



liberty[™]
microbot medical
ENDOASCULAR ROBOTIC SYSTEM

Redefining Surgical Robotics

Safe Harbor Statement











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Microbot At-a-Glance



 Large and Emergent Market <ul style="list-style-type: none">• Many endovascular procedures are life and limb saving interventions• >6 million procedures in the USA (15 million worldwide)• Performed by >15,000 physicians (USA)• >\$40B annual spend (USA)	 Significant Unmet Needs <ul style="list-style-type: none">• Difficulty navigating complex anatomy• Healthcare providers at elevated risk of cancer and orthopedic problems• Shortage of healthcare providers• Limited access to quality care	 Differentiated Robotic Solution <p>LIBERTY® is the world's 1st fully disposable robotic system designed to:</p> <ul style="list-style-type: none">• Improve procedural efficiency• Lower procedure costs• Reduce risks of radiation exposure and physical strain (ergonomics)• Enable access to quality care	 First Mover Advantage <ul style="list-style-type: none">• No commercially available robotic system in the USA for endovascular procedures*• First single use robotic system
 Attractive Reimbursement <ul style="list-style-type: none">• High procedure reimbursement for target procedures• Capacity to incorporate new technologies	 Unique Business Model <ul style="list-style-type: none">• Single use design reduces customer barriers to acquisition• Improves operational efficiencies• Eliminates upfront investment in expensive inventory build• No expensive investment in services infrastructure	 Clear Path to Commercialization <ul style="list-style-type: none">• Completed pre-submission with FDA• Successfully completed pivotal human clinical trial in the USA• On track to file 510(k) with the FDA in Dec. 2024• Expected commercial launch during Q2 2025	 Experienced Team <ul style="list-style-type: none">• Led by a team with a proven track record of leading companies from inception to commercialization• Supported by board of directors composed of high level, cross functional industry veterans• Backed by global medical experts in the endovascular space

Source: AcuityMD procedure and physician database
* Excluding structure heart procedures

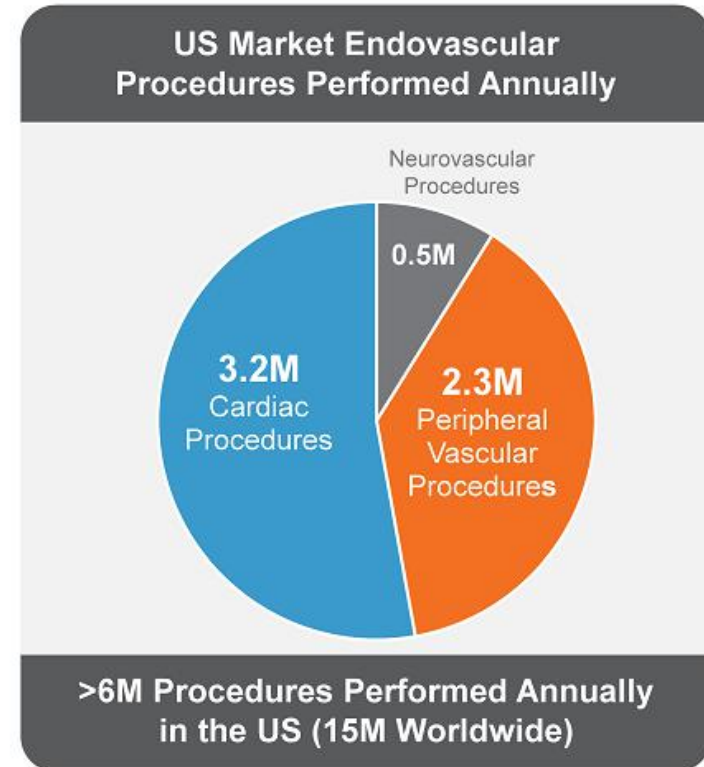


Large and Emergent Market

- **>6 million annual endovascular procedures** performed in the US (**15 million worldwide**)
- **>\$40B spent annually** in the US
- Performed by **15,000 physicians**
 - 9,000 interventional cardiologists
 - 3,000 interventional radiologists¹
 - 3,000 vascular surgeons
- Performed at **8,000 facilities**
 - 3,500 hospitals
 - 4,500 ambulatory centers (ASCs/OBLs)
- Many **endovascular procedures are emergent**, life and limb saving interventions

Source: AcuityMD procedure and physician database

1. Includes interventional neuroradiologists which is a sub-specialty of IR





Initial Target Market: Peripheral Vascular



Source: AcuityMD database



Significant Unmet Needs

Endovascular procedures are ripe for disruptive innovation that can improve procedure efficiency, HCP health & safety, while enabling access to quality care for both providers and patients

Procedure Efficiency

- Managing catheter and guidewire exchanges requires multiple clinical staff to handle the devices, thereby reducing procedure efficiency.
- Less experienced physicians face additional challenges in navigating complex vascular anatomy, negatively impacting procedure times and increasing radiation exposure.

