Company Name: Intuitive Surgical
Company Ticker: ISRG US
Date: 2017-04-18
Event Description: Q1 2017 Earnings Call

Market Cap: 29,756.28
Current PX: 807.70
YTD Change($): +173.53
YTD Change(%): +27.363

Bloomberg Estimates - EPS
Current Quarter: 5.776
Current Year: 23.629
Bloomberg Estimates - Sales
Current Quarter: 719.538
Current Year: 2960.000

Q1 2017 Earnings Call

Company Participants

- Gary S. Guthart, Ph.D.
- Marshall L. Mohr
- Patrick Clingan
- Calvin Darling

Other Participants

- Bob Hopkins
- Amit Hazan
- David Ryan Lewis
- Tycho W. Peterson
- Tao L. Levy
- Brandon Henry
- Larry Biegelsen
- Rich S. Newitter
- Rick Wise

MANAGEMENT DISCUSSION SECTION

Gary S. Guthart, Ph.D.

Q1 Highlights

Procedure Growth

- This Q1 2017 was a dynamic one for Intuitive with strong performance in procedures and solid growth in system placements
- We are making good progress in developing deeper connections to our customers worldwide in advancing technologies and offerings that fundamentally improve surgery
- Procedure growth accelerated in the quarter, rounding up to 18% over Q1 2016
- The growth was broad based by procedure category as well as global region
- Starting with the United States, procedure growth in both the emerging category of general surgery and more mature categories in urology and gynecology exceeded our expectations

General Surgery Growth

- General surgery growth continues to be encouraging with supportive early clinical reports, surgeon interest and utilization
- Procedure growth in Europe, Korea and China were strong in the quarter while reasons for quarter-to-quarter fluctuations can be hard to assess, we estimate that Q1 benefited from some tailwinds that will balance out

through the remainder of the year

- Patrick will take you through these factors in more detail later in the call

Capital Placement Performance

- Our capital placement performance in Q1 2017 strengthened over Q1 of 2016, resulting in a growth in total placements from 110 to 133 this quarter
  - As we mentioned on these calls, capital placements can be lumpy and after a strong 2016, U.S. capital placements settled into moderate growth relative to Q1 of last year
- Outside the U.S. placement growth in the quarter was a highlight with 56 systems sold in the quarter vs. 36 in Q1 of 2016
- The lack of a new system quota in China and limited reimbursements in Japan constrained placement growth in these regions
  - Marshall will take you through system placement dynamics in greater detail

Profitability

- Turning to profitability for the quarter, strong procedure growth in solid system placements combined with favorable product mix and improvements in product cost, to lead to gross margins at the top of our expected range and solid operating margin performance

Cost Growth and R&D Spending

- Our fixed cost growth was as expected with significant increases in R&D spending that reflect investments and bringing new products through clinical trials on the path to market

Summary

- A summary of our first quarter pro forma operating results is as follows; procedures grew approximately 18% over Q1 last year
- We shipped 133 da Vinci Surgical Systems, up from 110 in Q1 2016

Revenues, Gross Profit Margins and Stock Repurchase Agreement

- Revenue for the quarter was $674mm, up 13% from the prior year, instrument and accessory revenue increased to $381mm, up 18%
- Total recurring revenue in the quarter was $521mm, representing 77% of total revenue
- Gross profit margin was 72% compared to 70% in Q1 last year
  - We generated a pro forma operating profit of $264mm in the quarter, up 15% from Q1 last year and pro forma net income was $196mm, up 15% from Q1 of 2016
- In the quarter, we also entered into a stock repurchase agreement in the amount of $2B.
- Marshall will take you through our finances in greater detail shortly

Product Pipeline

Investments and New Technology Upgrade

- Turning to our product pipeline, as you know, we've increased our mid and long-term investments in creating our next generation products and services
- Based on our belief that substantial opportunity exists to enable more minimally invasive surgery, better outcomes and to expand access to our technologies globally
- To bring these investments to market, we have developed our product pathway that responds to our customers' desire for choice in clinical capability and choice in total economics
- Over the next several quarters, we plan to launch a new technology upgrade to Si, named da Vinci X, that enables a compelling entry point to our advanced technologies. da Vinci Xi will remain our flagship
    - And we will provide customers with logical upgrade paths for more affordable entry-level systems like Si and X to Si and SP.

Da Vinci X

- We have submitted our documents for CE Mark review for X and anticipate it will be available in Europe in Q2, with clearances in other regions following over time
- We'll provide you with additional information on X as it launches
- The upcoming availability of da Vinci X has some accounting implications, which Marshall will describe in greater detail later in the call

SP Program and urology

- Our SP program continues to progress in its clinical trial work and new site initiation
- Cases at our active trial site in Asia have included transoral, urologic and colorectal surgery
- We are also on track in initiating our U.S. IDE sites to gather clinical data in transoral surgery
- In reviewing feedback from surgeons in Asia and the latest standards for human factors validations, we have elected to pull forward a software release for SP ahead of our urology 510(k)
    - This will push back our urology 510(k) submission into the back half of 2017 and is likely to delay the launch of SP in the U.S. by one or two quarters
- While I'm disappointed by the delay, we believe it simplifies our submission and our ultimate path to market

Flexible Robotics Program

- In our flexible robotics program, we completed our first clinical experience in Australia in the quarter
- Surgeon commentary on its performance has been enthusiastic
    - They are finishing patient follow-up and preparing their manuscript for publication
- The overall program is in now its design for pilot production phase

