTION	Erection insufficient for intercourse	
	79%	61%
	Bothered by sexual dysfunction	
	56%	48%

Rate of complications reported with radical prostatectomy & radiotherapy^{2,3} (Variation as reported in 436 publications)



1. Resnick *et al.* Long-Term Functional Outcomes after Treatment for Localized Prostate Cancer; New England Journal of Medicine, 2013 (Jan): 368:436-445

2. Thompson (Chair) *et al* AUA prostate cancer clinical guideline update panel, "Guideline for the management of clinically localized prostate cancer: 2007 update," The Journal of Urology, 177: 2106-2331 (2007)

3. PMI 12-month Phase 1 Trial, GCP-10102 Table 10

Large & Growing Patient Population

- 5.8 Million Men Are Currently Living with Prostate Cancer in the U.S. and Europe
- 524,000 new patients per year
 - 181,000 U.S.³
 - 343,000 E.U.⁴
- Current treatments associated with significant side effects, forcing delay in treatment until necessary

1. seer.cancer.gov

2. European Alliance for Personalized Medicine, 2015

3. American Cancer Society

4. International Agency for Research on Cancer. WHO.

US: 2.8M MEN¹

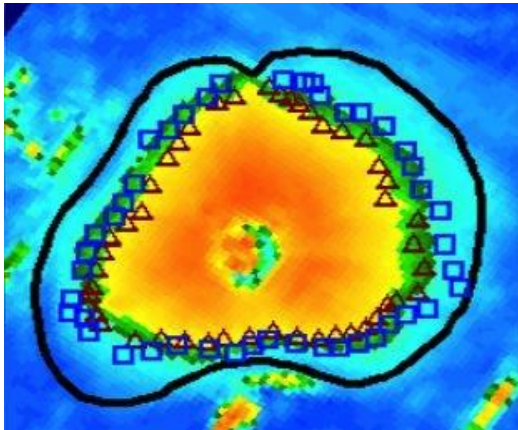


EU: 3M MEN²

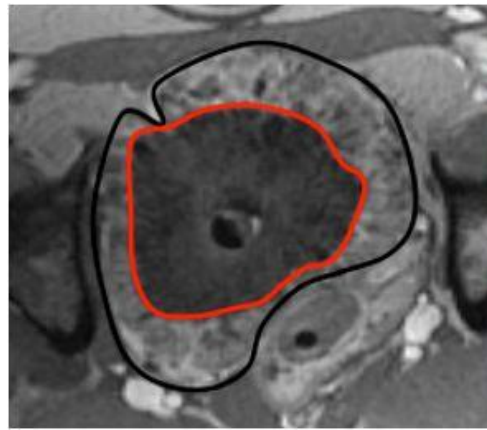


Precision of TULSA Has Been Validated

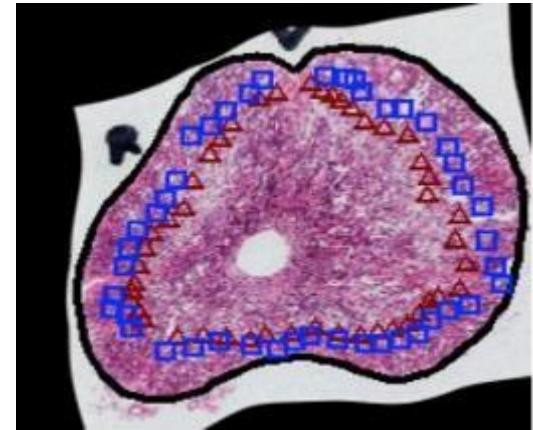
TULSA ablation is accurate to 1.3 mm, confirmed by contrast-enhanced MRI and histology in animal and human studies



