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EXPERIENCE AXONICS.®

Axonics

Investor Presentation

February 2022 | Nasdaq: AXNX

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These forward-looking statements are subject to a number of risks, uncertainties and assumptions. We also operate in a very competitive and rapidly changing environment. New risks emerge from time to time and it is not possible for management to predict all risks, nor can the Company assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in, or implied by, any forward-looking statements. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances described in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements contained in this presentation. You should not rely upon forward-looking statements as predictions of future events. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, the future results, levels of activity, performance, events, circumstances or achievements reflected in the forward-looking statements may never be achieved or occur. Except as required by law, the Company undertakes no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in the Company’s expectations.

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Axonics Vision and Philosophy

To be the global leader in providing customer-centric solutions to improve the quality of life for patients suffering from urinary and bowel dysfunction

Clarity of Purpose

Thoughtful Innovation

Integrity and Quality

Axonics Overview

Large and Significantly Underpenetrated Markets	▪ In the U.S., 40M adults suffer from overactive bladder (OAB) and 29M women suffer from stress urinary incontinence (SUI) ▪ High unmet clinical need exists due to limitations of legacy sacral neuromodulation (SNM) and urethral bulking products ▪ Both markets are poised to meaningfully expand, driven by Axonics' innovation and increased patient awareness
Innovative Products	▪ Axonics introduced the first rechargeable SNM system. It is designed to last at least 15 years in the body, with a patient-friendly recharging experience and full-body MRI compatibility (1.5T and 3.0T) ▪ Bulkamid® is a next-gen SUI bulking hydrogel clinically proven to retain its bulking characteristics/efficacy for up to 7 years
Strong Clinical Data in FDA Pivotal Studies	▪ SNM: 88% therapy responder rate at 24 months; leaks reduced from 5.6 at baseline to 1.0 at 24 months[1] ▪ Bulkamid: 77% of women reported that their incontinence was either "dry, much improved or improved" at 12 months[2] ▪ Strong safety profile with no unanticipated adverse events were reported in either of the studies
Significant Commercial Footprint	▪ 110+ U.S. SNM reps, 25 U.S. Bulkamid reps, 145+ U.S. clinical specialists; extensive urology/neuromodulation experience ▪ Secured agreements with majority of national and regional hospital systems in the U.S. ▪ Strong value proposition to customers, with full complement of solutions for OAB, SUI, bowel and mixed incontinence
Attractive Financial Profile	▪ Revenue of $112M in 2020, the first full year of commercial launch in the U.S.; revenue grew 62% in 2021 to $180M ▪ Long-term gross margin profile of low-to-mid 70s; significant operating leverage inherent in business model ▪ Well capitalized, with over $220M of cash as of December 31, 2021

1. ARTISAN-SNM pivotal study 2-year clinical results: https://onlinelibrary.wiley.com/doi/epdf/10.1002/nau.24615
2. Sokol ER, Karram MM, Dmochowski R. Efficacy and safety of polyacrylamide hydrogel for the treatment of female stress incontinence: a randomized, prospective, multicenter North American study. J Urol. 2014 Sep;192(3):843 9

Strong Management Team with Decades of Medical Technology Experience

Axonics

Raymond W. Cohen

Chief Executive Officer

- *35+ Years of Experience*

VESSIX VASCULAR
BIOLIFE SOLUTIONS
SPECTRUM PHARMACEUTICALS
CARDIAC SCIENCE

Dan Dearen

President & CFO

- *30+ Years of Experience*

VESSIX VASCULAR
EY Building a better working world
Q3DM

Rinda Sama

Chief Operating Officer

- *15+ Years of Experience*

VESSIX VASCULAR
CARDIAC SCIENCE

John Woock, Ph.D.

EVP, Chief Marketing and Strategy Officer

- *10+ Years of Experience*

STANFORD biodesign
McKinsey&Company

Karen Noblett, M.D.

Chief Medical Officer

- *25 + Years of Clinical Experience*

UCR School of Medicine
SCHOOL OF MEDICINE
UNIVERSITY of CALIFORNIA • IRVINE
Discover • Teach • Heal

Al Ford

Chief Commercial Officer

- *20+ Years of Experience*

CARDIAC SCIENCE
CSI CRITICARE SYSTEMS, INC.

SNM Overview

Overactive Bladder and Fecal Incontinence: High Prevalence and Debilitating Impact on Quality of Life

Overactive Bladder (OAB)

Sudden urge to urinate; may result in urinary urgency incontinence (UUI) and/or urinary frequency (UF)

Fecal Incontinence (FI)

Inability to control bowel function, including involuntary loss of solid or liquid feces

- OAB affects over **40M adults** and FI affects over **18M adults** in the US[1] (some adults suffer from both UUI and FI)
- Only **half** of those with severe symptoms seek treatment[2]
- OAB and Fl have a significant **negative impact** on **quality of life**, mental health, sleep, productivity, and social activities[1,3]
- **80%+** of patients prescribed medications **discontinue use** within 6 months based on unmet treatment expectations, adverse effects, and cost[3]
- SNM is **broadly reimbursed**[4] by government and private payors
- U.S. SNM market is estimated to be $750 million in 2021[5]

1. Stewart WF et al. Prevalence and burden of overactive bladder in the United States. World J Urol. 2003 May;20(6):327-36; Whitehead WE et al. Fecal Incontinence in US adults: Epidemiology and Risk Factors. Gastroenterology. 2009; 137:512–517.
2. Shaw, et al., "Barriers to Help Seeking in People with Urinary Symptoms." *Fam Pract*, Feb 2001.
3. Reynolds, et al., "The Burden of Overactive Bladder on US Public Health." *Curr Bladder Dysfunct Rep*, Mar 2016.
4. CMS National Coverage Determination (NCD) is established for sacral nerve stimulation.
5. Wall Street research.

Sacral Neuromodulation Overview

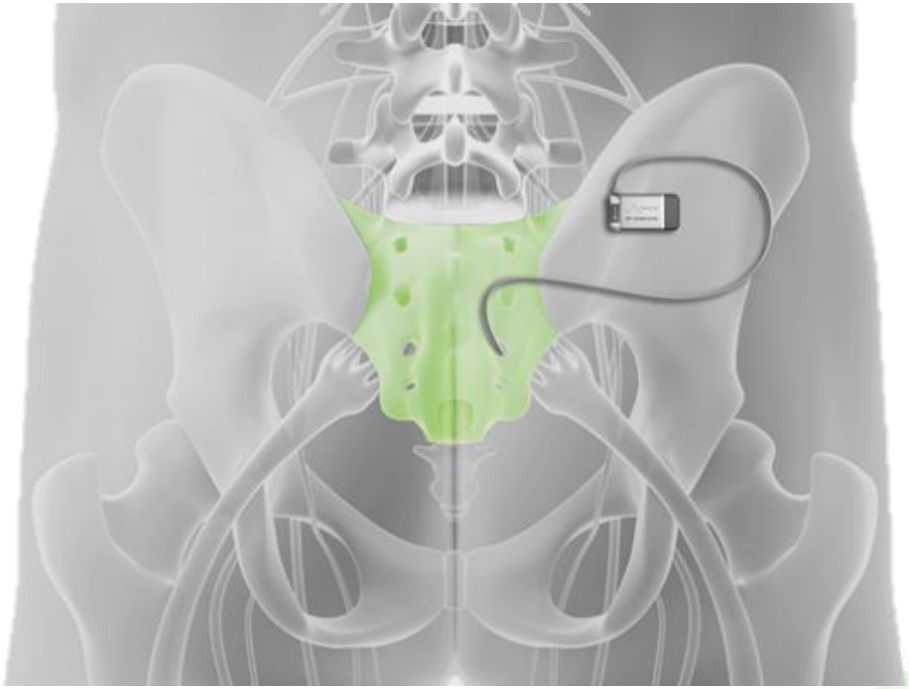
SNM therapy has been commercially available in the United States for **over 20 years** and has been **clinically proven** to provide a safe, effective, durable solution to OAB and FI

Efficacy of SNM therapy:

- Mild electrical pulses targeting the sacral nerves restore normal communication between the brain and the bladder
- Therapy supported by a large compendium of peer-reviewed publications
- Hundreds of thousands of patients have been implanted worldwide

Historic shortcomings of legacy SNM technology (Medtronic InterStim II):

- Surgically explanted and replaced every 3-5 years due to battery depletion
- Size of implanted device can result in pain and discomfort
- Complicated patient programmer
- Head-only MRI compatibility limited adoption and required explant for a full-body MRI scan

