

Prostate Nerve Reconstruction Investor Event

November 9, 2026

Forward-looking Statements

This presentation contains “forward-looking” statements as defined in the Private Securities Litigation Reform Act of 1995, which are statements that are not historical facts and relate to future conditions, events, or results. These statements are based on management's current expectations or predictions of future conditions, events, or results based on various assumptions and management's estimates of trends and economic factors in the markets in which we are active, as well as our business plans. Words such as “expects,” “anticipates,” “objectives,” “intends,” “plans,” “believes,” “seeks,” “estimates,” “projects,” “forecasts,” “continue,” “may,” “should,” “will,” “goals,” and variations of such words and similar expressions are intended to identify such forward-looking statements. Forward-looking statements include, but are not limited to, statements related to: clinical development activities, our potential expansion into prostate applications, market development opportunities, our strategic investments, training and education initiatives, reimbursement and market access efforts, research and development activities, and market acceptance and adoption.

Actual results or events could differ materially from those described in any forward-looking statements as a result of various factors, including, without limitation, risks related to product development and product potential, clinical outcomes, regulatory processes, reimbursement and market access, surgeon adoption, market acceptance, and data validation, as well as those risk factors described under Part I, Item 1A., “Risk Factors,” of our most recent Annual Report on Form 10-K, subsequent Quarterly Reports on Form 10-Q, and other filings made from time to time with the Securities and Exchange Commission. Forward-looking statements are not a guarantee of future performance, and actual results may differ materially from those projected. Forward-looking statements speak only as of the date they are made and, except as required by applicable law, we assume no responsibility to publicly update or revise any forward-looking statements.

Michael Dale
President and
Chief Executive Officer



Our Mission

To **restore health and improve quality of life** by making restoration of peripheral nerve function an **expected standard of care.**

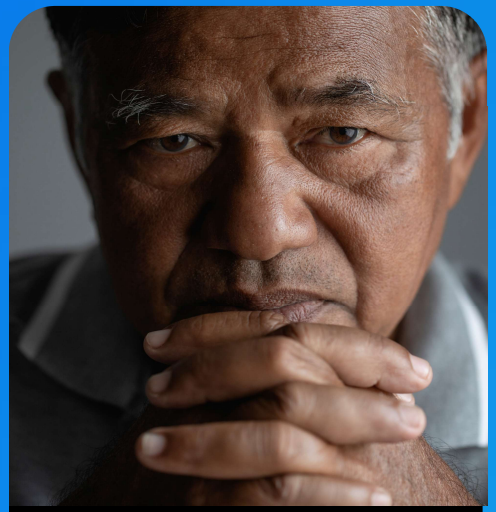


Our Decision to Move Forward with a Prostate Market Launch



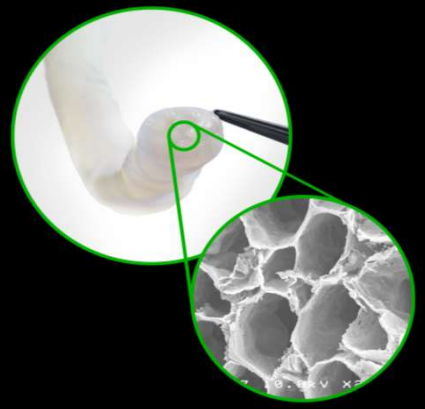
Clinical Need

Is the need real and meaningful to patients?



Market Opportunity

Is market opportunity substantial enough to warrant allocating people and capital?



Surgical Technique with Avance ®
(acellular nerve allograft-arwx)

Can we develop a scalable standardized technique?



Clinical Impact

Do clinical outcomes demonstrate a positive benefit-to-risk signal?

Jens Kemp
Chief Marketing Officer



Erectile Dysfunction and Incontinence are Significant Side Effects of Prostatectomy with Substantial Quality of Life Impact



Recovery of erectile function can be highly variable post robotic prostatectomy[1]



of Robotic-Assisted Radical Prostatectomies require complete removal of one or both nerve bundles with significant impact to recovery[2]

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1. Tillier CN et al. Support Care Cancer. 2024. 2. FSI-Axogen Market Research. 2026.

Patients Expect Prostate Cancer Control Without Sacrificing Quality of Life



93% | Quality of life is as important as cancer control

87% | Changes in erectile function affected quality of life

95% | Doctors should do everything possible to preserve or restore erectile function

82% | Avoid or delay treatment because of concern about erectile dysfunction or incontinence

Source: FSI-Axogen Patient Survey Findings. 2026.