Closing Remarks

In closing, Q1 2017 has been a busy one for Intuitive

We remain focused on the following for the balance of the year

First, continued adoption of da Vinci in general surgery; second, continued development of European markets and access to customers in Asia; third, advancing our new platform, imaging, advanced instruments, da Vinci SP, and diagnostic platform progress; and finally support for additional clinical and economic validation by global region

Marshall L. Mohr

Financial Highlights

GAAP and Non-GAAP Financial Measures

- I'll describe our results on a non-GAAP or pro forma basis, which excludes specified legal settlements and claim accruals, stock-based compensation, excess tax benefits related to employee stock awards and amortization of purchased IP.
- We provide pro forma information because we believe that business trends and operating results are easier to understand on a pro forma basis
- I'll also summarize our GAAP results later in my script
- We've posted reconciliations of our pro forma results to our GAAP results on our website so that there is no confusion

Revenues and Da Vinci X System

- First quarter 2017 revenue was $674mm, an increase of 13% compared with $595mm for Q1 2016, and a decrease of 11% compared with fourth quarter revenue of $757mm
- As Gary outlined, we'll be launching the da Vinci X system in certain markets pending appropriate regulatory clearances
    - In conjunction with the launch, we will offer customers who purchased systems in Q1 the opportunity to upgrade or trade out their systems for the X system
- As a result, we deferred $23mm of first quarter revenue and consistent with prior deferrals, this revenue will be recognized when customers either trade out their systems or when the offers expire, whichever comes first

Procedures Growth

- First quarter 2017 procedures increased nearly 18% compared with Q1 2016 and increased 2% compared with last quarter
- Procedure growth relative to last year and Q4 has been driven by general surgery in the U.S., in urology worldwide and reflects the benefit of Easter holiday being in Q2 2017, rather than Q1 2016
- Patrick will provide more detail concerning procedure adoption

Instrument and Accessory Revenues

- Revenue highlights are as follows; instrument and accessory revenue of $381mm increased 18% compared with last year and decreased 1% compared with Q4 2016, which closely reflects procedure growth
- Instrument and accessory revenue realized per procedure including initial stocking orders was approximately $1,840 per procedure compared with $1,830 last year and $1,900 last quarter
    - The increase relative to Q1 2016 primarily reflects increased sales of our stapling and vessel sealing products, mostly offset by customer buying patterns

System and Operating Lease Revenues

- The decrease compared with Q4 2016 primarily reflects the impact of customer buying patterns
- System revenue of $153mm, which excludes the revenue deferred in conjunction with the customer trade-out program, increased 4% compared with Q1 2016 and decreased 35% compared with last quarter
- The y-over-y increase reflects higher system placements and higher lease buyout and operating lease revenue, partially offset by the revenue deferral and lower average selling prices
    - The q-over-q decrease reflects seasonally lower number of systems, the revenue deferral, and lower average selling prices partially offset by higher lease related revenue
- 133 systems replaced in Q1 2017 compared with 110 systems in Q1 2016 and 163 systems last quarter. 21 systems replaced under operating lease transactions in the current quarter compared with 19 systems in Q1 2016 and 13 last quarter
- As a reminder, revenue on operating lease transactions is recognized ratably over the life of the lease

Operating Leases

- As of the end of Q1, there were 95 systems out in the field under operating leases
- We generated approximately $5mm of revenue associated with operating leases in the quarter compared with $4mm in Q1 2016 and approximately $5mm last quarter
    - We generated approximately $10mm of revenue during the quarter from lease buyouts compared with $6mm in Q1 2016 and $7mm last quarter
- Globally, our average selling price, which excludes the impact of operating leases and lease buyouts and revenue deferrals, was $1.46mm compared with $1.5mm last year and $1.48mm last quarter
    - The decrease in ASP compared to Q4 primarily reflects geographic mix
- The decrease compared to last year primarily reflects a higher proportion of Si refurbished systems sold to cost-sensitive market segments
- We expect lower priced systems to be – to cost-sensitive market segments to represent an increasing proportion of our sales in the future

Service and Systems Revenues

- Service revenue of $140mm increased 13% y-over-y and increased approximately 4% compared with Q4 2016
- The y-over-y and q-over-q increases reflect growth in our installed base of da Vinci systems
- Outside of the U.S., results were as follows

- First quarter revenue outside of the U.S. of $183mm increased 12% compared with $164mm for Q1 2016, and decreased 14% compared with $212mm for Q4
    - Recurring revenue increased 23% compared with the previous year and 5% compared with Q4, reflecting procedure growth partially offset by customer buying patterns
- Systems revenue decreased 9% compared with Q1 2016 and decreased 39% compared with the previous quarter
    - The decrease in O-U.S. systems revenue relative to both the prior year and the prior quarter, reflect lower system ASPs reflecting sales of Si refurbished product to cost sensitive market segments, revenue deferrals, operating leases, six in the current quarter vs. none in the prior year, and two in the prior quarter, geographic mix, and changes in the number of systems placed
- Outside the U.S. we placed 56 systems in the quarter, compared with 36 in Q1 2016, and 63 systems last quarter
- The decrease in system placements relative to the prior quarter primarily reflects seasonality
    - The increase in system placement relative to the prior year reflects higher sales into Europe, Korea, and India

System Placements

- Current quarter system placements included 21 into Europe, seven into Korea, six into India, six into Japan and two into China
    - System placements outside of the U.S. will continue to be lumpy, as some of the O-U.S. markets are in the early stages of adoption, some markets are highly seasonal, reflecting budget cycles or vacation patterns, and sales into some markets are constrained by government regulations