Thermal MRI
measurement
from TULSA
procedure

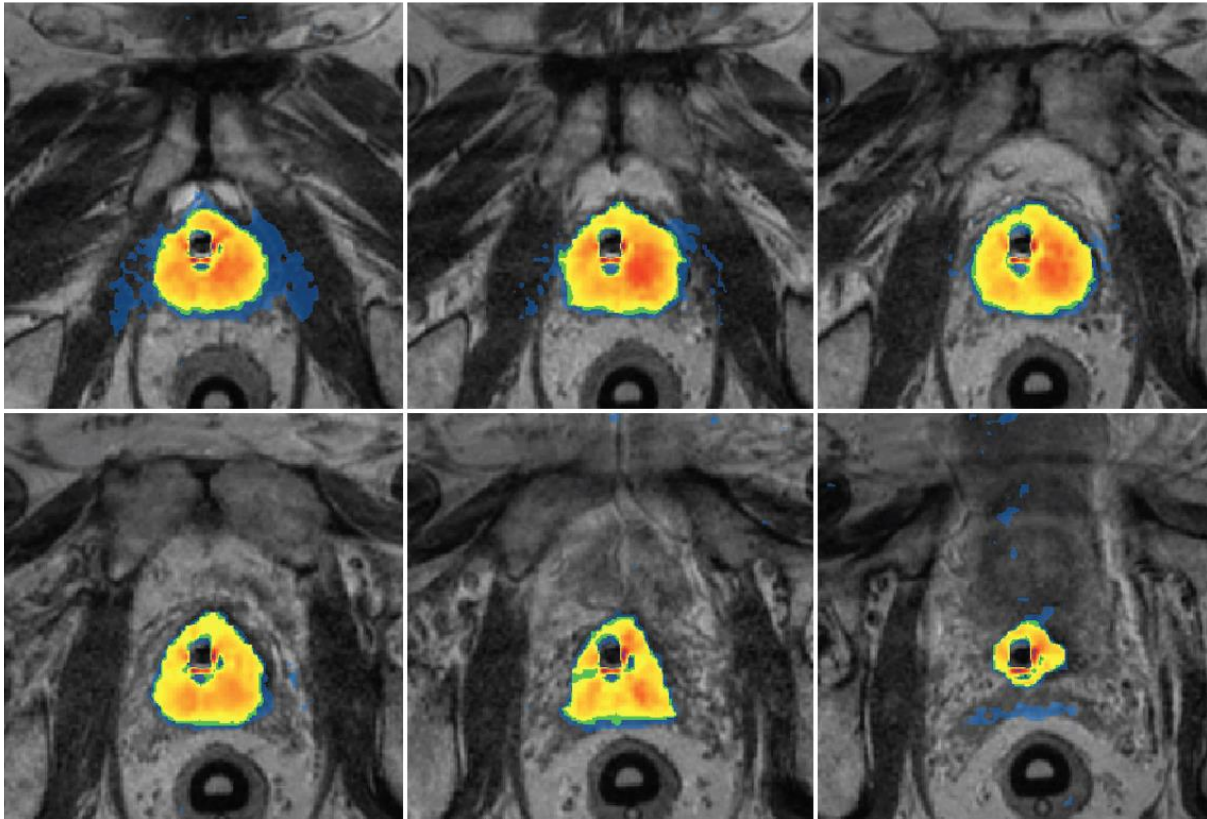


High resolution
contrast MRI confirms
ablation accuracy



Also confirmed by
gold standard whole-
mount pathology

TULSA Customization – A Key Value Driver



Personalized to each patient's anatomy and pathology, minimize side effects

Safety & Precision Clinical Trial: Completed

OBJECTIVE	Determine safety and feasibility of MRI-TULSA for whole-gland prostate ablation in a primary treatment setting of localized prostate cancer
SUBJECTS	30 Patients (Inclusion criteria: Men \geq 65 yr, organ confined PCa, PSA \leq 10 ng/ml, Gleason score 3+3 or 3+4)
OUTCOMES	<ul style="list-style-type: none">• 30 patients treated with at least 12 month follow-up• No intraoperative complications, no rectal injury or fistula• Erectile dysfunction rate of 8% (IIEF item 2 \geq 2)• At 12 months, only 1 patient (3%) with Grade 1 urinary incontinence (no pads)• Functional quality-of-life outcomes back to baseline levels• Accuracy of thermal ablation +/- 1.3 mm

