

Lymphedema & Obesity Potential GLP-1 Impact

November 2023

NASDAQ: TCMD

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Industry and Market Data

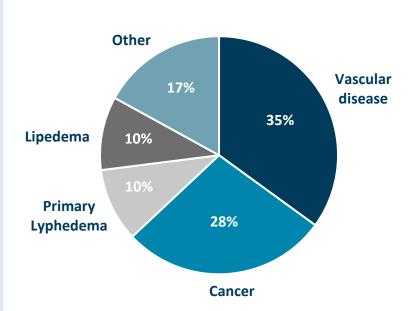
Certain market and industry data and forecasts included in this presentation were obtained from independent market research, industry publications and surveys, governmental agencies and publicly available information. Industry surveys, publications and forecasts generally state that the information contained therein has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. We believe the data from such third-party sources to be reliable. However, we have not independently verified any of such data and cannot guarantee its accuracy or completeness. Similarly, internal market research and industry forecasts, which we believe to be reliable based upon our management's knowledge of the market and the industry, have not been verified by any independent sources. While we are not aware of any misstatements regarding the market or industry data presented herein, our estimates involve risks and uncertainties and are subject to change based on various factors.

Lymphedema Causes

Lymphedema has many causes:

- **Vascular disease,** such as chronic venous insufficiency
- **Cancer** (tumors) or **cancer treatment** (surgery, radiation)
- **Primary lymphedema,** an inherited or congenital condition
- **Lipedema**, buildup of adipose tissue in the arms and legs
- **Obesity** induced lymphedema can occur if BMI $> 50^2$
- **Infections**, such as cellulitis or Filariasis (parasite)
- **Inflammation**, such as psoriasis and atopic eczema
- **Trauma** or **injury**, such as crushing of a limb or severe burns
- **Immobility** that restricts movement of lymphatic fluid
- Other health conditions, such as heart and kidney disease

Lymphedema Etiology¹



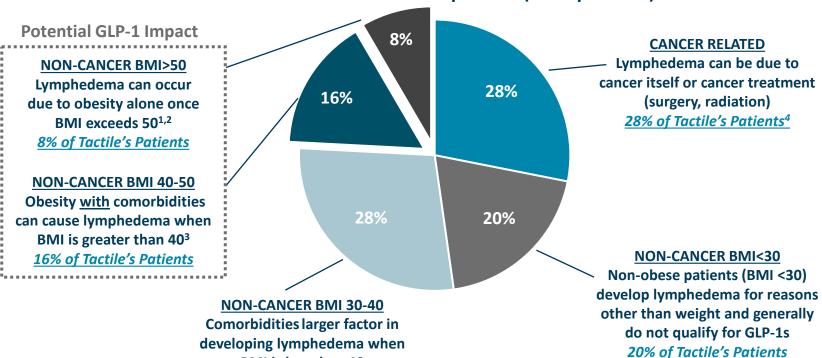
25% of lymphedema patients have multiple causes contributing to their disease¹

Dean SM, Valenti E, Hock K, Leffler J, Compston A, Abraham WT. The clinical characteristics of lower extremity lymphedema in 440 patients. Journal of Vascular Surgery: Venous and Lymphatic Disorders. Volume 8, Issue 5,

^{2.} Greene, AK. Diagnosis and Management of Obesity-Induced Lymphedema. Plastic and Reconstructive Surgery 138(1):p 111e-118e, July 2016. | DOI: 10.1097/PRS.000000000002258

Lymphedema and Obesity

Tactile's Patient Mix: YTD Sept 2023 (50k+ patients)



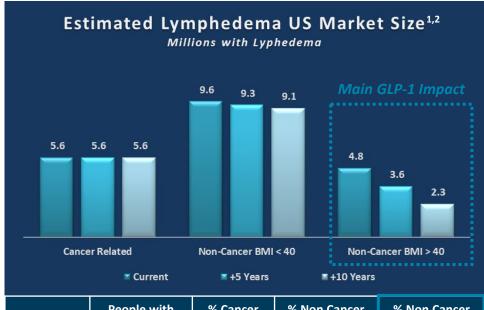
BMI is less than 40 28% of Tactile's Patients

^{1.}Greene, AK. Diagnosis and Management of Obesity-Induced Lymphedema. Plastic and Reconstructive Surgery 138(1):p 111e-118e, July 2016. | DOI: 10.1097/PRS.000000000002258

2.Mehrara, BJ, Greene, AK. Lymphedema and Obesity: Is There a Link? Plastic and Reconstructive Surgery 134(1):p 154e-160e, July 2014. | DOI: 10.1097/PRS.000000000000268

3.Sudduth, C, Greene, AK. Lymphedema and Obesity. Cold Spring Harbor Perspectives in Medicine. 2022 May 27:12(5):a041176. PMID 35074795

GLP-1 Impact to Market Opportunity



	People with Lymphedema ¹	% Cancer Related	% Non Cancer BMI<40	% Non Cancer BMI>40
Current ²	20M	28%	48%	24%
+5 Years	18.5M	30%	50%	19%
+10 Years	17M	33%	53%	14%

Over 20M people with undiagnosed lymphedema in the US. Only 1.4M currently diagnosed¹

- Expect 3M or 15% decline in number of people with lymphedema due to GLP-1 (17M remaining sufferers)
 - GLP-1 expected to only materially impact obesity related lymphedema (BMI>40)
 - 24% of non-cancer lymphedema suffers have BMI>40²; expect this to decline to 14% over next 10 years
 - Weight loss does not resolve existing lymphedema³
 - Expected 15% decline in lymphedema due to fewer people projected to ever reach BMI>40 in the future

Key assumptions:

- Patients with BMI>30 treated with GLP-1s: 40% within 5 years, 80% within 10 years
- 20% average (and sustained) weight loss
- No change in cancer related lymphedema
- Smaller reduction within non-cancer BMI<40 cohort due to decreasing influence obesity has on lymphedema development as BMI declines

^{1.} Data on file at Tactile Medical. Includes phlebolymphedema, primary and secondary lymphedema, including lymphedema secondary to certain cancers, and lipedema.

^{2.} Current % Cancer, % Non Cancer BMI<40, % Non Cancer BMI>40 based on Tactile Medical's patient population.

^{3.} Greene, Arin K, Grant, Frederick D, Maclellan, Reid A, Obesity-induced Lymphedema Nonreversible following Massive Weight Loss, Plast Reconstr Surg Glob Open, 2015 Jun; 3(6): e426.