Gross Margins and Costs

- Moving on to the remainder of the P&L, the pro forma gross margin for Q1 2017 was 72%, compared with 70% for Q1 2016, and 71% for Q4 2016
- The increase compared to the prior year reflects reduced product costs and manufacturing efficiencies
    - Compared with Q4 2016, the higher gross margin reflects a higher mix of instrument and accessory revenue relative to systems revenue
- Since we defer costs associated with the $23mm revenue deferral, the trade-out program had little impact on our margins
- Future margins will fluctuate based on the mix of our newer products, the mix of systems and instrument and accessory revenue, our ability to further reduce product costs and improve manufacturing efficiency, and in the long-term, the potential reinstatement of the medical device tax

Operating Expenses, Investments and Tax Rate

- Pro forma operating expenses increased 19% compared with Q1 2016 and increased 1% compared with last quarter
- The increases are consistent with our planned investments in product development, specifically da Vinci Sp, flexible robotics, imaging and advanced instrumentation and the expansion of our O-U.S. markets
- Our pro forma effective tax rate for Q1 was 28.1%, compared with an effective tax rate of 27.4% for Q1 2016, and 26.9% last quarter

- Our tax rate will fluctuate with changes in the mix of U.S. and O-U.S. income and with the impact of one-time items

Net Income, EPS and Shares Outstanding

- Our first quarter 2017 pro forma net income, which excludes income associated with the revenue deferral, was $196mm or $5.09 per share, compared with $170mm or $4.42 per share for Q1 2016 and $242mm or $6.09 per share for Q4 2016
- The $23mm revenue deferral including the associated deferral of cost of sales and income tax effect, reduced GAAP and pro forma net income per diluted share by approximately $0.28 per share
- EPS benefited from our $2B stock buyback as our average shares outstanding were reduced by 1.7mm shares as we retired 2.4mm shares on January 27, 2017
  - A final delivery of shares under the ASR, if any, will be delivered at the end of the contract period

GAAP Results

- As I indicated earlier, pro forma income provides an easier comparison of our financial results and business trends
- I will now summarize our GAAP results

Net Income, Costs and Charges

- GAAP net income was $180mm or $4.67 per share for Q1 2017 compared with $136mm or $3.54 per share for Q1 2016 and $204mm or $5.13 per share for Q4 2016
  - GAAP net income for Q1 included $21mm of litigation charges compared with $2mm in Q1 2016 and $6mm last quarter
- Q1 charges included approximately $14mm for the estimated cost of settling product liability claims covered by tolling agreements
- We've made substantive progress, resolving over 90% of the tolled cases
- The remainder of Q1 charges is related to a settlement of the dispute over license and supply agreement

Tax Benefits

- Beginning in 2017, we are required under GAAP to report the excess tax benefits or deficiencies associated with employee stock awards in our tax provision rather than as an adjustment to paid-in capital in prior periods
- The excess tax benefit included in our GAAP results for Q1 was $33mm, contributing $0.85 per share
- We've excluded this benefit from our pro forma results
  - This amount will fluctuate quarter-to-quarter based on the volume of employee stock option exercises and the number of RSUs vesting

Cash and Investments

- We ended the quarter with cash and investments of $3.1B, down from $4.8B as of December 31, 2016

- The decrease reflects our $2B stock buyback, partially offset by cash generated from operations and proceeds from stock option exercises

Patrick Clingan

Procedure and Clinical Highlights

Procedure Growth

- Our first quarter procedure growth of nearly 18%, U.S. procedures grew approximately 14% and outside of the United States procedures grew approximately 28%
- Procedure growth benefited from tailwinds from the shift of the timing of the Easter holidays from Q1 into Q2, which had the greatest impact on our European business
  - Excluding the benefit from these tailwinds, our procedure performance exceeded our expectations during the quarter

United States

- In the United States, both maturing growth procedures such as general and thoracic surgery outperformed our plan
  - Though difficult to assess, strength in the United States may have been due to a short-term uptick in patients seeking care ahead of any potential healthcare reform

U.S. Urology

Growth Rate for Da Vinci Prostatectomy

- In U.S. urology, Q1 growth rate for da Vinci prostatectomy was similar to 2016
- We believe that our U.S. prostatectomy volumes have been tracking to the broader prostate surgery market
- Earlier this month, the United States Preventive Services Task Force or USPSTF, proposed a change to its 2012 guidance around PSA screening from recommending against screening at any age to encouraging individual patients and physicians to consider PSA screening for men aged 55 to 69
  - We are pleased to see the USPSTF more closely align its recommendation with guidelines from the American Urology Association

U.S. Gynecology

- In U.S. gynecology, first quarter procedure growth sustained trends observed during 2016
- Procedure growth in U.S. GYN appears to be driven by consolidation of surgeries towards physicians that specialize in complex cancer surgery who tend to be users of the da Vinci system

General and Thoracic Surgery Procedure Adoption

- First quarter U.S. general and thoracic surgery procedure adoption remained strong, led by solid growth in hernia repair and continued adoption of colorectal procedures

- Hernia repair continues to contribute the largest volume of new procedures in the United States, and existing surgeon retention and utilization remains encouraging
    - Trends in lobectomies and other thoracic procedures continue to show early stage adoption

Procedure Growth Outside of United States

- Turning abroad, procedures outside of the United States – procedure growth outside of the United States was approximately 28% in Q1, led by the global adoption of da Vinci prostatectomy with solid contributions from kidney procedures, general surgery and gynecology