Patient Intent Suggests Access to Nerve Reconstruction Would Influence the Care Pathway

88% Would ask their surgeon about nerve reconstruction

78% of radiation patients surveyed would have been more likely to choose surgery

76% of active surveillance patients surveyed would have chosen surgery

87%
Would switch surgeons

81%
Would switch hospitals

77%
Would pay out of pocket



Source: Inspired Health Patient Survey Report,2026, FSI-Axogen Patient Survey Findings. 2026.

Hospitals Indicate Pre-reimbursement Pathway is Possible



84% Rated improvement in erectile function recovery as very or extremely important

87% Of urology administrators rate an erectile-function recovery benefit as important

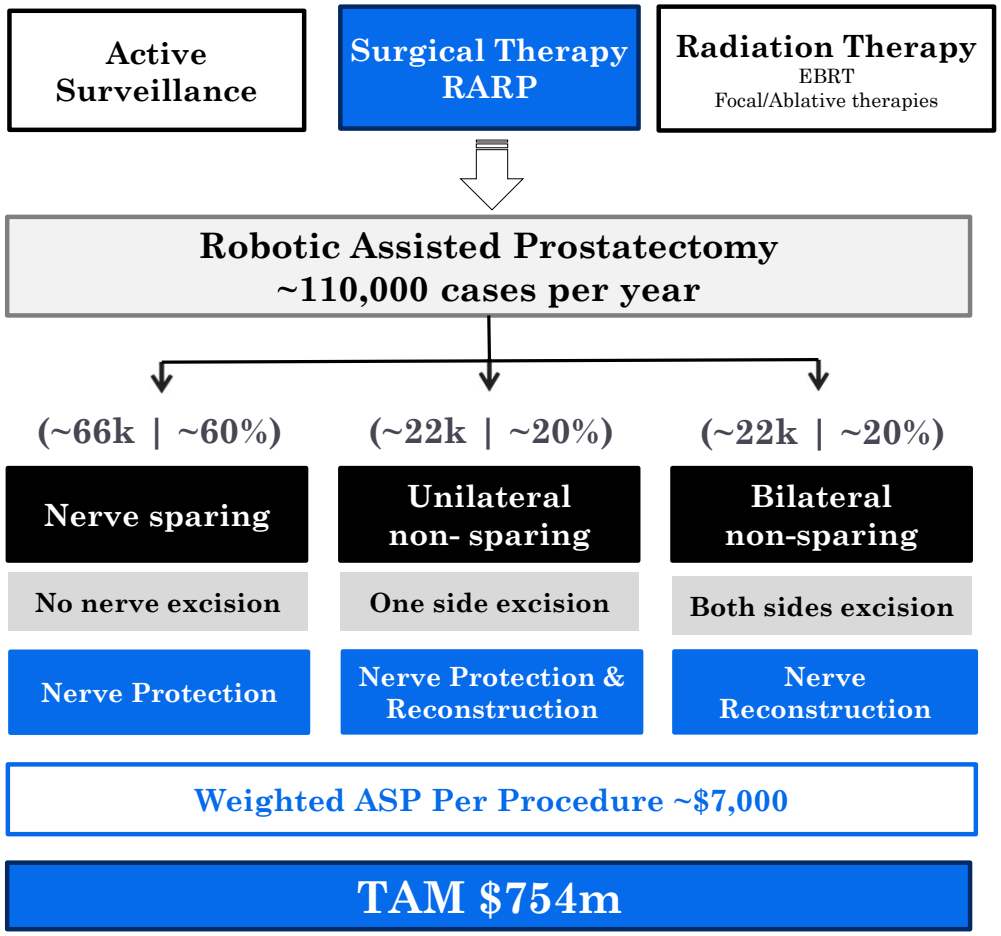
80% Meaningful improvement in ED recovery can justify pre-coverage adoption

56% Would support adoption before broad coverage

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Source: FSI-Axogen Hospital Administrator Survey Findings. 2026.