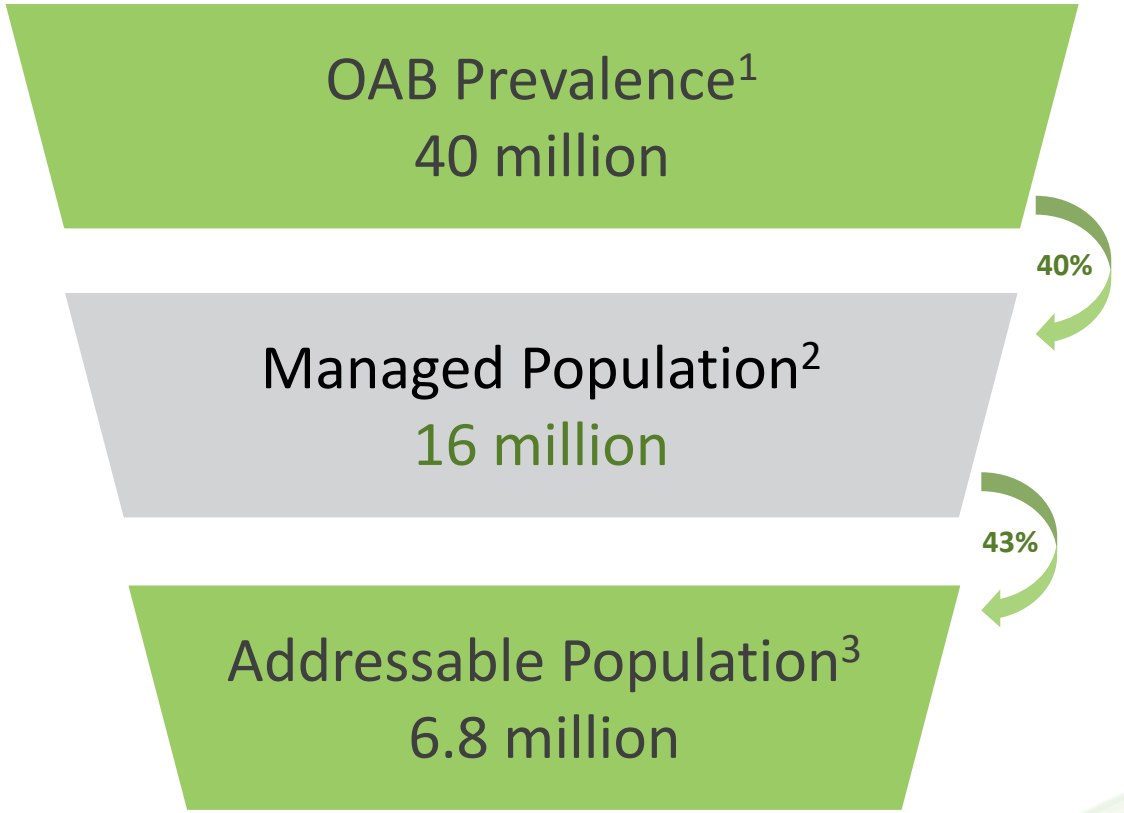


Sacral Neuromodulation – U.S. Market Opportunity

Significant Clinical Need, Low Penetration

- **OAB prevalence:** 40 million Americans (16% or one in 6 adults) have symptoms of OAB.
- **Managed population:** only 40% of Americans with OAB symptoms seek medical attention due to embarrassment, misconception that leaking is part of aging, etc.
- **Addressable population:** 6.8 million adults have an underlying cause of OAB that is treatable with sacral neuromodulation therapy.
  - Approximately 85% of the addressable population are women.
  - Over 3 million Americans are on second-line drug therapy and working their way through the care pathway.[4]
  - Several million more patients have stopped taking meds and are suffering in silence.
  - A limited number of patients on second-line drug therapy have historically advanced to third-line therapy.
    - Historical limitations were lack of awareness of SNM therapy and drawbacks of legacy third-line therapies (PTNS, Botox and InterStim II).
  - In 2021, approximately 50,000 adults were implanted with an SNM devices in the U.S.[5]

U.S. SNM Market Opportunity



1. Stewart WF et al. Prevalence and burden of overactive bladder in the United States. World J Urol. 2003 May;20(6):327-36; Whitehead WE et al. Fecal Incontinence in US adults: Epidemiology and Risk Factors. Gastroenterology. 2009; 137:512–517.
2. Ricci JA et al. Coping strategies and health care-seeking behavior in a US national sample of adults with symptoms suggestive of overactive bladder. Clin Ther. 2001 Aug;23(8):1245-59.
3. Milsom I et al. How widespread are the symptoms of an overactive bladder and how are they managed? A population-based prevalence study. BJU Int. 2001 Jun;87(9):760-6.
   Chancellor MB et al. Long-term patterns of use and treatment failure with anticholinergic agents for overactive bladder. Clin Ther. 2013 Nov;35(11):1744-51.
4. IQVIA prescription data.
5. Wall Street research.

Axonics r-SNM® System

Approved for full-body 1.5/3.0T MRI scans

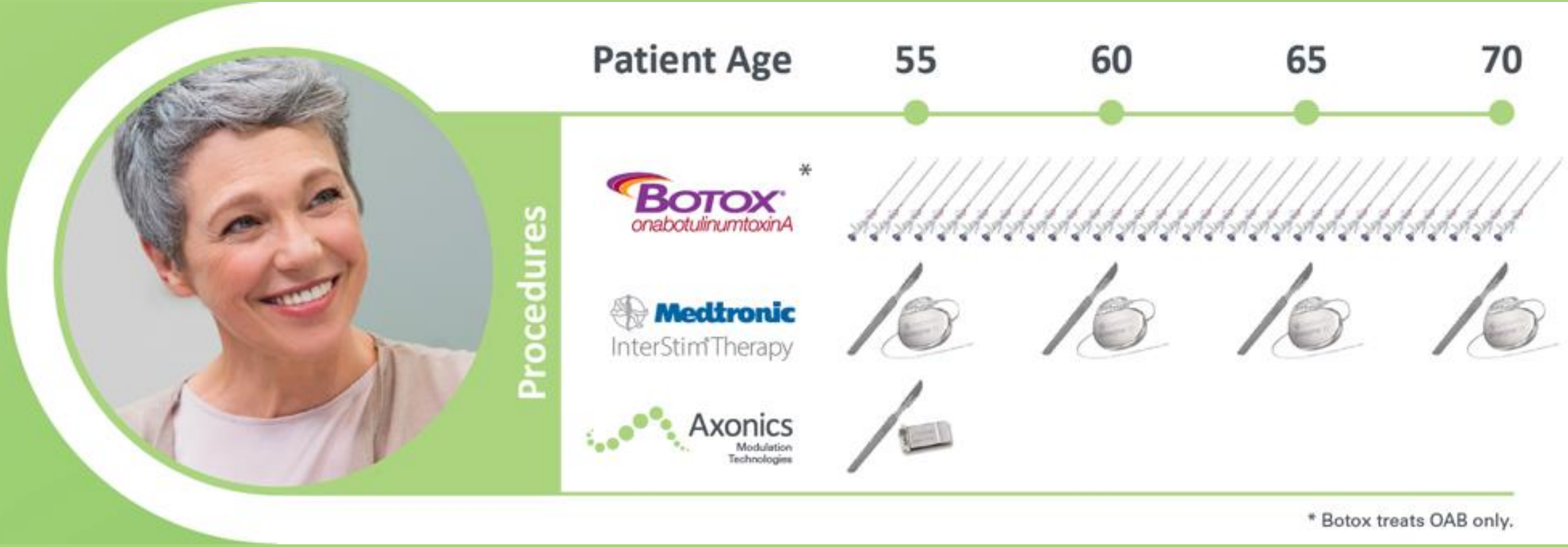
Approved in U.S., Europe, Canada and Australia

Rechargeable miniaturized implantable neurostimulator (INS) with 15+ year life

Simplified programmer, wireless charging system and easy-to-use remote control

Axonics Therapy is Long-lived and Fuss-free

Axonics is approved for 15+ year life in the body



Axonics Therapy significantly reduces the need for frequent treatments or device replacement surgeries

(1) BOTOX injections are typically required every six months to maintain reduction of OAB symptoms.
(2) Patients with the Interstim typically require replacement surgery every three to five years.

Axonics Therapy Has Significant and Distinct Advantages Compared to Legacy SNM Technology

Titanium-ceramic INS construction allows for miniaturization and highly efficient charging with minimal heating

- **Size:** 60% smaller and half the weight compared to InterStim II
- **Implant Life**: 15+ years; 3-4x longer life than InterStim II[1]
- **Constant Current Stimulation**: consistent and reliable therapy by adjusting output automatically
- **Modern, Convenient and Durable:** efficient and safe charging, wireless communication
- **Full-Body MRI Compatible**

1. Based on a comparison of Axonics' label versus published InterStim II label.

Patients Prefer the Axonics System Over InterStim II

Axonics

Axonics surveyed 137 patients being treated with Axonics Therapy who had previously been implanted with a Medtronic InterStim II™ device. The survey asked patients about their experience with Axonics Therapy and to make comparisons to their InterStim experience.