Radiation Risks

- Endovascular procedures are time consuming and require clinicians to operate near the source of ionizing radiation.
- Despite wearing radiation protection equipment, providers who perform interventional radiology or cardiology procedures are 6 times more likely to develop cataracts and 3 times more likely to develop cancer during their careers.¹

Ergonomic Issues

- Endovascular procedures are time consuming, and clinicians stand over the patient while wearing heavy lead protective equipment.
- Due to wearing heavy lead vests/protective equipment while performing the procedures, clinicians are 96% more likely to suffer from lower back pain and 21% more likely to miss work.^{2,3}

Access to Quality Care

- Limited availability of experienced physicians and other staffing shortage
- Lack of capital budget to purchase robotic technology
- Few community hospitals can perform advanced procedures, resulting in patients traveling long distances for life saving healthcare.

1. Andreassi MG, Piccaluga E, Guagliumi G, et al. Occupational health risks in cardiac catheterization laboratory workers. *Circ Cardiovasc Interv.* 2016;9:003273.

2. Andrew S, Abdelmonem M R, Kohli S, et al. (October 18, 2021) Evaluation of Back Pain and Lead Apron Use Among Staff at a District General Hospital. *Cureus* 13(10): e18859. DOI 10.7759/cureus.18859

3. Nicholas M. Orme et al. Occupational Health Hazards of Working in the Interventional Laboratory: A Multisite Case Control Study of Physicians and Allied Staff, *Journal of the American College of Cardiology*, Volume 65, Issue 8,



Differentiated Robotic Solution

The LIBERTY® Endovascular Robotic System is disruptive technology designed to change the standard of care for endovascular procedures

- Single-use, fully-disposable without need for capital investment
- Empowers physicians to precisely steer guidewires and catheters using a handheld remote control away from the radiation source
- Small footprint that integrates into current procedure workflow
- No additional infrastructure required by the user
- Simple and intuitive set-up in under 5 minutes
- Short-learning curve to proficiency
- Compatible with off the shelf guidewires and catheters







Differentiated Robotic Solution



The LIBERTY® Value Proposition

Improve Access to Robotics and Reduce Complexity	Improved Safety	Lower Costs	Improve Efficiency	Improve Care	Increase Patient Access to Care
<p>UNMET NEED: Conventional robotic systems have high acquisition costs which limit access to robotic technology. Most have a large footprint, are difficult to set up, and have a steep learning curve.</p>	<p>UNMET NEED: Due to radiation exposure, radiologists and cardiologists are 6X more likely to develop cataracts and 3X more likely to develop cancer during their career.¹ They are 96% more likely to suffer from lower back pain and 21% more likely to miss work from wearing heavy lead vests/protective equipment.^{2,3}</p>	<p>UNMET NEED: Manual procedures require two people to manage the guidewires and catheters.</p>	<p>UNMET NEED: Wire exchanges for contrast injections can be tedious and time consuming, which contributes to long procedure times.</p>	<p>UNMET NEED: Less experienced physicians are not as skilled steering guidewires and catheters in challenging anatomy.</p>	<p>UNMET NEED: Many complex endovascular procedures are not available in community hospitals due to lack of physicians.</p>
<p>LIBERTY eliminates the need for upfront capital purchase, allowing customers greater access to introduce robotics into their practice. It is designed to easily integrate into clinical workflows, with easy set up and a short learning curve to proficiency.</p>	<p>LIBERTY allows physicians to perform procedures away from the radiation source, and without the need to wear heavy lead vests/protective equipment.</p>	<p>LIBERTY holds the wires and catheters, eliminating the need for an extra set of hands.</p>	<p>LIBERTY automates routine tasks like guidewire retraction and return which may reduce procedure times.</p>	<p>LIBERTY is designed to elevate the skill level of less experienced physicians with precise control of guidewires and catheters.</p>	<p>LIBERTY is designed to enable telesurgery which will increase access to experienced physicians. And by removing the need for upfront capital purchase, LIBERTY allows community hospitals greater access to introduce robotics into their practice.</p>