Total Addressable Market



Market Expansion Growth Drivers

- U.S. prostate cancer diagnoses have been increasing approximately 3% annually, expanding the underlying eligible patient treatment population
- Converting patients from other treatments such as radiation to surgery
- Earlier conversion of patients on active surveillance to surgery
- Use of nerve grafting in nerve sparing procedures with partial resection

Erick DeVinney
Chief Scientific Officer



A Nerve Reconstruction Technique Designed for Robotic Workflow

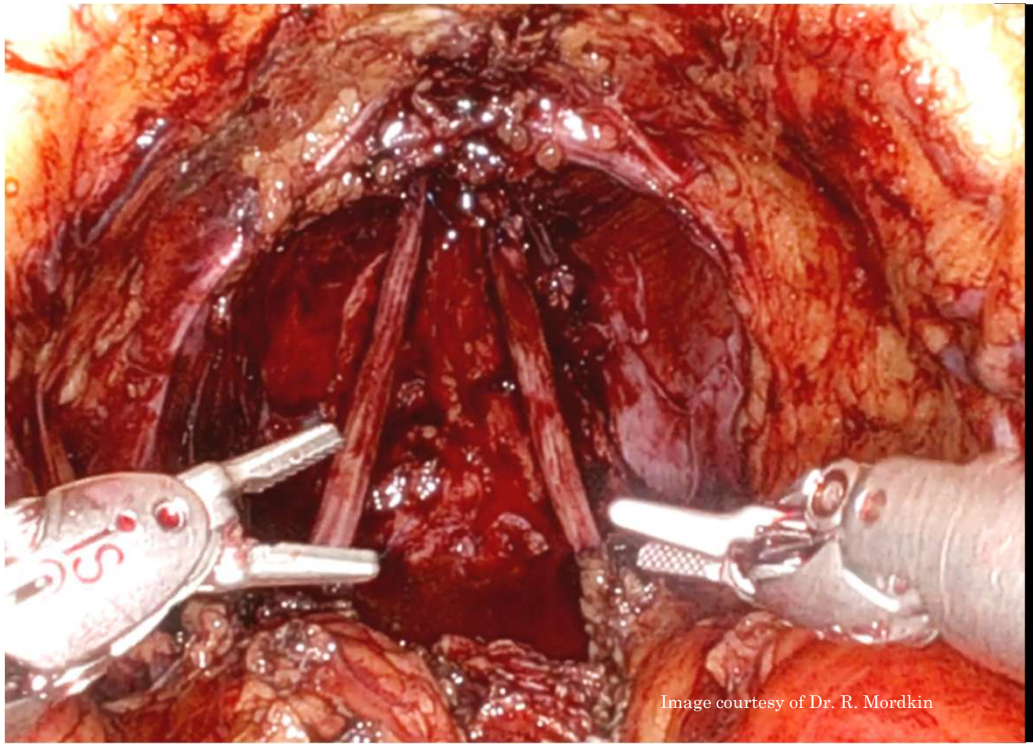


Image courtesy of Dr. R. Mordkin

Cavernous Nerve Reconstruction Technique

1	**IDENTIFY**	Locate proximal and distal recipient targets
2	**MEASURE**	Determine the nerve deficit length
3	**PREPARE**	Thaw, size, and trim graft as needed
4	**COAPT**	Position and suture both the distal and proximal ends
5	**CONFIRM**	Inspect alignment, tension and fixation