Europe, China and South Korea

- As I mentioned earlier, the shift of the timing of the Easter holidays from Q1 into Q2 served as a tailwind in the quarter, likely contributing an estimated 3% to our 28% procedure growth outside of the United States
- Procedure growth was led by Europe, China and South Korea
- In Europe, procedure growth benefited from Q1 calendar tailwind but also showed strength on an organic basis
- Procedure growth in China was driven by a strong expansion in system utilization, as system placements remain constrained pending the issuance of a new quota for civilian hospitals
- In South Korea, procedure growth has driven by a mix of specialties and procedures, in addition to a recent uptick in system placements over the past several quarters
    - Recently procedure growth in Japan has slowed as dVP penetration has grown above 80%

Reimbursement Submission

- During the quarter, the clinical study being conducted to support a reimbursement submission for gastrectomy completed enrollment
- Over the past several months, new clinical evidence has highlighted the role of da Vinci in treatment of gastric cancers in Asia

Laparoscopic Procedures

- Case series comparing da Vinci to open or laparoscopic procedures have emerged from both South Korea and Japan
- Dr. Yang and colleagues from Yonsei University Health System compared all three modalities of surgery across nearly 1,000 patients in an article published in Annals of Surgical Oncology
    - The authors found that the da Vinci patient cohort had the highest rate of surgical success compared to open or laparoscopic procedures, while experiencing a reduction in major in-hospital complications, a reduction in positive resection margins and improved lymph node yield

Radical Gastrectomies for Gastric Cancer

- Dr. Uyama and colleagues from Fujita Health University, published a letter in the Annals of Laparoscopic and Endoscopic Surgery, highlighting prior work on over 500 radical gastrectomies for gastric cancer

- The authors found that in exchange for greater blood loss and operating time, da Vinci gastrectomy was associated with a reduction in complications and length of hospitalization compared to laparoscopic gastrectomy
    - In addition, the authors found the da Vinci patient cohort included a larger proportion of advanced gastric cancers, proposing the da Vinci technology was best for these patients

Outlook

- Looking forward, during Q2, we expect our procedure growth rate outside of the United States to slow as the calendar tailwind becomes a calendar headwind of similar magnitude during Q2
    - As we move throughout the year, we also expect the contributions from China and Japan to moderate until we obtain a new quota and place new additional systems in China and obtain additional procedure reimbursements in Japan

Clinical Publications Evaluating Da Vinci Surgery

- Q1 was another quarter with a large number of clinical publications evaluating da Vinci surgery
- Of these, I wanted to highlight two additional publications
- Dr. Ruan, from Baptist Hospital of Miami, and colleagues, published results from nearly 300 right colectomy patients in the Journal of Surgical Laparoscopy, Endoscopy & Percutaneous Techniques
- Comparing da Vinci surgery with intracorporeal anastomosis to laparoscopic surgery with extracorporeal anastomosis, the authors found that while patients in the da Vinci cohort had longer operating times, they experienced less blood loss, shorter incision lengths and longer specimen lengths
- Other clinical endpoints that trended towards improvements in the da Vinci patient cohort include readmissions, post-operative complications, lymph node yield and zero incisional hernia repairs compared to 7% in the laparoscopic cohort

Da Vinci Surgery for Gynecologic Oncology

- The next publication is from [ph] Dr. Leone (25:49) and colleagues from McGill University in Montreal, Canada, published an article in the Journal of Gynecology (sic) [Gynecologic] Oncology on the impact to their hospital from adopting da Vinci surgery for Gynecologic Oncology
- The authors reported that the introduction of da Vinci increased the use of minimally invasive surgery from 15% to 76%, increasing the volume of patients treated by 27%
- And decreasing inpatient board cost by approximately $5,000 per patient, despite a higher proportion of patients with complex comorbidities, the authors concluded “organizations are beginning to recognize that the economic implications of introducing a robotics program extend beyond the operating room
    - It is timely to evaluate the broader ripple effects robotics has on hospital departments outside of the operating room”

Calvin Darling

Outlook

Procedures

- I will be providing you with our updated financial outlook for 2017
- Starting with procedures, on our last call, we estimated full-year 2017 procedure growth of 9% to 12% above the approximately 752,000 procedures performed in 2016

General Surgery Growth

- Now, based upon favorable trends in key markets outside of the U.S., U.S. general surgery growth and solid results in mature U.S. procedure categories, we are increasing our estimate for 2017
- We now anticipate full-year 2017 procedure growth within a range of 12% to 14%
  - We expect Q2 procedure growth rates, particularly in Europe will reflect fewer operating days than in the previous year

System Placements

- In regards to system placements, 21 of our 133 first quarter system placements were structured as operating leases
- Going forward in 2017, we expect an increasing proportion of system placements to be under operating leases
  - We have recently expanded our leasing programs in Germany and Korea, and in the U.S., more customers are considering operating lease arrangements to acquire da Vinci capacity

Cost Sensitive Market Segments

- The average selling price for systems sold outright will vary quarter-to-quarter based upon factors including product, regional and trade-in mix
  - With the upcoming expansion of our value oriented system offering and increasing placements in the cost sensitive market segments, we expect that our average system selling price will trend gradually lower in 2017

Deferred Revenues

- As we have described, approximately $23mm of product revenue was deferred in Q1, related to our da Vinci X trade-out program
- In future quarters, we expect to defer additional revenue related to da Vinci X trade-out offers that we will make to customers in the U.S. and other markets ahead of the availability of the product
- We will recognize revenue at the point the trade-out offers are executed, or when they expire

