

SCOUT Report

News and Views on Surgical Guidance
and Breast Tumor Localization



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Dr. Whitworth has served as Vice
Chair of the Breast Committee for
the American College of Surgeons
Oncology Group, Chair of the Board

of Directors for the
American Society of
Breast Surgeons (ASBS,
2005-2008) and Chair of
the Research Committee
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diagnosis, staging and therapeutic
options in breast cancer, his research
interests include targeted treatments
based on multi-gene classifiers as
well as image-guided, minimally
invasive surgical techniques for the
diagnosis and management of breast
cancer. He has served as Principle
Investigator, Investigator or co-
investigator for numerous NCI and
industry sponsored clinical trials.

An Excerpt from *Moving Beyond Wires: Overcoming the Challenges of Breast Tumor Localization*

The following is Dr. Whitworth's excerpt from The SAVI SCOUT® white paper, entitled Beyond Wires: Overcoming the Challenges of Breast Tumor Localization published in ONCOLOGY CENTRAL. Currently, Dr. Whitworth primarily uses Intra-operative Ultrasound for tumor localization.

In what ways does using Intra-operative Ultrasound (IOUS) help overcome the challenges that you experienced with tumor localization?

For many years, we have advocated using Intra-Operative Ultrasound (IOUS) to guide our dissection and surgery; with IOUS you can get much better guidance than just guessing where the wire is and trying to dissect down to it. Studies show that the better guidance the surgeon has, the less volume of tissue you take out. With wires, you don't really get any tactile feedback about where the tumor is in the breast. Even with IOUS, it's helpful to have some additional guidance; for certain lesions, I use a long, 18-gauge needle placed under ultrasound guidance to get some tactile feedback.

What has your experience been like with the SAVI SCOUT® Surgical Guidance System?

I use IOUS to place the marker in the OR prior to the lumpectomy procedure. IOUS guidance is cumbersome compared to using SCOUT -with IOUS, you have to remove your retractor, turn the lights down, stop to get a look, put the ultrasound probe down, put your retractor back in place. With SCOUT, everything is retracted and held in place. I can be ready to make the next cut through the tissue, grab the handpiece and make the cut more precisely in reference to the target. I find this to be more precise in reference to the target with the immediate real-time feedback as to where your target is as you are cutting through the tissue. This adds to my confidence tremendously because IOUS can be a little hard to interpret as you are going through a complex

specimen and the lesion is not that easy to see to begin with. With the reflector in position, you get feedback through the entire case EASILY. I'm far less concerned about getting to target tissue and not having to take too much extra normal tissue just to be sure of capturing the target because I know I can get right down to it even if it's in the back of a very large breast. And like most cases using IOUS, we don't need to coordinate scheduling of the two procedures, so it also puts surgeons in a position to do an 8 am procedure vs. starting at 9 or 10 am.

Describe your surgical technique with this new guidance system.

One of the main things that I found was that you need to get used to the speed at which moving the handpiece off of the target registers in the audio feedback; if I move off the target, the audio feedback goes to a lower frequency; that change in frequency takes a second or two. You need a slow, deliberate motion to give the system time to react. Most surgeons are already used to that kind of

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feedback with sentinel node biopsies. SCOUT works similarly to the handheld lymphoscintigraphy probe; if you're right on the target, you get a high-pitched signal; if you move off the target, the high-pitched signal stays there for a second before it trails off.

What is your perception of the patient experience with this surgical guidance system?

Wires are another insult to the patient—a wire sticking out, taped on the chest. With this new guidance system, you don't get out of having to have a procedure, but at least you don't have a wire sticking out of the breast. The SCOUT reflector can be put in any time up to seven days before surgery at the patient's convenience; it doesn't have to be on that day of the procedure; they don't have to walk around or roll around with a wire out of the breast; it's convenient and more comfortable for the patient.

If you would like to receive a hard copy of the white paper, please contact info@ciannamedical.com.



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