1. Andreassi MG, Piccaluga E, Guagliumi G, et al. Occupational health risks in cardiac catheterization laboratory workers. *Circ Cardiovasc Interv*. 2016;9:003273.
 2. Andrew S, Abdelmonem M R, Kohli S, et al. (October 18, 2021) Evaluation of Back Pain and Lead Apron Use Among Staff at a District General Hospital. *Cureus* 13(10): e18859. DOI 10.7759/cureus.18859
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Differentiated Robotic Solution



LIBERTY® is protected by a strong intellectual property portfolio that includes patents and trademarks



8
patents
issued/allowed
Worldwide

21
trademarks
registered
Worldwide

59
patent
applications
pending
worldwide

US

IL

CN

JP

EU

CA

EPO

HK

LIBERTY® was designed to eliminate barriers and enable adoption of robotics in endovascular procedures

Barriers to Adoption	Other Robotic Systems	LIBERTY Robotic System
Cost of acquisition	<ul style="list-style-type: none"> ✓ Large capital investment ✓ Disposable procedure kit ✓ Annual service agreement 	<ul style="list-style-type: none"> ✓ Single-use (disposable) device with no initial acquisition cost
Procedure set-up time	<ul style="list-style-type: none"> ✓ 20 minutes extra compared to conventional surgery¹ 	<ul style="list-style-type: none"> ✓ 5 minutes to set-up the robot³
Learning curve	<ul style="list-style-type: none"> ✓ Average 40-100 cases depending on the procedure² 	<ul style="list-style-type: none"> ✓ Less than 5 cases³
Device compatibility	<ul style="list-style-type: none"> ✓ Some require use of proprietary instruments and devices 	<ul style="list-style-type: none"> ✓ Compatible with off the shelf instruments and devices
Complex integration	<ul style="list-style-type: none"> ✓ Requires a dedicated room and integration with hospital IT systems 	<ul style="list-style-type: none"> ✓ Can be used in any angio-suite and does not need to connect with hospital IT

1. Analysis of Procedure Time in Robot-Assisted Surgery: Comparative Study in Laparoscopic Cholecystectomy, Computer Aided Surgery, 8:1, 24-29, DOI: 10.3109/10929080309146099.

2. Systematic review of learning curves in robot-assisted surgery; BJS Open 2020; 4: 27-44.

3. Research report from wet-lab with 9 experienced interventional radiologists. Set-up times and learning curve will vary with user.








First Mover Advantage



There is currently no commercially robotic system available in the US for endovascular procedures

Several companies are developing robotic solutions due to the attractive market and untapped potential
Microbot is uniquely positioned for success with our unique design and first mover advantage in the US market

Company	Status	Target Procedures	US Commercial Availability	No Large Capital Equipment	Disposable Components	No Special Infrastructure Required	Competitive Outlook
	Completed Clinical Study	Initially Peripheral Vascular, followed by Neurovascular & Cardiology	Q2 2025	✓	✓	✓	Expect FDA clearance in Q2 2025, and CE Mark in 2026.
	On the market (Europe, China)	Cardiology	X	X	✓	X	Focused on Europe & China. Large capital system with high cost and complex integration.
LN ROBOTICS	On the market (Korea only)	Cardiology	X	X	✓	X	Focused on Korea. Large capital system with high cost and complex integration.
	Development stage	Neurovascular	X	X	✓	X	Exited US cardiology market. Changed strategy from PCI to focus on Neurovascular.
 (Latvia)	Development stage	Peripheral Vascular	X	X	✓	X	Completed one case in humans. Clinical, regulatory and operational complexity are unknown.
	Development stage	Neuro Vascular	X	X	✓	X	Pre-clinical. Focused on telerobotics with magnetic steering. Cost and operational complexity are unknown.