Gross Profits

- Turning to gross profit, on our last call, we forecast 2017 pro forma gross profit margin to be within a range of between 69% and 71% of net revenue
- We now expect our full-year 2017 gross profit margin to be in the upper half of that range

Operating Expenses

- Turning to operating expenses
- As we have described previously, we have accelerated our investments in several strategic areas that will benefit the company over the long run
- Accordingly, we have ramped our operating expenses as we focus on execution
- On our last call, we forecast pro forma 2017 operating expenses to grow between 15% and 18% above 2016 levels
    - We now anticipate coming in at the higher end of that range

Stock Compensation Expenses, Other Income and Income Tax

- Consistent with our last call, we expect non-cash stock compensation expense to range between $190mm and $200mm in 2017 compared to $178mm in 2016
- We expect 2017 other income to be between $30mm and $35mm compared to the $25mm to $30mm range forecast on our last call
- With regard to income tax, consistent with previous guidance, we expect our 2017 pro forma income tax rate to be between 26.5% and 28.5% of pre-tax income, depending primarily on the mix of U.S. and international profits

Share Buyback Program

- During Q1, we had $38.5mm diluted shares outstanding for EPS calculations
- As Marshall described, in connection with our accelerated share buyback program, on January 27, we took delivery and retired approximately 2.4mm shares, representing the initial delivery from Goldman Sachs
    - Based upon the timing of this transaction during the quarter, about 1.7mm shares were reduced from our Q1 share count
- The remaining 700,000 of the 2.4mm share reduction will be realized in Q2, reflecting the full quarter impact
- A final delivery of shares under the program, if any, will be delivered at the end of the contract period in November
    - Beyond the accelerated buyback, our actual Q2 shares outstanding will also be affected by the impacts of employee option grants, share price and other diluted share calculation inputs, as well as any other buybacks

QUESTION AND ANSWER SECTION

<Q - Bob Hopkins>: The first thing I'd like to ask about is your announcement on da Vinci X. And it sounds like if you're deferring revenue now that the timing of this is fairly imminent, so is it safe to assume that X will be launching this CY?

<A - Gary S. Guthart, Ph.D.>: We plan to launch in Europe first and we are in the process of the CE Mark review, we expect that we'll pass through that review in the next quarter or so.

<Q - Bob Hopkins>: And then a couple other follow-ups, in terms of U.S. timing and then Gary, can you just describe this a little bit more, I think you said it was an add-on to Si. I'm just curious, is this technology primarily a lower priced offering, or is it going to be positioned as a tool for new settings or new surgical markets? I just wanted to try to get a better understanding of what the, kind of, new market opportunity that this is addressing?

<A - Gary S. Guthart, Ph.D.>: Let me describe a little bit of what it is first. It really combines our latest instrument accessory robotic and computing and imaging technology with an Si patient cart chassis. This brings to market advanced upgrade package for Si technology that's lost between the Si and the Xi in terms of its breadth of clinical reach, and it creates an attractive entry point for either an upgrade or a new install. I think that it will do well in places that Si does well today, and adds to it some of the Xi technologies at an attractive economic place. Where that goes in terms of treatment locations, we'll see. I think it will be well received.

<Q - Bob Hopkins>: And then, lastly I guess on da Vinci X, could you just talk about what sort of difference in price point are we talking about here? And what sort of difference in functionality, if it's primarily addressing similar kind of surgical opportunities, I'm just curious as to any sense for what's the ASP difference and the functionality difference, that would be very helpful? Thank you.

<A - Gary S. Guthart, Ph.D.>: You'll have to wait on ASPs. We aren't announcing it at this time. Just directionally it will be between Si's and Xi's. In terms of capability, again, as we launch, we'll give you additional information in terms of future benefit. It isn't foundational in terms of the types of procedures it can do.

It will make Si's more capable to more comfortably do more procedures. Xi will remain the top of the line. Xi has intraoperative table motion, it has automated help in set-up and optimization in multi-quadrant functions that X will not have.

<Q - Bob Hopkins>: Included launch in the U.S. this year? This is my last question.

<A - Gary S. Guthart, Ph.D.>: It is possible, but we haven't yet called the end date in terms of launch timing.

<Q - Amit Hazan>: Let me just start maybe with the da Vinci Sp delay and just ask for a little bit more color, just specifically what happened to get you to drive that delay? And then also, other than the software upgrade, are you pretty much ready for the 510(k) filing in terms of the clinical results you wanted to have?

<A - Gary S. Guthart, Ph.D.>: The clinical side has been really good. We're feeling great about our clinical experience and overall product performance. We do – we did learn some things in our trial that we want to make a little easier. It has to do with making it a little bit easier to set up and a little bit smoother and optimized workflow.

We decided that, given the extensive HF, human factors validations, that are required by regulators these days that we'd rather do that sooner ahead of the submission than later. And so, we've made the decision to go ahead and pull that software release forward and do those validations on the newly released software. So I'm not foundationally upset about where we are with regard to Sp. You get out, and you learn. I'd like to take those learnings and put them back into the product and get on with it.

<Q - Amit Hazan>: And then just two quick questions on guidance. First, on the gross margin side, I think I want to try to understand you had another really good gross margin quarter. And your guidance is still kind of a little bit below where we were last year. But it seems like the same drivers are in place, lower cost and new products, managing fixed costs well.

So I'm just trying to understand if this is conservatism by you or if you're actually starting to think about some of the maybe da Vinci X product coming through and that's why the guidance is lower? What else is the offset vs. what you've been able to achieve over the last five quarters?