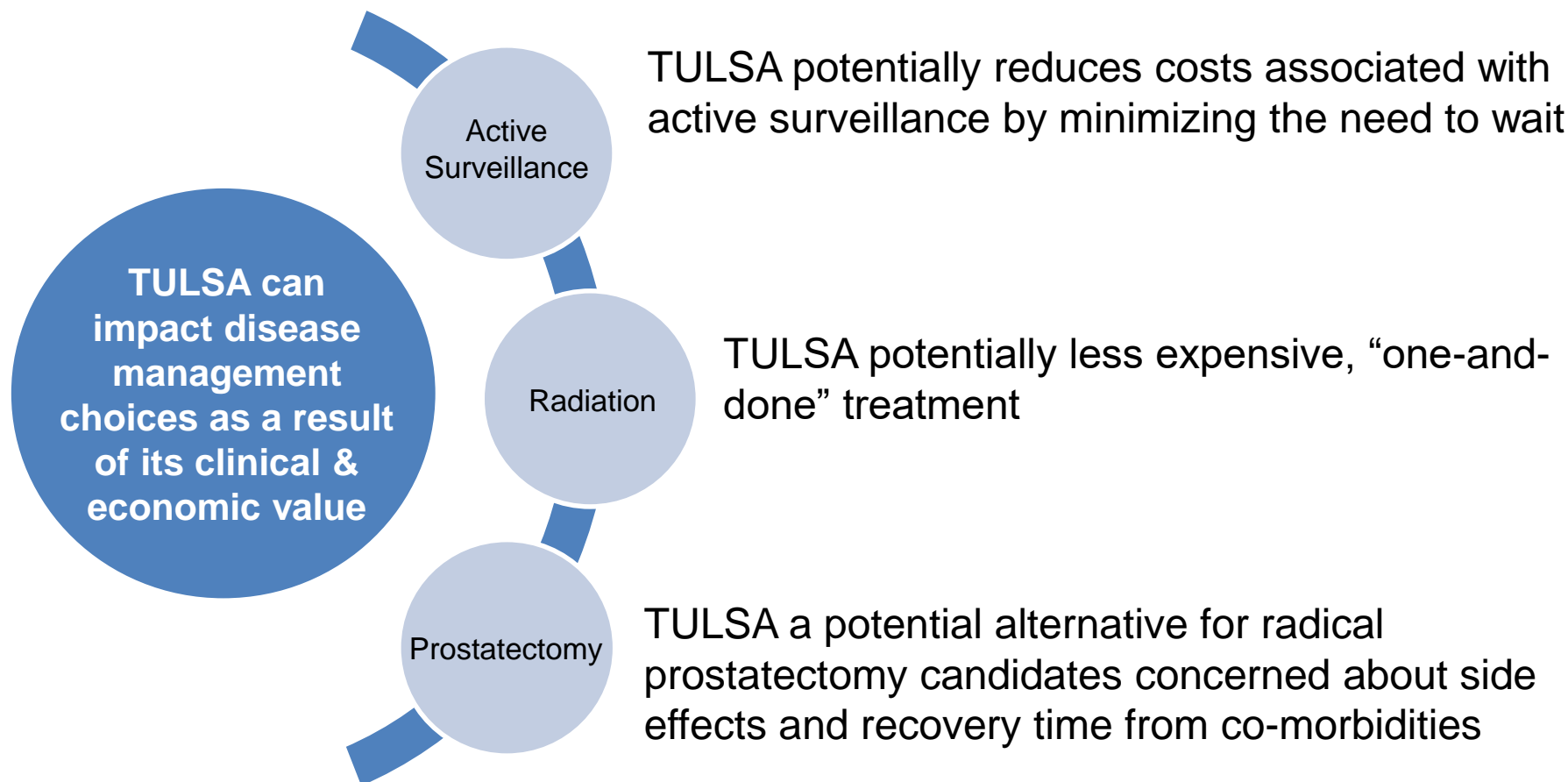
Trial design required leaving 3mm outer prostate tissue intact
– 70 % patients free of clinically significant cancer

Chin *et al*, "Magnetic Resonance Imaging-Guided Transurethral Ultrasound Ablation of Prostate Tissue in Patients with Localized Prostate Cancer: A Prospective Phase 1 Clinical Trial," European Urology (2016)

TACT Pivotal Trial: Commenced September 2016

OBJECTIVE	Further evaluate safety and efficacy of TULSA-PRO™ intended to ablate prostate tissue of patients with localized, organ-confined prostate cancer
SUBJECTS	110 Patients (Inclusion criteria: Males, age 45-80 yrs, organ confined PCa, PSA ≤ 15 ng/ml, Gleason score ≤ 3+4)
SITES	15 Sites
OUTCOMES	<p>Primary Endpoints</p> <ul style="list-style-type: none">• Safety• Efficacy <p>Secondary Endpoints</p> <ul style="list-style-type: none">• Frequency and Severity of Adverse Events• Rate of Erectile Dysfunction• Rate of Urinary Incontinence• PSA Levels and Stability• Procedure Efficiency• Resource Requirements for Reimbursement Purposes

