

SCOUT Report

News and Views on Surgical Guidance
and Breast Tumor Localization



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SAVI SCOUT: A Surgeon's Perspective

Novant Health integrated the SCOUT® Radar Breast Localization System into their breast care program in July 2016 and recently they became a SCOUTCare™ certified wire-free provider.

Peter Turk, MD, shares his experiences with the wire-free radar technology.

What was the key decision factor for choosing SCOUT?

Novant Health is a leader in our region for breast cancer care. As we reviewed our options, we felt that that a Radioactive Seed Localization (RSL) program seemed too cumbersome to maintain in a high-volume setting. The SCOUT system made perfect sense and freed us of many of the logistical issues. It also addressed patient comfort concerns that we had with standard needle localization.

The limited startup costs, the excellent support from Cianna Medical, and the intuitive nature of the system all played a big part in our decision-making process.

Do you consider SCOUT to be the new standard of care at Novant for localizing breast lesions?

The SCOUT radar localization system is our standard in Charlotte for localization and has been embraced by all of the radiologists and surgeons involved in the program.

Can you comment on your overall clinical experience with SCOUT? What do you see as the key benefits?

We were not sure what to expect transitioning from the wire localization system (which has been standard of practice for 30 years). We were pleasantly surprised by the low margin involvement rate, the success in localization in each of our first 127 cases (excepting one). This one case was early in our experience, and the cautery unit appeared to short-out the reflector upon contact intraoperatively. We were able to identify the SCOUT clip with ultrasound intraoperatively and

successfully remove the lesion. With the new SCOUT system we have not had any further similar episodes. Also, with the distance monitoring we are able to dissect using cautery without making contact with the clip.

One of the most pleasant changes is the much more efficient patient care flow on the day of surgery. By uncoupling the localization process and the surgical date, we eliminated the delays in radiology and streamlined OR scheduling. We also improved the patient experience with ease of reflector placement and a less traumatic day of surgery.

How important is pre-operative MRI in your practice?

We perform preoperative MRI scans generally in patients with invasive lobular carcinoma, young patients with disease difficult to examine with standard mammography, and those with genetic predisposition. The SCOUT system has allowed these MRI scans without significant artifact, and this transition has been seamless.

Can you comment on the significant findings in your poster presented at ASBrS (May 2018) entitled: Is SAVI SCOUT localization as accurate as needle-localization in obtaining negative margins at time of breast conservation?: A single-institution Experience.

We reviewed our initial experience with SCOUT to help identify the relative success in transitioning the wire-free radar system in a large volume private practice setting. One of the most important factors of success of a localization

system is achieving negative margins. With all the other variables constant, the data showed a 10% positive margin rate with SCOUT vs. a 17% rate using wire localization. This is an improved clear margin rate both with invasive cancer and ductal carcinoma in situ with SCOUT relative to standard needle localization. The SCOUT distance system allowing distance measurements from the skin to reflector should improve our success rate even more. [Click here to view the full poster](#)

Can you comment on placing the SCOUT reflector prior to neoadjuvant therapy? What benefits would you see?

We have used SCOUT prior to neoadjuvant therapy without problem. Two things to keep in mind, first the need to remember to place the clip at that juncture, rather than waiting for the pre-op time-frame. Secondly, very occasionally a patient who originally wanted breast conservation prior to chemotherapy decides for bilateral mastectomy. For use prior to neoadjuvant therapy the benefit of the SCOUT system is that the reflector does not interfere with MRI studies so patients are not restricted in the types of imaging modalities they may need during or after therapy.

Do you see other uses for SCOUT in your practice?

We have found the SCOUT system much easier to use than wire localization in the clipped node, and it is more accurate than using other methods of intraoperative localization of the lymph node.

Indication for Use of SAVI SCOUT® Wire-Free Radar Breast Localization System Expands to Include Localization of Soft Tissue

ALISO VIEJO, Calif., Aug. 06, 2018 (GLOBE NEWSWIRE) – Cianna Medical, Inc., the world leader in wire-free breast localization, announced that it has received 510(k) clearance from the U.S. Food and Drug Administration (FDA) to extend the indication of its SCOUT reflector for use in localization of soft tissue. The SCOUT System has been in use for wire-free breast tumor localization since 2016 and has been proven in over 42,000 procedures in more than 325 medical centers in the U.S.

“SCOUT resolves one of the most difficult aspects of breast cancer treatment by allowing us to accurately localize soft tissue such as axillary lymph nodes,” states Ari Brooks, surgical breast oncologist and Director of the Integrated Breast Center at Penn Medicine. “The SCOUT reflector is very well suited for use in the lymph nodes.”

SCOUT is uniquely suited for marking tumors, biopsy sites and lymph nodes prior to neoadjuvant therapy. Because the SCOUT reflector does not have a clinically significant MRI artifact, it does not interfere with MRI studies; there is no restriction on the imaging modalities that can be used effectively throughout a patient’s treatment.

Physicians are using SCOUT as a solution for breast tumor localization, bracketing of large or diffuse breast lesions, targeted lymph node dissection, placement at the time of biopsy and to mark tissue prior to neoadjuvant chemotherapy. With seven peer-reviewed publications and over 20 clinical abstracts, the SCOUT system has been proven to be easy to use and provides accurate detection and precise localization.



SCOUT has also been shown to improve radiology work flow and significantly reduce OR delays. SCOUT has received significant recognition from medical societies and industry associations including the 2016 Scientific Impact Award from the American Society of Breast Surgeons, the 2017 Gold Award for Medical Design Excellence and the 2018 Premier Breakthrough Technology Award.

“Radiologists and surgeons have expressed a strong clinical need for wire-free lymph node localization and targeted axillary node dissection. This is one more way Cianna Medical is providing solutions to real healthcare needs,” said Jill Anderson, President and CEO of Cianna Medical. “This expanded FDA clearance gives physicians even greater flexibility for planning individualized breast cancer treatment and offers more patients a better experience.”

Beyond the technology, Cianna Medical believes in community education and offering the same standard of care to all patients regardless of their ability to pay. SCOUTCare,™ an award-winning program that provides assistance for uninsured patients and multi-modality training for radiologists, surgeons and allied health professionals.



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