Attractive Reimbursement



Targeted procedures have an attractive outpatient reimbursement with capacity to incorporate new technologies including LIBERTY®

Procedure	Description	CPT Code(s)	Avg. Reimbursement
Y90 for Liver Cancer	Part 1 – Mapping procedure Part 2 – Embolization procedure	Dx Angiogram (75726) Coil placement (37242) Embolization (37243) Y90 particles (C2616)	\$43,990.21
Peripheral Embolization	For BPH, Uterine Fibroids, Hemorrhoids, Knee Osteoarthritis	Dx Angiogram (75726) Bland particle embolization (37242)	\$15,734.00
Lower Limb Revascularization	Below the knee Chronic total occlusions	Dx Angiogram (75726) Angioplasty (37242)	\$15,856.00
Vascular Hemorrhage	Place intravascular coils or glue to stop bleeding	Dx Angiogram (75726) Coil placement (37244)	\$15,734.00

2024 Medicare/Medicaid average reimbursement
Actual reimbursement will vary and may be adjusted for cost of living
Private insurance typically billed at a higher rate



Unique Business Model



The fully disposable feature of LIBERTY offers an attractive business model to position LIBERTY for commercial success by reducing barriers for entry and increase operational efficiencies for all stakeholders

No Capital Investment

- No special Capital Expense (CAPEX) approval required by the customer. LIBERTY® can be purchased from the Operational Expense (OPEX) budget which will expedite the purchasing process.
- Cost effective evaluation process for customers at their facility can expedite purchasing decision.
- Eliminates the Company's investment in an expensive upfront and ongoing capital equipment inventory build-up, shipping, storage and management.

No Maintenance Expense

- Eliminates the cost for Microbot to hire, train, and manage a dedicated field service department.
- Eliminates the cost for Microbot to build dedicated warehouses and maintain inventory of replacement parts.
- Eliminates the cost for customers to pay for service and maintenance expenses.
- Eliminates risk of equipment down time.

No Custom Infrastructure

- Eliminates the process of fitting the technology to each specific customer (and sometime within a health system), to reduce expenses and expedite purchasing decision.
- Eliminates the investment in establishing, training, supporting and supplying technical team to support installations.
- LIBERTY® does not require investment in dedicated customer staff to provide on-going robotic program support.

Continuous Consumable Revenue

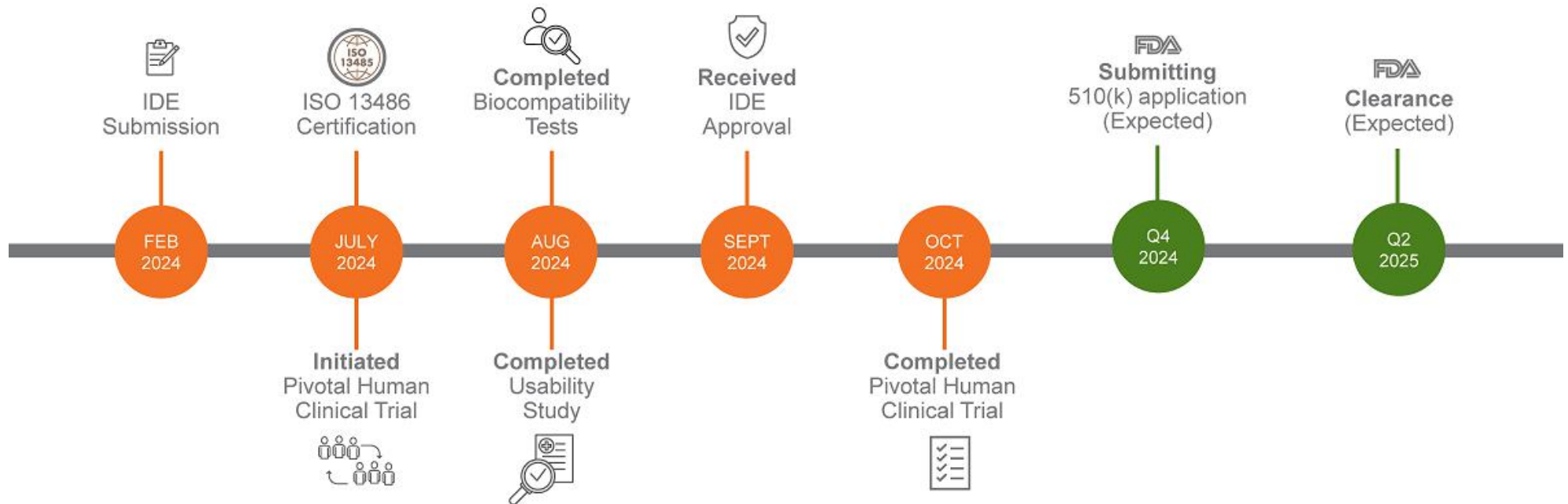
- Recurring revenue stream based on per device usage (or more) for a single procedure.
- LIBERTY® is a single SKU (Stock Keeping Unit) that can be utilized across many procedures, physicians and departments.