83% of patients would recommend Axonics Therapy to a friend, while only 5% would recommend the InterStim™ II System

Patients said the most beneficial features of their Axonics System are:

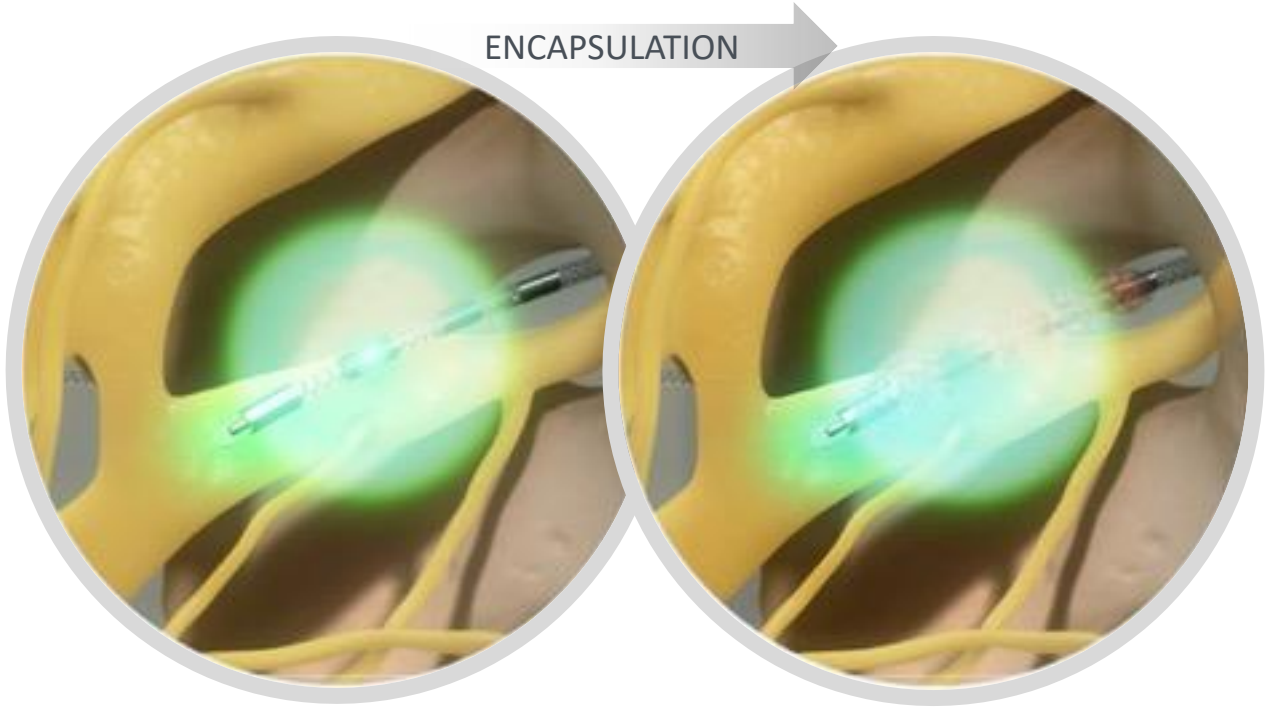
1. Long Life (15 years)
2. MRI Conditional Safety
3. Easy Remote Control

Axonics survey. Company data on file.

Axonics Employs Constant Current Stimulation

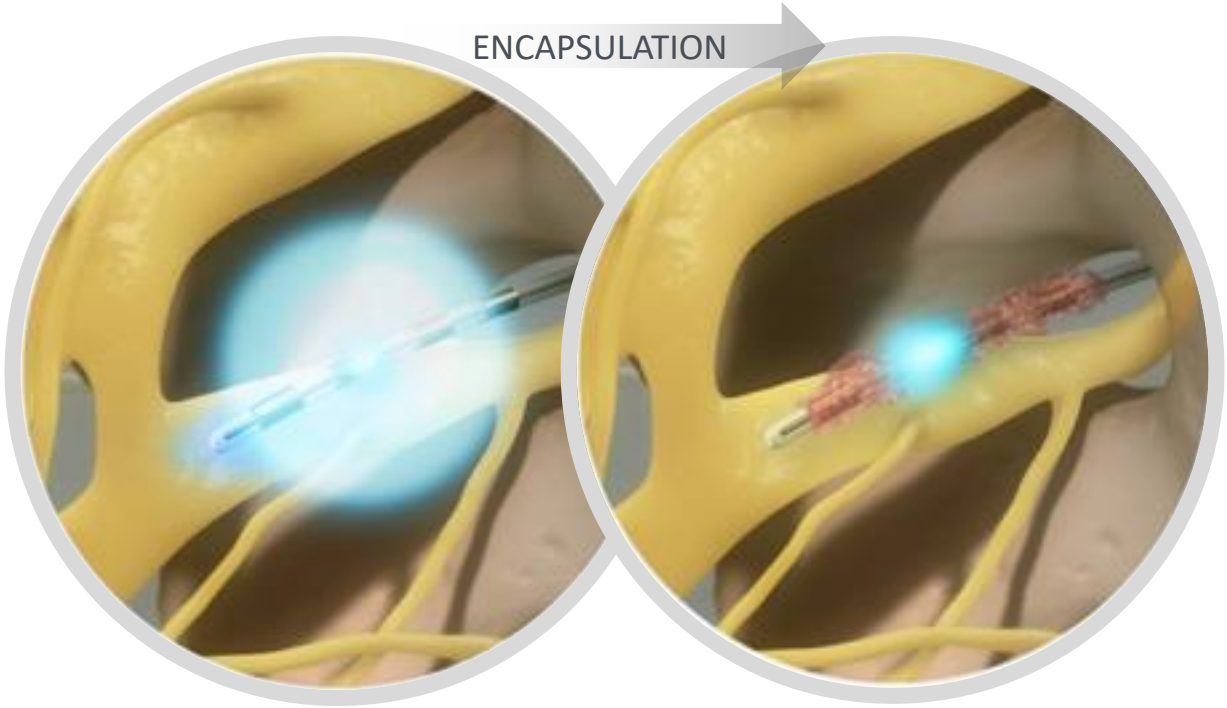
Scar tissue encapsulates foreign objects placed in the body, which causes tissue impedance to increase and creates resistance to the flow of current. The legacy standard of care, InterStim II, employs constant voltage.

CONSTANT CURRENT



Current delivery stays the same, providing more consistent therapy

CONSTANT VOLTAGE



Current delivery decreases resulting in smaller stimulation field

Lettieri C, et al. *Eur J Neurol. 2015*

Axonics System is Efficient and Easy to Recharge

CHARGE ONCE A MONTH

ONE HOUR CHARGE TIME

Overview of Axonics Clinical Studies

	ARTISAN-SNM	RELAX-OAB
PURPOSE	To gain U.S. FDA approval	Post CE-Mark study
POPULATION	▪ Urinary Urgency Incontinence ▪ 14 sites in U.S. and 5 in Western Europe	▪ Urinary Urgency Incontinence and Urinary Urgency Frequency ▪ 7 sites in Western Europe
SIZE	▪ **129** subjects implanted	▪ **51** subjects implanted
STATUS	▪ 6-month results published in *Journal of Urology* ▪ 1-year results published in *Neurourology and Urodynamics*[1] ▪ 2-year results published in *Neurourology and Urodynamics*[2]	▪ 1-year results published in *Neurourology and Urodynamics* ▪ 2-year results published in the *Neurourology and Urodynamics*[3]

1. ARTISAN 1Y manuscript: https://onlinelibrary.wiley.com/doi/full/10.1002/nau.24376
2. ARTISAN 2Y manuscript: https://onlinelibrary.wiley.com/doi/epdf/10.1002/nau.24615
3. RELAX 2Y manuscript: https://onlinelibrary.wiley.com/doi/10.1002/nau.24317

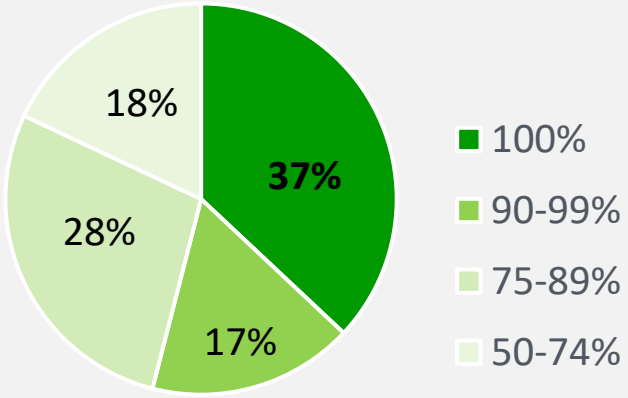
ARTISAN-SNM: Therapy Responder Rate Highest Ever Reported in SNM Clinical Literature

