

SCOUT Report

News and Views on Surgical Guidance
and Breast Tumor Localization



Dr. Charles E. Cox, MD

Professor of Surgery and Director of the Breast Cancer Program at the University of South Florida

Dr. Cox earned his M.D. at the University of Utah, Salt Lake City, Utah. He served his internship

and residency at Duke University, Durham, North Carolina. He is Board Certified by the American Board of Surgery. His illustrious career began at the

University of South Florida in 1983. Under his direction, the Comprehensive Breast Cancer Program was initiated at the University of South Florida in 1984. Dr. Cox's main area of practice is surgical oncology and treatment of breast cancer.



Additional FDA Clearance for SAVI SCOUT Radar Localization System

Extended flexibility for reflector placement supports improved patient and hospital scheduling

SCOUT has received an additional FDA 510(k) clearance allowing the reflector to be placed at the lumpectomy site up to 30 days prior to surgical removal.

"The new clearance enabling reflector placement up to 30 days before surgery provides us even more flexibility with scheduling," said Charles Cox, MD. "As an early adopter and ongoing user of SCOUT, I've found the technology to be highly intuitive, easy to implement and a significant improvement over wire localization in terms of patient experience. Importantly, use of SCOUT also supports greater efficiency in the hospital with less wait time for both patients and physicians."

In seeking a more compassionate approach to breast tumor localization, Cianna Medical is the first to develop micro-impulse radar technology for use in human tissue. SCOUT radar localization is a highly sophisticated system capable of delivering unparalleled precision and efficiency.

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SCOUT® Continues to Score High in Patient and Physician Satisfaction

The Northwell Health Cancer Institute implemented SCOUT in July. The following excerpts are from an article that appeared in the July 12 issue of *Innovate Long Island*.

“Breast cancer surgery or biopsy can be physically and emotionally distressing for women,” said Dr. Karen Kostroff, chief of breast surgery at Northwell. “The SCOUT resolves one of the most difficult aspects of breast conservation surgery by eliminating the need to place a wire inside the breast tissue to locate a tumor.”

Ellen Gallin-Procida, a patient of Dr. Kostroff’s for the last 20 years, underwent three breast-conserving surgeries using the wire localization technique. She was one of the first patients at Northwell’s Cancer Institute to experience the wire-free, radar system during a breast biopsy.

“You’re already under stress and frightened getting a breast biopsy,” Gallin-Procida said. “It’s uncomfortable to sit for a long time with a wire sticking out of your breast even though it’s covered in gauze. For my recent biopsy, I was checked in for surgery with the reflector having already been inserted days earlier.

“This time I had a lot less anxiety and discomfort before surgery without a wire sticking out of me.”

Click here [Innovate Long Island](#) to read the full article.

Peer-Reviewed Data Published in *Annals of Surgical Oncology*

Peer-reviewed data on SCOUT recently published in the July issue of *Annals of Surgical Oncology* demonstrated 100 percent surgical success, with significantly lower repeat surgery rates than those reported when using wire localization. In all cases where localization was performed, targeted lesions and reflectors were successfully removed without any observed reflector migration. In another key study finding, researchers concluded that the SCOUT reflector could be reliably detected up to 5 cm from the handpiece.

The study also demonstrated high clinician and patient satisfaction with SCOUT. Overall, physicians reported favorably on patient comfort, patient anxiety and overall patient experience, and a majority of physicians (85%) reported workflow improvement with SCOUT compared with wire localization. On a scale of 1-5, where 3 was equal to wire localization, surgeons favorably rated ability to start cases earlier at 4.9, 4.4 for patient wait times and 4.4 for reduction in OR scheduling delays. Radiologists and surgeons also reported a 4.1 for a better overall patient experience. Post-procedure survey data indicated that 97% of patients would recommend SCOUT to others.



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