

SCOUT Report

News and Views on Surgical Guidance
and Breast Tumor Localization



Dr. Mary K. Hayes, MD

Chief of Women's Imaging
Memorial Healthcare System
Hollywood, Florida

Dr. Hayes is a board certified radiologist specializing in Women's Imaging. She earned her medical degree from Rutgers New Jersey Medical School and completed her training in Los Angeles, with a residency at Cedars Sinai Medical Center and fellowship training at the UCLA Iris Cantor



Center for Breast Imaging. In 1992, she joined Memorial Healthcare System, Hollywood, FL and has continued to serve as Chief of Women's Imaging Centers for over 20 years.

Dr. Charles Cox, MD

Director of USF Breast Health Program
Tampa, 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.

Data Presented at the American Society of Breast Surgeons 18th Annual Meeting Demonstrate SCOUT® Radar Localization System Significantly Reduces Operating Room (OR) Start Times and Improves Workflow for Surgical Procedures Targeting Non-Palpable Breast Lesions.

SAVI SCOUT® Localization Improves Breast Surgery Operating Room Start Times Compared with Wire Localization - Click [here](#) for poster

Mary K. Hayes, M.D., presented a poster titled, "SAVI SCOUT Localization Improves Breast Surgery Operating Room Start Times Compared with Wire Localization," which reported results from a prospective study of OR start time delays in procedures using SCOUT or wire technology for pre-operative breast lesion localization.

Two surgeons were given the option of same day wire placement or SCOUT placement 0-30 days prior to surgery, and delayed OR start times were recorded for procedures conducted between January 1, 2015 and October 1, 2016. Start time information from 159 patients who underwent localizations for non-palpable breast lesions (30 wire localizations and 129 SCOUT localizations) was included in the analysis. Average OR start delay was 40 minutes for wire and 11 minutes for SCOUT localizations.

The 29-minute difference was statistically significant (95%CI $P < .001$) and reflects a 72.5 percent decrease in delay time. No same day cancellations were attributed to SCOUT localization.

"This improvement was largely associated with the ability to schedule localization at the convenience of the patient and the radiology department, rather than performing localization the day of the surgical procedure."

While operating room costs vary by geography, it is estimated that OR set up fees are about \$3,000 and procedure fees average about \$68/minute.[i],[ii] A 29-minute reduction in OR waiting time would result in cost savings of \$1,972, and eliminating same day cancellations would also provide significant cost benefits.

Efficiency Impact of Radar Localization

Click [here](#) for poster

Charles Cox, M.D., presented additional data on workflow efficiencies associated with SCOUT in a poster titled, "Efficiency Impact of Radar Localization."

The reported study was based on the results of evaluation forms that radiologists (n=14) and surgeons (n=13) completed describing their experience with SCOUT compared with their prior experience using wire localization. Ten of the responding radiologists answered the query about workflow improvements, of which 90% indicated an improvement with SCOUT compared with wire localization. This improvement was largely associated with the ability to schedule localization at the convenience of the patient and the radiology department, rather than performing localization the day of the surgical procedure.

Among the 13 responding surgeons, nine performed SCOUT placement at least one day prior to surgery (average 2.8 days). All surgeons reported improvements in surgical start times, decreased patient waiting times and reduction in OR delays with SCOUT compared with wire localization. The reported reduction in OR delays was greater among surgeons who performed SCOUT localizations at least one day prior to surgery compared with surgeons who used SCOUT the day of surgery.

[i],[ii] SAVI SCOUT® Localization Improves Breast Surgery Operating Room Start Times compared with Wire Localization. Mary K. Hayes MD, Erica V Bloomquist MD, Heather Wright, MD

SCOUT Honored as Finalist in the 2017 Medical Design Excellence Awards

Novel SCOUT technology is a leading innovation in wire-free breast localization

We are pleased to announce that SCOUT radar breast localization system has been selected as a finalist in the 19th Annual Medical Design Excellence Awards competition.

The MDEA are the medtech industry's premier design competition recognizes significant achievements in medical product design and engineering that improve the quality of

healthcare delivery and accessibility. The awards program celebrates the accomplishments of the medical device manufacturers and the

many people behind the scenes—engineers, scientists, designers, and clinicians—who are responsible for the cutting-edge products that are saving lives, improving patient healthcare and transforming medtech—one innovation at a time.

"We are honored to be recognized by the MDEA judges," said Eduardo Chi Sing, Chief Technology Officer at Cianna Medical. "Hospitals across the country continue to adopt radar technology as a versatile and clinically effective tool for breast tumor localization, and it is emerging as the technology of choice over wire localization."



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