88%

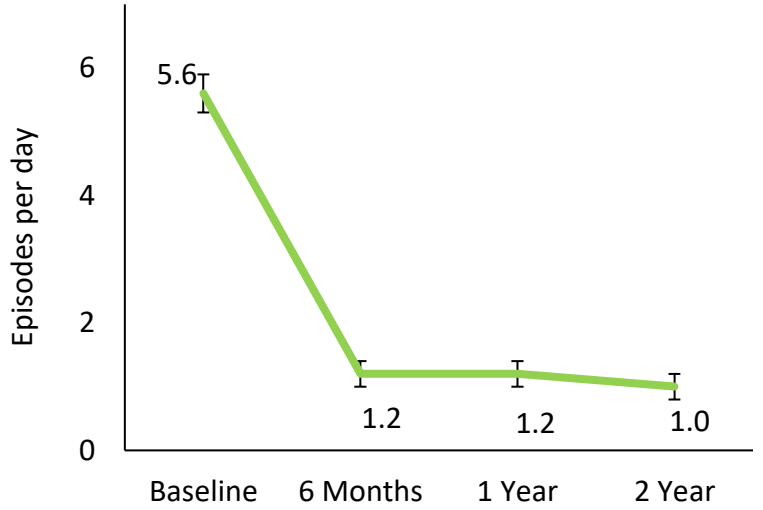
of **all implanted patients** were therapy responders at 2-years post-implant

Magnitude of Urge Leak Reduction in Therapy Responders

(% of subjects)



LEAKS



Safety at 2-Years

- Strong safety profile
- No serious device-related adverse events
- No unanticipated adverse events

Note: number of patients at baseline was 129 and at 2-years was 121.
Source: ARTISAN-SNM pivotal study 2-year data; https://onlinelibrary.wiley.com/doi/epdf/10.1002/nau.24615

Axonics System Has Significant Advantages Compared to Competitor's Rechargeable System

	Medtronic InterStim™ Micro		Axonics		THE AXONICS ADVANTAGE
Implant Life	15 years		15 years		Innovative SmartCase™ technology: the titanium-ceramic neurostimulator design enables safe and durable long-term performance[1]
Stimulation Delivery	Constant Current		Constant Current		• A proven waveform: 88% therapy success at 2-years with limited need to adjust therapy • A simple patient Remote Control, leveraging the benefit of Constant Current stimulation
Full-Body MRI	1.5	3T	1.5	3T	Driven by SmartMRI™ technology, the Axonics System was designed for an easy MRI experience – and was the first SNM System with 3T MRI
Typical Recharging Expected Interval Expected Duration	2 weeks 1 hour		1 Month 1 hour		• Over double the recharge interval offering patients the most flexibility in recharging • Patients will save over 250 hours of charging time compared to Interstim Micro patients • Proven safe and satisfactory charging: 96% satisfaction at 1-year and 100% at 3-years
Programming Approach	Provide patient default programming options; patient "finds" best program		Utilize programming algorithm to find best program; minimize patient burden		Proprietary algorithm based on intraoperative placement and responses simplifying the programming process for clinicians and patients
Clinical Studies validating patient experience	No published studies completed		2 prospective studies		Proven results supported by clinical data and patient satisfaction data

Note: based on a comparison of Axonics' label versus published InterStim Micro label.

Axonics Has Validated the Patient Experience with Strong Clinical Data (ARTISAN-SNM 2-year data)

Clinical data on patient experience	Axonics	Medtronic InterStim™ Micro
Therapy success rate	93%	No clinical data
Patient satisfaction with therapy	94%	No clinical data
Patients would undergo therapy again	93%	No clinical data
Acceptability of charging experience	94%	No clinical data
Charging is “EASY”	91%	No clinical data

Source: ARTISAN-SNM pivotal study 2-year data; https://onlinelibrary.wiley.com/doi/epdf/10.1002/nau.24615

Partnership and Support Are Critical to How Axonics Works with Customers

Axonics is committed to partnering with clinicians to advance patient care by providing support that includes:

- Expert clinical support
- Marketing materials to raise patient awareness
- End to end staff/patient education and training
- Patient Care Manager system to streamline and coordinate patient support

Axonics aims to empower clinical teams to help educate their community and to implement the most innovative technology in sacral neuromodulation therapy.

Sales and Marketing Strategy

Initially targeted the top 1,000 implanting centers – urologists, urogynecologists and colorectal surgeons that are trained and have experience performing SNM procedures

SNM Marketing Strategy

- Target high volume U.S. SNM implanters
  - ~90% of historical SNM sales are in the U.S.
  - ~80% of U.S. implant volume is generated by the top 1,000 implanting centers
- Promote broader awareness of SNM therapy with patients and providers
- Focus on building long-lasting physician relationships

SNM Commercialization Strategy

United States

- Highly trained commercial team with significant urology and/or neuromodulation experience
- 110+ SNM sales rep; 12 regional sales managers
- 145+ clinical specialists

International

- Presence in select international markets:
  - Canada, England, Germany, Netherlands, Norway and Switzerland

SNM Market is Poised to Double Over the Next 5 Years

Key Drivers Accelerating SNM Market Growth

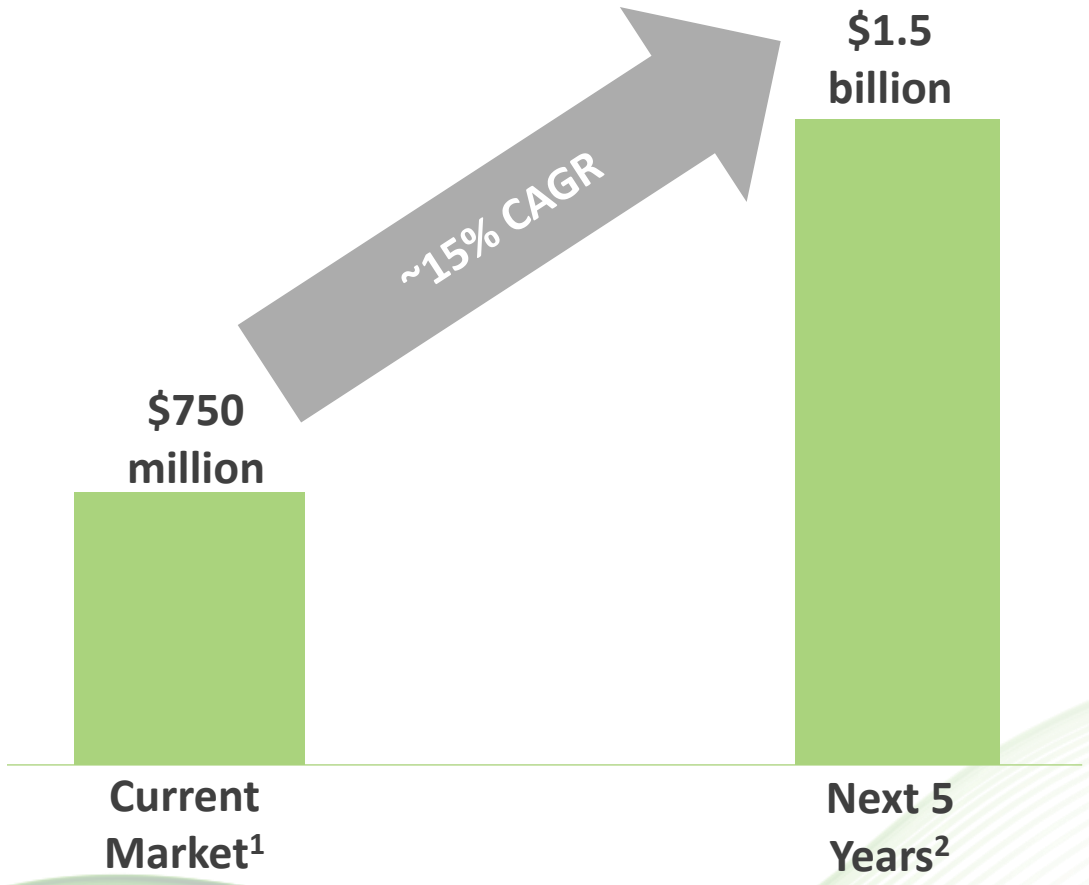
Innovation by Axonics driving more patients to say "Yes" to SNM

- ✓ Long-lived device: 15+ year life is more attractive to patients
- ✓ Full-body MRI compatibility vs. InterStim II required device explant
- ✓ Higher efficacy and patient satisfaction rates than InterStim II
- ✓ Axonics device is 60% smaller than InterStim II
- ✓ Simple, easy to use patient accessories vs. fussy InterStim II
- ✓ Innovation driving market expansion – SCS analogue

Increasing patient awareness

- ✓ SNM historically a "secret" therapy due to incumbent's monopoly and lack of investment in patient awareness
- ✓ Axonics committed to raising awareness in partnership with implanting physicians
- ✓ Investing in direct to patient marketing programs to help educate patients about their condition and therapy options

SNM Market Expansion Opportunity



1. Based on Wall Street research.
2. This forward-looking statement is subject to a number of risks, uncertainties and assumptions. Please see disclaimer on slide 2 for more information.