<A - Calvin Darling>: And we're definitely pleased with our Q1 gross profit results and our continued progress to reduce cost and improve efficiency, as Marshall took you through. And as such we did take up our guidance to the upper half of the 69% to 71% range. But you look at specifically at Q1, the gross margin of 72% in the quarter benefited from product mixes. 77% of our revenue is from higher margin recurring revenue, and 23% came from lower margin capital, also during the quarter again we had very few charges associated with field actions, excess, obsolete inventory. So as we look forward into the balance of 2017, we think the margin will be impacted by things including, of course, capital sales comprising a higher proportion of the revenue and that mix factor. There will be some costs start to build up that to support the manufacture some of the new products.

We are assuming a higher field action in [ph] o-charges (37:44) more aligned with historic ratios. And then as I talked about in the prepared comments, some directionally lower system ASPs as we expand our value oriented system offering and increase placements into cost sensitive market segments, and of course, the margin will vary quarter-to-quarter.

<Q - Amit Hazan>: And then just lastly for me is on the procedure guidance, so if I'm kind of hearing you correctly putting all the pieces together, you had some selling day impact that you're calling out for the first time really, I'm assuming you, kind of, knew that ahead of time, so I don't know how much that has an impact on our new higher guidance but maybe a comment on that?

And then in addition to that, you talked about strong, kind of, legacy growth but your legacy growth was right in line with where it's been more recently. So I'm just wondering, is the net effect of this that the higher guidance for you comes really from general surgery in the U.S., is that what's driving the higher number?

<A - Calvin Darling>: There's a lot of factors. Again, overall we're again very pleased with our Q1 procedure results and growth trends and we do expect 2017 procedure growth to continue to be driven by U.S. general surgery and international procedures. We're still very early stages of adoption in these categories. And again, we raised our guidance in the quarter from 9% to 12%, to 12% to 14%, so it's reflecting our increased confidence overall.

But at the end, we feel like our Q1 results were exceptional in the quarter and going forward, we would expect some moderation in growth in Asia, as Patrick took you through as we await additional da Vinci procedure reimbursement in Japan, and sales quota in China, we'd expect moderation in the European growth rate due to the timing of the Easter holiday, slight moderation in U.S. mature procedures which have continued trends as you mentioned but dVP and GYN, we assumed some moderation there. And then just, the overriding uncertainty and policy direction in the United States and what impact that may have.

<Q - David Ryan Lewis>: Just a few quick ones. Gary, just starting off with the da Vinci X for a second here, I wonder with the upgrade electronics package in tower on da Vinci X, is it going to be possible to upgrade the X with Sp? Meaning, will that tower work with Sp, so potentially you can bring Sp to a broader marketplace than we initially thought, which we thought maybe was limited to Xi?

<A - Gary S. Guthart, Ph.D.>: The answer to that is ultimately yes, that the computational hardware platform and the basics are shared across all three, X, Xi and ultimately Sp. So in addition to giving people a lower entry point on advanced technologies it gives them logical upgrade pathways to advanced technologies.

<Q - David Ryan Lewis>: Just two more quick ones, one on Sp, does this software upgrade or software pull forward I should say, does that impact the timing of the second and third filings you're forecasting of head and neck in others?

<A - Gary S. Guthart, Ph.D.>: It does not appear to.

<Q - David Ryan Lewis>: The one procedure – we talk a lot about prostate, we talk a lot about hernia lately, but this thoracic procedure or segment has really come into the dialogue the last six months. Can you just talk more about what's happening in thoracic. How much of it is long resection? How much of it is broad category of VAT surgery and anything you can share with us in terms of market size, stage of inflection, because it's sort of emerged from a nice place to a definitive driver? It'd be helpful to get some clarity. Thanks so much.

<A - Gary S. Guthart, Ph.D.>: Just painting in broad strokes, the opportunity for us in thoracic surgery over time is real. There's a lot of open surgery in that space. These are complex procedures and delicate surgeries. And so, we think that sets up well for da Vinci kind of platform. As we've brought Xi to market with its longer reach, its narrower arms and its set of Xi staplers, that has helped. So we're seeing what would amount to early interest and early growth in that category.

In terms of market sizes and rate of penetration, I'll let Patrick speak to that a little bit. We still think we're early. I would also say that we've got our sales force and commercial team really focused primarily on general surgery. I think we want to support that market really well. But Patrick, take it away.

<A - Patrick Clingan>: If you look at the United States market, there's probably around 100,000 patients who received surgery to-date, split evenly between lobectomies and other types of thoracic procedures for which we think our products can bring value to patients and surgeons. When you look outside of United States, markets are much, much larger, particularly when you look at Asia and China in particular. So we're optimistic about the future, but we're still in very early days. And you're seeing some of the early evidence sets come out comparing robotics to open and even VAT surgeries where they're improving outcomes, and that evidence holds up over time, we think there is a runway for us here.

<Q - Tycho W. Peterson>: I'll start off with just a couple clarifications on procedure expectations. Are you factoring in any impact from the USPSTF guidelines? And then can you comment on hernia ventral vs. inguinal, are you still seeing relatively balanced growth rates between the two?

<A - Patrick Clingan>: From a USPSTF perspective, in 2012 when the original announcement came out, you saw dVP fallings decline over a couple year period. However, since then you've seen our volumes really returned to nearly the level they were in 2011, so I think a lot of it has played through that we're pleased to see the statement become more aligned to what the AUA society guidelines are.

