

SCOUT[®] REPORT



News and Views on Surgical Guidance
and Breast Tumor Localization

New SCOUT[®] Mini Reflector Provides Physicians with a Compact Design for Greater Utility

“ SCOUT[®] gives us the opportunity to get in early and localize a suspicious node before neoadjuvant chemo when it’s still visible on imaging. This is also important because we know that ~15% of the time that node is not the sentinel node. The SCOUT Mini is a great adjunct to what we already do, and being a bit shorter is even better for this application.

Vincent Reid, MD ”



“ The SCOUT[®] system is already very precise, but the new SCOUT Mini Reflector is even more directional, allowing me to confidently take smaller tissue samples while preserving more healthy breast tissue for the patient.

Colleen Murphy, MD, FACS ”



[Discover More](#)

TRADESHOW ATTENDANCE

26th Annual Mammography in Santa Fe



Thank you for joining us at the 26th Annual Mammography in Santa Fe: Music, Mammograms, and Mountains. We were delighted to see and meet those that stopped by our booth along with our hands-on interactive workshop to learn about our biopsy products!

Discover our range of soft-tissue biopsy products »



BC³ – Breast Cancer Coordinated Care

BC³ | Breast Cancer Coordinated Care
An Interdisciplinary Conference

6th Annual Cleveland Breast Cancer Summit

Thank you for joining us at the 6th Annual Cleveland Breast Cancer Summit: Collaborating for a Cure, a live educational multi-disciplinary summit that focused on the up-to-date reviews and treatment options for recurrent breast cancer. We were joined by renown key opinion leader, Stephanie Valente, MD, and her colleagues.

Discover more about SCOUT »

Join us September 15-17th in Washington DC at BC³ – Breast Cancer Coordinated Care! This three-day symposium will evaluate and discuss different models for coordination of breast cancer care from major centers across the United States. The intent of this symposium is not only to educate the faculty and attendees about the wide range of options available for breast cancer coordinated care, but also to encourage the development of more standardized treatment strategies and protocols for the local treatment of breast cancer. We hope to see you there!

Register Now »

NEW POSTER

Single-Step 5-Year Clinical Experience Using Preoperative SCOUT Localization at Biopsy of Suspicious Breast and Axillary Lymph Node Lesions

“Patients with suspicious lesions, who are known or strongly predicted to require both needle biopsy and localization to guide surgery, may benefit from single-step Bx-WFL where SCOUT serves a dual function as a tissue clip marker and wire-free localization device. This preserves breast surgical oncology options, allows for flexible preoperative planning, permits surveillance with MRI, and may eliminate downstream redundant needle localization procedures.”

Single-Step: 5-Year Clinical Experience Using Preoperative SCOUT® Localization at Biopsy of Suspicious Breast and Axillary Lymph Node Lesions

OBJECTIVE
Breast imaging plays a pivotal role in the diagnosis, treatment, follow-up, and long-term surveillance of patients with breast cancer and high-risk lesions. Patients presenting with suspicious breast or axillary lymph node lesions, however, are frequently predicted to require both needle biopsy (Bx) and Localization (Loc) to guide surgery, may benefit from an exciting, single-step approach, a same-day image-guided Biopsy with SCOUT® Localization (Bx-Loc). The SCOUT device serves a dual function as a tissue clip marker and Wire-Free Localization (WFL) in next-step axillary and breast diagnostic assessment of the target and adjacent tissue via US, MR, PET/CT, and MRI. The single-step Bx-Loc may decrease redundant downstream needle procedures while maintaining facility oncologic treatment options. In our multi-center retrospective, SCOUT Bx-Loc was performed in over 1,300 patients, including a single-step Bx-Loc. 33 patients in whom SCOUT WFL was placed 31-516 days prior to surgery. To date, no axillary complications, migration, or dislodging MRI artifact was identified in any SCOUT WFL up to 1239 days in-vivo. Building on this successful pilot data, we now report our 5-year clinical experience with over 200 same-day single-step SCOUT Bx-Loc of breast and axillary lesions.

MATERIALS & METHODS
Institutional Review Board waived consent for this retrospective review of our breast database for patients who had same-day image-guided SCOUT® Bx-Loc of a suspicious breast or axillary lesion between August 29, 2016 – May 15, 2021. Patient age, image-guidance, location, device related complication, time to surgery, and surgical outcome were recorded. Descriptive statistics were calculated using spreadsheet software (Microsoft, Excel 2013).

RESULTS
Of the 160 female patients age 20-89 (mean 53.9), who underwent 210 single-step image-guided Bx-WFL with SCOUT (105 breast, 104 axilla, 1 chest wall), using US (207), MG (2), or CT (1) guidance, surgery has been completed 1,417 (mean 128) days after Bx-Loc in 122/160 patients. All SCOUTs were excised without device-related complication. All standard of care preoperative surgical planning and surveillance imaging, including 111 MRI exams, depicted the SCOUT target lesion, and adjacent tissue with no significant signal void artifact. No additional localization was required, but supplementary wire localization with successful surgery was performed per surgeon preference/learning curve for 5 lesions (2 breast, 2 axilla, 1 chest wall). Of the remaining 30/160 patients, 17 are pending surgery and 21 are not expected to proceed to surgery (stage IV (7), benign (2), indolent (5), myeloma (1), high risk (1)).

CONCLUSIONS
Patients with suspicious lesions, who are known or strongly predicted to require both needle biopsy and localization to guide surgery, may benefit from single-step Bx-WFL where SCOUT serves a dual function as a tissue clip marker and wire-free localization device. This preserves breast surgical oncology options, allows for flexible preoperative planning, permits surveillance with MRI, and may eliminate downstream redundant needle localization procedures.

Download the Poster



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