Product Development Pipeline

Second-generation INS that extends the time between **recharging sessions to once a month** was approved by the FDA in April 2020**.**

Began shipping to U.S. customers in August 2020.

Third-generation INS that provides patients the ability to make **broader stimulation parameter adjustments** at home was approved by the FDA in February 2021**.**

Began shipping to U.S. customers in March 2021.

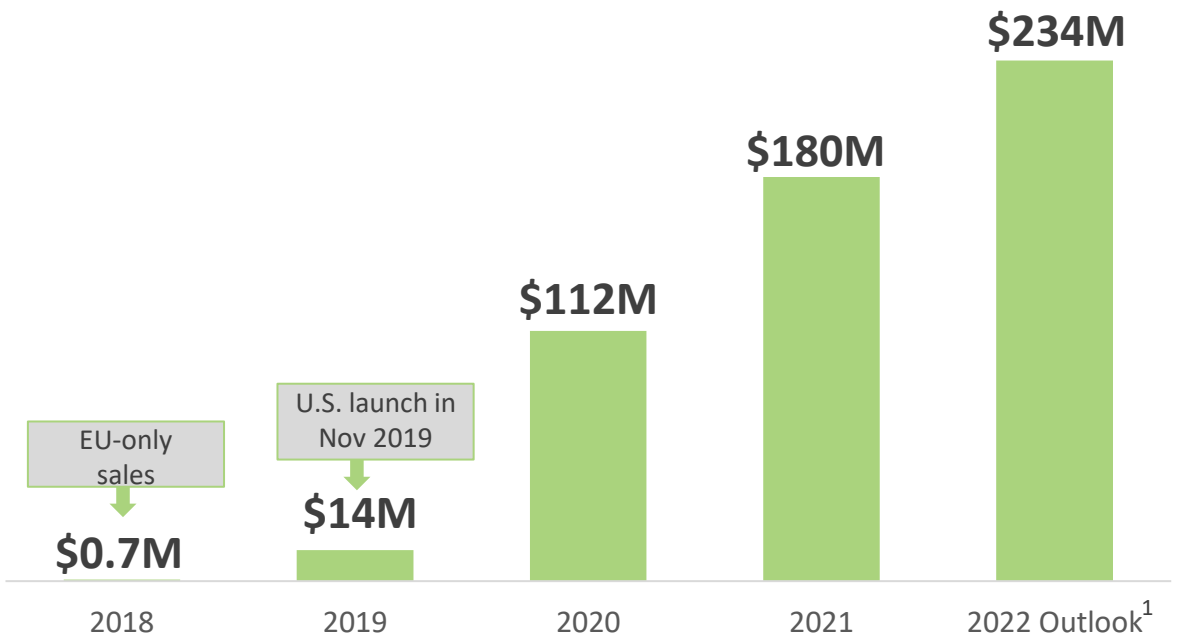
Developed a **long-lived, non-rechargeable** device that utilizes a primary cell battery.

Filed with the FDA **in June 2021; anticipate FDA approval/commercial launch 1H22.**[1]

1. This forward-looking statement is subject to a number of risks, uncertainties and assumptions. Please see disclaimer on slide 2 for more information.

Financial Overview

Total Revenue



Revenue

- FY21 revenue of $180 million, an increase of 62% yoy
- FY22 revenue outlook[1] of $234 million, an increase of 30% yoy

Gross Margin

- 2021 gross margin of 64.2%, up from 60.2% in 2020
- Low-to-mid 70s gross margin target over next few years[1]

Balance Sheet *(as of 12/31/21)*

- Cash: $221 million
- Debt-free

1. This forward-looking statement is subject to a number of risks, uncertainties and assumptions. Please see disclaimer on slide 2 for more information.

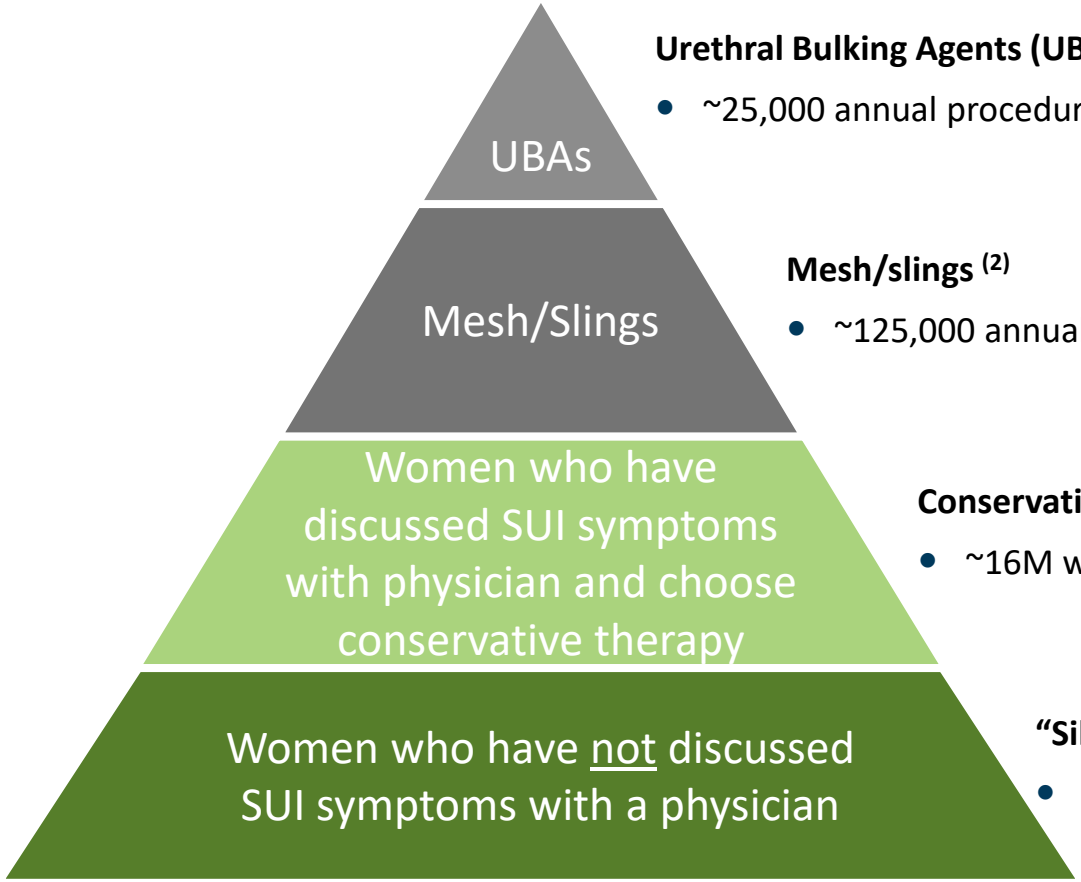
Bulkamid Overview

Significant U.S. Market Opportunity

What is Stress Urinary Incontinence?

- SUI is the unintentional passing of urine during activity or exertion, such as during coughing, laughing, or exercise.
  - It is caused by a weakness of the pelvic floor muscles, preventing the urethra from closing fully when sudden pressure is put on the bladder.
  - SUI afflicts women of all ages, with childbirth as one of the main contributing factors.
  - SUI can have a significant impact on daily life, affecting activities, relationships and emotional well-being.
- The majority of women with SUI are suffering in silence. Of the women who have sought medical treatment, many are offered conservative therapy or opt for no treatment due to limitations of legacy bulking agents and reluctance to undergo a sling procedure.
- Axonics has a significant opportunity to engage with physicians and increase awareness among millions of women suffering in silence that there is an SUI treatment that is clinically proven, safe, and aligns with patients' preference for minimally invasive solutions.

SUI Prevalence: 29+ Million Women in the U.S. (1)



Urethral Bulking Agents (UBAs) (2)
- ~25,000 annual procedures

Mesh/slings (2)
- ~125,000 annual procedures

Conservative Therapy (3)
- ~16M women

"Silent Suffering" (3)
- ~13M women

(1) Patel, Ushma J. MD; Godecker, Amy L. PhD; Giles, Dobie L. MD, MS, MBA; Brown, Heidi W. MD, MAS. Updated Prevalence of Urinary Incontinence in Women, *Female Pelvic Medicine & Reconstructive Surgery.* 2022 Jan.
(2) Definitive Healthcare claims data and company estimates.
(3) Diokno AC, Burgio K, Fultz NH, Kinchen KS, Obenchain R, Bump RC. Medical and self-care practices reported by women with urinary incontinence. *American Journal of Managed Care*. 2004 Feb;10(2 Pt 1):69-78. PMID: 15011807.