From a ventral and inguinal and hernia perspective, we remain encouraged by the trends we're seeing, you continue to see growth in our existing surgeon populations doing more and more procedures, new surgeons coming along and there is a lot of positive energy coming out of society meetings like the American Hernia Society and the SAGES meeting, so we continue to be pleased by the adoption that we're seeing.

<Q - Tycho W. Peterson>: And then on Sp, I know you suggested the software release wouldn't necessarily impact the timing for follow-on procedures beyond urology. Can you maybe just help us think of when you may have those filings for the follow-on procedures? And also when can we get a readout from the first clinical experience in Australia, is that something that would be published?

<A - Gary S. Guthart, Ph.D.>: Tear up the things there, one, is Sp and one is our flexible robotics program. Just going to Sp to start, we have not yet settled on submission time lines for the additional indications on Sp beyond urology. We are imminently initiating the transoral surgery trials and then we'll open colorectal trials thereafter. But we have not yet set dates publicly for when we expect those submissions. That said, the software update we're doing vis-à-vis the urology filing should not disrupt the timeline of those two.

With regard to the work that was done in Australia, that was on the flexible robotics platform, they're in patient follow up now, so they're following patients after their treatment for the prescribed amount of time in their protocol. I'd expect them to be presenting publicly in the fall.

<Q - Tao L. Levy>: I had a question on the X, on the da Vinci X. Are the instruments similar to the Xi or it's still going to be a different core set of instruments?

<A - Gary S. Guthart, Ph.D.>: The instruments on X are the same family as the Xi, so there are Generation 2 advanced instrument kits, so things like stapling and vessel sealing are Gen 2. They are the same exact instruments, same part numbers as the Xi likewise with the imaging system. So if you're an account that has multiple systems you have Xis and Sis, then moving to X can standardize your Si base and have one set of instruments and accessories.

<Q - Tao L. Levy>: And the pricing pathway for an upgrade from an Si to an X outside of obviously the deferral?

<A - Gary S. Guthart, Ph.D.>: We haven't published yet what the list price steps are going to be.

<Q - Tao L. Levy>: And just lastly, I asked this question last quarter, I'm just wondering if there's any update on the quota from China? Is that still something you expect over the near-term? Thanks.

<A - Marshall L. Mohr>: There really isn't much of an update. As we previously communicated, we are still waiting for quota which would cover the civilian hospitals in China. And we'll keep you informed as we hear.

<Q - Brandon Henry>: First, can you talk about the dynamic you mentioned of patients coming in for surgery ahead of potential healthcare reform changes and what you heard from surgeons regarding that dynamic? And then, should we expect this similar dynamic to occur in Q2? Then I have a couple of follow-ups.

<A - Gary S. Guthart, Ph.D.>: I don't think we have deep insight there. There's been a little bit of speculation that there's been some pull forward. We have seen, just in the numbers, a little more buoyance kind of broadly across our procedure base, not just in a single category, but kind of across each category, which leads us to believe there's something environmental going on. I would not say that we have special insight. I think it's a little bit of speculation. We'll know on the future quarters. I cannot predict what will happen Q2, Q3 with regard to how ACA dynamics will occur.

<Q - Brandon Henry>: And then separately on the international side, I think the company breaks out international procedures by prostatectomy, hysterectomy and kind of other bucket. The other bucket is the kind of larger portion of international procedures, but we don't really have a lot of visibility into the underlying trends there. So, can you just spend some time discussing what specific countries or procedures are driving that continued 30% plus growth in the other bucket and your confidence of kind of that rate of growth continuing for the other category going forward? Thanks.

<A - Patrick Clingan>: We continue to see most of our outside of the United States procedure growth being driven by urology, mostly prostatectomy and dVP, but also in kidney repairs, mainly through partial nephrectomies, to which the system tends to be an enabler for population of patients to access partial nephrectomy for kidney cancers. We also do see encouraging signs in general surgery and gynecology, stronger in Asia and in certain markets in Europe where we've already deeply penetrated urology.

<Q - Larry Biegelsen>: First, if I focus on the pipeline, any updates on the new technologies that you're working on, the imaging agent and additional instruments? And I had one follow-up.

<A - Gary S. Guthart, Ph.D.>: Imaging trial on the [ph] neuroimaging (49:37) agent is initiated so far so good. We're still early in that trial, but we're pleased. Otherwise our imaging programs are progressing against our plan. Your second question was on, I'm sorry, advanced...?

<Q - Larry Biegelsen>: Additional instruments.

<A - Gary S. Guthart, Ph.D.>: Instrumentation. We have a portfolio of instruments we're working on. Nothing to really call out in terms of dates for you. We are making progress on expanding our stapler line to be a full line stapling system. But nothing I'd call out for you on this call.

<Q - Larry Biegelsen>: Let me ask one on the competition. So Medtronic has talked about bundling their surgical portfolio to drive sales of their robot. Assuming they have a competitive offering, can you talk about things you could do such as partnering to negate that advantage that they could have? Thank you.

<A - Gary S. Guthart, Ph.D.>: The way we think about it in terms of servicing our customer is to allow them to have a minimally invasive surgery program that get the outcomes they want across a broad population of patients and surgeons. We think that our technologies are outstanding and we'll continue to be market leading.

To the extent that they need to augment a robotic system with other products, there are a plethora of other companies that are happy to sell into surgical suites. And I think as long as those are at an economically attractive price point and the products are well accepted, I think we're going to be in good shape.