Clear Path to Commercialization



With the recent and successful completion of many major milestones, LIBERTY® has a clear path to U.S. launch in Q2 2025





Experienced Team



Leadership Team



Harel Gadot
CEO, President & Chairman

Mr. Gadot is a seasoned executive and entrepreneur in the healthcare space, with an extensive and proven track record of leadership positions in the corporate world as well as the start-up sector, including the United States, Europe, and Israel. Mr. Gadot was formerly Worldwide Group Marketing Director at Ethicon Inc., a multi-billion dollar division of Johnson & Johnson company (NYSE: JNJ). Mr. Gadot served on the board of directors and led the business development for ConTIPI Ltd., an early-stage medical device company, which was acquired by Kimberly Clark Corp (NYSE:KMB) in 2012.



Simon Sharon
Chief Technology Officer

Mr. Sharon brings 23 years of R&D and general management in the medical devices space. Prior to Microbot Medical Mr. Sharon managed the R&D team at Icecure Medical, a publicly traded, medical device company (NASDAQ: ICCM). Mr. Sharon was the General Manager of Anorad Israel, a subsidiary of Rockwell Automation which manufactures sub-micron precision motion systems.



Juan Diaz-Cartelle, MD
Chief Medical Officer

Dr. Juan Diaz-Cartelle leads the development and execution of Microbot's clinical strategy. Dr. Diaz-Cartelle is an experienced medical device executive and a vascular surgeon. Prior to Microbot he served as Senior Medical Director for the Peripheral Interventions Division at Boston Scientific where he oversaw the development of the drug eluting clinical program for peripheral vascular. Dr. Diaz-Cartelle obtained his medical degree at the University of Navarra (Spain) and completed his specialty in Angiology and Vascular Surgery at Hospital General Universitario Gregorio Maranon in Madrid (Spain).



Rachel Vaknin
Chief Financial Officer

Mrs. Vaknin is a CPA licensed in the state of Israel. She has more than 20 years' experience in finance and operations. Prior to joining Microbot Medical, she was CFO for a company in the autonomous driving sector and some of her primary duties included budget planning and forecasts, preparation for financial due diligences and fundraising. Rachel holds a CPA and a BA in Economy and Accounting from Jerusalem Hebrew University.



Experienced Team



Board of Directors



Harel Gadot
CEO, President & Chairman
[LinkedIn](#)



Martin J. Madden
Director
[LinkedIn](#)



Tal Wenderow
Director
[LinkedIn](#)



Scott Burell, CPA
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Aileen Stockburger
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P. Laxminarain
Director
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Yossi Bornstein
Director
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Summary



LIBERTY® is a differentiated solution in a large and emergent market, with clear unmet needs and attractive reimbursement

The endovascular market is large with more than 15 million endovascular procedures performed annually around the world, many of which are life saving and limb saving procedures.

In the U.S., endovascular procedures historically have high reimbursement, with capacity for integrating new technologies like robotics that is expected to add value to all stakeholders.

Microbot is revolutionizing surgical robotics by introducing the world's first single-use, fully-disposable robotic system that improves access to robotic technology by eliminating the expensive capital investment and special infrastructure requirements.

LIBERTY® is designed to allow physicians to remotely perform procedures with precision from the safety of the control room, away from harmful radiation exposure and reduce physical strain (ergonomics)

LIBERTY® is also designed to improve procedural efficiency by eliminating the need for assistance to hold wires and catheters, and to simplify the ability to access complex vascular anatomy.

Microbot achieved meaningful milestones such as receiving an IDE approval from the FDA and successfully completing its pivotal clinical trial, positioning it to submit for FDA clearance in Dec. 2024.

USA launch is expected during Q2 2025, followed by European launch during 2H 2026.



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