There Are Two Classes of Urethral Bulking Agents

Axonics

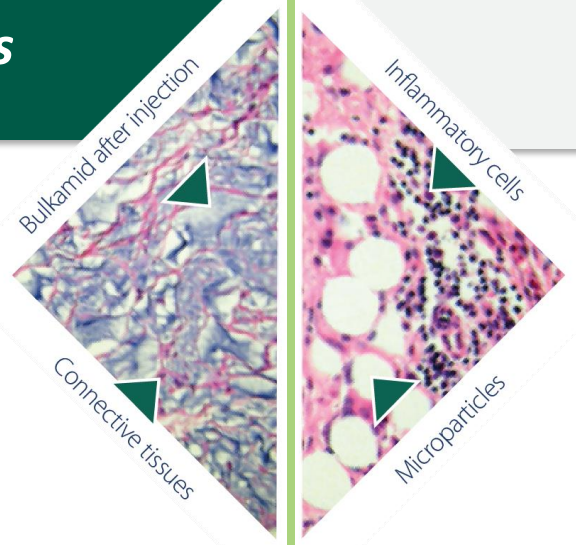
Non-particulate homogenous gels

Bulking effect due to the volume of hydrogel injected [1,2]

Size of each cushion
predictable, controllable and precise

BULKAMID®

Homogenous hydrogel consisting of 2.5% cross-linked polyacrylamide and 97.5% water



Particulate combination gel
(mini particles in transient carrier gel)

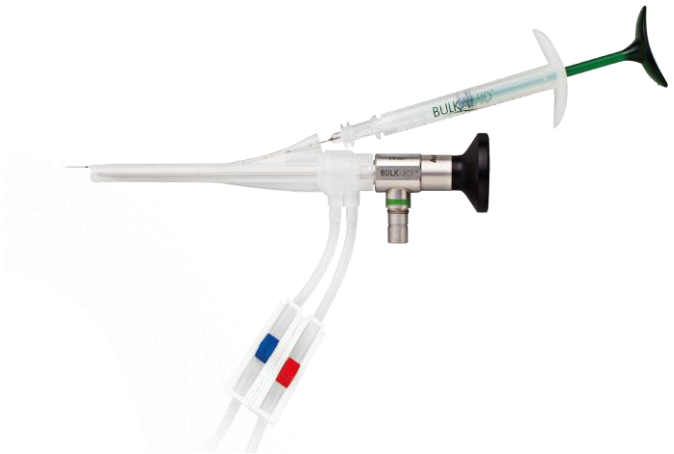
Bulking effect due to the chronic inflammatory response and volume of microparticles [1,2]

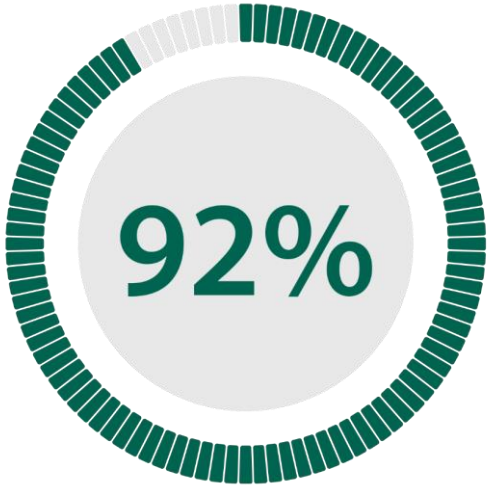
Size of each cushion
variable and dependent on patient's tissue response

Calcium Hydroxylapatite Particles (Coaptite®)
Silicone Elastomer Microparticles (Macroplastique®)
Pyrolytic carbon-coated beads (Durasphere®)

1. Chapple & Dmochowski. *Reports in Urology.* 2019
2. Christensen et al. *Dermatol Surg 34.* 2008

Bulkamid is a Unique Bulking Hydrogel





Unique Composition

- Non-particulate homogenous gel
- Mechanism of action that is non-inflammatory[1]

Precision Delivery System

- Rotatable sheath and ergonomic design allow for control and precision
- Enables injecting a predictable, stable cushion size

Efficacious, Durable, and Safe

- 92% of Bulkamid patients identifying as cured or improved at 12 months[2]
- Durability proven out to 7 years[3]
- Favorable safety profile[3] and strong patient preference[4]

1. Chapple C, Dmochowski R. *Res Rep Urol.* 2019
2. Itkonen-Freitas AM et al. *J Urol.* 2020
3. Brosche et al. *Neurourol Urodyn.* 2021
4. Company data on file

Bulkamid Addresses Traditional UBA Disadvantages

Axonics

Traditional Bulking Agents

Disadvantages:

- Lack of durability
- Immunoreactivity of biomaterials
- Toxicity (teflon, silicone)
- Difficult to inject*
- Lack of long-term outcomes

BULKAMID®

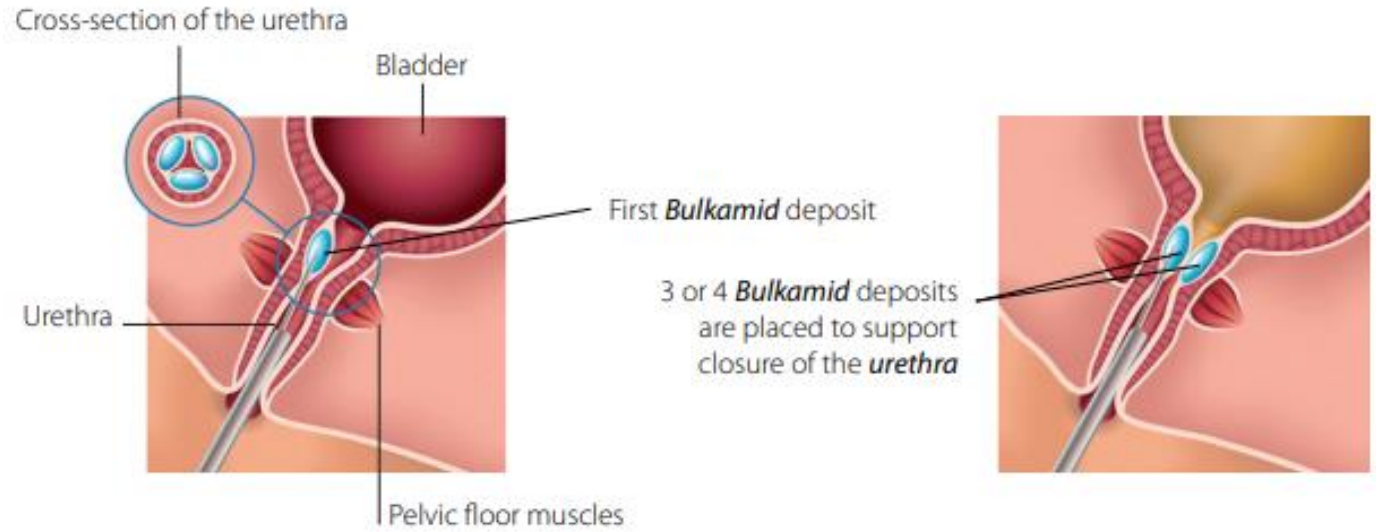
- ✓ Durable cushion volume and shape
- ✓ Biocompatibility – no immunogenicity
- ✓ Total incorporation in the tissue – minimal fibrosis
- ✓ Easy to inject – no migration or leakage[1]
- ✓ Long-term data out to 7 years[2]

1. Christensen LH. Dermatol Surg. 2009
2. R. Appel, R. Dmochowski and S. Herschorn. *BJU International.* 2006

* Based on physician feedback.

Bulkamid Procedure Overview

- Bulkamid is injected into the soft tissue of the urethra and adds volume to support the closing mechanism of the urethra, preventing urine from leaking out unintentionally during normal daily activities.
  - The injections are made into 3-4 locations in the urethral wall; the total volume injected is 1.5-2.0 mL.
- Urethral bulking does not close the urethra totally; the urethra still opens normally to allow for urination.
- The procedure takes around 10-15 minutes and can be performed in a physician's office or outpatient facility under local anesthesia.



RCT Overview: Bulkamid vs. TVT (sling surgery)

Randomized Controlled Trial > J Urol. 2020 Feb;203(2):372-378.
doi: 10.1097/JU.0000000000000517. Epub 2019 Sep 3.