TULSA Well-Suited for Accountable Care



Favorable Reimbursement Environment

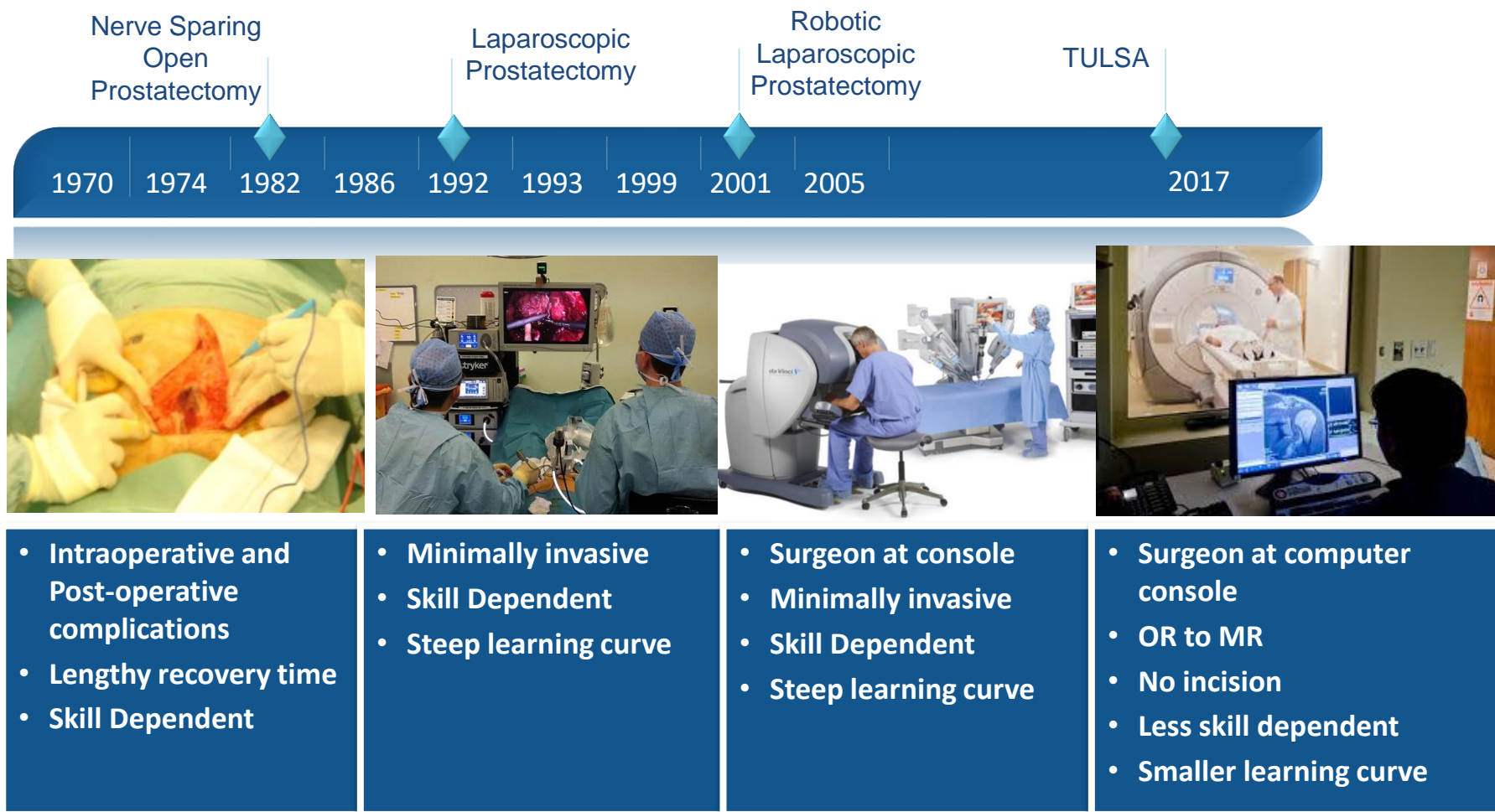
Multiple treatment approaches, including infrequently performed procedures, are already reimbursed

PROCEDURE	CODE	PAYMENT 2016	CODE	PAYMENT 2016
LAPAROSCOPIC RADICAL PROSTATECTOMY WITH CC	DRG 666	\$9,775	CPT 55866	\$1,443
LAPAROSCOPIC RADICAL PROSTATECTOMY WITH MCC	DRG 665	\$17,022	CPT 55866	\$1,443
RADIATION THERAPY (IMRT SIMPLE, 40 SESSIONS)	APC 5623	\$19,816	CPT 77387	Fee bundled into primary APC
BRACHYTHERAPY	APC 5532, 5613, 5374, 5614, 5624	\$4,324 ¹	CPT 76873, 77318, 55875, 55876, 77778	\$2,206 ¹
CRYOABLATION	DRG 666	\$9,775	CPT 55873	\$793

1. Payment is the sum of the indicated APC/CPT codes

The payments included in this worksheet are for Medicare patients, private payers payments for these procedures will vary and may result in higher payments than published Medicare rates.

Technology Adoption



<http://www.cancerprogress.net/timeline/prostate-cancer>
 Cooperberg et. al. 2004 <http://emedicine.medscape.com/article/458187-overview>
 Fulmer et. al. 2015 <http://emedicine.medscape.com/article/458677-overview>
<http://www.edap-tms.com/en/products-services/prostate-cancer>

Delivering Benefits Across Continuum

PATIENTS	UROLOGISTS	PAYERS
<ul style="list-style-type: none">• Single incision free ~ 2 hour procedure• Minimal side effects and complications• Fast recovery	<ul style="list-style-type: none">• Treat patients who might otherwise be on active surveillance or go to radiation• Enables urologist to use innovative/cutting-edge therapies remotely, in “control room” setting• Computer-driven procedure may enable standardization across doctors	<ul style="list-style-type: none">• Favorable side effect and complication profile• Risk-benefit analysis may favor immediate treatment instead of active surveillance• Cost analysis may favor TULSA over other treatments