<Q - Rich S. Newitter>: Just the first one, coming out of SAGES, we noticed just a palpable kind of acceptance, increased acceptance of hernia procedures in general, multiple kind of podium sessions devoted to it. So I was just wondering, is there that acceptance that you're seeing that we saw, do you guys feel that kind of there's been a notable inflection in the acceptance of kind of hernia, robotic hernia surgery? And would you be willing to kind of give us an updated kind of sense of where we are on the market opportunities within ventral and hernia inguinal, how big they are and kind of where you think that could go from your addressable market?

<A - Gary S. Guthart, Ph.D.>: In the first part of your question, where are we in acceptance. I think that you're seeing some early exploration and enthusiasm and we're feeling that enthusiasm as well. But as you well know, the surgical population is not of one mind. And I think that we're going to see pro-con debates in hernia for some time, and I would expect that.

And I think it will be challenged and debated and discussed variance by patient population, variance by surgical technique and variance by total economics to treat. That leads to your second question, which is, are we ready to make any changes to our thoughts on estimated market size? And I think it's really too early to try to redraw boundaries there. So summary for us is, so far, so good. I think surgeons are finding real value and pursuing that value. They're doing what, I think, they should in terms of assessing it carefully and publishing the results and debating which patient groups and subgroups make sense and we'll support them in that effort.

<Q - Rich S. Newitter>: And then just a follow-up on the ACA kind of – some of the dynamics that might be playing out in the market place. I'm just wondering on the capital side and on the decision maker side of the equation at hospitals and institutions, any updates on what you're hearing from customers on kind of their willingness to invest in innovation like robotics?

<A - Gary S. Guthart, Ph.D.>: On the one hand, in a good way, a lot of people understand the basic value proposition of robotics, are familiar with the kinds of things it can do. So that has led to, I think, meaningful conversations that are data driven and effective. I think on the margins right now the ACA has injected some caution on the part of capital buyers. So on the positive side, I think robotics, the value it can bring is pretty well understood. On the negative side, I think, on the margin, at the outside, it's been – ACA uncertainty has been a slight negative.

<Q - Rick Wise>: Just a big picture question first, I mean, I would assume you'd think that the opportunity for robotics in surgery is underpenetrated. I'm just sort of fascinated with the several times you've mentioned, you, Marshall, Calvin had mentioned that average selling prices will trend lower because of new products and mix here. Just stepping back from those specifics, how do we think about the opportunity for a lower priced system perhaps driving increased penetration? I mean, is this the next leg in robotic market penetration, and does da Vinci X and Sp, should we think about that more specifically as one of the next big opportunities as opposed to just a procedure or a geography, if you see what I'm getting at?

<A - Gary S. Guthart, Ph.D.>: I'll answer a little simpler question than you asked. I think we have been in close contact with our customers, particularly those outside the United States, and have been listening carefully to what the kind of procedures they want to do, what the reimbursement environments are in their countries, and what kind of capabilities need to match that procedure set and reimbursement set and we think X fits that bill. And as a result, I think that it will be well received. I don't think it's limited to a single country.

I do think that we believe, and I think our customers believe, that total cost to treat is the right economic measure, the better outcomes followed by economic analyses to look at total cost to treat, and to the extent that your technology offering can match that so that you get both great outcomes and lower total cost to treat that will drive adoption. How big, how fast X goes? We don't have a crystal ball, but we invested in it based on some conversations and research we think was right. I think that it's going to hit the mark for them, and we will be delighted to report to you in future quarters how it's going.

<Q - Rick Wise>: Just a follow-on to that. So just to be very clear, I mean, this is not, "just an upgrade for existing Si installed base" if is that, but it's definitely something much broader potentially?

<A - Gary S. Guthart, Ph.D.>: You can – if one has an Si, then you can upgrade your Xi to an X. If you have node system and you want to get started then you can buy an X to get started.

<Q - Rick Wise>: And you did mention, I know it's small, a table motion this quarter. Just out of curiosity where are we with adoption and the uptake there? Is it going as you expect getting planned?

<A - Gary S. Guthart, Ph.D.>: At the top level, attach rate of table motion has exceeded our initial expectations and kind of our original business plan for that product. I think with regard to the last quarter, I would imagine, I'll let

Patrick about...

<A - Patrick Clingan>: Very solid attach rates with new Xi system sales. We've worked largely through the existing population of customers, so we're not seeing as much on a y-over-y basis as we saw on product launch.

<Q - Rick Wise>: And just last for me on Fosun. Any milestones we should expect in let's say the next 12 months on the program? And maybe just more broadly, how do we think about this partnership's impact if anything now looking ahead on the broader I Surg Chinese business? And especially given the complex geopolitical situation? Thank you.

<A - Gary S. Guthart, Ph.D.>: With regard to Fosun, I think, I'd focus the audience on really two things. One, is the technical progress of the flexible robotics platform because we think that's a major component. And then the other one will be our activities in building that organization, hiring staff as the organization builds out then we'll announce to you kind of where we are. I gave you an update on where we are in the flex robotics program.

We are very bullish on the interest in and the value that robotic surgery can bring to China. We have the right partner in Fosun over time. That partnership exists today in the form of our distribution relationship with one of their subsidiaries in Chindex. That will grow into the relationship into a full JV. And we will navigate the international waters as need be. So thank you for the question. That was our last one.

Gary S. Guthart, Ph.D.

Closing Remarks

As we've said previously, while we focus on financial metrics such as revenue, profits, and cash flow in these conference calls, our organizational focus remains on increasing value by enabling surgeons to improve surgical outcomes and reduce surgical trauma

We've built our company to take surgery beyond the limits of the human hand

- And I assure you that we remain committed to driving the vital few things that truly make a difference