Tension–Free Vaginal Tape Surgery versus Polyacrylamide Hydrogel Injection for Primary Stress Urinary Incontinence: A Randomized Clinical Trial

Anna-Maija Itkonen Freitas [1], Maarit Mentula [1], Päivi Rahkola-Soisalo [1], Sari Tulokas [2], Tomi S Mikkola [1 3]

Affiliations + expand

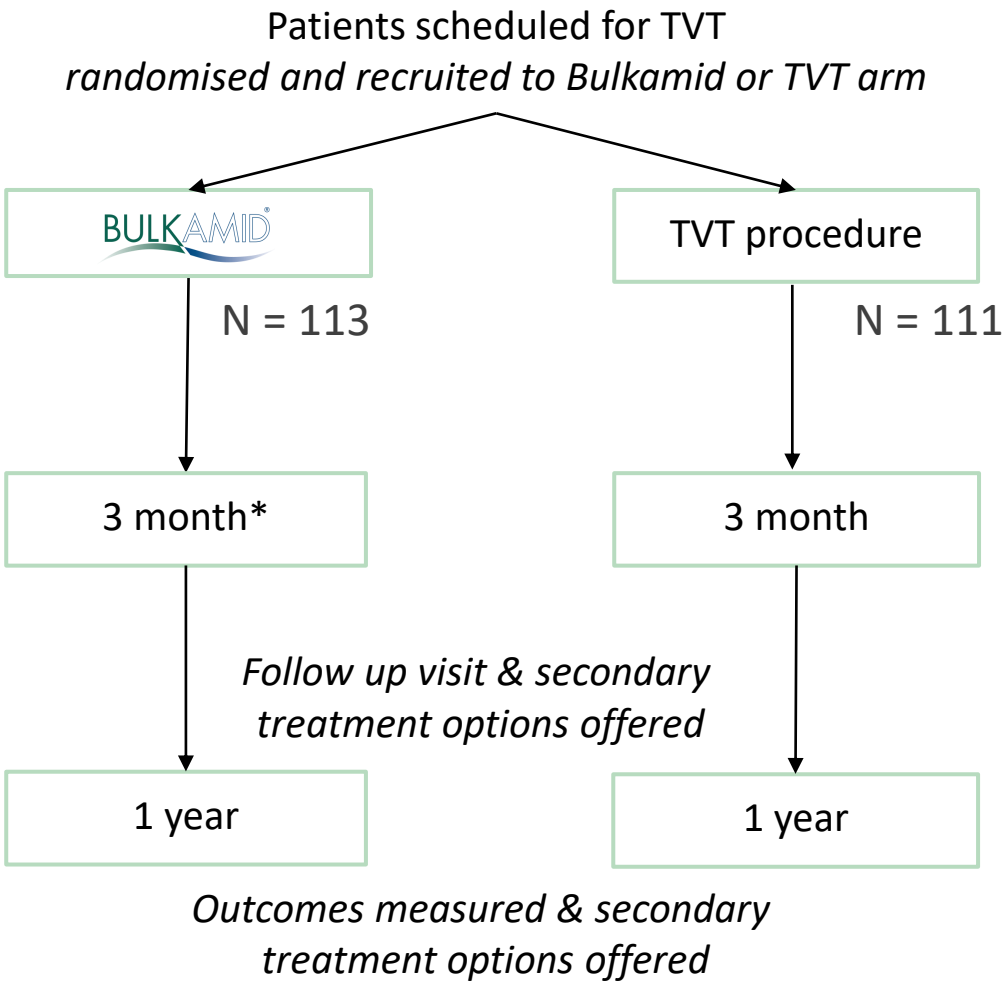
PMID: 31479396 DOI: 10.1097/JU.0000000000000517

Abstract

Purpose: We evaluated whether polyacrylamide hydrogel is noninferior to tension-free vaginal tape to treat women with primary stress urinary incontinence.

Materials and methods: In this controlled noninferiority clinical trial patients with primary stress urinary incontinence were randomized to tension-free vaginal tape or polyacrylamide hydrogel treatment. The primary outcome was patient satisfaction and secondary outcomes were effectiveness in reducing urinary leakage and complications at 1-year followup. For statistical power significance was considered at 5%, power was set at 80% and the noninferiority limit was 20% with a 10% expected dropout rate.

Results: A total of 224 women with primary stress urinary incontinence entered the study between September 28, 2015 and March 1, 2017. Of the women 111 were randomized to tension-free vaginal tape and 113 were randomized to polyacrylamide hydrogel. At 1 year a satisfaction score of 80 or greater on a visual analogue scale of 0 to 100 was reached in 95.0% and 59.8% of patients treated with tension-free vaginal tape and polyacrylamide hydrogel, respectively. Thus, polyacrylamide hydrogel did not meet the noninferiority criteria set in our study. As secondary outcomes, the cough stress test was negative in 95.0% of tension-free vaginal tape cases vs 66.4% of polyacrylamide hydrogel cases (difference 28.6%, 95% CI 18.4-38.5). However, most perioperative complications, including those in 19 tension-free vaginal tape cases vs 3 polyacrylamide hydrogel cases (difference 16.0%, 95% CI 7.8-24.9), and all 6 reoperations due to complications (difference 5.9%, 95% CI 1.2-12.4) were associated with tension-free vaginal tape.

