

SCOUT Report

News and Views on Surgical Guidance
and Breast Tumor Localization



Memorial Healthcare System is one of the largest public health care systems in the nation and highly regarded for its exceptional patient- and family-centered care. Over 800 new breast cancer patients are diagnosed and treated each year. Memorial Regional Hospital is the flagship



facility of the system and one of the largest hospitals in Florida. Memorial was the first health system on the East Coast and second in the country to adopt SAVI SCOUT in clinical practice. They have implemented the technology at multiple sites in a non-research setting throughout the system.

Mary Hayes, MD, Medical Director of Women's Imaging for the Memorial Healthcare System and the radiology champion for the adoption of SCOUT, shares her experience with the technology.

Memorial Healthcare System Adopts SAVI SCOUT® at Multiple Sites

What prompted you to try the SAVI SCOUT surgical guidance system?

We had been searching for an alternative to replace the cumbersome wire localization (WL) procedure for several years. It seemed that veterinary medicine had developed a safe identification tag, and it seemed reasonable that our medical community could benefit from similar technology. For example, a pet is tagged by a minimally invasive procedure in which an inert device is inserted, it can last a period of time, and the device can be activated when needed.

We knew the human application to similar technology was just around the corner. In March 2015, I attended the National Consortium of Breast Centers annual meeting, and reviewed the presentations of research that had paved the way for the August 2014 FDA clearance of SCOUT.

What were the biggest problems that wire localization created for you?

First and foremost, it is unpleasant for any patient to have a 6–10 inch wire sticking out of their body on the day of surgery. Breast cancer surgery can be physically and emotionally distressing for women so we are always looking to improve the patient experience.

From a logistical perspective, the scheduling of pre-operative wire localization is cumbersome. The scheduling of surgery has to be coordinated with scheduling in the radiology department and each patient must proceed in an exactly prescribed order. Once the wire is placed, we try to get the patient over to the OR to have the wire removed as soon as possible because the wire can become dislodged. Invariably, delays can happen and this can be challenging. A delay means that a cumbersome wire is not only unpleasant, but the wire can dislodge during the time delay.

With SCOUT, we can place the reflector up to seven days prior surgery and we are able to separate the radiology schedule from the surgery OR schedule.

Instead, we marry the radiology schedule to the patient's convenience.

What additional benefits do you see with SCOUT® vs. WL?

The placement of the SCOUT reflector is very similar to a clip placement after a breast biopsy. Since this is routine in our interventional breast procedures, the radiologists are very comfortable using the technology.

SCOUT is amenable to image guidance with 2D or 3D Mammography, Ultrasound, MRI and even CT guidance. This is helpful in patients who have had chemotherapy to shrink the tumor prior to definitive surgery. It also provides us more imaging options and flexibility to tailor the patient procedure, certainly more than the wire or the I-125 seed localization procedure. We have used SCOUT to demarcate target areas in the breast as well as the axillary lymph nodes.

Did you ever consider Radioactive Seed Localization (RSL)?

Last year, we reviewed the I-125 seed (RSL), but this was not feasible for our multi-hospital system, in which breast surgery is performed at up to five hospitals at any given time and localizations are performed at any of our four separate women's imaging centers. RSL also posed significant logistic hurdles due to strict transport regulations of the Nuclear Regulatory Committee. For example, each RSL seed must be both placed and excised in the same facility and the specimen cannot be transported to our main pathology-processing center with the seed intact. That presented too huge a hurdle for our patients, pathology team and referring physicians.

How has SCOUT impacted workflow?

For our radiology department, the flexibility of patient appointments for SCOUT localization up to

7 days prior to surgery and the decoupling from the OR schedule has been well received by patients, department of radiology, and the OR teams. The time savings translate into cost savings when the OR can rely on an on-time start time. The OR experiences a more efficient patient flow with no more holdups in radiology or patient transportation. Overall, the patient experience is improved.

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How have surgeons responded to the use of this technology?

Breast surgeons have no limitation in access options. The radiologist's angle of insertion or skin approach

for a SCOUT reflector has no impact on the surgical approach. Surgeons can optimize the mapping without limitation of following the approach of a wire. They have improved oncological or cosmetic approach options with SCOUT.

How do you see this technology directly impacting your patients?

The reflector placement can be performed throughout the day so if a patient wants to work for the first half of the day, she does not have to miss a full day of work. We can place the reflector on the same day as pre-operative testing to minimize additional visits and to improve the patient experience.

What would you tell your colleagues looking to adopt the use of SCOUT®?

While no one device is perfect for every single patient or breast surgeon, the SCOUT technology will likely be the main localization method moving forward. There are always opportunities for further innovation to build on this foundation technology. This is a new base technology.



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