Clinical Experience to Date

Clinical Experience Study

>220 Patients reconstructed with Avance®

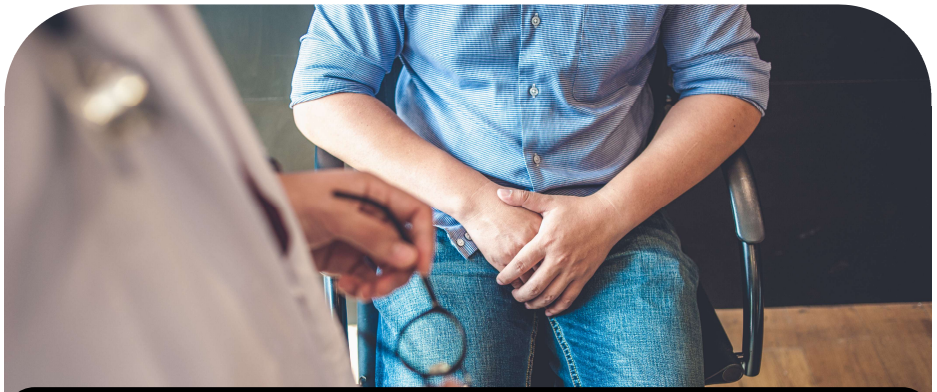
15 Clinical sites

15 Surgeons

117 Patients treated with at least six months of follow-up

86 Unilateral reconstruction

31 Bilateral reconstruction



At 6 months

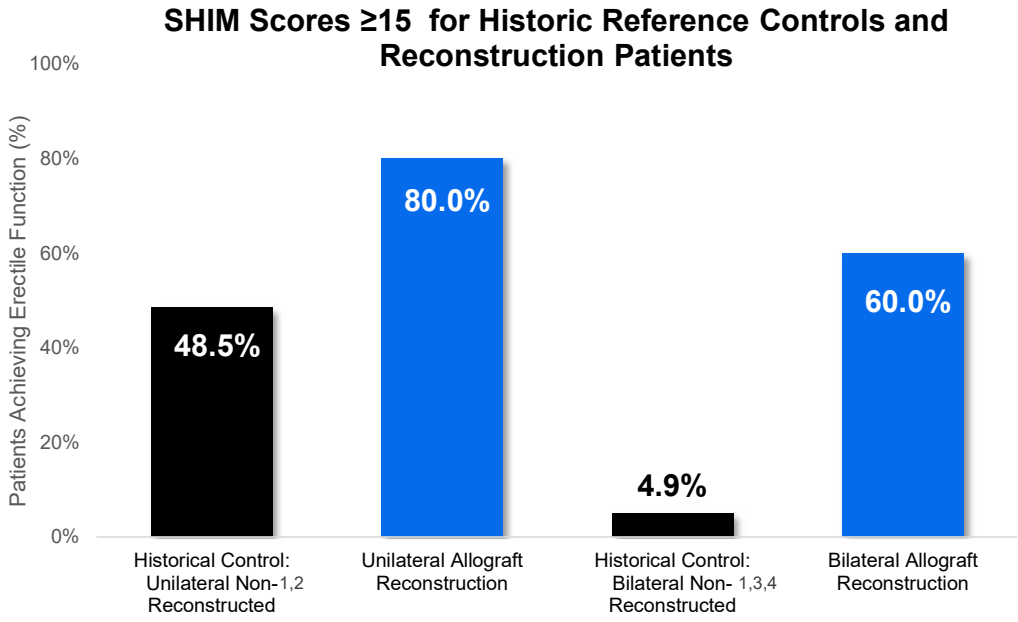
~80% Of patients had better than expected erectile function

>95% Of patients had return of continence

Shu et al., Findings: Recovery of Erectile Function Was Higher Following Nerve Reconstruction Than in Published Historical Controls

38 Patients reconstructed with Avance®

Positive Response Rate	Unilateral Allograft Reconstruction	Bilateral Allograft Reconstruction
Patient Subjective Assessment of Achieving Erectile Function	80% (n=25)	62% (n=13)
Quantitative SHIM Score ≥ 15	80% (n=20)	60% (n=10)



1. Krishnan R, et al., Erectile function recovery in patients after non-nerve sparing radical prostatectomy. Andrology. 2014.
2. Zorn KC et al., Long-term functional and oncological outcomes of patients undergoing sural nerve interposition grafting during robot-assisted laparoscopic radical prostatectomy. J Endourol. 2008.
3. Borchers H et al., Erectile function after non-nerve-sparing radical prostatectomy: fact or fiction? Urol Int. 2006.
4. di Giovanni A., Erectile Dysfunction Treatment Outcomes Following Bilateral Non-Nerve- Sparing Robot-Assisted Radical Prostatectomy. JSM Sexual Med 2026.

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Data Courtesy of Tung Shu MD, Vanguard Urologic Institute, Houston TX

Dr. David I. Lee, MD

Professor of Clinical Urology – University of California, Irvine



EDUCATION

- MD – Loma Linda University School of Medicine (1995)
- Intern in General Surgery – Thomas Jefferson University Hospital (1995-1996)
- Resident in General Surgery – Thomas Jefferson University Hospital (1996-1997)
- Resident in Urology – Thomas Jefferson University Hospital (1997-2001)
- Minimally Invasive Urology Fellow – Washington University (2001-2002)
- Endourology Fellow – University of California Irvine (2002-2003)

CURRENT APPOINTMENTS

- Professor of Clinical Urology - University of California, Irvine (2021 – Present)
- Director of Comprehensive Prostate Cancer Program – UCI Health (2021 – Present)
- Vice Chair of the Department of Urology – University of California, Irvine (2023 – Present)
- Board Member, Han-Eol (2005 – Present)

PROFESSIONAL SOCIETY INVOLVEMENT

- American Urological Association
- Endourological Society
- Society of Urologic Robotic Surgery
- American Medical Association
- Society of Laparoendoscopic Surgeons
- Society of Urologic Oncology
- Society of Robotic Surgery

Q&A



Michael Dale

President and Chief Executive Officer



Lindsey Hartley

Chief Financial Officer



Jens Kemp

Chief Marketing Officer



Erick DeVinney

Chief Scientific Officer



Rick Ditto

VP, Global Health Economics, Reimbursement & Policy



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Thank you

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