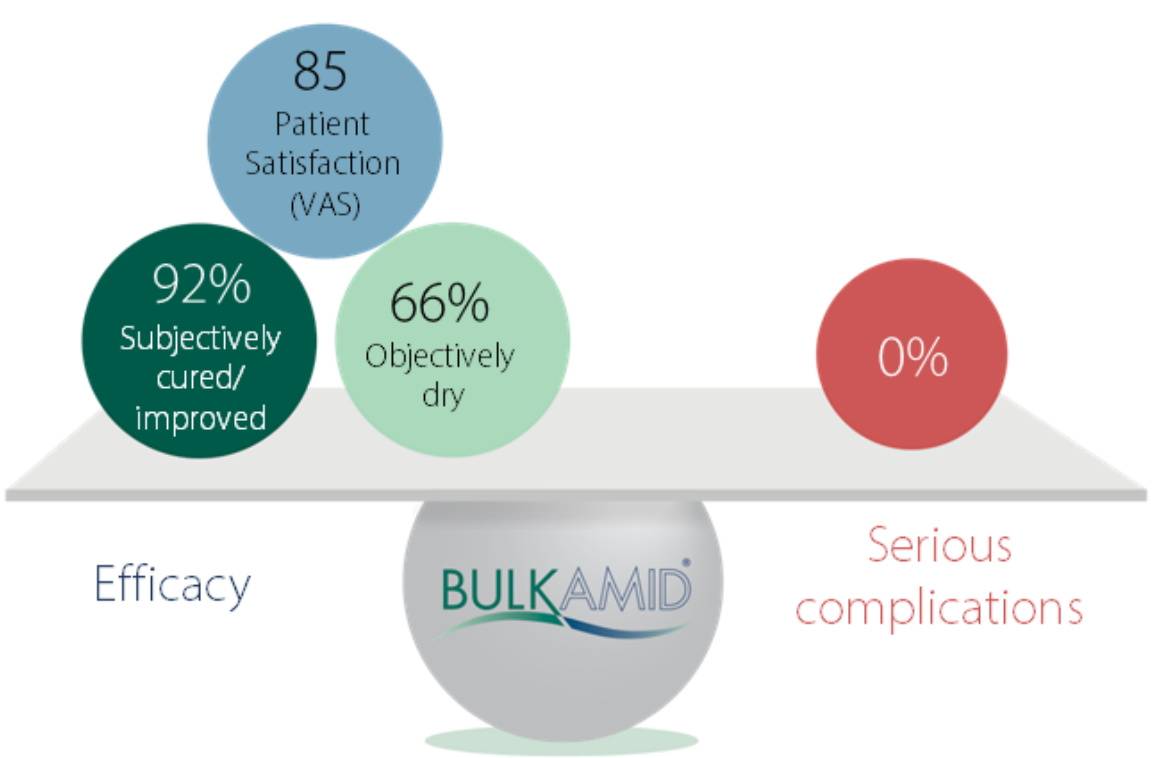


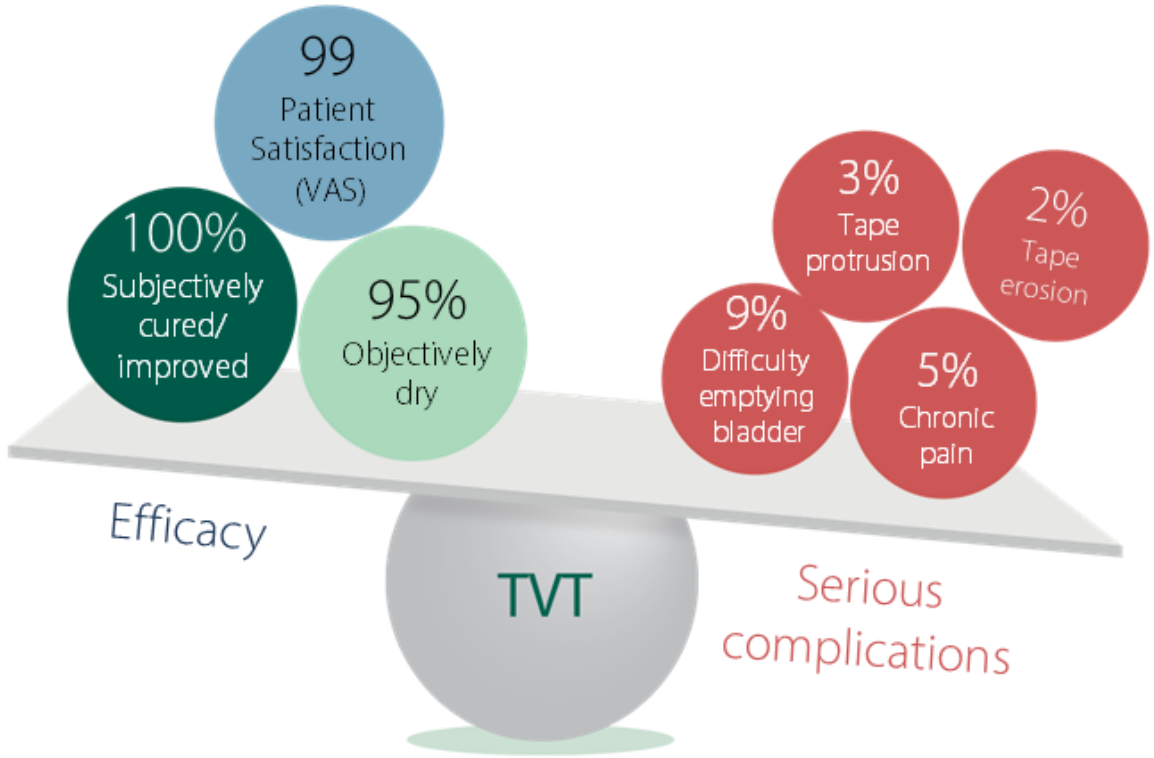
*Study nurse called all Bulkamid patients at 1 month after injection to offer and schedule Bulkamid 'top-up' injections at 3 month follow up

Itkonen-Freitas AM et al. *J Urol.* 2020

RCT Results: Bulkamid vs. TVT

Bulkamid demonstrated strong efficacy and patient satisfaction with no serious complications





Itkonen-Freitas AM et al. *J Urol.* 2020

Women Prefer Bulkamid Over Slings

212 women scheduled to have a primary SUI procedure were surveyed about their preference for treatment options

International Urogynecology Journal (2020) 31:769–777
https://doi.org/10.1007/s00192-019-04202-6

ORIGINAL ARTICLE

Check for updates

"Voice your choice": a study of women's choice of surgery for primary stress urinary incontinence

Lucy Dwyer[1] · Emily Weaver[2] · Azita Rajai[2] · Samantha Cox[1] · Fiona Reid[1,3]

Received: 18 September 2019 / Accepted: 27 November 2019 / Published online: 18 December 2019

Abstract

Introduction and hypothesis This was an observational study aiming to determine factors which influence women's choice of surgery for primary stress urinary incontinence (SUI).

Methods Two hundred twelve women undergoing a primary SUI procedure were recruited to this study from 12 hospitals in the north of England. After choosing a procedure, women were asked to complete a standardized semi-structured questionnaire about their health, demographics and a free text box to record factors important to them when choosing their procedure. Statistical analysis was performed to determine the impact of demographic, lifestyle or healthcare factors on women's decision-making. Thematic analysis of the free text data was performed to identify factors important for women when choosing a surgical procedure.

Results Sixty-four percent of women chose urethral bulking. There was no significant difference among age, BMI, smoking status or previous laparotomy between women choosing the four types of surgery. Women were less likely to choose urethral bulking if seen in a tertiary centre compared with a secondary centre ($p < 001$). Major themes in decision-making were efficacy, invasiveness, recovery, risk of complications, use of mesh, the clinician, the media, hierarchy of treatments and type of anaesthetic. Some women expressed a hierarchical approach to treatment.

Conclusions Our findings suggest decision-making is not influenced by patient factors such as age, BMI, smoking status or previous laparotomies. Women's choices are a complex mix of factors and not simply related to efficacy.

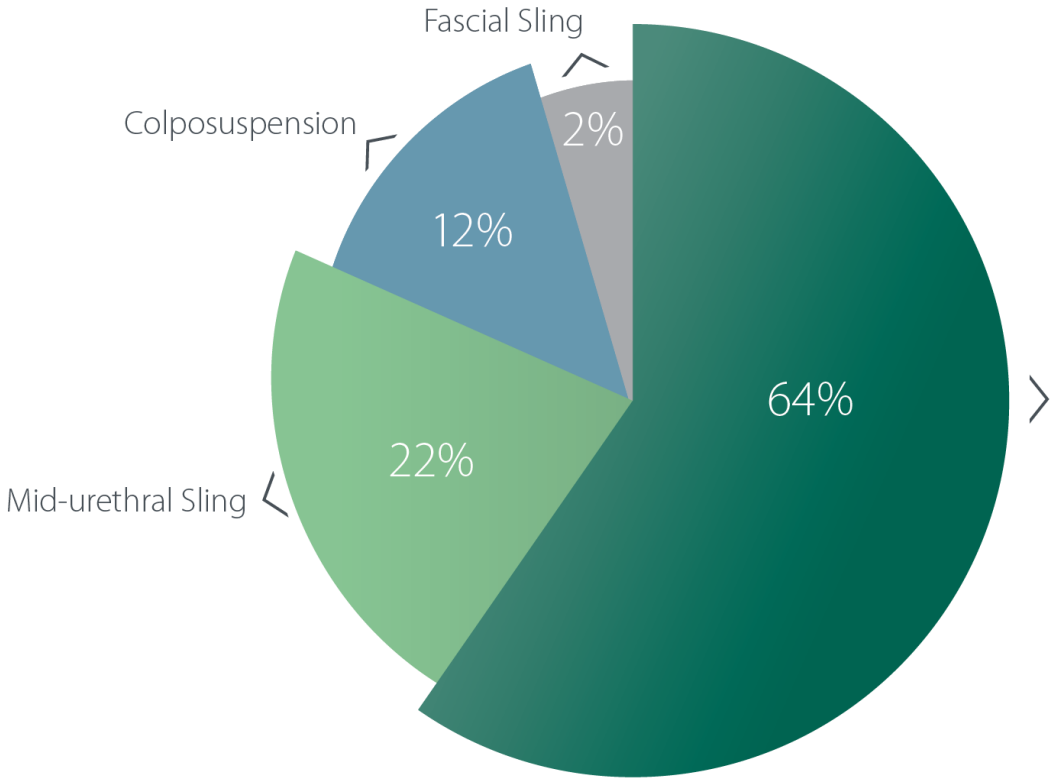
Keywords SUI · Choice · Decision making · Urethral bulking · Mid-urethral tape · Fascial sling · Colposuspension

Introduction

Stress urinary incontinence (SUI) is a very common condition. Procedures to treat SUI include urethral bulking, mid-urethral slings (MUS), autologous fascial slings and colposuspension. Over the last decade, continence surgery has been the subject of controversy in the UK, and there have been several government inquiries and reviews of safety, primarily in relation to mesh. The most recent inquiry in England, the Independent

Previous presentations of this work This work has previously been presented at The UK Continence Society Annual Scientific Meeting 24 June 2019–27 April 2019 and The American Urogynecologic Society/ The International Urogynecological Association Joint Scientific Meeting 24 September 2019–28 September 2019.

✉ Lucy Dwyer



64%

of women choose treatment with Bulkamid before other surgical treatment options

Dwyer L, et al. *International Urogynecology Journal.* 2020

Bulkamid Summary

Best-in-class UBA indicated for the treatment of female SUI – urogynecologist / urologist call point

BULKAMID®

- ✓ SUI treatment with ~80% success rate
- ✓ Provides women durable SUI relief out to 7 years
- ✓ 70,000+ patients treated to-date across 25+ countries
- ✓ Simple, fast, easy-to-learn and perform procedure
- ✓ Minimally invasive – performed in physician's office or outpatient facility
- ✓ Regulatory approval in U.S. and E.U. with established reimbursement
- ✓ Large, highly underpenetrated market, particularly in U.S.
- ✓ ~20 dedicated Bulkamid reps accelerating U.S. adoption following strong launch in mid-2020

Axonics Investment Thesis

Axonics

OAB and SUI are highly underpenetrated markets and poised for significant expansion

Axonics incontinence solutions generate high rates of patient and physician satisfaction

Best-in-class clinical data with proven efficacy, durability, and safety

Commercial team with significant experience in urology and neuromodulation

Strong organic growth outlook with attractive margin profile